

Loneliness amongst older people and the impact of family connections

WRVS 2012



Executive summary

This report reveals the fragmented nature of families today and the large number of over 75 year olds whose closest children live a substantial distance away from them. For 10 per cent of older people, their nearest child lives more than an hour's drive away (40 miles plus). Declines in job security and labour-market restructuring have increased pressure on the family and reduced location choices, 82 per cent of children who have moved away from their older parents have done so for work reasons.

Three quarters of our sample agree that it is harder for people today to juggle working commitments and family life. 17 per cent of older people would like to see their children more often, however, half of these people feel that their children are simply too busy to visit.

Distance is shown to have a clear impact on how often older people see their family, with the frequency of children visiting their parents decreasing the further away they live: of those whose children live an hour's drive away or more, almost half (48 per cent) are visited just once every two to six months.

How close an older person lives to their children and how often they see them, has an impact on how isolated and lonely they feel, older people who see their children once a month or less are twice as likely to feel lonely than those who see their children every day.

Nearly three-quarters of over 75s that live alone feel lonely. Worryingly, those people who live alone are in contact with their children, face to face, less often than those who live with their husband or wife.

Background

Ten million people in the UK are over 65 years old. The latest projections are for 5.5 million more older people by 2030 and the number will have nearly doubled to around 19 million by 2050. Within this total, the number of very old people grows even faster. There are currently 3 million people aged more than 80 years and this is projected to almost double by 2030, and reach 8 million by 2050 (Cracknell, 2010).

As the numbers of older people increase in future years, demand for long-term care is also likely to increase significantly; this is also likely to mean an increase in demand for informal care. In an attempt to contain projected costs, governments are increasingly recognising the benefits of informal care in the home and informal or unpaid care is a key building block of current community care policy in the UK.

This demographic shift coupled with changes in family-related behaviour such as divorce and having children outside marriage, has raised concerns about the availability of family support for older people (Tiomassini, Kalogirou, Grundy, Fokkema et al, 2004). Research shows us that most informal care is carried out by spouses or adult children. Support provided by the family may take on many forms including practical support which includes housework, transportation, shopping and personal care, emotional support, including confiding, and listening to problems, providing information, advocacy and advice on legal and money matters, for example and providing financial assistance. Finally, support may simply mean sharing family news. However, older people are not simply recipients of assistance. Often older people are important contributors of support to their adult children and their grandchildren, including provision of financial assistance, housing, baby-sitting services, emotional support and advice.

Recent research on well-being in older people, undertaken as part of 'Shaping our Age', a Big Lottery funded project and partnership between WRVS, the Centre for Citizen Participation at Brunel University and the Centre for Social Action at De Montfort University, reveals that having fun with and being cared for, loved and valued by close family members are the most important aspects contributing to well-being for many older people (Hoban, James, Pattrick, Beresford & Fleming, 2011: 21). Research on indicators of potential family support, particularly how close adult children live and frequency of contact, has therefore become an important topic in sociological and demographic research as well as in the broader socio-political debate.

Proximity to children

Because support and care often requires close proximity, it is important to understand the geographic availability of adult children to their older parents. Past studies suggest that geographic distance between parents and their children is the fundamental determinant of contact between them and proximity determines not just the nature of the contact but also the frequency (Lin & Rogerson, 1995). As proximity is a key focus of the research, respondents in the study were asked the geographical nearness of the child living closest to them.

15 per cent of respondents aged 85 years and older in the study live more than 40 miles apart from their children and 12 per cent of respondents living alone live more than 40 miles from their children. It has been noted that a lack of social contact reduces an older person's well-being, can damage mental health and it can also be detrimental to physical health. In principle, the further away from their older parents children live, the less able they will be to provide regular support for them.

Declines in job security and labour-market restructuring may have increased pressure on the family and constrained the location choices of some workers (Grundy & Shelton, 2001). This study supports this finding, when questioned why their children moved away from the area, 82 per cent responded that their children moved away for employment.

Proximity to children, understandably, dictates frequency of visits, with the frequency of face-to-face contact dropping at around 10 miles. The frequency of contact continues to decrease the further away the children live, with substantial declines happening at about 40 miles. None of the respondents whose children live more than 40 miles away receive daily visits and around 11 per cent receive weekly visits. For many of those whose children live an hour's drive or more away, 48 per cent, are visited by their children just once every 2 to 6 months. 15 per cent of these respondents are visited once a year or less.

Frequency of contact

Visits

The quantity as well as quality of social interactions has been identified as predictors of well-being (Cohen, 2004; Fiorillo & Sabatini, 2011). Regular contact with children may be beneficial to health in a number of ways, for example it may facilitate access to social support and healthcare and help promote health messages, thus ensuring that healthy behaviour is adopted (Fiorillo & Sabatini, 2011). There is also evidence to suggest that regular social contact combats stress and anxiety through the provision of effective practical and emotional support and also by acting as a source of self esteem and respect (Fiorillo & Sabatini, 2011). In the WRVS Shaping our Age study, older people mention that being with others focuses their minds on matters other than their own worries and puts any concerns into perspective (Hoban, James, Pattrick, Beresford & Fleming, 2011: 21).

Parents are, in general, in quite frequent contact with their children. In the sample, over a quarter of respondents report seeing their children once a day, though this figures falls to just over a fifth for those aged 85 years and over. 78 per cent see their children at least once a week.

However, under a quarter of respondents report seeing their children just once a fortnight or less and this is higher, at 28 per cent, for respondents age 85 years and older. 1 in 5 of older people living alone see their children just once a month or less.

Although the overwhelming majority of respondents, 93 per cent, agree that their children visit as much as possible, 17 per cent say that they do not see their children as much as they would like to and that they would like to see them more often, with 32 per cent wanting to see their children at least weekly. 50 per cent of those who want to see their children more spoke of their children being too busy to see them. This is supported by a survey published by The Mature Times which reported that people are becoming busier than ever with their increasingly hectic work and home lives which means that many are seeing less of their parents as they try to squeeze everything into their busy lifestyle.¹ Our findings show that three quarters of our sample agreed that it is 'harder for people today to juggle working commitments and family life'. Many children may be combining a caring role with busy jobs and still supporting their children.

It is estimated that nearly three million workers in the UK provide informal care to sick or older parents or dependants; while there are carers in all age groups, carers are more often than not men and women in their forties and fifties (Bryan, 2011). Our survey shows that 76 per cent of our respondents' children are aged 45 to 54 years. Studies now show that there is an upward trend in people staying in work later in life and with changes in pension financing this is likely to continue in a rise of older workers. In

1 Mature Times, - Poll of 3,000 members of the post-war 'baby boom' generation found many were too busy or lived too far away to see their ageing parents as often as they would like. March 2011 www.maturetimes.co.uk/

combination with a rising increase in life expectancy this will mean that workers will be potentially called upon to care for increasingly elderly dependents over longer periods of their own working lives, and that working carers themselves will be older on average (Bryan, 2011).

Lack of social contact is a known risk factor for poor physical health outcomes (Cacioppo & Hawkey, 2003) and depression (Hawthorne, 2008). Contact with family becomes especially important when an individual lives alone or is in advanced years and possibly in poor health since isolation can create the conditions for problems with older people's physical and mental health (WRVS, 2012b). We know, for example that older people living alone are significantly less likely to have visited a doctor as a result of a fall and that lack of social interaction means that those living alone are less likely to have people noticing a deterioration in their condition (WRVS2012b). Limited contact also leads to a loss of intimacy, which further exacerbates loneliness, isolation and depression (Allen, 2008).

Other forms of contact

Contact is not restricted to face-to-face interaction. With the boom of information and communication technology, overcoming distances has been made easier and the increased potential for interaction over distance also influences the possibilities to receive help and support. Although face-to-face contact is less frequent for those whose children live some distance away, communications such as telephones, mobile phones, email and webcam tools such as Skype and social networking sites such as Facebook, make communication easier when children live far apart.

Distance affects regular telephone contact similarly to visits, with the frequency of phone calls between children and parents dropping at around 10 miles. The frequency of contact continues to decrease steadily further away, with substantial declines happening at about 40 miles. Our research also reveals that 7 per cent of older people never speak to their children by phone. Beyond an hour's drive, face-to-face contact is typically replaced by telephone conversations. Where we see that those whose nearest children lives 40 or more miles away never have daily visits, we can see that 23 per cent of these respondents speak to their children on the phone every day. What is striking is the gender difference between telephone contact; we see that of those who talk to their children every day, 71 per cent are women compared to 29 per cent of men. Studies show that women are more frequent users of the telephone than men and women typically use telephone conversations for 'small talk and emotional sharing'. In contrast, men may not call unless they have a reason to do so (Boneva, Kraut & Frohlich, 2001). We know from our previous research that men are less likely to confide in friends and family about their feelings (11 per cent men, 24 per cent women). Our survey also highlighted how socially isolated men are, with 41 per cent typically having two or less face to face conversations a day and one in 33 (3 per cent) having none (WRVS, 2012a).

36 per cent of our sample are living alone and are in contact with their children by phone at least once a week compared to 50 per cent of our sample who do not live alone.

Communication from telephone calls excludes the non verbal content of a face-to-face visit. A benefit of Skype or video-conferencing calls is that they go some way to provide the function of a 'social presence' although one which excludes physical contact such as hugs and kisses. 85 per cent of Skype users in our survey agree that it makes them feel more connected. A benefit of Skype or other similar internet based communication software is that users can make calls over the internet to another person who has the same software installed, for free anywhere in the world.

The majority of respondents, 95 per cent, do not ever use Skype to communicate with their children. This non use is because 42 per cent do not know how to use online technology such as Skype or email.

Looking at Skype users, one quarter use Skype to contact their children weekly, however there is a big regional difference with the fewest users in England, 21 per

cent, in Wales, 38 per cent and the greatest number in Scotland, 75 per cent. This perhaps reflects the remoteness of the region. 36 per cent of Skype users live over 200 miles away from their nearest child. Of these Skype users, 39 per cent are in contact with their children every day.

Studies have shown that rural and remote areas are more likely to make use of the internet (Howick & Walley, 2006; Ofcom, 2006). In a 'Broadband for Rural Scotland, a White Paper', the authors note that older people aged 60 and over, living in a broadband pilot area, with little or no computer experience started using computers citing the attraction of using teleconferencing to communicate with distant relatives (Bernardi, Buneman & Marina, 2009).

Email and social networks such as Facebook are other ways in which older people may stay in touch with their children. Studies have also shown that increasingly older people use the internet to stay in touch with grandchildren as children who use email at school or to keep in touch with friends can easily drop a quick email to their grandparents (Dickinson & Hill, 2007). The advantages of email and online networking sites such as Facebook are that they may be used to send photos, documents or to appoint future online talks. Email and Facebook, like Skype and unlike telephone calls, are a relatively cheap way of keeping in contacting with relatives who live at a distance; however, there is the consideration of the cost of the internet connection.

11 per cent of those questioned contact their children via these online methods. As might be expected, online activity varies in age with just 6 per cent of 85 years old and over connecting with their children online. Demos research identified that older people were more likely to be 'hampered by fear and uncertainty' in using the internet (Berry, 2011; Hannon & Bradwell, 2007). Online activity also varies by sex; men are more likely to use email and Facebook to contact their children than women. This may be because email messages may be used to convey specific information and not general 'chat'.

Distance affects online contact similarly to Skype use, with the numbers of people using these methods increasing with distance apart from children. 13 per cent of those who use email and Facebook to get in touch live over 100 miles away from their nearest child.

Loneliness

Although there is no universal definition of loneliness, it is perhaps best described by Victor et al as being the 'deprivation of social contact, the lack of people available or willing to share social and emotional experiences, a state where an individual has the potential to interact with others but is not doing so and a discrepancy between the actual and desired interaction with others' (Victor, Scambler, Bond & Bowling, 2005).

We know that loneliness and social isolation can affect everyone but older people are particularly vulnerable after the loss of friends and family, reduced mobility or limited income. WRVS has published a series of reports that highlight the phenomenon of loneliness among older people and its associated health risks, such as the link between declining mental health and physical health problems that compromise their quality of life. For many, feeling lonely in old age is the biggest problem. Loneliness has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide as well as health service use (Victor, Scambler, Marston et al, 2006). A 2008 study from the University of Chicago found that chronic loneliness is a health risk factor comparable to smoking, obesity and lack of exercise and contributes to a suppressed immune system, high blood pressure and increased levels of the stress hormone cortisol.

22 per cent of older people questioned in the survey say that they feel lonely at times. This figure is corroborated by the latest findings from the English Longitudinal Study of Ageing (ELSA), which finds that around 1 in 6 people over 50 in England feel socially isolated; our figure is higher, perhaps due to our respondents being older. We can see that there is a regional variation, with 22 per cent of older people in England feeling lonely, 17 per cent in Wales and the greatest proportion, in Scotland with over a quarter of all older people feeling lonely. This may be attributable to their nearest child living the greatest distance away across all the regions.

As we get older, we naturally experience more age-related losses. Many people experience loneliness either as a result of living alone, a lack of close family ties, for example. These losses are compounded by physical disablement and frail health and can result in feelings of loneliness, isolation and demoralisation (Singh and Mishra, 2009). Those in the oldest age cohort are most likely to report the highest rates of loneliness, reflecting their increased probability of such losses. This is found in our study; 17 per cent of people aged 75 to 79 years say that they feel lonely; this figure rises to over 63 per cent in those aged 80 and over.

42 per cent of the older people in this study live alone. This figure rises to 72 per cent of those aged over 85. Although living alone is not necessarily synonymous with loneliness, we find that of those who admit to feelings of loneliness, the majority live alone. Over three quarters of older people living alone feel lonely, compared to just under a quarter for those sharing their home. It is a worry that these people are still in contact with their children, face-to-face or by phone or other means, less often than those who live with their husband or wife. Previous research validates this as it indicates that living together

with someone has a less negative influence on feelings of loneliness. This is a very clear finding that older people living alone are at greater risk of social isolation. These same respondents are also in contact with their children, face-to-face or by other means, less often.

We know from previous research that self-reported rates of loneliness may be an underrepresentation of the true levels of loneliness because of the perceived stigma which is associated with being lonely. Older people may attribute feeling lonely to old age itself and are inhibited from seeking help or reporting symptoms. This phenomenon may indicate that in fact loneliness is experienced by more respondents, yet remains unreported.

Our findings reveal that the majority of respondents who feel lonely, 61 per cent have not told their children. This figure rises by age and we see that 80 per cent of those aged 85 years and older have not told their children. We are told that the chief reason they do not tell their children that they are lonely is that, 'they don't want to bother them'. It is of note also that men are far less likely to admit to feelings of loneliness to their children, perhaps indicating a stiff upper lip mentality amongst men. According to findings from the Mental Health Foundation, in their report 'The Lonely Society?' 1 in 3 people say that they would be embarrassed to admit they are lonely (Griffin, 2010).

Discussion and recommendations

Our study has revealed that 15 per cent of respondents aged 85 years and older in the study live more than 40 miles apart from their children and 12 per cent of respondents living alone live more than 40 miles from their children. It is of particular concern that these respondents have children who live more than an hour's drive away from them, which means that they might not be readily available in case of a medical emergency, for example.

We are concerned that children are too busy to see their parents and the results of our survey highlight the pressures which families face in trying to juggle work and family commitments. In particular, our findings reveal that it is those most vulnerable who are affected by infrequent visits, the 'oldest' old, over 85 years and those living alone.

We are also concerned that geographic mobility has increased the physical distance between generations as we know that some types of support may be provided regularly if those involved live relatively close to each other. These include, for example, support by adult children for infirm elderly parents with personal care and domestic tasks such as cooking and housework. As the lack of availability of family help with these types of tasks will influence demand for formally provided services, the proximity of adult children and their parents is of immediate policy significance. In the light of current pressures on statutory and voluntary sector services, families and communities may need to play a greater role in supporting the lives of older people alongside third sector organisations such as WRVS.

Loneliness must not be viewed as an inevitable part of ageing. However we can see that living alone, a lack of close family ties, and infrequent contact with children greatly contributes to a sense of isolation and loneliness. We know that loneliness is a serious health issue for older people and us all; it is associated with poor mental and physical health.

It is good to see that the Government and local authorities have made a commitment for loneliness to be mapped in each area. WRVS in conjunction with The Campaign to End Loneliness has developed an online toolkit² that will help local commissioners to identify and tackle loneliness in their areas. This research shows how crucial it is for Health and Wellbeing boards to deliver on the targets for loneliness they have been set. Action is needed on the ground now to make sure older people experiencing loneliness get the help they need.

We also know that higher levels of social contact and interaction with friends and family can improve well-being and a major predictor of quality of life is good social relationships. We believe that the key to prevention of loneliness in older people is through access to company, reciprocal emotional support, having someone to talk to

2 This toolkit enables health and wellbeing boards to better understand, identify and commission interventions for the issue of loneliness in older age. You can find the toolkit online at: www.campaigntoendloneliness.org.uk/toolkit

and to call on for everyday help and emergencies. Interventions which promote social engagement and combat loneliness and social isolation are vital in improving quality of life in old age. It is notable that older people themselves have indicated that overcoming loneliness is a priority. WRVS's Shaping Our Age findings showed that establishing and maintaining social connections was the top priority amongst a diverse group of older people.

WRVS provides services, such as befriending, Meals on Wheels, community transport and community centres, which make a practical contribution to overcoming loneliness in our communities. We have worked constructively with commissioners in different parts of the country to reduce the impact of loneliness. Families can be reassured that their parents are being looked after and that their parents will get the support and companionship they need.

Methodology

The research was conducted in October 2012 by PCP. 500 people over the age of 75 were interviewed across England, Scotland and Wales.

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