

# Older people in rural areas: Vulnerability due to loneliness and isolation paper



Rural England research projects

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Rural England Community Interest Company, established in 2014, brings together organisations with a strong rural focus. One of its core aims is to support research that improves access to information about issues affecting rural England.

This paper forms part of wider suite of research exploring different aspects of vulnerability as affecting older rural residents. We hope the findings will be of interest to you.

## Main findings

- There appears to be little direct research on comparative rates of loneliness amongst older people living in urban and rural locations.
- Loneliness and isolation are distinct terms. Loneliness is subjective so if a person feels lonely they are lonely.
- The prevalence of loneliness increases with age.
- Different patterns of loneliness are evident, so that for some older people it is a longstanding condition, but for others, it is linked to the impact of particular life events.
- There are clear links between acute loneliness and poor health.
- Social isolation is related to negative impacts on health and well-being
- Men and women tend to experience loneliness differently
- Frequent contact with children is an important correlate with reduced loneliness
- Those living alone are most likely to experience loneliness and social isolation.

## 1. Introduction

This paper is an interim output from a project being undertaken by Rural England on rural vulnerability as affecting older people.

Loneliness and isolation affect the quality of life, happiness and health of many older people and those living in rural areas face particular challenges. These include: demographic change; family dispersal; mobility; access to services; and financial constraints on service providers.

This paper references evidence from a variety of existing reports and refers to relevant available relevant data sets. This project defines 'older people' as those aged 65 and over, although evidence sources sometimes use different definitions. Where possible consideration is given to different age subgroups of older people such as those aged 85 plus but unfortunately many data sources do not permit this.

The definitions of 'rural' most commonly used in this report are:

1. The ONS-Defra rural-urban classification which identifies settlements with fewer than 10,000 residents as rural (and further sub-divides these into rural towns, villages, and hamlets/isolated dwellings).
2. The ONS Defra rural urban classification of Local Authority Areas with three categories of Rural 80, Rural 50 and Significant Rural.

## 2. Defining loneliness and isolation

Whilst the terms 'loneliness' and 'social isolation' are often used interchangeably they are distinct concepts. It is possible for people to be socially isolated without feeling lonely, or feel lonely amongst others

“One way of thinking about loneliness is as a discrepancy between one's desired and achieved levels of social interaction, while solitude is simply the lack of contact with people. People can be lonely while in the middle of a crowd. Conversely, one can be alone and not feel lonely. Loneliness is therefore a subjective experience; if a person thinks they are lonely, then they are lonely.”(ONS 2013). In contrast, social isolation tends to be defined as an objective state referring to the number of social contacts or interactions. (Bernard 2013)

“The need for contact is an innate human need in the same way that feeling hungry or thirsty or tired or in pain is.” Derek Young, Age Scotland quoted in Scottish Parliament 2015.

### 3. The prevalence and effects of loneliness and social isolation – Overview

“As the UK’s population rapidly ages the issue of acute loneliness and social isolation is one of the biggest challenges facing our society.” (Scie 2012)

Older people are particularly vulnerable to social isolation and loneliness, often due to the loss of friends or family, decreased mobility or reduced income. Many older people feel lonely and research shows that the prevalence of loneliness increases with age. It is estimated that, among those aged over 65, between 5 and 16 per cent report loneliness and 12 per cent feel isolated (Scie 2012). The English Longitudinal Study of Ageing (ELSA) found that 46% of those aged over 80 felt lonely sometimes or often compared to 34% for all ages over 52 and in interviews conducted by the WRVS (2012) 63% of those aged over 80 said they felt lonely.

There are many different patterns of loneliness. It may be transient; situational (felt at particular times such as Christmas); linked to particular life events such as widowhood or moving home; or chronic (when someone feels lonely much of the time). Even those living in residential care may experience isolation if they lack opportunities to participate in the community outside the care home. (Bernard)

Although a complex range of factors contribute to the prevalence of loneliness, future demographic changes including the ageing of the population and family dispersal, suggest that loneliness may be a particularly acute issue for rural areas which have higher proportions of older residents, more rapidly ageing populations, and more acute accessibility issues.

Loneliness impacts adversely on quality of life and on health. Those who frequently suffer from loneliness are much more likely to report a lower level of satisfaction with their lives overall.

“Loneliness creates a loss of confidence, an erosion of self-esteem, so that the front door becomes as solid as a brick wall and as impossible to break through. Some older people told me that they have nobody to speak to at all for weeks on end.” (Esther Ranzan quoted in Department for Health 2012).

“Being lonely makes you ill, being ill makes you lonely” (Purvis)

There is extensive research indicating that loneliness can affect health and has cost implications for health and social care. The adverse health effects of loneliness may include:

- increased risk of heart disease
- Impacts on blood pressure
- links to depression
- greater risk of blood clots
- increases the risk of onset of disability
- increased likelihood of early admission into residential or nursing care
- increased the risk of developing dementia
- exercising less and drinking more alcohol

(Dept for Health 2102, UCL et al [ELSA], ONS2013, Scie 2012, Jopling 2015)

The Campaign to end Loneliness identifies different types of loneliness:

- Emotional loneliness is felt when we miss the companionship of one particular person; often a spouse, sibling or best friend.
- Social loneliness is experienced when we lack a wider social network or group of friends.

Although people of any age may experience loneliness the risk factors increase as people get older. The Campaign to end Loneliness has identified those risk factors as including:

**Personal** Poor Health; Sensory loss; Loss of mobility; Bereavement; Retirement; Becoming a carer; Lower income; Other changes (e.g. giving up driving).

**Wider Society** Technological changes; High population turnover; Demographics; Fear of crime; Physical environment (e.g. no public toilets or benches); Housing; Lack of public transport.

“Social isolation has been found to exert an independent influence on risk for mortality comparable with well-established risk factors such as smoking” (CRC2012,p7). One particular study (Steptoe et al 2013) concluded that “social isolation is associated with higher mortality but [the study’s findings] indicate that the effect is independent of the emotional experience of loneliness”. Accordingly they suggest that “although both isolation and loneliness impair quality of life and well-being, efforts to reduce isolation are likely to be more relevant to mortality.”

## 4. Social isolation, residential location and accessibility

The English longitudinal study of ageing (ELSA) has identified a number of predictors of loneliness relating to personal circumstances (for example, widowhood), life events (for example, bereavement, moving into residential care), poor physical and mental health, or perceptions such as the expectation of declining health and dependency, and low socio-economic status. However, the Age UK evidence review (2010) on loneliness and social isolation concluded that physical isolation was the single factor most closely associated with feeling lonely.

Data from ONS (2015b) shows that the over 65 age group comprises a much higher percentage of the total population in rural areas than in urban, the rural average being 22.9% compared to 16.1% in urban areas and 17.3% in England as a whole. In rural villages and hamlets an average of 27.2% of the population is aged over 65. Whilst there appears to be little research about geographical isolation and the prevalence of loneliness and social isolation it would seem logical to suggest that the opportunities for social interaction are likely to be more limited in more isolated and remote residential locations.

The services available in small rural communities are often extremely limited. The absence of shops, Post Offices and Pubs in many hamlets and small villages limits opportunities for interactions between older people within their own communities and the lack of public transport is an obstacle to them meeting elsewhere.

Unfortunately there appears to be no reliable and recent national database of service availability by settlement size. Whilst now very dated, the following table based on the 2000 Rural Services Survey indicates the acutely low level of service availability in parishes with very small populations compared to those with more than 3,000 residents.

Service	Parish population			
	All rural parishes	0-999	1000-2,999	3,000+
no evening bus service	39%	69%	41%	23%
no bus service at any time	9%	13%	8%	9%
no village shop	19%	49%	12%	10%
no post office	16%	48%	11%	4%

Source: The Poverty site. Data from Rural Services Survey 2000, Countryside Agency

Data from the Commission for Rural Communities (2010) compared the percentages of households in different types of rural and urban areas living within set distances by road from various services. The following table compares the figures for households living in 'hamlets and isolated dwellings' within a sparse context to the National average.

## **Percentage of households within a set distance by road**

<b>Service</b>	<b>Sparse hamlet and isolated dwellings</b>	<b>England</b>
G.P. within 4km	36.6	95.9
Hospital within 8km	22.2	88.5
Pharmacy within 4km	24.9	93.5
Post Office within 2 km	42.3	93.3
Supermarket within 4km	22.2	92.2

Source: CRC 2010

The scarcity of public transport is also a significant issue contributing to the isolation of older people in rural areas. The following extracts from evidence to the Scottish Parliament report on Age and Social Isolation (2015) highlight problems with public transport in rural areas which would apply equally to England:

“it is not a statutory requirement to provide transport apart from school transport, when local authority budgets are being cut, —the first thing that they draw back from is the provision of transport for social activities.”

“public transport not only has a role in —moving people but provides an opportunity for people to socialise and form connections in their local area.”

“There is a practical issue with lunch clubs and social groups—the sort of things that go on in healthy, vibrant communities. It can be difficult for people in rural and dispersed areas to access those services. It is therefore not just about providing services but about ensuring that there is transport so that it is possible for people to get to such events.”

Older people living in small rural communities without access to their own transport often have more limited opportunities to socialise locally than do urban residents, so the availability of public transport is vital. However, residents in smaller rural communities are the least likely to enjoy a convenient bus service as illustrated in the table below.

	<b>% of residents with an hourly or better bus service within 13 minutes' walk 2008/12</b>	<b>Average distance travelled by local bus per annum 2008/2012 and (2002/06)</b>
Urban	96%	312 (288)
Rural town and fringe	86%	233 (230)
Village, hamlet and isolated	49%	168 (173)
England average	91%	293 (274)

Source: Defra (2014)

Annual bus statistics for 2014/15 (DfT) show that the percentage of total bus mileage that was on supported services fell from 22% to 17% over the previous decade. The campaign for Better



Transport (2015) advises that between 2010/11 and 2015/16 a total of £73.8m has been cut from supported bus services in England, a reduction of 25%. Impacts of declining bus subsidies and service reductions are disproportionately affecting village hamlet and isolated residents who not only travel fewer miles by bus but are also the only group to have reduced their bus travel in recent years.

People above state retirement age are eligible for bus passes and 34% of all bus journeys in England are now concessionary (including disabled and youth as well as older people). However as Age UK (2012) succinctly comment “bus concessions are meaningless without buses to travel on.”

Journey times are also longer by public transport than by private car. 2013 Accessibility statistics (DfT 2014) state minimum average travel times to a town centre by car to be 6 minutes from urban areas and 10 minutes from rural. A comparable journey by public transport/ walking is 13 minutes from urban areas and 25 minutes from rural, over twice as long as by car. Whilst the duration of the journey is perhaps not an overriding factor for many older people these statistics hide the problems associated with the inflexibility of infrequent bus services. For example when it is necessary to arrive at a destination on a particular day at a fixed time (e.g. to go to the cinema or attend a social group meeting) travelling by public transport from rural areas will often involve long periods of waiting or be completely impossible.

The challenges of accessing services and visiting friends and family make car ownership particularly important to rural residents. As a consequence, car ownership is significantly greater in rural areas than urban even within the lowest income groups (only 11.8% of all rural households had no access to a car/ van in 2011 compared to 28.8% of urban households). Car driver mileage is also higher in rural areas and highest in rural village hamlet and isolated areas at almost 6,000 miles p.a. which is nearly 50% more than for drivers in urban cities and towns (DfT 2015). Particularly in remoter rural areas there is often a higher level of structural dependence on the private car because there are no viable alternatives.

<b>2013/14</b>	<b>% population 17+ with full car driving licence</b>	<b>Average distance travelled p.p.p.a (all modes)</b>	<b>% households with at least 1 car/van</b>
Urban conurbation	68	5244	66
Urban town and city	75	6744	78
Rural town and fringe	82	8718	85
Rural village, hamlet, isolated	89	9732	94
England	74	6536	75

Source: DfT (2015) NTS9901, 9902 and 9907

Losing the ability to drive is a major risk factor contributing to loneliness and even those still driving may face limitations such as avoiding driving in the dark. Although a lower percentage than in more urban areas, some 20% of people living in ‘mainly rural’ areas and aged 65 and over live in



households with no access to a car or van. These figures rise to 32% of those aged 75+ and 52% of those aged 85+ (Derived from Nomis DC4109EWla 2016)

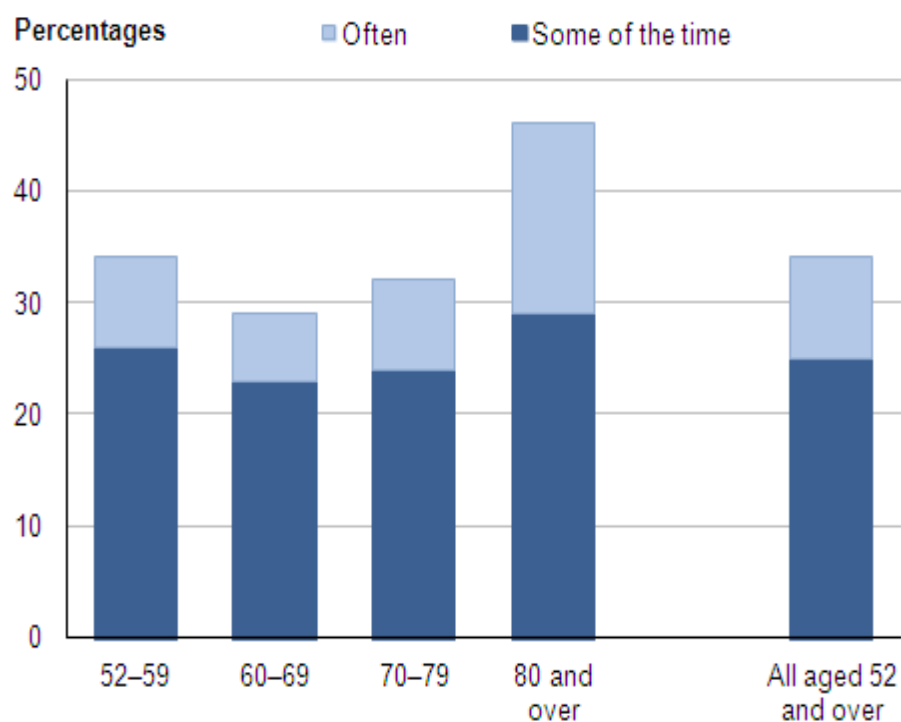
Increasing numbers of older people are continuing to drive. National figures (DfT 2015) show that in 2104 62% of people aged over 70 (80% of men and 47% of women) held a full car driving licence compared with 46% in 2004. However after the age of 60 average car driver miles fall significantly with those aged 70+ typically travelling less than half the distance each year than those aged 40-49. Male drivers aged 70+ average a little over 3,000 miles a year and female drivers 70+ only approximately 1,000miles.

## 5. Personal factors affecting the prevalence of loneliness

### 5.1 Age

The English Longitudinal Study of Ageing (ELSA) in 2009-10 for those aged 52 and over (quoted in ONS 2013) found that 66% of respondents reported being lonely hardly ever or never whilst 25 per cent said they felt lonely sometimes and only 9 per cent said they felt lonely often. However, as illustrated in the graph below the frequency of feeling lonely increased with age with 46 per cent of those aged 80 and over reporting feeling lonely some of the time or often compared to 34% of all aged 52 and over.

#### Frequency of feeling lonely by age group 2009–10



Source: ONS 2013 using ELSA data

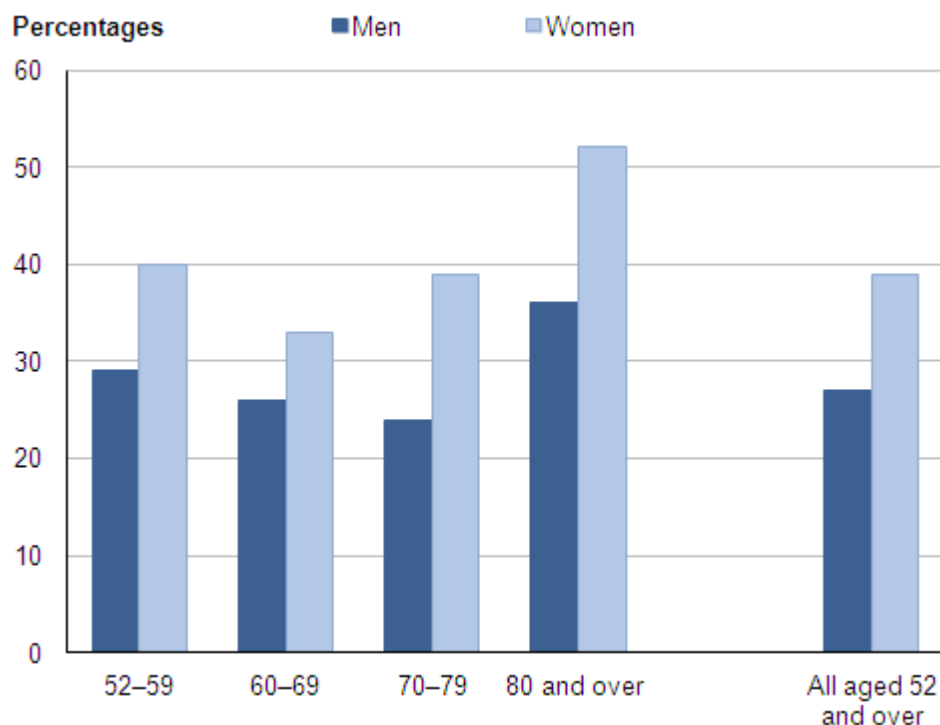
The English population is ageing. Between the census in 2001 and that in 2011 the number of older people (65+ years) in England increased from 7.83 to 8.66 million (15.8% to 16.3% of the population) and is projected to increase further to 23% by 2035 (ONS 2012).

Older people already form a disproportionate share of the overall rural population. Mid 2013 figures from ONS (2015b) show that those aged 65+ comprise 22.9% of the rural population compared to 16.1% of the urban population. In rural villages and hamlets in a sparse setting some 27.2% of the population is aged over 65. This rural-urban gap is expected to widen in the future suggesting that the prevalence of loneliness may increase significantly in rural areas.

## 5.2 Gender

As illustrated in the graph below, within each age group a higher percentage of women than men reported feeling lonely some of the time or often and the differences were greater in the older age groups. (ONS 2013) Some of this difference between women and men might however be explained by the older age groups containing more women and that those women were more likely than men to be widowed.

### Loneliness by age and gender



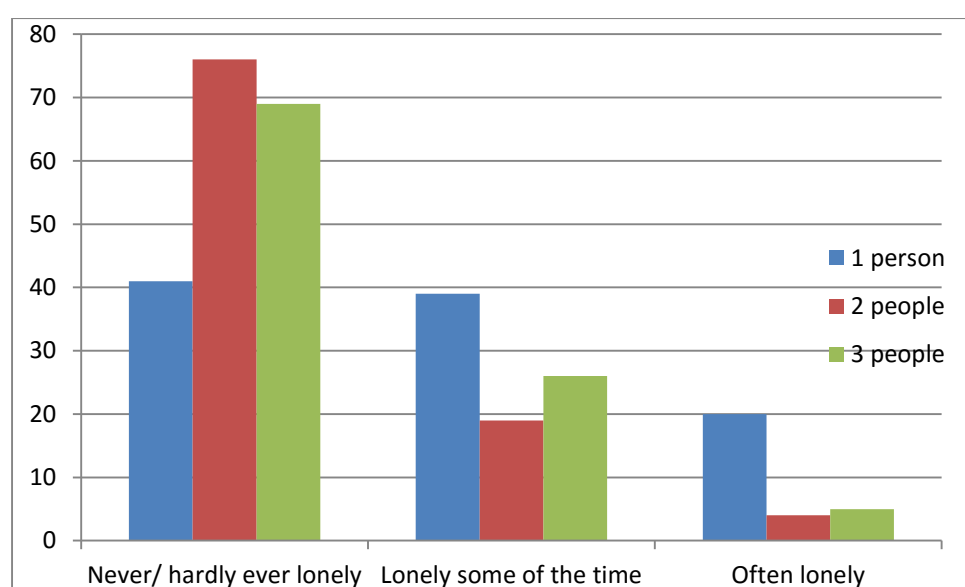
Source ONS 2013 using ELSA data

There is also evidence to suggest that men and women experience loneliness differently. Loneliness in men is more often associated with the quality of their relationship with a spouse or partner, whereas for women, the absence of wider social networks is particularly important (Bernard). This difference may suggest that older women in small isolated communities may be particularly susceptible to loneliness because of the difficulties of developing and retaining wider social networks. Evidence for this is limited although research carried out in North Wales did suggest that, whilst population density did not appear to be a predictor of loneliness for men, older women living alone in sparsely populated areas and experiencing poor physical and mental health were at greater risk of loneliness. (Burholt and Naylor cited in Bernard)

### 5.3 Life events and living alone

The prevalence of loneliness amongst older people is highest for those who live alone, but lower for those living in two person households than in households of three.

**Frequency of loneliness by household size (percentages)**

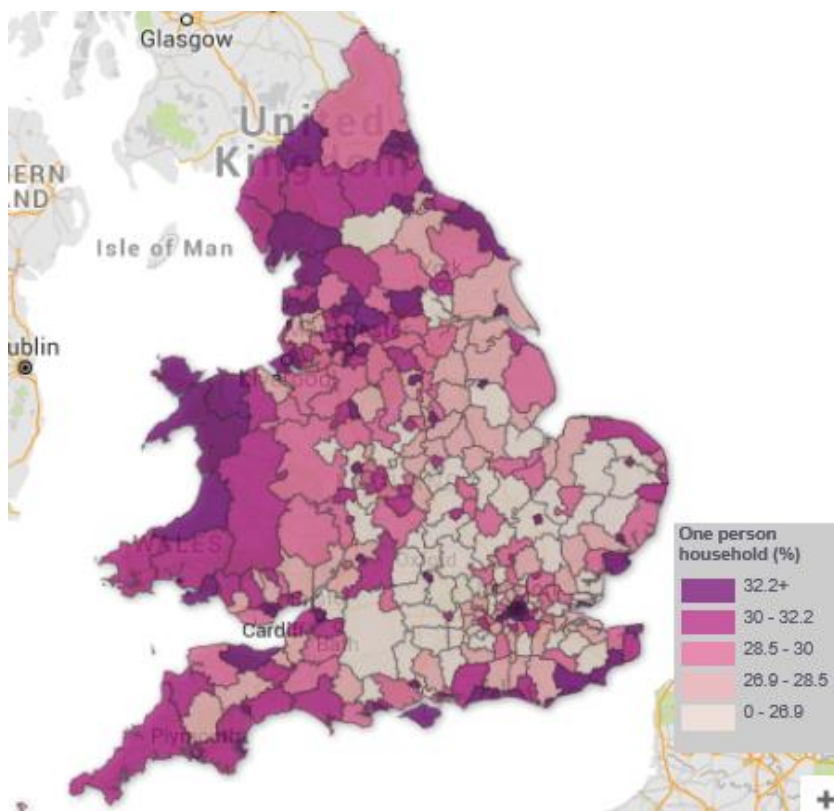


Source ONS 2013 Older people and loneliness

In the UK over 2 million people over 75 live alone and three quarters of these are women (Age UK).

One person households aged 65+ make up 13.5% of total households in rural areas compared to 12.1% in urban areas of England and (Nomis, 2011 Census).

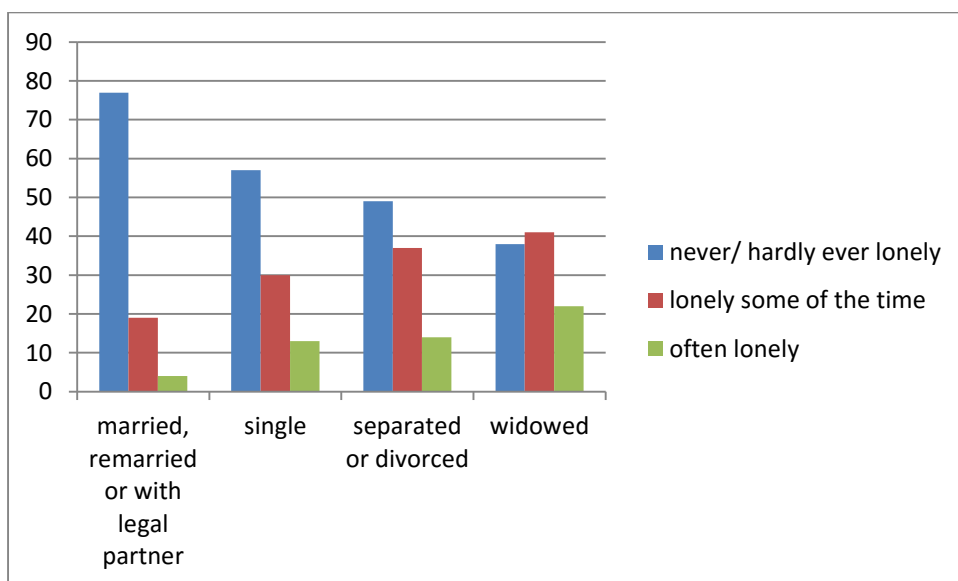
The map below illustrates the geographical locations of those areas with the highest percentage of one person households are predominantly located in coastal and rural areas.



Source: ONS (2013b). Census 2011 statistics

As illustrated by the graph below statistics from ONS (2013) show that widowed older people are lonely more often than those who are married, single, or separated or divorced

### Frequency of loneliness by marital status (percentages)



Source ONS 2013 Older people and loneliness

Research by Demakakos et al (2006) similarly showed that, generally, widowed respondents consistently felt lonely more frequently than any other group in their survey across each age category up to 75. However, amongst those over 75 years old, separated or divorced participants were found to face the greatest loneliness

Widowhood is much more prevalent for women than for men. By the age of 80 the majority of women are widowed and only one-third married. In contrast almost 70% of men aged 80-84 are married, although at 85 and over 49.3% of men are married and 49.6% are widowed. High rates of widowhood among older women are reflected in the percentages living alone, for example at 85 and over 77.3% of women and 43.8% of men live alone (ELSA). 62% of widows are aged 75 and over (Age UK)

## 5.4 Contact with family

Frequency of contact with children appears to be an important correlate of loneliness (Demakakos et al 2006), as older people who have contact with their children at least once or twice a week, either face-to-face or over the phone, feel less lonely than those who have less frequent contact or no contact at all.

Research carried out for the WRVS (2012), in which 500 people from England Scotland and Wales aged over 75 were interviewed, 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. Some of its key findings include:

- Distance is shown to have a clear impact on how often older people see their family. For 10% of older people, their nearest child lives more than an hour's drive away (40 miles plus). Around 11% of them receive weekly visits. For many of those whose children live an hour's drive or more away, 48% are visited by their children just once every 2 to 6 months. 15% of these respondents are visited once a year or less.
- 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.
- 36 per cent of those living alone are in contact with their children by phone at least once a week compared to 50 per cent of those who do not live alone.
- 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.
- Lack of social contact is a known risk factor for poor physical health outcomes
- lack of social interaction means that those living alone are less likely to have people noticing a deterioration in their condition
- There is a striking gender difference in telephone contact. Of those who talk to their children every day, 71 per cent are women compared to 29 per cent of men

There would be obvious benefits if rurally isolated older people could stay in contact with family and friends through email and Skype. However the WRVS research found that 95% per cent of their respondents never used Skype to communicate with their children and 42% per cent did not know how to use online technology such as Skype or email.

Some studies suggest that rural and remote areas are more likely to make use of the internet. For example, in rural Scotland it was found 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 et al, 2009).

Some 11% of the WRVS sample did contact their children online methods but just 6 per cent of those aged 85 or older did so. Online activity also varied by gender with men being 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'.

ONS data (2015c) shows that whilst only 14% of all households have no internet access this rises to 50% in those households comprising a single adult aged over 65. The same source identified that over the previous 3 months 74% of people had access the internet 'on the go' but only 29% of those aged over 65 had done so. (Mobile phone/ smartphone had been used by 66% of people but only by 16% of those over 65).

A number of factors may hinder older people's use of the internet including cost/ accessibility, fear and uncertainty, low broadband speeds and poor reliability.

The costs of getting online in their own home including hardware, software, monthly payments plus any training and support that may be needed are not inconsiderable and may be a substantial obstacle to many pensioner households. Rural pensioners are also likely to find it more difficult to access alternative free or low cost internet provision such as the short sessions often available in Council Offices and libraries. Finding appropriate and affordable tuition is also more likely to be a problem.

Broadband speeds are also frequently poor in rural areas. Using 2013 data, Farrington et al (2015) found that only 6% of the urban sample lived in a unit postcode area where the average broadband sync speed was 6.3Mbit/s or less, compared to over 40% of rural respondents. Commenting on that study's findings (Jackson 2015) observes "that more than 1 million people in Britain are excluded or face challenges in engaging in normal online activities because they live in remote rural areas where slow or non-existent Internet connectivity is still a serious problem.

Whilst there is clearly potential for electronic communications to have a greater role in addressing loneliness amongst older rural residents, particularly as more people become familiar with the technology prior to retirement, the benefits are dependent on the technology and infrastructure being both accessible and affordable.

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## Rural England Stakeholders:



## Rural England Supporters:

