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Loneliness on the Kapiti Coast: Initial Findings from the Social Connections Survey

Age Concern Kapiti Coast
Te Roopu Manaakitanga Kaumātua o Kāpiti
Serving the needs of older people

Kāpiti Coast DISTRICT COUNCIL
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Loneliness on the Kapiti Coast.

Initial Findings from the Social Connections Survey

Summary

Age Concern Kapiti and the Kapiti Coast District Council are concerned about preventing loneliness among older people in the district. To ascertain current levels of loneliness a survey of 2300 people aged over 65 years living on the Kapiti Coast was conducted in 2019, resulting in responses from 919 (40%). The postal questionnaire asked people about their levels of loneliness, their health, their social relations and their social activities, and their perceptions of their neighbourhood. A preliminary analysis showed that:

- 76% of respondents reported no loneliness, while 21% reported moderate or high levels of loneliness.
- Loneliness was related to marital status (people living alone more likely to feel lonely), restricted social networks (those who are dependent on family or have few friends close by), health (those with poorer health more likely to feel lonely), and socio-economic status (those with lower living standards more likely to feel lonely).
- People were slightly less likely to report loneliness if they engaged in social activities including volunteering, caring for children, and belonging to sports clubs, hobby associations, or other clubs. Loneliness was not related to belonging to helping organisations, political parties or professional associations, trade unions, religious organisations or cultural groups.
- The strongest associations with loneliness were found among housing and neighbourhood perceptions. Reports of higher satisfaction with housing, and sense of neighbourhood security, accessibility, and social cohesion (trust in neighbours) were all related to less loneliness.
- Controlling for the associations between these important variables showed that **Marital Status, Health, Restricted Social Networks, Housing Satisfaction, Neighbourhood Accessibility, Neighbourhood Security**, **and Neighbourhood Social Cohesion** contribute most strongly to differences in loneliness in this sample.
- These findings point to those groups who are most at risk of loneliness, and the importance of neighbourhood as an important factor for interventions to prevent loneliness.

The Social Connections Study

The Social Connections study was conducted in 2019 in association with the Kapiti Coast Age Concern who are conducting a wider programme to prevent loneliness among older people in the region. This programme is funded by a grant from the Kapiti Coast District Council.

To ascertain the levels of loneliness among older people living in Kapiti Coast, and to consider possible contributing factors, the Massey University Health and Ageing research team distributed a survey by postal questionnaire. This work was funded by a grant from the Massey University Research Fund.

Procedures

The survey was distributed on May 30, 2019 to 1300 people, aged 65 and over, inviting participation. The names and addresses were selected randomly from the electoral roll (Wards: Otaki, Waikanae, Paraparaumu, Paekakariki-Raumati). These invitations resulted in 500 completed surveys (38% response rate).
On July 9, 2019, 1000 additional names were selected and surveys were sent resulting in 419 returned surveys (42% response rate).
Returns were closed on October 3, 2019.
The survey responses were recorded anonymously. Returns are not linked to the original names and addresses which are stored securely and separately from the data. The Massey University Ethics committee approved these procedures.

Participants

In total we received 919 completed questionnaires. Two were removed as they were below the age level set, leaving a total sample of 917 (with incomplete responses on some items).
The range of ages provided was 65 to 98 years. Mean age was 75 years (N = 807).
There were 400 males and 450 females in the sample.
Ethnic identity was recorded as: Māori, N = 136; Pasifika, N = 19; New Zealand European or Pākeha, N = 720; Asian, N = 6 and Other, N = 55.
In regard to Marital Status: 577 were in a married, civil union or de facto relationship; 130 widowed; and 112 living singly.

Analysis

This initial analysis focuses on bivariate correlations using Pearson's r. An exploratory regression equation was used to test the contributions of important variables to variance in loneliness scores. All correlation and regression coefficients reported are statistically significant @ alpha < .05.

Levels of Loneliness

We used two different measures of loneliness. The first measure (UCLA Loneliness Scale) is a brief measure of loneliness in which a score of 0.00 indicates no loneliness through to 6.00, very lonely. According to this measure 76.9% of respondents reported no loneliness, while 21.4% reported moderate or high levels of loneliness (1.7% missing). These differences are illustrated in Figure 1.

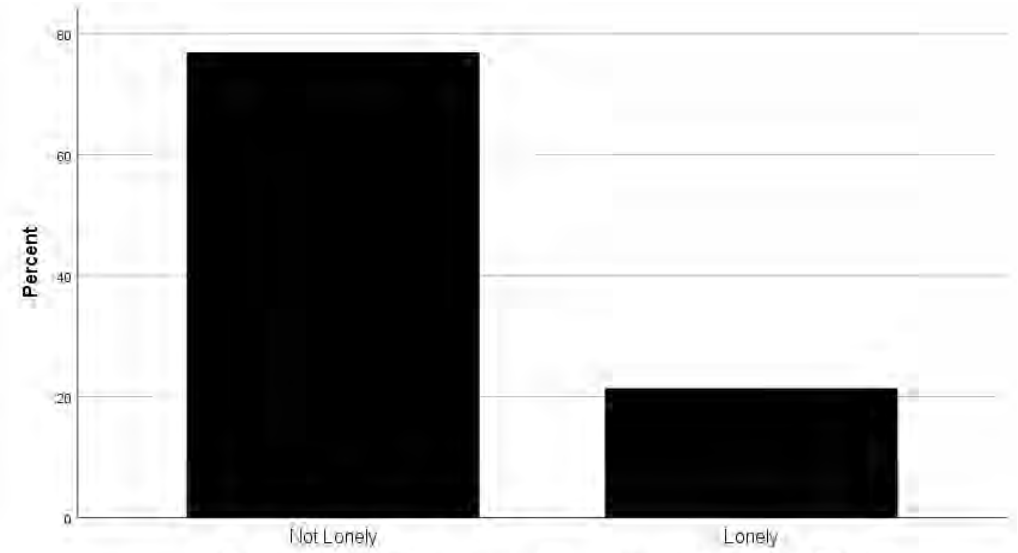

Figure 1. Percentage of respondents reporting some loneliness (UCLA)

Figure 2 shows the percentages of each score on the UCLA scale within this sample.

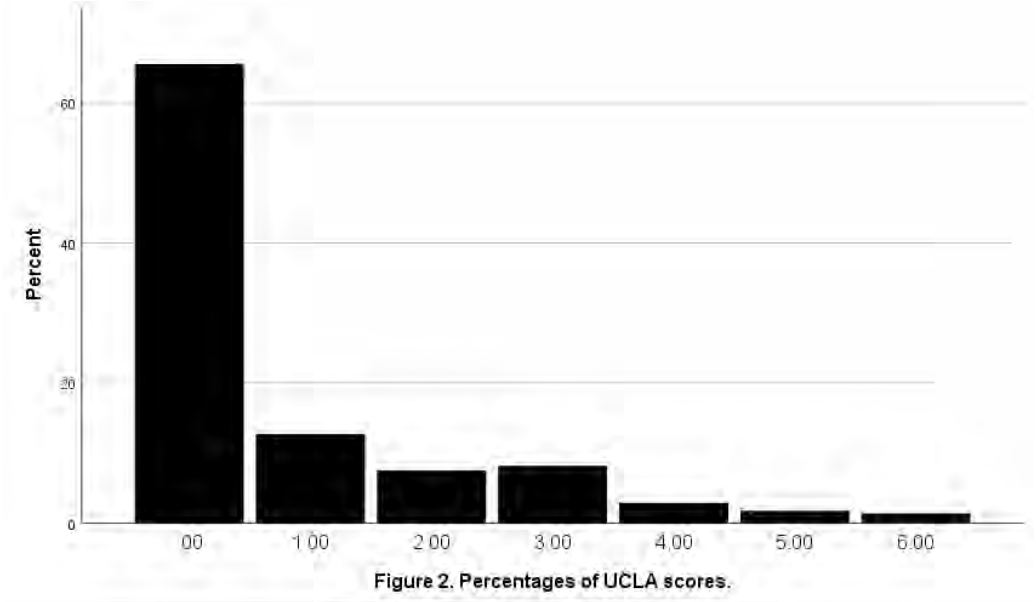

Figure 2. Percentages of UCLA scores.

The second measure we used (De Jong Gierveld Loneliness Scale) includes subscales that assess *social loneliness* (the lack of friends and people around you) and *emotional loneliness* (the lack of intimate relationships or confidantes) with scores ranging from 0.00 (no loneliness) to 3.00 (high loneliness). When using this measure to assess both types of loneliness together, the incidence of overall loneliness appears to be higher: 54% of respondents reported no loneliness, while 44% reported moderate or high levels of loneliness. These results suggest very high levels of loneliness but are in accord with the levels reported by a New Zealand national sample using the same internationally validated measure.

When we examined emotional and social loneliness separately, as depicted in figures 3 and 4, we found a difference in the incidence of these aspects of loneliness. Almost 35% reported some social loneliness (scores 2.00 + 3.00 = 35%) while only 14% reported some emotional loneliness (scores 2.00 + 3.00 = 14%). Correspondingly, 46% of our participants reported no social loneliness, while 62.7% reported no emotional loneliness.

These different categories provide some indication of the different types of support that could be provided for those with different loneliness needs: either more socialising, or more intimate support.

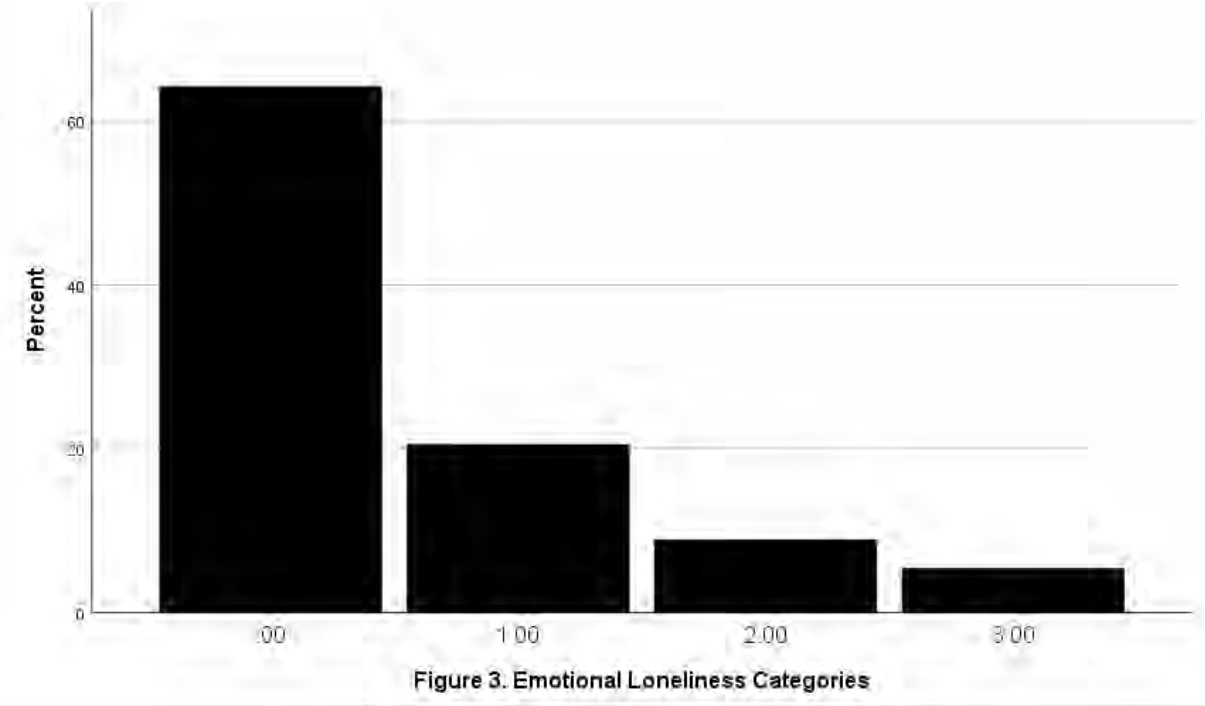

Figure 3. Emotional Loneliness Categories

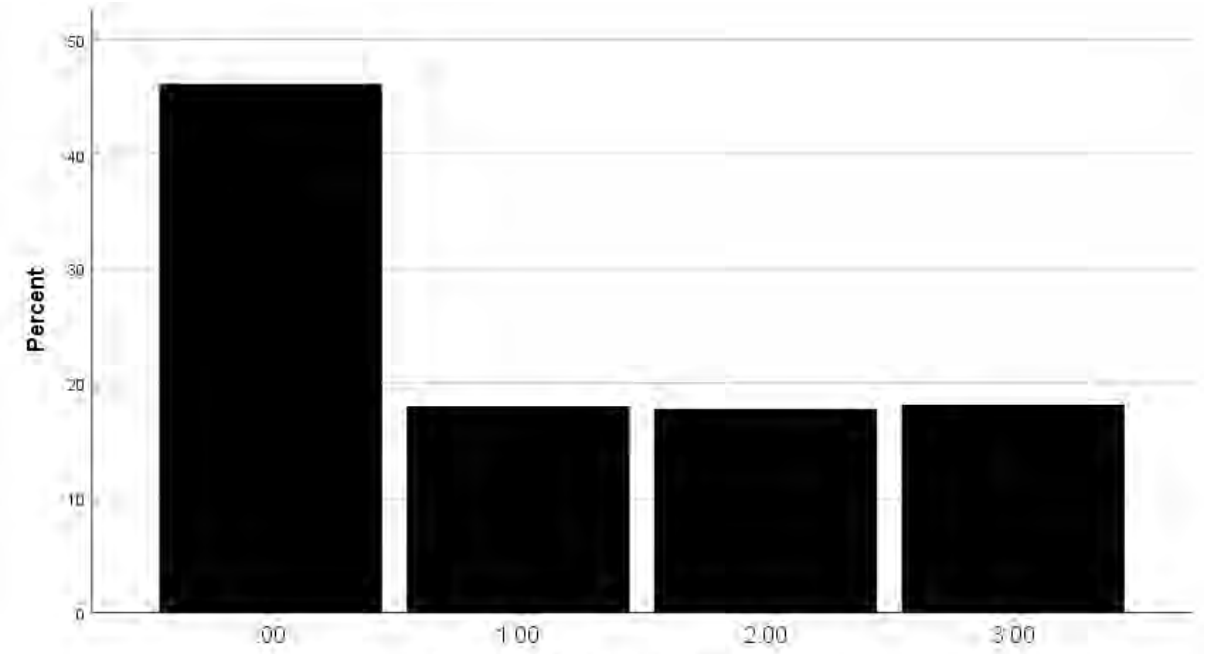

Figure 4. Social Loneliness Categories

The two measures we used provide different accounts of levels of loneliness in a population, and provide an indication of the nuanced aspects of measuring loneliness. However, the total scores for both measures are well correlated, meaning that when one assesses somebody's loneliness as higher, the other measure does also. Furthermore, they are both correlated at very similar levels to other important factors that concern us about the experience of loneliness. For example, Quality of Life was quite strongly and negatively correlated with Loneliness (r = -.45) for both measures. This suggests that people who report higher levels of loneliness are more likely to report lower quality of life. For the rest of this report, any correlations cited are those with the DeJong Gierveld Scale total score.

Who is Likely to be Lonely?

Age and Gender. Ages ranged from 65 to 98 across the sample, but age was not related to loneliness and nor was gender. So, for this sample, getting older does not mean that one is more likely to feel lonely (nor less likely). Similarly, men and women are just as likely to feel lonely or not.

Marital Status. Comparing those who are married or in a de facto relationship with those who are single, widowed, or divorced, showed that being with a partner is weakly but positively related to loneliness (r = .17). Those without a partner are more likely to report loneliness.

Health was negatively related to loneliness in that people who reported poorer health were more likely to report loneliness. This is a moderately strong relationship (r - .31). Those particularly at risk include people with a medical diagnosis of arthritis, back pain, diabetes, sleep disorder, gout, or depression. According to the survey assessment of depressive symptoms, those with higher depression scores were more likely to report loneliness (r = .51). In regard to disabilities, people with any disability are also more likely to be lonely. In particular, those with poorer sight (r= .16) or hearing (r= .14) are more likely to report feeling lonely, although this is a weak relationship.

Socioeconomic Status (SES) was assessed with a measure of living standards that assesses people's economic wellbeing from 'hardship' to 'very well off'. We know that people of lower SES are more likely to feel lonely and so it is no surprise to note that SES was negatively related to loneliness in this sample (r = -.32)

Social Networks. Our social network measure categorised people as belonging to 5 different network types. Those who belong to networks categorised as *Private Restricted* (few friends or local family) or *Local Family Dependent* (reliance on family and little community involvement) were more likely to report loneliness. These are network types that have been associated in previous research with poorer health outcomes for older people. Other types of social networks in which people are more integrated with friends and neighbours were not associated, either positively or negatively, with loneliness.

How are People Protected from Loneliness?

Other types of social integration are expected to protect people from loneliness. However, the associations of various types of social activity with loneliness were surprisingly low. For example, being in **paid employment** was not associated with loneliness, which means that being in employment does neither generally protect nor put people at risk of loneliness. However, **volunteering** (giving time to help others) was related (r = -.13). Those who volunteer are less likely to feel lonely (but a weak relationship).

Belonging to some **community organisations** was also weakly related to loneliness: Belonging to sports clubs (r = .11); hobby or arts groups (r = .08); and any club ((r = -.10). Belonging to helping organisations, political parties or professional associations; trade unions; religious organisations; and cultural groups was not related to loneliness.

Caregiving for somebody who needed assistance with daily living was not associated with loneliness. However, **caring for children** (either related or non-kin) was positively related (r = .14)

Can the Neighbourhood Help?

The strongest associations were found between people's housing situation and loneliness.

Housing Satisfaction was moderately strongly associated with loneliness (r = -.44) as were **Neighbourhood Accessibility** (closeness to shops and facilities) (r = -.34); sense of **Neighbourhood Security** (-.35); and **Neighbourhood Social Cohesion** (trust in neighbours) (r = -.39).

The housing and neighbourhood items were also moderately strongly associated with each other which suggests that people's perceptions of their own housing are related to how they feel about their neighbours, and the quality of their neighbourhood.

Which Factors make the Strongest Contributions?

Many of the variables related to loneliness were also related to each other. We used an exploratory regression equation to check the contribution of some of the important variables to predicting loneliness, while controlling for these inter-relationships.

An equation which included: Marital Status, SES, Health, Sight, Hearing, Family and Private Restricted social networks, Housing Satisfaction, Neighbourhood Accessibility, Neighbourhood Security, Neighbourhood Social Cohesion, Volunteering, Sports Clubs, and Other Clubs memberships, accounted for 35% (Adjusted R^2) of the variance in Loneliness. The variables that made a significant contribution to explaining loneliness in this equation were: **Marital Status, Health, Family and Private Restricted Social Networks, Housing Satisfaction, Neighbourhood Accessibility, Neighbourhood Security**, **and Neighbourhood Social Cohesion.**

These findings will require further careful investigation but initial indications offer some directions for further research.

Conclusions

An important initial finding here is the importance of the neighbourhood to people's feelings of loneliness. In terms of aspects of social life that we can change, the associations of neighbourhood factors with loneliness are stronger and more consistent than the relationships between people's group memberships and social activities with loneliness. When considering prevention of loneliness, neighbourhood qualities are broader aspects of the environment that may be strongly influenced by central and local government policy and planning. Aspects of neighbourhoods like design, provision of footpaths and lighting, facilities such as transport, libraries, shops and services may be provided for by intervention and regulation. People of lower SES are also more likely to live in less well serviced neighbourhoods and these inequalities should be taken into account.

Individual factors such as health, and belonging to restricted networks (which are also associated with each other) are not subject to intervention. However, these are the aspects of people's lives that must be taken into account when considering who is at the highest risk of loneliness and may require provision of additional services.

Some of our participants pointed out that we neglected to ask whether people were living in retirement villages and this is an omission that we regret and will include in future studies. Clearly these are particular types of environments and it would be good to know how that living situation compares with others in regard to these findings.

Future Study

There is much more to learn about the ways in which neighbourhoods are associated with loneliness and social connections. Because of these important findings we are already planning another study for 2020. In the next phase we will include objective assessments of the quality of houses and neighbourhoods which will be compared to reports of loneliness by the residents of those neighbourhoods. This will provide more detailed information about the nature of neighbourhoods that are more likely to be associated with loneliness. The participants of this study will be among the 4000 members of the Health Work and Retirement Longitudinal Study (see https://www.massey.ac.nz/hart/) who have been contributing to our surveys for over 13 years. Some of the neighbourhoods to be assessed are on the Kapiti Coast and this work is already underway.