



Lives of Older People in West Sussex 2013

SUMMARY REPORT



JSNA

Lives of Older People in West Sussex Survey 2013 – Key Findings

Introduction

Infrequency of social contact and feelings of loneliness have been found to be associated with poor health and wellbeing in older people¹. Against a backdrop of rising demand for health and social care services, the role of the community is increasingly being seen as an important factor in enabling older people to live well and independently for longer.

Our aims in conducting this survey were to take a baseline from which to measure community connectedness experienced by local older people and to investigate levels of social isolation and loneliness and their relationship with health and wellbeing.

Over 2,800 people aged 65+ completed telephone interviews with researchers in December 2012. The respondents were generally younger and from less deprived areas than the overall West Sussex population aged 65+, but there were over 400 respondents from each of the seven local authority areas within the county.

Loneliness, social isolation, participation and health and wellbeing were measured using validated scales from the literature, the census or, where possible, the same questions used in the Older People's Lifestyle Survey 2006².

Key Findings

All findings were adjusted for age, sex, deprivation and multiple other factors using logistic regression analysis. All findings reported here are statistically significant ($p \leq 0.05$) unless stated.

Loneliness

Area	% Respondents aged 65+ Moderately or Severely Lonely
Adur	29.0%
Arun	23.8%
Chichester	22.3%
Crawley	28.3%
Horsham	19.5%
Mid Sussex	20.6%
Worthing	27.1%
West Sussex	24.4%

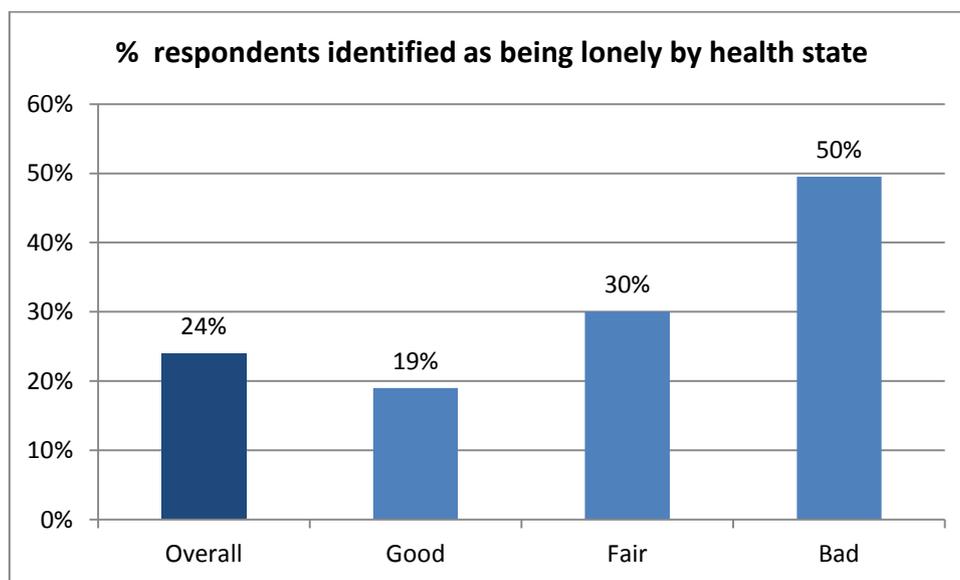
- 24% of respondents indicated that they were moderately or severely lonely. Those living in more deprived areas were 30% more likely to be lonely than those living in other parts of the county.
- Loneliness was found to be highly associated with health outcomes, even after controlling for a number of factors including age, sex, exercise and medication, lonely people were 60% more likely to be in poor health than non-lonely people and 78% more likely to have

¹ Windle et al (2011) *Preventing loneliness and social isolation: interventions and outcomes* Social Care Institute for Excellent, London, UK.

² NHS West Sussex (2006) *Lifestyles of Older People*, NHS West Sussex, Worthing, UK.

reported multiple emergency admissions to hospital. It is possible that people who have poor health find it difficult to maintain their social connections and it is also possible that loneliness itself leads to poorer health, especially poorer mental health³. There may also be other factors that have an impact on both loneliness and health that have not been measured in this survey.

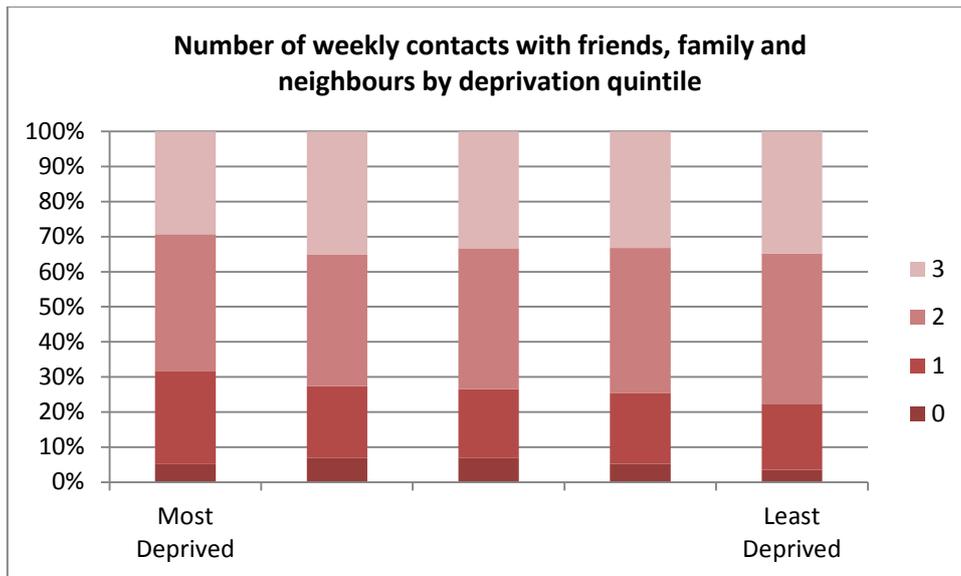
- Loneliness was more common in those with poor sight, poor hearing and problems with their memory
- It was also common in carers who spent a large amount of their time caring for another, but not if they lived independently
- Contact with neighbours and participation in groups were associated with a 20% reduction in the odds of a respondent being lonely



Social Isolation

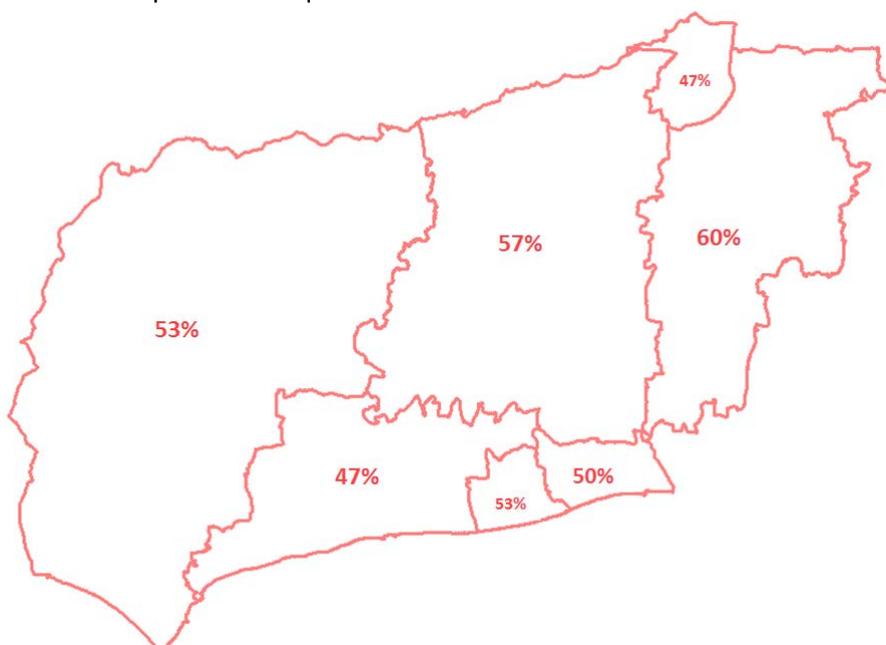
- Contact with neighbours was a key factor associated with health; those who had regular face to face contact with their neighbour had a 35% reduction in the chance of being in poor health.
- People who lived alone and people in poor health were far less likely to have frequent contact with neighbours, particularly if they lived in deprived areas.
- Social isolation was highly correlated with feelings of loneliness and most measures of poor health but was not strongly associated with living alone or being a carer.

³ Hawton et al (2011) *The impact of social isolation on the health status and health-related quality of life of older people*. Quality of Life Research Vol 20(1), pp57-67



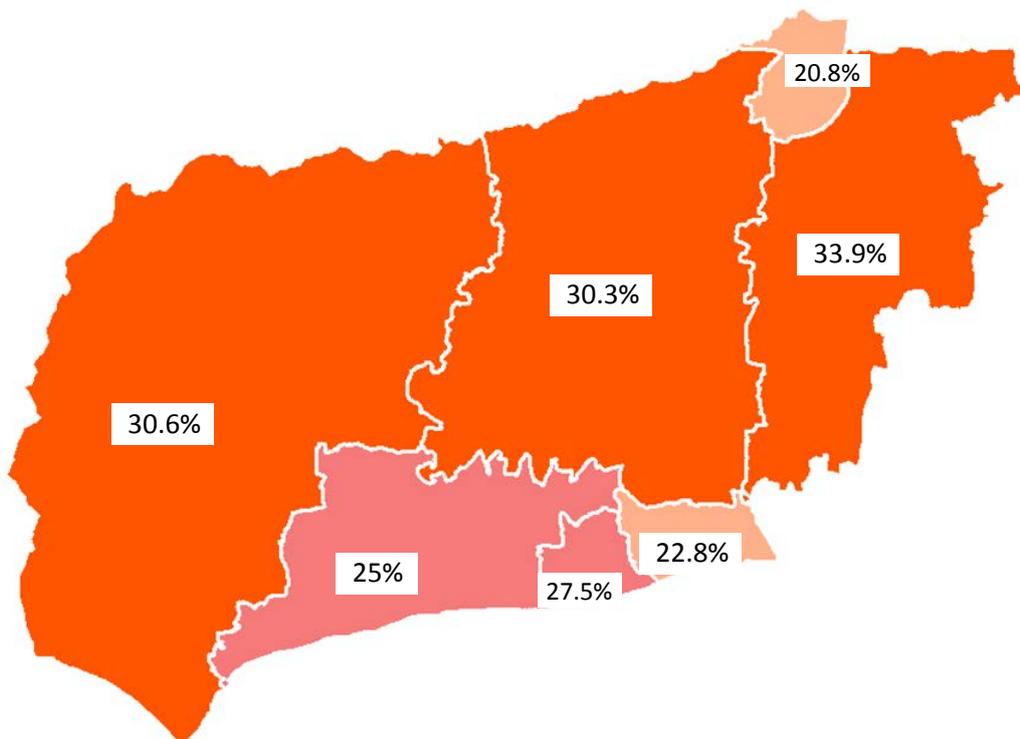
Taking Part

- In total, 52% said that in the past 12 months they had 'been involved with any groups of people who get together to do an activity or to talk about things'. These results differed significantly by district (60% in Mid Sussex vs. 47% in Arun and Crawley) with volunteering being much more common in the rural centre of the county than in Crawley and the South coast.
- Participation declined with age and ill health to the point where the majority of those aged 85+ said that they had not been involved (61%). Only 32% of all respondents who felt that their health was 'bad'/'very bad' said that they had participated.
- Women were 30% more likely to participate in groups than men
- Those in the least deprived areas were more than twice as likely to participate as those in the most.
- Those who took regular exercise were 2.5 times as likely to participate as those who did not.
- Those who had frequent contact with friends and family were twice as likely to participate as those who reported infrequent contact.



Volunteering

- Respondents were almost half as likely to say that they had volunteered their time as they were to say they had participated in a group or activity, with just over a quarter (27%) indicating that they had volunteered. Those who had volunteered gave their time in a wide variety of ways.
- Like participation, volunteering was negatively associated with areas of deprivation.
- Women were nearly 20% less likely to volunteer than men
- Those who had difficulty accessing their local area were 35% less likely than those more able to get around.
- Volunteering decreased with age.

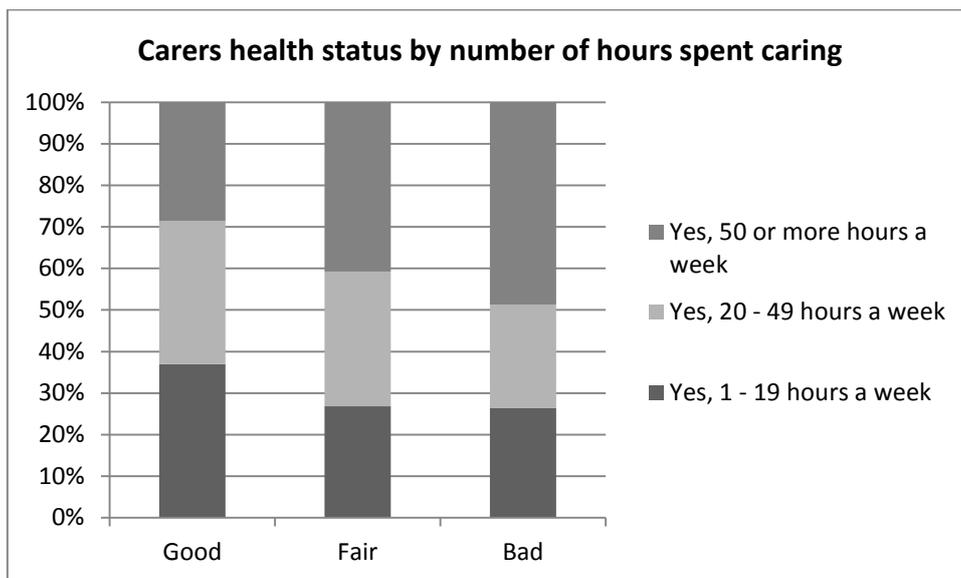


Help and Care

- Poor health in carers was found to increase with the amount of hours of care provided; 24% of carers providing 1-19 hours a week were in poor health rising to 43% providing 50+ hours.
- Carers were also found to experience significant issues of loneliness compared with non-carers. These issues increased with the amount of care provided. Carers felt less lonely if they lived alone than if they lived with someone.
- Social isolation, found to correlate with feelings of loneliness in the sample as a whole, was not found to be associated with caring status. This suggests that even though carers were seeing friends, family and others just as often as non-carers, the contact was not stopping them from feeling lonely.
- The majority of respondents felt that there was someone they could ask for help, both 'if they need a lift to be somewhere urgently' (89%) or if they 'are ill in bed and need help at

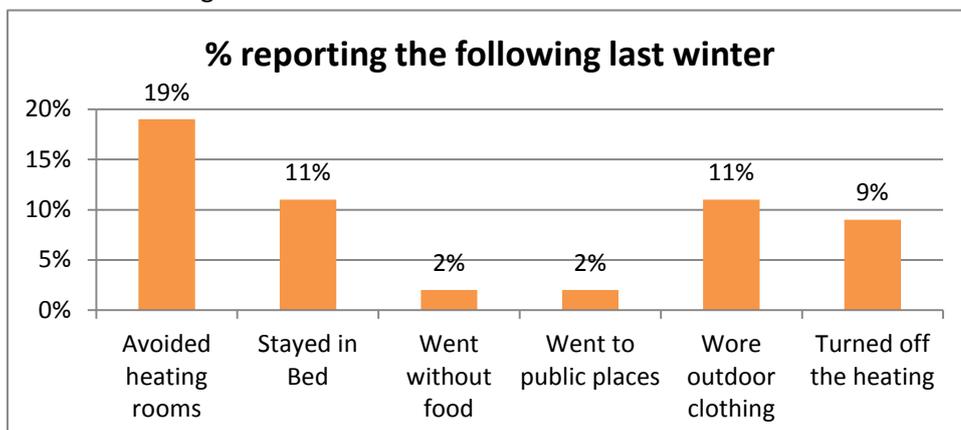
home' (91%) but these percentages dropped to 76% and 84% among people who stated that they 'do not leave their house'.

- People living in deprived areas more commonly reported needing help around the house and garden but not receiving it.
- 84% of the sample reported not having any issues getting around their local area, this percentage dropped to 68% among respondents aged 85+ and differences between these values by district were not found to be statistically significant.
- The more social contact a person reported the less likely they were to report problems accessing their local area. Those who reported 2 and 3 social contacts per week were a third as likely to experience difficulties accessing their local area as those with no weekly contact.



Fuel Poverty

- 28% of the sample reported that they 'worry about keeping warm in winter'.
- 9% of respondents reported turning their heating off during winter due to expense. 11% wore outdoor clothing such as coats and hats indoors and stayed in bed to keep warm while 2% went without food or spent time in public buildings such as libraries to keep warm because of the cost of heating their homes.
- Fuel poverty was also strongly positively associated with loneliness and negatively associated with good health.



Recommendations

Local partners should:-

1. Commission and provide services that aim to reduce feelings of loneliness as it has been highlighted as a common issue among West Sussex residents aged 65+, particularly in those in poor health or experiencing multiple emergency hospital admissions.
2. Respondents with low levels of social contact and participation reported higher rates of hospital admissions and poorer health outcomes. The direction of causation is undetermined but the results of the survey resonate with a growing body of evidence^{4 5 6 (e.g.)} that building community capacity is important in improving health related quality of life for older people, particularly those in poor health or at risk of developing poor health. Local partners should therefore work to foster strong communities via neighbourhood co-ordinators, champions and networks.
3. Understand that loneliness is a significant issue among carers, especially those living with the cared for person, and therefore enable them to access social networks and voluntary groups where possible.
4. Identify homes that will benefit from energy efficiency improvements. Fuel poverty was identified as an issue in the county, with significant percentages of people reporting taking such measures as going without food, staying in bed, wearing outdoor clothes inside or spending time in public buildings in order to avoid incurring the costs of heating their homes. Those worried about keeping warm in winter were significantly less likely to be in good health than those who weren't.
5. While many of the outcomes reported were correlated with social deprivation, there were no districts where issues such as poor health, loneliness and social isolation were not present. It is therefore recommended that the issues highlighted here are seen as a priority in both rural and urban areas of West Sussex.

WSSC Public Health

Oct 2013

<http://jsna.westsussex.gov.uk/>

For further information and data requests relating to the Lives of Older People Survey 2013, contact ross.maconachie@westsussex.gov.uk

⁴ Knapp et al (2010). *Building community capacity: making the economic case*. PSSRU Discussion Paper 2772.

⁵ Longman et al (2013). *The role of social isolation in frequent and/or avoidable hospitalisation: rural community-based service providers' perspectives*. Aust. Health Review 37, 223–231.

⁶ Shankar et al (2011). *Loneliness, social isolation, and behavioral and biological health indicators in older adults*. Health Psychology, Vol 30(4), Jul 2011, 377-385



JSNA

<http://jsna.westsussex.gov.uk>