



Exploring Evening and Weekend Loneliness in Middlesbrough



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October 2017



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Section 1: Introduction

1.1 Background

Ageing Better Middlesbrough is a six-year Big Lottery funded programme aimed at reducing loneliness and social isolation for people aged 50 and over. Led by Middlesbrough and Stockton Mind, the programme is committed to achieving *“long-term, significant changes to connect older people to their peers and community resources in order to prevent loneliness and isolation more effectively for more people”* (www.ageingbettermiddlesbrough.org.uk).

The programme has adopted a ‘test and learn’ approach to its work, whereby learning and adapting are built into its direction and activity. As part of this approach, the programme identified gaining a better understanding of evening and weekend loneliness as a priority area for investigation. This report outlines the results of research undertaken on this topic.

1.2 Approach and Methodology

The starting point for the research was to understand the existing evidence-base, before moving on to explore how the issues played out locally. This was done by reviewing existing literature on loneliness, with an emphasis on searching for material relevant to evenings and weekends. To focus on the issues in more detail at a local level, and to begin to explore potential local solutions, data was collected in various ways; a survey of Ageing Better Middlesbrough members; focus groups; and semi-structured interviews.

1.2.1 Evidence Review

The review of evidence encompassed published studies and official data sources. Whilst few of these specifically addressed the temporal dimensions of loneliness, a number did incorporate issues relating to time in their results. In total, more than 25 research reports were encompassed, as well as official data sources (Annex 1).

1.2.2 Structured Survey

The general membership of Ageing Better Middlesbrough was used as the sampling frame for a survey conducted in April 2017. A total of 1175 surveys were sent via post with an option to complete the survey online. 324 responses were received giving a response rate of 27.6%. As well as basic socio-demographic information, questions focused around individual personal experiences of social isolation and loneliness, existing relationships and connections to the local community. The survey also explored how people got out and about, and what might help them do so. Although the survey was mostly made up of closed questions (results at Annex 2), a few open questions allowed respondents to make additional comments if they wished.

1.2.3 Focus Groups and Semi-Structured Interviews

Three focus groups were conducted between July and August 2017. Each session lasted between 1 ½ and 1 ¾ hours and participants were given the opportunity to discuss the issues around social isolation and loneliness in addition to exploring ideas about what, if

anything, could be done to help. The first two focus groups were made up of 6 members each, ranging in age from 50 to over 80. The groups were mixed sex, though predominantly women, and it was noticeable during these sessions that the men in the group were often not very forthcoming. Consequently, an additional ‘all male’ focus group was held to ensure that the research captured the voices of both men and women.

Six semi-structured interviews were carried out in August 2017 with three male and three female participants, again with an age range of 50 to over 80. Interviews lasted between 20 minutes and 1 ½ hours and were conducted either in the participant’s own home or on university campus depending upon personal choice. The survey was used as a topic guide for the interviews and, as in the focus groups, the discussion was around issues of social isolation and loneliness, how they played out in time, and potential local solutions.

Both focus groups and interviews were digitally recorded and transcribed for data analysis.

1.3 Risk factors and respondent profile

There is a growing body of evidence about factors that put some older people at greater risk of experiencing loneliness. The survey collected basic socio-demographic information from participants (gender; age band; ward of residence; marital status; and size of household), allowing some of the known risk factors (see Section 2) to be assessed as being present within the sample. Amongst respondents to the survey, 225 (69.9%) were women; 214 (66%) were not in a relationship; and 185 (57.1%) lived alone, demonstrating that these risk factors were reflected.

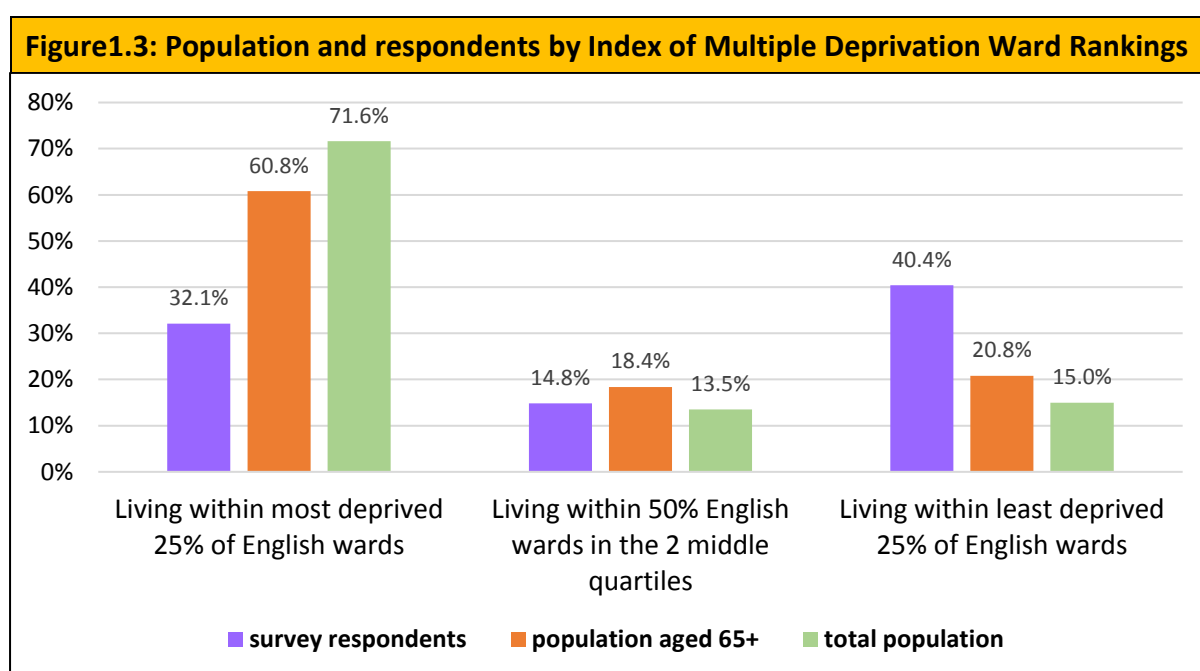
There was also a good range of representation for each of the 10-year bands (Figure 1.1) and a reasonable distribution of surveys were received from various wards across Middlesbrough (Figure 1.2).

Figure 1.1: Age band of respondents													
Under 50		59 – 59		60 – 69		70 – 79		80 and over		Missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
3	1%	37	11.4%	94	29%	104	32.1%	82	25.3%	4	1.2%	324	100%

Figure 1.2: Participant by Ward					
Ward	No	%	Ward	No	%
Acklam	68	21%	Marton (East and West)	46	14.2%
Ayresome	0	-	Newport	2	0.6%
Berwick Hills & Pallister	4	1.2%	North Ormesby	7	2.2%
Brambles & Thorntree	8	2.5%	Nunthorpe	17	5.2%
Central	26	8%	Park	1	0.3%
Coulby Newham	24	7.4%	Park End & Beckfield	12	3.7%
Hemlington	11	3.4%	Stainton & Thornton	6	1.9%
Kader	0	-	Trimdon	0	-
Ladgate	3	0.9%	<i>Out of Area</i>	28	8.6%
Linthorpe	42	13%	<i>Missing</i>	13	4%
Longlands & Beechwood	6	1.9%	Total	324	100%

Links between deprivation and levels of loneliness have also been made by various studies (again, see Section 2) and although we did not collect information with regards to household income, we were able to cross reference Middlesbrough Wards with the Index of Multiple Deprivation (IMD). This can be used to rank the 7522 electoral wards in England according to their level of disadvantage (DCLG, 2015). Middlesbrough wards are heavily over-represented within the most deprived quartile (12 falling into this category); 4 being within the least deprived quartile; and 4 within the 50% of centrally ranked wards.

Respondents were reasonably distributed between these categories but, because of the predominance of deprivation, this translates as an under-representation from those living in the most disadvantaged areas and an over-representation from those in the least disadvantaged wards (Figure 1.3).



The under-representation of disadvantaged neighbourhoods was brought into balance by the 23 older people who took part in the focus groups and interviews, 15 of whom lived in the most deprived 25% of wards. The full profile of those taking part in the qualitative elements of the research is shown in Figure 1.4.

Figure 1.4: Profile of Focus Group Members and Interviewees

Gender	Male	10	Age Band	50-59	2
	Female	13		60-69	8
Relationship	In couple	3		70-79	3
	Not in couple	19		80 or over	8
	Not known	1		Not known	2
Household	Lives alone	17	Ward	Most deprived 25% wards	15
	Lives with others	4		Middle 50% wards	3
	Not known	2		Least deprived 25% wards	5

1.4 Analysis

All data (the research literature, the quantitative survey results, the survey's 'open question' comments, and the qualitative material from interviews and focus groups) were analysed thematically. This analysis identified key topics which have been used to shape discussion of the research findings.

The socio-demographic information collected was also reflected in the analysis, and notable differences highlighted in the results that follow.

1.5 Structure of Report

Section 2 explores what loneliness means to people, who is lonely and why, and the impact loneliness has on people's lives. Section 3 reports on the specific times when people feel lonely including, but not only, evenings and weekends. Section 4 discusses the relevance of social contact and being able to 'get out and about'. Finally, Section 5 draws together some conclusions, and tentatively suggests some possibilities for the future.

Section 2: Who is lonely? Risks, Triggers and Meaning

2.1 What does the literature tell us?

Loneliness has been described as a negative subjective experience which often involves an unwanted discrepancy between the relationships people have and the relationships that people want (Dykstra, 2009). It is distinct from, but related to, social isolation, and is a very personal experience. Some individuals may be pre-disposed to loneliness by factors that could explain deficiencies in their social networks, including low self-esteem, poor social skills, and ill-health. Although loneliness is commonly seen as a problem for older people generally, the available research evidence suggests this is not necessarily the case, except for those who could be described as 'very old' (Dykstra, 2009).

Whilst loneliness is not an inevitable part of ageing, Griffin (2010) points out that middle age is a time when key risks for loneliness accumulate, and Smith (2012) highlights how the changes brought about by the ageing process can prevent older people from engaging in their previous usual activities. Moreover, as longevity increases, and families become more widespread and more complex, more and more older people live alone. Although this does not automatically mean that someone is lonely, it does place people at a greater risk of social isolation and loneliness (Freidli, 2009).

A link between material deprivation and levels of loneliness is also picked up by several studies, as is the relationship between loneliness and mental and physical ill-health (Aebischer, 2008; Beach & Bamford, 2014; Shankar et al, 2016; Smith, 2012; Kelly, 2017). The significance of impaired mobility or sensory impairment, have been emphasised by some researchers (Aebischer, 2008; Griffin, 2010; Smith, 2012), and the diminished social interaction and weight of responsibility felt by ageing carers has been highlighted by others (Jopling, 2015; Vasileiou et al, 2017). An early attempt to reliably quantify loneliness in the older population (Victor, 2000) found that there were statistically significant differences in relation to different groups; loneliness was most likely to be reported by women, by people who were very old, by people who had never been married, by people living alone, by people lacking material resources, and by people who were physically or mentally frail.

Courtin & Knapp (2017) report that results from longitudinal studies show that the experiences of loneliness and isolation are not uniform cross the life course but, rather, can be pre-empted by certain 'trigger events'. These are not necessarily exclusive to older age; the trigger might be linked to a relationship breakdown, to moving home, to losing a job, to children moving out or moving away. However, some events are age-related; notably retirement and spousal bereavement. Moreover, these triggers have a gendered dimension; studies have found that men are more prone to feel the effects of retirement whilst women are more likely to be affected by loneliness in widowhood (Beach & Bamford, 2014; Smith, 2012).

The impact of bereavement, especially spousal bereavement, features prominently in the literature (Bennett & Victor, 2012; Patterson & Carpenter, 1994; Jopling, 2015; Aebischer, 2008; Smith, 2012). Aside from the pain of losing a loved one, the absence of a partner cuts

off daily routines (Smith, 2012) and can impede social participation, for practical reasons or because people lack motivation to engage (Patterson & Carpenter, 1994).

Just as risk and triggers are linked, so too are cause and effect. Illness can exacerbate loneliness and vice versa (Aebischer, 2008); the stress associated with spousal bereavement can contribute to health problems which in turn impact on leisure activities (Patterson & Carpenter, 1994). For some people, loneliness experienced in later life can relate back to experiences earlier in the life course. Beach & Bamford (2014) suggest that disadvantages and inequalities experienced through life can contribute to higher levels of social isolation and loneliness, whilst Griffin (2010) suggests that lonely people tend to have more of a history of loss, trauma, inadequate support and negative parenting experiences. However, notwithstanding this continuity for some, evidence suggests that loneliness is not static; the feelings and intensity can change over time (Victor, 2010) and for some, loneliness may decrease across the life course as they develop ways of coping.

In terms of impact, some studies suggest that the duration determines the degree of harm; only persistent loneliness being an issue for serious concern (Griffin, 2010). Others suggest that even short periods of loneliness can impact negatively on cognitive function (Aebischer, 2008). Almost all studies reviewed by Courtin & Knapp (2017) found that social isolation and loneliness have detrimental effects on physical and mental health in older age and here again, there is something of a cycle. For example, research by Cacioppo et al (2002) showed that lonely people spend more time awake during the night, suggesting that they may be less resilient partly because they sleep more poorly. Cacioppo & Hawkley (2009) found that lonely people may view the social world differently, seeing it as threatening and forming negative social impressions of others. If this negativity elicits behaviours that validate these expectations, the likelihood of behaving in ways that pushes others away is increased.

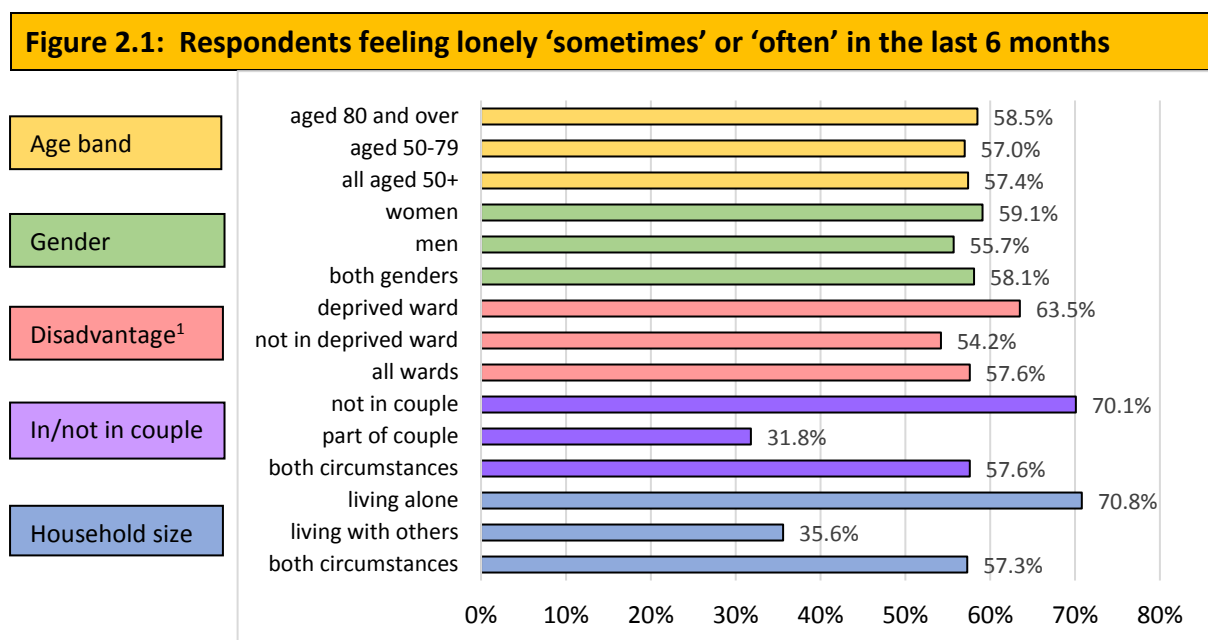
Moreover, as well as potentially bringing feelings of anger, sadness, depression, resentment, emptiness, vulnerability and pessimism, loneliness can have physiological consequences. Griffin (2010) reports that persistent loneliness leaves a mark via stress hormones, immune function and cardiovascular function, with a cumulative effect that means being lonely or not is equivalent impact to being a smoker or non-smoker. Hawkley & Cacioppo (2010) suggest that, left untended, loneliness has serious consequences for cognition, emotion, behaviour and health; and that a growing number of longitudinal research indicates that loneliness predicts increased morbidity and mortality.

2.2 What did the survey tell us?

Analysing the survey data by gender, age, marital status, and living alone confirmed that the greater risk of loneliness that previous studies have identified amongst these categories was reflected, to a greater or lesser extent, in results.

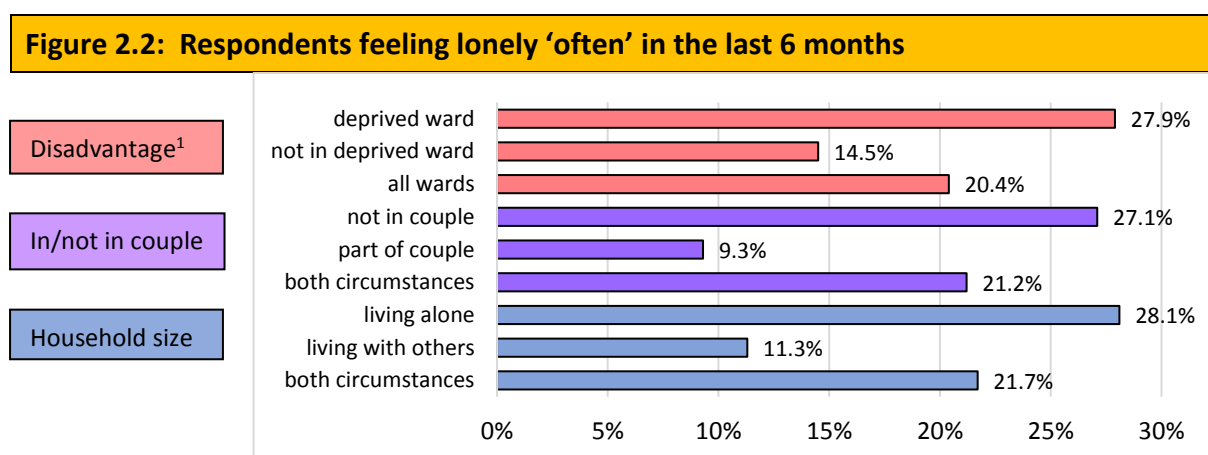
Overall, 57.7% of survey respondents reported feeling lonely sometimes or often during the last 6 months. For age group, there was a marginal divergence between under- and over-80's (57.4% for the former, 58.5% for the latter). For gender, the variance between men and women was more pronounced (55.7% to 59.1%), and for living in a disadvantaged ward, the gap was bigger still (54.2% to 63.5%). Finally, and again echoing the literature,

particularly notable differences were apparent for not being part of a couple (31.8% to 70.1%) and for living alone (35.6% to 70.8%) (Figure 2.1).



¹ based on proxy of living in deprived neighbourhood

However, when results were examined only for the 69 individuals who *often* felt lonely, more marginal differences were reversed. People over 80 were less likely to report frequent loneliness than those aged between 60 and 79 (14.6% compared to 22.6%); men were more likely to report frequent loneliness than women (26.8% compared to 19.1%). Conversely, the patterns for disadvantage, for not being part of a couple, and for living alone were even more pronounced (Figure 2.2).



¹ based on proxy of living in deprived neighbourhood

One of the risk factors that was not routinely collected via the survey was 'physical or mental frailty'. However, of the 205 people who identified a specific trigger factor for feelings of loneliness, 26 highlighted the significance of deteriorating health. Amongst those expanding upon triggers in the open questions on the survey, comments encompassed straightforward attribution (for example: [the trigger was] "when I first started experiencing symptoms of MS" to remarks explaining the effects ("when I could not drive anymore

because of eye trouble” and “I cannot visit her [a friend] owing to her staircase (bathroom upstairs)”. For some respondents, it was the ill-health of others that was identified as a trigger event: “When family member in hospital”; and sometimes this was related to a care-giving role “My husband has Parkinson’s disease and I am his only carer. Some days, I couldn’t go out and leave him and felt isolated”.

By far the most frequent self-reported trigger, however, was bereavement. The open question comments of 127 respondents relayed more than 140 instances of somebody’s death acting as a trigger, with some respondents experiencing multiple bereavements. For example:

“All the deaths in my family. I seem to be losing them one by one. I just don’t want to be answering my door in case it’s bad news... I worry and bottle things up, don’t tell anyone how I’m feeling... just want to shut myself behind closed doors.”

Many of these instances (78) related to losing a partner; particularly a husband (53). Again, alongside the straightforward statement, some respondents expanded upon the effects. For example:

“When my husband died very suddenly... seeing all the young families, it makes you realise what you have lost.”

“When my husband died as we socialised more as a couple.”

As well as being widowed, it was notable how many people (27) expanded upon the death of their parents, sometimes many years before:

“Yes, when I lost my mam 31 years ago, and I have never got over it. I go every week to her grave. We love each other so much.”

People also described loneliness arising as a result of losing siblings, children and grandchildren, other family members, and friends.

Relationship breakdown was another prominent trigger (29 of those identifying a specific cause). Over 21 people mentioned divorce in their comments, and some relayed the trigger as a relationship ‘going wrong’ (“*a very violent abusive husband*”; or “*no relative interaction between us*”). Some respondents described break-ups with other family members, from major life-changing divisions to having “*an argument with a family member*”. Moving home (and sometimes country); working away from home (or being the partner of someone who did); adult children leaving home; retirement; and childhood trauma (abuse; neglect; being orphaned; etc.) also featured in people’s accounts.

2.3 What did the focus groups and interviews tell us?

When participants were asked what loneliness meant to them, they responded in a variety of ways, reflecting the personal nature of the experience. People talked about being alone, having too much spare time on their hands, having no one to talk to, and feeling depressed:

“It’s like an empty space in your life, boredom, a black hole”

“Feeling alone and not having anybody to communicate with, or not seeing anybody, or not being able to get in touch with anybody”

Participants acknowledged the differences and similarities between loneliness and social isolation. For example:

"It's being alone... but you're lonely... but you are alone..."

"I'm lonely but I get out. You know, it doesn't mean that you're just stuck in the house on your own. You can be lonely in a crowd of people. So, it means different things to different people, I think"

"I'm always lonely, really, in the house but my son has moved in because he's having trouble with his in-laws so he's there but he's not there... his mind's on something else"

Many comments were around people being 'cut off' from families and local communities, as exemplified by the following statements:

"When I was a kid, your auntie lived a couple of doors away and you didn't have nurseries because you had your grandma or you had your auntie, whereas now, I think, families are in, like, Australia and they're not as close. I think people maybe feel lonely because they haven't got one-to-one contact anymore"

"I think when people say they're lonely I think they feel cut off from everything and isolated... They're being ignored, they're not part of the scheme of things"

The transience of loneliness, and the potential for it to be present across the life-course, was also reflected:

"I mean, how do you feel? The periods of depression that I used to get, I rarely get them now but, you know, sometimes there's something that'll happen and that will remind of, you know, happy times with my late wife and I'll have a little sob"

"I feel we have transitions all throughout our lives and at certain ages we have real fears, real worries; we're lonely, we're on our own, we don't think people can help. I think it's throughout your life"

Discussions about causes and trigger events revealed similar themes than those identified by the survey. Bereavement featured prominently; several people recounted their feelings when their spouse or partner had died, and the gaps and impacts this had left in their lives:

"It's just you feel you want someone to put their arms around you, cuddle you and say I love you... I miss that."

"I think, when you're on your own, you've got... nobody needs you. You sort of let yourself go. You don't feed yourself because you think, 'Well, why bother?' so you don't cook and... when it's just me, I'll have a sandwich or a tin of soup."

"I think really you can become so boring to other people, because you've had a partner for so long. Then you've lost them and you've got nothing else to talk about, [except] about the partner that you've lost..."

For some, these feelings had been revisited when they had later lost friends and for a few who had faced spousal bereavement, the subsequent loss of a much-loved family pet who had gone through the experience with them, served to emphasise feelings of being alone

Relationship breakdown was also a theme from the survey that was repeated; again, this concerned both partners and other family members. One interviewee recounted movingly

about how her marriage breakdown in older age had been associated with new technologies; her former husband had made a long-distance relationship via Skype; she was in touch with what was now happening with his life via Facebook. A divorced focus group member described how, upon retirement, he had unsuccessfully tried to re-establish a relationship with his adult children who resented his lack of contact before whereas, for him: *“When I was working, that didn’t matter.”*

The importance of work, and therefore of retirement, to men’s lives was raised in the all-male focus group. For example:

“With me, I think I became lonely and depressed when I gave up work. At work, you had a routine, you talked to people, you went out with them, then when you retire from work, there’s no preparation. You then have to go out there and do it yourself and you haven’t experienced it.”

Another man identified his release from prison as triggering a particularly lonely period in his life, compounded by his wife having died whilst he was incarcerated.

Physical ill-health, mobility problems, sensory impairment and mental frailty were also mentioned as factors for increasing the risk of loneliness, but were not often brought to the fore other than for those people who were confined to their homes. For one participant:

“Loneliness. Well, if I was infirm, I would feel lonely; but because I’m 100% fit, I’m very active. I feel sorry for the other people who can’t be like me”

For some, the pressures of caring compounded feelings of loneliness, and were sometimes accompanied by unwelcome pressures that took a toll on their own wellbeing. For example:

“I was trying to look after a friend... who had Lewy Body’s dementia... I didn’t know that initially and I ended up trying to get him to see a GP, then going with him to see a consultant, geriatric consultant. Then going with him for all the tests, then bloody flying round in the middle of the night because he was having... I would never do it again.”

The relevance of physical and mental frailty is expanded upon in Section 4.

2.4 Summary

In considering the nature of loneliness, and what might prompt it, several themes emerged that were common to the literature review, the survey results, and the qualitative insights. These included: the highly personal, and often transient, nature of the experience; the association with social isolation, living alone and financial constraints; the status of bereavement, relationship breakdown, and ill-health or disability as major triggers; and the importance of retirement (particularly for men) and caring (particularly for women). In addition, the fieldwork explored – and confirmed – that feelings of loneliness can be experienced throughout the life course, and that people associate its prevalence with changing family structures and the nature of contemporary communities.

SECTION 3: Particular times when people may be lonely

3.1 What does the existing literature tell us?

Existing evidence suggests that loneliness amongst older people may well have spatial and temporal dimensions although, for the most part, this has not been a specific focus of studies. A quantitative study of prevalence and risk factors (Victor et al, 2005) found that 54% of 385 older people reporting loneliness stated it was felt most acutely at certain times, and most of these (67%) identified evenings.

Subsequent qualitative research into loneliness experienced by widowed older people (Bennet and Victor, 2012) confirmed that loneliness was felt especially keenly during evenings and at weekends. Whereas during the day, people can 'escape the emptiness' of their homes, only (rare) visitors break into the hollowness they feel when 'home alone'.

Similarly, Cattan et al (2011) found that weekends and winter evenings were considered the worst times since these tended to be the occasions when people had no contact with anyone; and Patterson & Carpenter (1994) found that continual loneliness and lack of communication in the evenings was a major concern for some of their research respondents, frequently mentioned in terms of something that was dreaded and feared.

Other studies have highlighted the role played by crime and fear of crime in explaining this temporal difference (various, cited in Age UK, 2011; pp. 31-32) or have shone a light on possible responses to the lack of mainstream services during these vulnerable times (Jopling, 2015). Silverline, the 24 hour free and confidential helpline for older people, reports that most older people call in the evenings, at night and weekends for company (when other services may not be available), and particularly around times of transition (such as following a bereavement).

3.2 What did the survey tell us?

From those participants who responded to the survey 99 people, representing just over 30%, stated that they were lonely at certain times. Various examples were given, many of them echoing the existing evidence, and relating to the insights outlined in Section 2. The most common responses are shown in Figure 31.

Figure 3.1: Times identified by respondents as being particularly lonely (n=99)¹

Identified times	No.	%
Anniversary of death of a loved one	27	27.3%
Special occasions, like birthdays or Christmas	26	26.3%
Evenings	25	25.3%
Winter	21	21.2%
Weekends	18	18.2%
Public holidays	18	18.2%

¹ note that respondents could identify more than one time when they were particularly lonely

The significance of these was also supported by the 94 comments relating to 'particular times' returned via the open questions on the survey. Bereavement featured heavily, and was closely related to special occasions. For example:

"I feel particularly lonely around anniversaries and birthdays of members of the family who have died." and

"Christmas time, as I have nobody now".

For some, the relevance of past events, unconnected to bereavement, was also apparent:

"Christmas is a bad time, probably stemming from childhood to adulthood when my mother was ill and everyday life had to be low key."

Evenings were another prominent theme, with several respondents identifying them as a time when loneliness was deeply felt. For example: *"The evenings are lonely"* and *"Evenings, when sitting alone watching TV"*. One participant, now in supported accommodation, recounted *"When I lived alone, I was going to bed at 4 p.m."*.

Winter evenings were particularly problematic, as was the season itself:

"Winter is the worst time, often feel depressed. Some days wake up and cannot be bothered to do anything"

and *"Winter is often too cold and dark to feel like going out. Sometimes it takes so long for me to decide what to do, it's too late. I can talk myself out of going places very easily."*

For other respondents, weekends were a crucial time, when many respondents suggested they struggled to find something to occupy their time. For example:

"Weekends are and have been worse. This is probably due to the routine being different with less structure."

"At the weekends. I can go out to clubs and meetings etc. but find the weekends more difficult."

Sometimes this related to families not being around:

"Dark nights and weekends are not nice. Days are long and families now do not visit family members as they did years ago."

"Weekends now I'm a widow, all my family – sons and grandchildren – are scattered over England."

This association between weekend, especially Sundays, and 'family time' was noted by several people:

"I found the summer months the worst as everyone was out and about with their partners or family, it emphasized my loneliness. Sunday was the worst for me as the rest of the week there is plenty of places to go and things to do. Sunday is associated with family get-togethers. When I moved... I did not want to disrupt the routine of my son and daughter going to their in-laws, felt it might cause problems."

Another respondent recounted feeling lonely on Sundays earlier in her life course when her husband was working away because:

"I realised then that Sunday was a family day so I couldn't go to friends".

The impact on 'everyday things' was also noted. For some, this meant literally every day; for example: *"All the time"*; *"morning and night"* and *"I feel lonely and isolated every day..."*

majority of time, I am housebound". For others, it was about missing out on specific aspects of day-to-day life, such as:

"When watching TV and something occurs e.g. election results, big news, sports results and there is no-one to comment to."

"Get sad and lonely when see others meeting up for a coffee, shopping, etc. My sister was my best friend all my life and I didn't make other female friends that I would wish to have now."

Financial constraints were also evident, especially relating to evening socialising. One respondent recounted being unable to afford new boiler; others said: *"Finance also plays a part"*; *"Every night due to lack of money"*; and *"Friday nights"*.

3.3 What did the focus groups and interviews tell us?

Similar themes came through in the focus groups and interviews, although the 'weighting' between death-related anniversaries on the one hand, and evenings and weekends on the other, was reversed. Special occasions - such as Christmas, birthdays and anniversaries of the death of loved ones – were mentioned but generally not to the same extent. However, one woman highlighted how the lack of company on holidays was particularly painful, and one man commented:

"It hurts. I'm always on my own at Christmas. It hurts, but I get over it; I don't worry about it. I think, 'Well, yes, I'll cross it off. It's another day on my calendar'; that's fine with me."

Overall, however, evenings and weekends featured more prominently as particular times when people felt lonely. Evenings also seemed to be experienced even more problematically when the winter months came around, making the lonely nights longer.

People spoke about how there was nothing to do on an evening other than being 'left to your own thoughts', particularly for people who lived alone. One participant commented:

"You're on your own, the curtains are closed and you're keen to go to bed. That's when I'm at my loneliest"

Another stated:

"You sit down, you've done what you need to do during the day, come six o'clock, seven o'clock, you've had your tea, cleaned up, sit down and then you start thinking".

As the following contributions to a focus group discussion show, the television is not always a substitute for real, responsive company:

"Participant 1: I mean, you can watch the television but there's no feedback, is there? You're just watching."

Participant 2: Well, I do. I answer the television back."

Participant 3: Oh, I talk to the telly. Especially when Piers Morgan's on, like 'This Morning'."

Participant 4: To share, you do want to share if you've seen something good on the telly or you're reading a good book."

Participant 3: *Or [if] you're laughing. There's nobody there."*

The loneliness that people could experience at weekends was actively guarded against by some. One participant explained:

"I appreciate my weekends, because I know I'm not going to do anything and I've got nothing planned. But I get lonely... well, I don't get lonely, because I can't afford to get lonely. But if I don't have anything planned for the coming week, then that would make me very, very lonely and feel lonely. But I always make sure that I've got something planned."

Also *"It's a state of mind sometimes if you prepare yourself for then you know that this is going to be a time that's maybe going to stretch your emotions."*

As was the case for survey respondents, weekends were often described as 'family time' when people could feel themselves excluded. Sometimes this related to them not having family, or not having their family around. For example:

"Weekends, to a person like me, can seem lonely because everybody else seems to be getting on with and going to places, like bringing the kids down... where I live, the families come down with the car and they go over the field and walk the dogs or they go around on to the fields and play football. They all seem to be doing something with families."

Discussion centred not only on families moving further afield, but also on how it is more common these days for both parents to work, with resulting limits on the amount of time they get to spend with each other and their children. Participants talked about 'not wanting to intrude' and trying to avoid troubling others, as shown in the following contribution: *"I think you're concerned for your family, you don't want to be a burden to them."*

Similarly, in a focus group:

"Participant A: I think as well, at weekends, it's family time. But, if you haven't got any family or anything around you, it's contacting other people and they have their families there. Do you know what I mean?"

Participant B: You think you're intruding...

Participant A: You don't contact them because you know they've got family."

This shows not only the impact of having no face-to-face contact with family over the weekend, but also the impact on relationships outside of people's own family unit. It also suggests that sometimes people may not feel part of a family circle, even if close family live nearby. People interpreted 'family time' in a certain way; notably, for an immediate 'nuclear family' of parents and their children. As people who stood outside of this 'inner circle', grand-parents, aunts and uncles saw themselves as being legitimately excluded. As families have become more complex, with the addition of step-parents and step-grandparents, it is possible that this 'distancing effect' will be magnified still further.

The potential for pets to fill the 'void' of the weekend was highlighted by one contributor:

“You’ll hear people say: ‘You know, if it wasn’t for that dog, I wouldn’t have got up in the morning, but because I’ve got a dog, I have to get up and feed it - I’ve got something to do’.”

Finally, as with the survey responses, people experienced Sundays as most problematic of all. For one interviewee:

“Sunday’s a dreadful day for me. It’s a nothing day, really... Because there’s nothing going on. There’s nothing on the television. I usually end up shopping and spending money I haven’t got.”

3.4 Summary

Again, there was a great deal of resonance between what the literature, survey, interviews and focus groups revealed. People felt loneliness more on ‘special days’ (Christmas and other bank holidays, birthdays and anniversaries); in winter months; during the evenings; and at weekends, especially Sundays. Loneliness was often described as not having anyone with whom to share outings or daily conversations. Some planned in advance for these ‘lonely times’, recognising the need to avoid a negative spiral.

Section 4: Social contact and getting ‘out and about’

4.1 What does the existing literature tell us?

Section 2 noted that although social isolation is distinct from loneliness, there is a strong relationship between the two.

People living with others may have ‘in-built’ company, even if it is less than satisfactory. Those living alone do not and, unless they receive visitors, are dependent on leaving their home to find company. Consequently, if people are confined to their home for some reason, their social contact may be severely limited. Aebischer (2008) suggests that the ability to get out and about to carry out simple tasks is of key importance in avoiding loneliness. If there is an absence of means by which this can be facilitated – be it practical help, suitable transport, or adequate financial resources – this protection is lost.

Jopling (2015) highlights the vital importance of transport and suitable physical environments in enabling social connection. He reports that although 95% of residents of urban areas live within 13 minutes of regular bus services, the time would be considerably longer for people with limited mobility, and the proportion is much lower (61%) in rural areas. Shankar et al (2016) also found that poor mobility limited social contacts; they suggest that this may explain the adverse association between isolation and loneliness and different aspects of functional status.

Smith (2012) also found that factors such as impaired mobility and decreased sensory abilities prevented older adults from maintaining social connections with others. Limited access to transport created difficulties getting outside of the home, which contributed to loneliness. In one study, half of the participants gave up driving their car because they no longer felt confident on the road. This lack of transportation created barriers to their ability to maintain connections with others. Age UK (2011) and Jopling (2015) also highlight the crucial role played by transport.

Finally, poverty limits people’s capacity to get around and maintain social connections (Smith, 2012). Transport can be costly and some writers (such as Griffin, 2010) have pointed to the importance of the closure and decline of local neighbourhood services, such as post offices. Not only does this mean that older and disabled people may find it difficult to access the services they need, it also means that a key focal point for social and personal contact is lost to them.

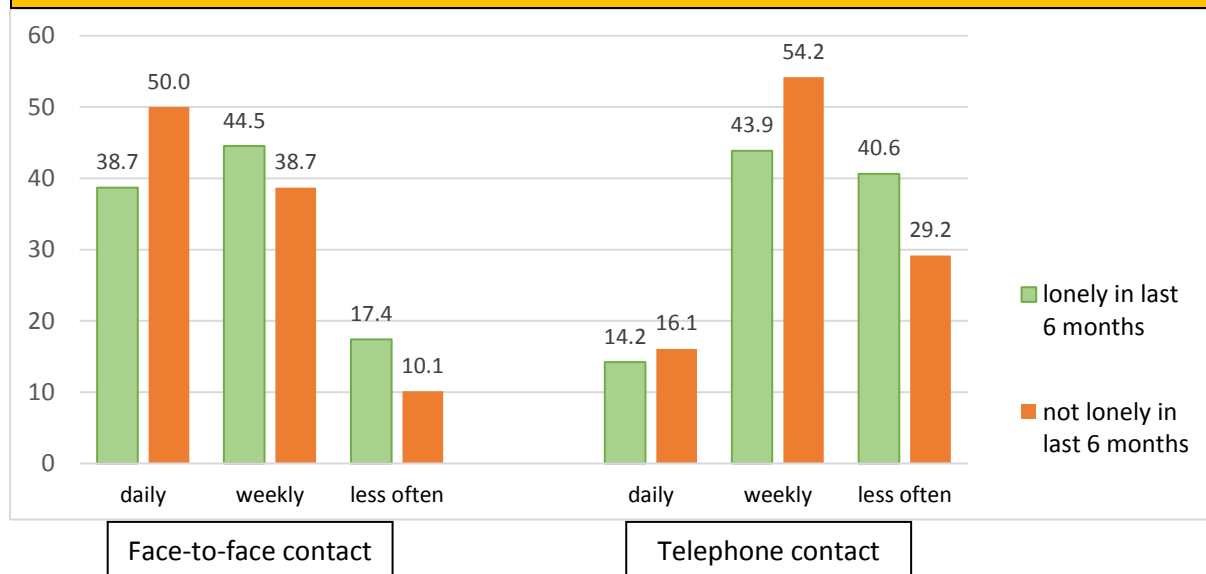
4.2 What did the survey tell us?

The survey showed a marked difference in the regularity of social contact when comparing respondents who had been lonely in the last 6 months, and those who had not. People who had recently experienced, or were currently experiencing, loneliness were less likely to connect with people face-to-face daily (38.7% of those people who had felt lonely recently had regular social contact compared to 50% of those who hadn’t experienced such feelings), and were more likely to have such contact less than weekly (17.4% of people identifying loneliness in the last 6 months, compared to 10.1% of those who did not report this).

Whilst the gap was smaller for daily phone contact (14.2% of ‘recently lonely’ compared to

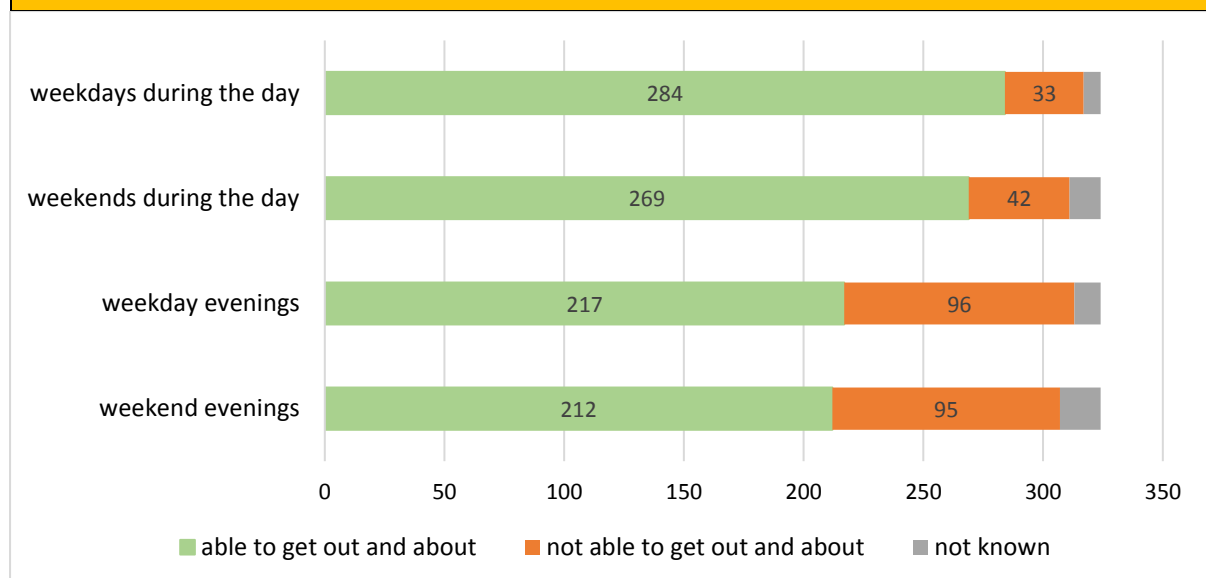
16.1% of 'not-recently lonely'), the difference was greater for those whose phone conversations happened less than once a week (40.6% compared to 29.2%).

Figure 4.1: Frequency of social contact in person or by telephone (percentages)



When asked whether they could get out and about, most respondents (87.6%) reported being able to during the day (slightly less at weekends) but this was notably lower (67%) during the evening (again, with a slightly lower figure for weekends).

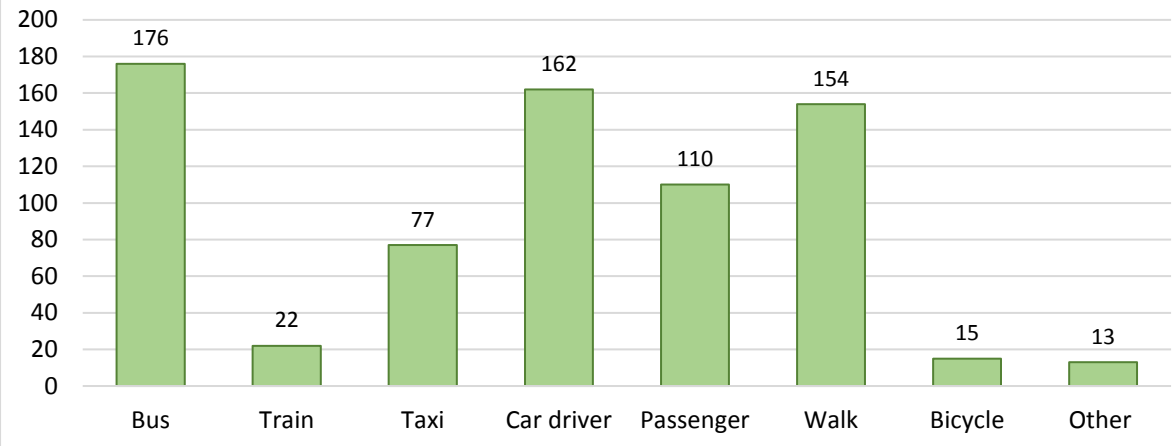
Figure 4.2: Able to get out and about at different times (numbers)



Respondents were also asked which modes of transport they used (Figure 4.3), with the option of identifying multiple types. Although bus travel was the most frequently mentioned, perhaps the most notable finding in relation to *how* people generally got out and about was the degree of reliance on cars, either as driver or passenger. For both categories, there was very little difference when comparing respondents who had been lonely in the last 6 months and those who had not (although this will have been affected by

the 65 respondents who identified themselves as both drivers and passengers). However, being a passenger is inevitably contingent upon having a driver available. Notably, of the 27 people who had face-to-face contact less than weekly, 7 accessed transport only as a car passenger, indicating that they did not get out and about particularly regularly.

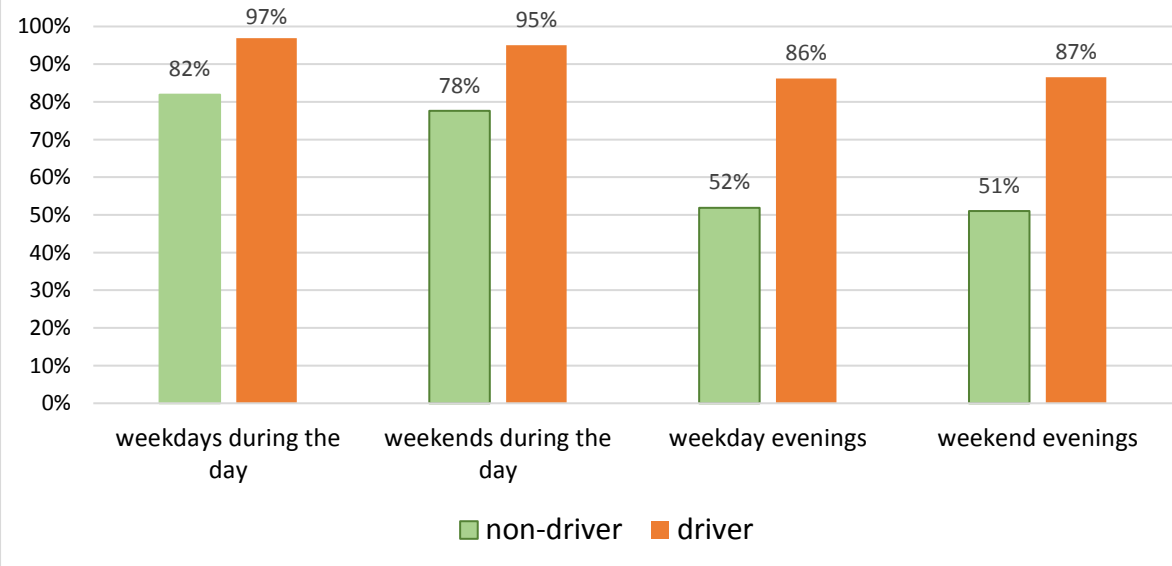
Figure 4.3: Methods of getting out and about (numbers)



Amongst those respondents offering additional comment, the importance of driving - *“I am lucky, I still drive”* - and the feelings of dependency people had when they relied on others for car access, were evident. In relation to the latter, for example: *“I depend on my husband and occasionally a friend to pick me up in her car”*; *“no longer have my own transport because of health, I always rely on wife in car and wheelchair”*; *“luckily my sister takes me food shopping once a week”*; *“rely on family and friends for transport”*.

There was a marked difference between car drivers and non-drivers when it came to *when* people could get out and about. As Figure 4.4 demonstrates, travel in the evening was notably higher amongst those who drove.

Figure 4.4: Able to get out and about at different times by whether car driver (percentages)



Many people mentioned reduced bus services, and the absence of buses in the evenings and at weekends particularly. The expense of transport was also highlighted in people's comments, particularly for those in younger age bands. When asked what might improve things, answers included: *"cheaper petrol"*; *"need transport, unemployed on JSA can't afford anything"*; and *"I haven't been getting out lately due to the cost of travel"*. The cost of taxis was a particular concern: *"extra money would enable me to use more taxis, especially long journey to my mother-in-law's – a round trip costs £25, a very rare outing."* Respondents also commented on the lack of facilities in their local neighbourhood: *"We have no shop... Shops make people talk, meet and socialise, we have nothing at the moment."*

Mobility issues were prominent in comments made about getting out and about during the day. For example: *"I have Parkinson's disease and have fallen several times so can only go out when with my husband's help"* and *"[I could go out] if I had my own electric wheelchair, I have got a wheelchair but someone needs to push it."* Similarly, the effect of cognitive impairment and mental health problems were also noted: *"I often forget where I'm going or forget routes and need to be reminded"* and *"I have panic attacks and anxiety and I go dizzy, pass out, fall over, feel vulnerable, scared."*

More generally, fear of going out was associated with evenings. One contributor had been mugged twice already, and people commented that they didn't go out when it was dark, that it was *"not safe to go out alone at night"* and that they *"wouldn't dare venture out alone in the evening"*. For some, this apprehension was lessened if they were going to be travelling by car (*"only if I am picked up by car owners"*). However, even amongst car owners, evening travel could be ruled out. Several people did go out in their car at night because of safety and security considerations, including anxiety about driving in the dark.

3.3 What did the focus groups and interviews tell us?

Whilst social contact at home was mentioned in passing, participants' primary focus was on going out and getting a 'change of scene'. However, several impediments to this were identified, often related to health conditions or to physical or mental impairments. People noted the lack of public toilets, for example, and the absence of seats in shops. For others, it was their inability to live the lives they once had that was the issue. One older man with dementia illustrated how his previous social world was increasingly impeded:

"I do attend some groups or have done anyway. Like folk dancing... but this loss... dementia, is killing that... I don't know if you know anything about folk dancing. It's sort of assuming that dancers know the figures they're going to do. If you don't know them, you can't do it!"

The importance attached to going out and 'escaping' home was highlighted by several participants. One man in a focus group explained:

"Sometimes I go out. A lot of it might be the same routine day in and day out but you've got to do that because if you don't, you'll probably just sit and look at four walls. If you didn't get out, you'd probably go crazy, to be honest."

A degree of self-confidence was seen to be required to go to organised activities and groups, something that contributors recognised might well be missing amongst lonely

people. Discussion in all three focus groups included how daunting it was to go, alone, to a new place, with unknown people. Furthermore, going out required a means of doing so; transport was identified as a particularly crucial issue, but so too was the help required by some to travel very short distances:

“My friend... had a stroke eight years ago and I will be taking him across to the club [over the road] tomorrow night. His wife will go, but I’ll push him over in his chair and we have a great time, a social evening.”

However, for some participants, there was simply nothing to go to on the doorstep: *“There’s nothing. Where I live, there’s nothing. Absolutely nothing.”*

Driving was seen by some to be a ‘lifesaver’. For one man *“to be able to go up and get in the car and drive. If it wasn’t for that, I don’t know what the hell I’d do”*; and from a woman forced to give up her car because of ill-health: *“And that’s when it hits me, when I go in the garage and it’s empty”*.

For those who didn’t drive, there were the drawbacks to being a passenger; not only the reliance on others but the physical logistics if the front seats were occupied:

“Participant 1: That’s why I won’t have lifts off anybody. I’d rather get the bus. I can’t get in the back of anybody’s car.

Participant 2: No, I can’t get in the back...”

Taxis too could be problematic if the driver did not offer assistance:

Participant 3: Where I live, the taxis come up and the taxi driver is just sat there. Get up and open the door...

Participant 2: They don’t.

Participant 3: It’s sheltered [for] people of a certain age. They’re just sat there. Help them [the taxi customers]. They’re just sat there... We need help getting in the taxi. Don’t just sit there!”

Although buses were a source of frustration for some, the absence of buses was the main concern. People were inhibited by changed routes, by the early last run on many routes, and by what they saw as an inadequate Sunday service. Recognition of constraints posed by the deregulated system, and more recently by austerity measures, is illustrated by the following exchange within the male focus group:

“Participant X: Correct me if I’m wrong, but did not the local authority subsidise certain bus services...”

Participant Y: Bus companies won’t put on a service unless they can make money...

Participant Z: But the more money that’s taken off the local authorities by government, the more they have to cut back on these services; that’s the whole problem.

Participant Y: They used to have a subsidised service; the local authority used to give the bus services money to run late services.

Participant Z: That’s right, but no authority can pay that if they don’t have the money themselves. It’s a chicken and egg situation, isn’t it?”

Stretched finance was a common theme limiting people's travel, whatever their usual transport. One woman explained that she had sent her driving licence back because she could not afford to run a car; another contributor, who no longer drove in the evenings, found taxis simply too costly to use: *"It's £5 there and £5 back. I just can't do it"*. Someone who sometimes occupied their 'hollow time' on Sundays by taking a bus into town felt constrained from doing so because of the temptation to spend more money than she could afford. Again, the male focus group touched on the effect of recent policy changes, raising the issue of people who had previously qualified for a Motability vehicle under Disabled Living Allowance, but did not meet the more restrictive criteria applied by the new Personal Independence Payment regime: *"They've taken the cars off people but that's not solving the problem, it's making the problem worse. What it's doing is house-bounding people."*

The weather was also an issue for some. One man explained: *"I can't go out when it's raining because I can't hold an umbrella up, because I've got a walking stick in one hand or else I'm in my mobility chair. You just get wet."* Another participant outlined having to miss an Ageing Better event because of inclement weather conditions:

"My name was down [for] that Asian meal at North Ormesby, in the Hindu centre and I was really, really looking forward to it. Me and my friend were going and we just literally couldn't go because it hosed it down, with rain and we had to get two buses to get to it and plus when we got off the bus, it was a long, long walk. I don't mind getting wet coming home from anything... but getting there, sitting down wet."

There was also some discussion, amongst women particularly, of the anxieties provoked by vulnerability to crime. This apprehension led to a reluctance to walk in certain areas – including parks – because they were frequented by people perceived to be 'undesirable' in some way (*"winos"; "druggies"; "yobs"*).

The greater freedom of movement for those with their own vehicle, sufficient finance, and the resource of confidence, was demonstrated by the following interviewee:

"If there's a good play on, I'll just hop in the car, and if it starts at 7:30, I hop in the car at 7 o'clock and I go down to the theatre and I get myself a seat for myself on my own without having to ring up and ask if you'll come, or are you coming, and all that, or call for anybody or anything, I just go."

4.4 Summary

The connection between having social contact, being able to get out, and loneliness is perhaps self-evident, and it was certainly confirmed by all data sources. The literature review highlighted that living alone, and having impaired senses or reduced mobility compounded problems; and this was reflected in the findings from this study. The importance of being able to access suitable transport, and having adequate financial resources available, were also confirmed; as were the specific problems posed by evening travel. Driving one's own car was a rare – if costly - example of adequate transportation, and one that also facilitated independence. Contributors identified a range of difficulties with the other transport options available locally, and people who for whatever reason are confined to their homes, are arguably the most vulnerable to loneliness at whatever time.

Section 5: Conclusions and Potential Solutions

5.1 Summary of findings

Loneliness is highly personal, and often transient. It can be experienced throughout the life-course, but older people face more risk factors. Loneliness is associated with social isolation, living alone and financial constraints; and may be prompted by bereavement, relationship breakdown, ill-health or disability. Retirement is a trigger especially associated with men; caring is a trigger especially associated with women. Loneliness may be described as not having anyone with whom to share outings or daily conversations, but is also a subjective state of mind.

People may feel especially lonely on 'special days'; in winter months; during the evenings; and at weekends. Older people are more likely to get out and about if they have somewhere to go; have company to do so; and can access suitable, affordable transport. Whilst car drivers have an advantage in this regard, people with limited mobility, cognitive or sensory impairments, may well face amplified constraints. Moreover, if they live alone with little money, barriers are likely to be greater still.

5.2 What can be done?

As noted in Sections 2 and 3, it can be difficult to disentangle loneliness more generally from loneliness at specific times. Ageing Better Middlesbrough has sought to take a holistic approach so, inevitably, some of the ideas raised in the literature and potential solutions raised through the fieldwork have already been accommodated into the programme. This includes: psychological support, befriending, volunteering, digital technology, and joining in with social/leisure-based events. Whilst 'information and communication' are not explicitly included in this list, they underlie most if not all. Indeed, one focus group participant stated:

"I would like to put on record actually, how much I admire Aging Better Middlesbrough... When you read through it all... I keep it there and I pick it up. I don't read the whole thing right through, the day I get it. I do the taster sessions and mark them off with the highlighter. But I really do think they've got a grip of things in Middlesbrough, I really do."

Other ideas that emerged through the study – such as some of the those specific to bereavement, to transport, or to being 'housebound' – have not been a direct focus of projects, although many will link to Ageing Better Middlesbrough's various initiatives to a greater or lesser extent. Whilst all loneliness, and all approaches to alleviate it, may have a temporal dimension, some of these 'other ideas' may have a more direct relevance to evenings and weekends.

5.3 Ageing Better Middlesbrough's existing portfolio

5.3.1 Psychological support

There is an existing evidence base for the effectiveness of psychological support to people experiencing loneliness (Hawkey & Cacioppo, 2010). Ageing Better Middlesbrough has an established psychological therapy team.

In the present study, one female interviewee was very positive about counselling, the value of which was also picked up in the male focus group.

However, psychological support does not have an immediately obvious relevance to evenings or weekends (although if people's loneliness is alleviated, they may well benefit at these times too).

5.3.2 Befriending

There is a strong evidence base for befriending schemes helping to reduce loneliness and foster meaningful relationships, enabling some recipients to (re-)enter a wider social world, and helping them deal with complex issues like bereavement and failing health (Cattan et al, 2011). Ageing Better Middlesbrough ran a befriending service as part of its original suite of services.

Whilst befriending was not mentioned by name in the present study, many contributors referred to the issues it seeks to address - having someone to go to things with; or having someone to be with, and share with, if going out was not a feasible option.

Befriending could potentially be geared towards evenings and weekends. Some services are telephone-based, and face-to-face services could be linked to alleviating transport problems as well if befrienders could drive and had access to a car.

5.3.3 Volunteering

Volunteering is often put forward as effective way of maintaining mental wellbeing in later life, seen to have beneficial effects because of the social and/or reciprocal aspects of the activity (Age UK, 2011) even though its capacity to reduce the loneliness amongst volunteers has not been conclusively demonstrated (Cattan, 2006). One of the original Ageing Better Middlesbrough services concerned volunteering.

Although volunteering did not feature heavily in the contributions made to this study, it was very important to a few participants. It seemed to have a particular value in 'filling time', with one participant describing it as having 'saved her life'.

Volunteering is something that could potentially occupy people and give them social contact at weekends - providing they have the capacity to get to wherever the volunteering opportunity is located.

5.3.4 Digital technology

The potential of digital technology to address loneliness is covered heavily in the literature (Kim et al, 2017; Jopling, 2015; and Cattan et al, 2011) and is likely to increase in significance over time. The Community Development activity within Ageing Better Middlesbrough encompassed a digital inclusion strand.

Participants in the present study presented mixed perspectives on digital technology. Some people used it regularly and viewed it very positively; some were frustrated that they had

equipment they could not use; and others had no interest in engaging with digital technology at all.

Digital technology could help at weekends and during evenings, but its value is likely to be confined to those with aptitude, capacity and interest.

5.3.5 Getting involved

Getting involved in the local community was another major theme in the literature, with projects to achieve such involvement accounting for several positive evaluations; Cattan et al (2011) is just one example. This has been a major stream of Ageing Better Activity, not only in terms of arranging or enabling activities, but also in terms of better informing people what is going on locally.

The present study confirmed the value of 'joining in', but also the difficulties in doing so. Matching up interests with social contacts was one issue. Ageing Better taster events were felt to be a good model, as were 'speed meeting' sessions whereby people could connect with others who may share their interests. Also, several people highlighted how daunting it could be to walk into a group alone, and a few mentioned the value of established groups having arrangements in place to 'meet and greet' new members.

The ability to engaging in social and leisure activities is potentially very relevant to evenings and weekends, again with the provisos that people can physically get to them, and are made to feel welcome when they do.

5.4 Other issues and ideas

5.4.1 Bereavement

Being bereaved is a key life transition that can lead to loneliness. Evidence suggests that people who have been bereaved benefit from engagement in social and leisure activities and from support in the months following their loss (Patterson & Carpenter, 1994). Some studies suggest that men generally deal less well with losing a partner (Beach & Bamford, 2014), and a number point to the efficacy of coming together with peers who have shared the experience (Cattan et al, 2005; Jopling, 2015).

Individual or group-based support following bereavement was also an issue to emerge from this research project, with several people recounting experiences where external input would have been welcomed when somebody close to them had died.

Although there are bereavement services available locally, it is not known whether these are sufficient to meet demand, nor whether they extend beyond individual counselling.

5.4.2 Transport

As noted in Section 4, many studies have highlighted the importance of transport and transportation in helping people escape the loneliness they may experience in their own homes (Jopling, 2015; Shankar et al, 2016; Smith, 2012; Age UK, 2011).

This was emphatically supported in this study's fieldwork, especially for weekend and evening outings, and some solutions put forward were as much about organising logistics to

maximise existing resources as they were with creating new provision. The following ideas were amongst the most common suggestions made for improving matters:

- Better and more frequent buses, especially in the evening and on Sundays
- Shuttle buses, perhaps linked to specific events
- Having an ABM minibus, or utilising those held by other local voluntary sector agencies
- Pick-up services offering a door-to-door service (like 'Dial a Ride', or lifts by car)
- Car-matching or car-pooling arrangements
- Better access to affordable mobility scooters and electric wheelchairs

Whilst there was an understandable concern about the sustainability of any bespoke transport solution, there was a clear and consistent message that transport was a key issue to address if evenings and weekends were to be catered for.

5.4.3 Reaching people confined to their homes

For some of the loneliest older people, often affected by physical or mental frailty, getting out and about within current transport structures is simply not going to be possible and, even if systems improved, would still pose difficulties. For these people, social connection in their own home is paramount, as is trust in the person providing companionship (Aebischer, 2008). This is of relevance to befriending services where home-based company can be facilitated even if it does not lead to any wider social engagement.

As some researchers point out, living in a communal setting does not necessarily guard against loneliness (Ashurst, 2017). However, a few people in the present study did highlight potential benefits to be gained from living in supported or sheltered environments for people who were confined to home because of the ready availability of activities to attend, and company to seek out. The extent to which these facilities are open to others living in the immediate vicinity of such schemes could perhaps be explored.

5.4.4 Pets

Finally, although only one of the studies encompassed in the literature review was specifically concerned with pets (Antonacopoulos, 2017), it was notable that a few contributors to the present study indicated the importance of animals to their feelings of well-being. For some, if a much-loved pet had died, this compounded the experience of bereavement; for others, animals provided companionship and a sense of purpose, and *especially* so at times of bereavement.

It is not known whether there are schemes available locally that promote the potential of pet ownership, pet fostering or pet-sitting, but this might be worth exploring for some individuals.

5.5 Concluding comments

Although this study focused on evenings and weekends, the data considered and collected inevitably set this in a context of people's overall loneliness. The survey, interviews, focus groups and literature review identified similar messages, all of which related to loss:

- Bereavement: losing a loved one, especially a partner
- Giving up a car, or no longer being able to drive
- Retirement/losing one's job, particularly important to men
- Limitations to the life led before through losing good health or physical mobility
- Losing confidence in doing things, especially in winter or after dark

Evenings were a time when the loneliness of losing a partner was notable, although some people felt the loss of bereavement on 'special' dates or times of year (e.g. anniversaries) even more starkly. Evenings, especially winter evenings, were also a time when people had little confidence in going out because of a general reluctance to be out and about after dark.

Weekends were a time which people thought of as 'family time'; those who lived alone were affected not only by not having family around, but also felt constrained from 'interrupting' the family time of others.

For both weekends and evenings, limited public transport services were an issue, as was not having the convenience of being able to travel by car. For people who had previously driven, or been driven, losing capacity to have control over when and where to go was acutely felt. Some people who continued to drive, no longer did so after dark, affecting evenings particularly. For those with limited mobility, a door-to-door service was judged essential and, if unavailable, initiatives (such as befriending) could facilitate social contact in a home setting.

As noted above, people's suggestions for what sorts of things might help included:

- Meeting with like-minded people socially, at free or affordable events
- Meeting with others who had shared an experience (e.g. bereavement)
- Having an affordable/accessible means of getting to things (e.g. Dial-a-Ride, lifts)
- Having someone to go with, or someone to travel with; a companion
- Being able to share thoughts, ideas, pleasures and woes on a regular basis

Overall, the prospects for improvement for many people seemed to depend on a combination of these solutions. Moreover, for people with limited mobility and/or no access to a car, the challenge seems to be as much about maintaining existing relationships as making new ones. For some individuals, evenings and weekends might be no less problematic than any other time, but every time and every day might be lonely.

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Annex 2

Summary results from survey of general ABM Membership (n = 324)													
Q1. Which area do you live in?													
Ward		No	%	Ward		No	%						
Acklam		68	21%	Newport		2	0.6%						
Berwick Hills & Pallister		4	1.2%	North Ormesby		7	2.2%						
Brambles & Thorntree		8	2.5%	Nunthorpe		17	5.2%						
Central		26	8%	Park		1	0.3%						
Coulby Newham		24	7.4%	Parkend & Beckfield		12	3.7%						
Hemlington		11	3.4%	Stainton & Thornton		6	1.9%						
Ladgate		3	0.9%	Out of Area		28	8.6%						
Linthorpe		42	13%	Missing		13	4%						
Longlands & Beechwood		6	1.9%										
Marton		46	14.2%	Total		324	100%						
Q2. Please indicate your marital status.													
Single/Separated/ Divorced/Widowed/ Civil Partnership Dissolved		Married / Living with Partner / Civil Partnership		Other		Missing		Total					
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
214	66%	107	33%	0	0%	3	1%	324	100%				
Q3. Including yourself, how many people live in your home?													
1		2		3		4		5		Missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
185	57.1%	95	29.3%	12	3.7%	7	2.2%	1	0.3%	24	7.4%	324	100%
Q4. Please indicate which age group you are within.													
Under 50		59 – 59		60 – 69		70 – 79		80 and over		Missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
3	1%	37	11.4%	94	29%	104	32.1%	82	25.3%	4	1.2%	324	100%
Q5. Please indicate your gender.													
Female		Male		Missing		Total							
No.	%	No.	%	No.	%	No.	%	No.	%				
225	69.4%	97	30%	2	0.6%	324	100%						
Q6a. How often have you felt lonely in the past 6 months?													
Hardly ever or never		Some of the time		Often		Missing		Total					
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
137	42.3%	118	36.4%	69	21.3%	0	0%	324	100%				
Q6b. Have you ever felt lonely at any other times in your life?													
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%		
	162	50%		154	47.5%		8	2.5%		324	100%		
Q6c. If, YES, is/was there any particular time of year, time of day, or day of the week, when you felt more lonely than others?													
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%		
	99	61.1%		57	35.2%		6	3.7%		162	100%		
Q6d. If YES, is there anything that could have been done to help?													
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%		
	49	30.2%		96	59.3%		17	10.5%		162	100%		

Q7. Has there been any particular incident or event in your life which has left you feeling lonely?											
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%
	205	63.2%		110	34%		9	2.8%		324	100%
Q7a. If YES, is there anything that could have been done to help?											
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%
	57	26.6%		119	55.6%		38	17.8%		214	100%
Q8. How often do you speak face to face with friends, family or neighbours?											
	No.	%		No.	%		No.	%		No.	%
Every day	190	58.7%	Less than once a month	5	1.5%						
A couple of times a week	80	24.7%	Never	6	1.9%						
Once a week	28	8.7%	Missing	5	1.5%						
Every couple of weeks	5	1.5%									
Once a month	5	1.5%	Total	324	100%						
Q9. How often do you speak over the telephone with friends, family or neighbours?											
	No.	%		No.	%		No.	%		No.	%
Every day	142	43.8%	Less than once a month	6	1.9%						
A couple of times a week	87	26.9%	Never	18	5.6%						
Once a week	52	16%	Missing	4	1.2%						
Every couple of weeks	10	3.1%									
Once a month	5	1.5%	Total	324	100%						
Q10. How often do friends, family or neighbours visit your home?											
	No.	%		No.	%		No.	%		No.	%
Every day	43	13.3%	Less than once a month	45	13.9%						
A couple of times a week	89	27.5%	Never	27	8.3%						
Once a week	72	22.2%	Missing	10	3.1%						
Every couple of weeks	26	8%									
Once a month	12	3.7%	Total	324	100%						
Q11a. How do you usually get out and about? (Tick all that apply)											
	No.	%		No.	%		No.	%		No.	%
Car Passenger	110	34%	Car Driver	162	50%						
Bus	176	54.3%	Taxi	77	23.8%						
Train	22	6.8%	Motorcycle	1	0.3%						
Bicycle	15	4.6%	Walk	154	47.5%						
Other	12	3.7%	More than one	214	66%						
PLEASE NOTE: This was a multiple-choice question so totals more than 100%											
Q11b. Are you able to get out and about on your own during the day on weekdays?											
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%
	284	87.7%		33	10.2%		7	2.1%		324	100%
Q11c. Are you able to get out and about on your own during the day on weekends?											
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%
	269	83%		42	13%		13	4%		324	100%
Q11d. Are you able to get out and about on your own during the evening on weekdays?											
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%
	217	67%		96	29.6%		11	3.4%		324	100%
Q11e. Are you able to get out and about on your own during the evening on weekends?											
Yes	No.	%	No	No	%	Missing	No.	%	Total	No.	%
	212	65.4%		95	29.3%		17	5.3%		324	100%

