Exploring Loneliness, Connections and Stronger Neighbourhoods:

an Ageing Well Partnership in North Staffordshire Report



Sue Read, Chair, Ageing Well Partnership

July 2025

Acknowledgements

This report describes a short but powerful consultation organised and conducted by members of the Ageing Well Partnership (AWP), a collective group of people representing 16 organisations across the city who have a passion for supporting our older community members.

This project could not have happened without the generous support of the older members of North Staffordshire, who gave their time so freely and shared their experiences of loneliness so openly. Thank you.

Grateful thanks to our psychology student volunteer, Nicky, from Keele University, for her interest, focussed approach and attention to detail.

Many thanks to Stoke on Trent City Council, some of whom are members of the AWP and consistently support our work. They also kindly funded the printing of this report. Thank you.

Thank you also to VAST who funded the Tackling Health Inequalities facilitated workshops across the city.

We would not have been able to consult with such a wide range of participants without the support of our partners on the AWP. Thank you for your support in designing, circulating and facilitating the survey.

Thank you all so much. Your generous thoughts, reflections, lived experiences and ideas will inform how we continue to support connections, further explore loneliness and strengthen our neighbourhoods to reduce the feelings of loneliness across our ageing communities.

Sue Read,
Chair, Ageing Well Partnership



About Us

The Ageing Well Partnership is a group of local charities, voluntary groups and universities in North Staffordshire who are dedicated to serving older people. The Ageing Well Partnership is supported by Stoke on Trent City Council.

- We listen to community members and consult older people to understand what is important to them.
- We raise awareness about loneliness and isolation, safety, transport and other issues that affect older people.
- We speak up with a stronger voice together, to advocate and influence decisions that affect older people.
- We work together, collaborating on plans and projects, sharing our values, our ambitions, and what we learn.
- We organise meetings and events, bringing people together to make the best use of our time and resources.
- Together we are working towards an Age Friendly City, guided by the World Health Organisation (WHO).

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Our Story

In 2022 the Beth Johnson Foundation invited a number of organisations who support older people in our communities, working locally and nationally, to join us for the first meeting of the Ageing Well Partnership.

This Partnership has gone from strength to strength, growing in ambition and in our commitment to continue working together to listen to the voices of older people.

AWP Members:

- Alzheimer's Society
- Age Friendly Stoke Community Members
- All The small Things CIC
- Beth Johnson Foundation
- Honeycomb Group
- Keele University
- Measurewell
- Methodist Homes (MHA)
- New Vic Theatre
- North Staffs Pensioners' Convention
- North Midlands OLGBT
- Saltbox
- Stoke on Trent City Council
- Update Talking Newspaper
- VAST
- Young at Heart (FHC)

Our Mission



We speak up with a stronger voice together, to advocate and influence decisions that affect older people.

Listen to people

We listen to community members, and consult older people to understand what is important to them.

Raise community issues

We raise awareness about loneliness and isolation, safety, transport and other issues that affect older people.

Collaborate with people

We work together, collaborating on plans and projects, sharing our values, our ambitions, and what we learn.

Bring people together

We organise meetings and events, bringing people together to make the best use of our time and resources.

Our Vision

Together we are working towards an Age Friendly City, guided by the World Health Organisation (WHO).

Introduction

> In a world often characterized by rapid change and uncertainty, the significance of good neighbors in fostering resilience within neighborhoods cannot be overstated. Good neighbors are the cornerstone of strong, interconnected communities, offering support, encouragement, and a sense of belonging that ultimately strengthens the fabric of society. (Ballard 2024)

The issue of loneliness was identified as an important theme for further exploration in the Ageing Well Partnership consultation and engagement work in the summer of 2023. Older people told us that keeping in touch with family, friends and others remains key for positive ageing and wellbeing. People identified the need for better access to GP services, opportunities to take part in physical fitness and nutrition guidance alongside digital health support. Being able to participate in community life, being valued and having purpose are key to maintaining independence and autonomy. Challenges were also identified: lack of social interaction, loneliness and isolation. Lack of places to meet friends, diminishing community facilities and negative attitudes to older people are recurring themes across this engagement work.

We continue to listen, to better understand loneliness, isolation and the impact of health inequalities on older people in our communities. We ask what helps people to connect, to reconnect and to stay connected with others. We learn what matters to people and what can strengthen communities. We have worked together to reach older people across our communities, offering opportunities to share thoughts via surveys and groups, to meet together, socialise and open up about loneliness. We have listened and drawn together the learning and recommendations to share with, and inform, local decision-makers.

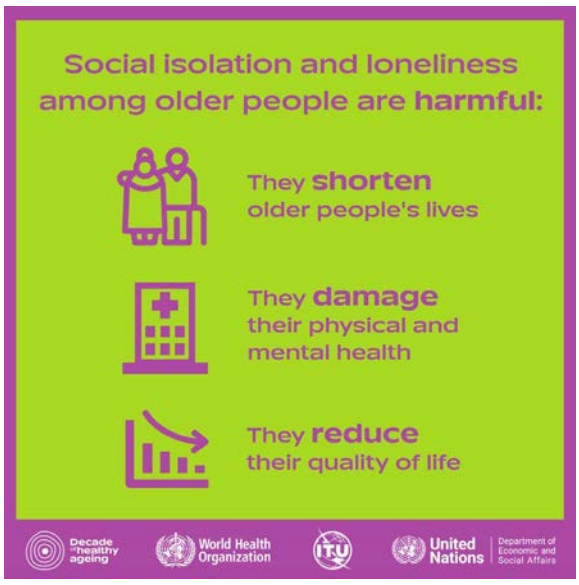
Research indicates older people are especially vulnerable to loneliness and social isolation, having a serious effect on health. As a member of the North Staffordshire Loneliness Partnership, we deliberately share our learning about the impact of loneliness on health and wellbeing in order to better support older community members who are experiencing it. The 'Stoke-on-Trent Loneliness and Social Isolation: 2017 Update' commissioned by the City Council, predicted the numbers of older persons (aged 75 and over) expected to be living alone by 2030, is anticipated to increase by 30% (15,100 to 19,500):

"Loneliness And Social Isolation is not a 'standalone' agenda – it is intrinsically linked to prevailing social and economic conditions... Loneliness is a significant feature of life for many people in the City".

The report identified older people, those living alone, living on lower incomes, living with multiple health conditions and with limited or no access to technology as being at greater risk of experiencing loneliness and isolation. The Ageing Well Partnership recognises the correlation between social isolation and digital exclusion and health inequalities in older people in our community. Within our partnership organisations we regularly support older people with digital awareness, to access health information and to navigate digital health platforms and health services in the community.

As a partnership we continue to learn more about the impact of loneliness on health and wellbeing. Only then can we really understand the issues from the perspective of older people in our community, "the four most common emotional challenges that older people face are: loss of independence; cognitive decline; social isolation; and physical decline" (www.bjf.org.uk). Only then can we petition local decision makers to action support for positive ageing.





What we did

Loneliness, often referred to as the 'epidemic of the 21st century', has emerged as a grave public health concern. Although feeling lonely is a normal part of life across all ages, feeling lonely all or most of the time can cause harm and affect wellbeing, particularly for older people. Evidence tells us that loneliness and isolation can impact good health, raising the potential for high blood pressure, heart disease, obesity, anxiety, depression, stroke, low self-esteem, cognitive decline, Alzheimer's disease and death (What works wellbeing,2019; Valtorta, et al, 2017; www.ncoa.org/article/navigating-social-isolation-and-loneliness-as-an-older-adult/).' 'Whilst technology has evolved and expanded over time, the fundamental need for social connection has not' (Garcia and Jordan, 2022: 3). However, digital technology used together with face to face interaction has the potential to support relationship maintenance, social access and emotional support (Garcia and Jordan, 2022).

This report explores the loneliness experiences of older community members across North Staffordshire and identifies the prevalence and the impact of loneliness on our local ageing population. It highlights the shared experiences of older community members, catalogues the associated challenges of addressing loneliness, and recognises the stigmatisation of loneliness and its potential societal impact. It concludes that supporting connections and strengthening neighbourhoods are the cornerstones to easing loneliness in our communities.

1 in 2 people over the age of 60 are at risk of social isolation and loneliness (Fayoka, et al, 2020)

Methods

There is a lack of good quality evidence on the impact of loneliness (Jopling, 2015), which is concerning (Campaign to end loneliness, 2023). Following on from the first consultation by the Ageing Well Partnership (AWP) in 2023, and picking up the threads emerging from this, members of the AWP (including older community members) identified the need to explore the experiences of loneliness of local, ageing community members. They decided to use two different ways to engage with local ageing communities:

Method 1. In March 2025 the Ageing Well Partnership launched a six-point survey to explore older people's views and ideas on loneliness experiences in North Staffordshire. The survey was available for two months and was also available online.

Method 2. In February 2025 Beth Johnson Foundation (BJF) staff visited and facilitated five group discussion sessions across North Staffordshire. They asked older people about

loneliness, how it impacted on health and what needed to happen in the future. The survey was based on the UCLA 3-Item Loneliness scale (https://ageguide.org/wp-content/uploads/2021/02/UCLA-3-Item-Loneliness-Scale.pdf), originally developed in the 1970s and revised in the 1990s. The scale comprised of three questions that explore three dimensions of loneliness: relational connectedness, social connectedness and self-perceived isolation. Members of the AWP felt that the strengths of this scale were that it had been used widely; had a useful flexibility of usage; and had the potential to be compared to future consultations over time. This scale is American therefore one could question its validity in a UK context; and focused on negative wording or language. However, after many discussions, the AWP group felt that it was easy to use and understand and suited the area that they were trying to explore. It is a measurement scale, but we decided to use it to compile qualitative information to compare with the outcomes of the five discussion groups, for consistency and ease of integration of any findings.

The primary objective of a survey is to gather information about a specific population or group, allowing researchers or commissioners to understand their opinions, behaviours, or characteristics. Surveys are a versatile tool used to collect data for various purposes, including consumer engagement, understanding trends, or evaluating products and services. Ultimately, surveys aim to provide insights that can be used to inform actions, improve processes, or gain a deeper understanding of a particular subject. Here, the survey was used as a consultation or engagement tool to explore the lived experiences of loneliness amongst local older community members. The survey was circulated via members of the Ageing Well Partnership (AWP) group and could be completed individually or as part of a group. It was also available online to maximise participation and promote choice, although we only received three completed online questionnaires.

A face-to-face group discussion involves direct interaction between individuals in a shared physical space to discuss a specific topic. This format offers benefits such as enhanced communication; the use of open-ended questions to elicit shared, qualitative, lived experiences; stories; stronger rapport building; and the ability to read nonverbal cues. However, it may have limitations in terms of accessibility, facilitator skills and communication, and the cost compared to virtual options. Face -to-face discussion groups can be used in a variety of different contexts. Here, they were used to talk about a sensitive topic (loneliness and heath inequalities) to provide valuable insights.

Local organisations were contacted for permission for members of the BJF to join an existing planned group, to explore the concept of loneliness. All participants consented to participating in the focused discussion and to share the outcomes anonymously in reports or presentations. We were fortunate to have a psychology student from Keele University on placement with the BJF, and the student was invaluable in notetaking and consolidating thoughts and discussions of the group participants.

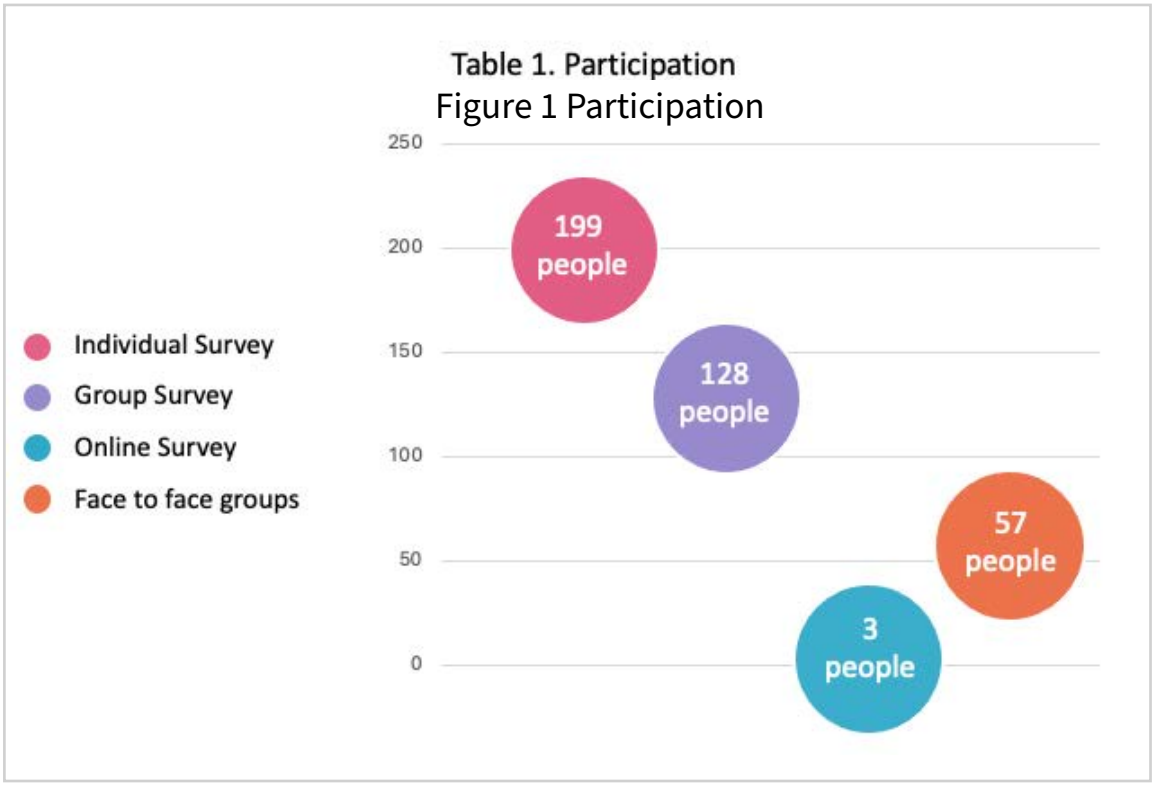
Results

Participation

The consultation survey recruited 330 participants, three of which were completed online. Of the 330 participants, 128 participants were part of a group discussion (13 groups in total).

Two BJF staff and the Keele University student visited two Saltbox Community Groups, a Fegg Hayes Futures group, and the OLGBT group for the 'Tackling Loneliness Together' sessions. Facilitators asked older community members about loneliness, how it impacted on health and what needs to happen in future. The groups included 57 participants in total. Subsequently, a total of 387 older community members formed this consultation, see Figure 1. Both routes provided a rich source of information, which are shared here in this report.

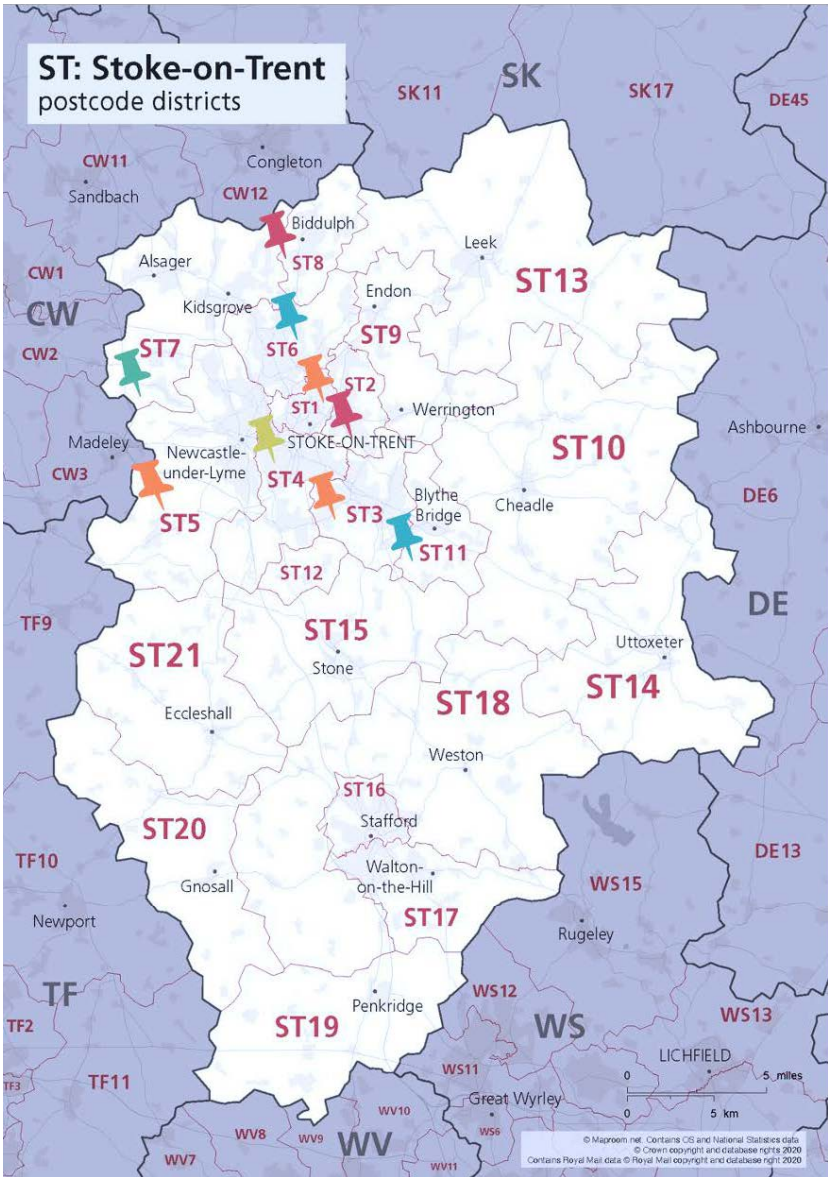
Figure 1. Participation



In the survey, in addition to the UCLA 3-Item Loneliness scale, which were three Likert style questions (see Appendix 2), we asked two demographic questions (postcode locations {Figure 2} and age ranges {Appendix 1}); one question around perceptions of loneliness; one around companionship and barriers to being with people; and a third question about what helps people to feel less lonely. The results of the questions will now be presented.

The survey postcodes of those participating were predominantly from urban areas, with Bentilee, Abbey Hulton and Bucknall with the highest participation (94 participators), followed by Tunstall, Burslem, Smallthorne and Brown Edge (44 participators) (see Figure 2). Hanley, Cobridge , Sneyd Green and Birches Head were also well represented (23 participators). Only Werrington, Endon, Cheadle and Tean were not represented (ST9 or ST10).

Figure 2. Postcode areas of survey participation



Age categories from the survey participants indicate the majority were over 70 years of age (78%) (Appendix 1). Interestingly, 57% of the survey participants felt that they lacked companionship some of the time or often. Whilst 62% of the survey participants felt left out some of the time or often. Regarding feeling isolated from others, 59% identified that they felt this some of the time or often. Therefore, more than half of the survey participants felt they were lacking companionships; felt left out; and felt isolated.

The first open ended question asked in both groups and the survey, was about what loneliness meant to older community members.

Whilst there is no universally agreed definition of loneliness, it is usually seen as incorporating an unwelcome, painful and unpleasant feeling (Hauge & Kirkevold, 2010) that can come and go over time.

We independently critically explored the findings to look for patterns or changes that were similar (themes) or different across the outcomes of each of the two consultation methods. The findings were integrated where possible and appropriate and are presented in the appendices (see Appendices 3,4,5).

Loneliness is '…a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those we want'.

(Perlman, & Peplau, 1981)

Clearly the impact of loneliness was huge, varied but personal. Loss of identity being identified in their experiences of loneliness. Many people discussed how loneliness made them question themselves, leading to a loss of trust in their judgments and losing their sense of purpose. One individual noted how they spend more time trying to be a part of groups and spending time with others, they neglected to find time for themselves, feeling a disconnect from who they really were. It felt for some that this identity loss impacted their emotional openness, some saying they needed a 'mask' to hide their emotions when around others, keeping their struggles to themselves.

The theme of disconnection encompasses many elements, largely incorporating people and places, often associated with isolation and disconnection felt by the group. This refers to the individuals' standings in the community and the separation they feel from others. Feeling unheard and excluded in the community caused a great deal of sadness, and made individuals feel they couldn't ask for help and indeed often wouldn't know where to go for help.

The holistic impact of loneliness was evidenced across the common threads in Appendix 3, from a physical, psychosocial or emotional perspective. Life transitions whether through retirement, ageing, or decline was a common thread, where many felt that many life changes had a role in the onset of loneliness. Retirement was a large part of this as it separated them from any work friends, and they lost the day-to-day routines and conversations that would normally have taken place. However, one group was pragmatic, discussing how loneliness felt like 'just a part of ageing' that had to be accepted, that everyone had accepted it and moved on.

Loss of purpose referred to the changing life roles as one aged and how many people have gone through a period of disengagement. Some people recalled having no 'get up and go', which kept them from going out and trying new things. The lack of their usual social routines reduced their motivations and for some, stopped them from accessing the help they needed.

The barriers preventing older people from spending time with other people and making new friends could be seen through the lenses of disconnection and connection, incorporating a number of sub themes (see Appendix 4).

Loneliness was increased when individuals and others were unwell; being stuck in the house with no company did not help people feel connected with others and their ill health quickly became an isolating, debilitating illness. This in many cases impacted their future willingness to get out and about. Personal ill health such as mobility issues, tiredness, caring for others and general frailty were distinct barriers causing disconnection and loneliness. Such impairments made people reflect and consider themselves a nuisance if others had to put themselves out for them.

People recognised the skills inherent in maintaining connections to reduce loneliness. Some skills that were reduced or lost could be associated with general ageing; and the thoughts of one person who stated 'not thriving but surviving' is a really powerful reflection of the impact on older people struggling to enjoy their life. Communication is indeed a lifelong skill, and if you feel a sense of disconnection, then confidence, feeling shy, feeling a reluctance to talk and share your thoughts with others, can be self-perpetuating and increase your belief to deliberately stay at home and not mix with others.

Accessibility is a regular challenge as one ages, and losing mobility due to not driving, accessing public transport that is not always convenient, and affording taxis to get you where you need to be in a timely, comfortable and inexpensive manner remains increasingly difficult.

Having reduced social support contributes to these feelings of disconnection. This can be due to families not staying in touch or to feeling left behind in the community. Many people questioned if anyone cares about their thoughts and feelings anymore to listen and reach out to them, feeling like they are 'left on a scrap heap, abandoned'.

However, some people recognised the importance of determination and resilience, the need to change and evolve, despite growing older in years. Lack of connections and belonging is an important factor of loneliness. Not feeling like you belong in a community can be a very isolating experience and can often cause feelings of social disconnection.

The exploration of common thoughts as themes across the survey and face-to-face responses regarding what helps people to feel less lonely and more connected to peoples perceptions of loneliness is found in Appendix 5.

Many participants recognised the importance of community participation or connections both on their wellbeing and for reducing loneliness. As people age, their potential for loss increases, as they lose family members as part of their relationship circles, which is why more time must be invested on maintaining the relationships people already have as well as trying to expand them.

Building connections is an important part of this; connections with others brings support and care when you need it. Being able to have people to ring and talk to is an important part of wellbeing, as many of the individuals talked about how they got in touch with befrienders and tried to call family as much as they can. Pets as companions was useful, giving meaning to otherwise boring days, with someone to talk to and nurture.

Community services were recognised as a key factor to combat loneliness, with many people enjoying the reason to go out and meet new people. Groups provided in the community enabled people to make new friends and try different, new activities. Older community members found that the talking groups hosted by the community were especially good, helping people to access the support they needed and having a friendly face to listen to them and care about their wellbeing.



Similarly, the concept of neighbourhood was evident. Many people appeared to consider the community to be their extended family, with people joining in and helping when they can. However, it was noted how the spirit of the neighbourhoods had drastically reduced in recent years. Fewer people are stopping to chat, with many not having enough time to ask about each other's days. Not having those small greetings can seem isolating and make the streets feel emptier; even a simple hello would improve the togetherness felt in the community.

Personal interests that can be maintained or developed (such as reading, cooking, music, and driving) were also highlighted both in the groups and individually. For example, some spoke of how empty their homes felt without their loved ones but found listening to music and having it as background noise made them feel less alone in their homes. Similarly, using technology provided company, and Amazon Alexa and Siri were useful tools to ask questions to or set up their music and radio.

The results have introduced a number of themes across the two methods of engagement, identifying a shared, collective voice around experiences of loneliness. Much of the information collated echoes existing evidence and research, but also provides insight into the experiences of older community members across North Staffordshire. Such results inform our thinking about what we need across the city to prevent older community members feeling lonely and disconnected.

Discussion

This report has catalogued the findings of perceptions of loneliness amongst local older community members across the city using a survey and five group discussions. Clearly this is an important topic, with a huge, varying impact on our ageing community members.

It appears that the older people get, the greater the potential for loneliness becomes, and with populations living longer the problem can only get worse. Whether because of increasing frailty, worsening ill health, lack of financial support, associated mobility issues, dwindling families or simply a weakening sense of belonging emanating from the older person themselves or the community generally. This is probably logical, but we need to read it to appreciate its complexity and inform our knowledge and understanding about our ageing community members across North Staffordshire.

More than half of those surveyed (230 participants) felt that they were lacking companionships; felt left out; and felt isolated some of the time or often. This is higher than probably expected and requires further exploration to find out more specifically which particular age groups are at risk and the explicit impact associated with additional health or social conditions (i.e. having a learning disability, mental health diagnosis, or life limiting conditions).

Loneliness is not a uniform experience; each person can define it differently and be affected in various ways. For some individuals, loneliness is tied to their loss of loved ones and physical isolation in their homes; for others, it is more prevalent in their disconnection within group settings. Feeling unheard and excluded in the community can cause a great deal of sadness, and made individuals feel they couldn't ask for help. Health and social care professionals need to be aware of the impact of these events and recognise what they are able to put in place to help.

Neighbours can play a pivotal role in supporting older community members, although neighbourliness appears to be on the decline at the moment.

Of course, a minority of people in this consultation actively asserted that they weren't lonely at all; leading active lives and having strong connections with others (family, friends). Some older community members referred to loneliness as being a 'State of mind' believing it can be their actions that affect how they feel about their situations. If the active effort is put into reducing their loneliness, such as reaching out to see others and joining groups, then they believed they could reduce their loneliness, feel empowered, and regain their connections.

However, they well recognised the struggle of maintaining this and how much effort is needed to help their mental wellbeing; but it does capture how individuals' mindsets can be highly influential in their engagement of positive behaviours.

Some people in the group sessions described how their experiences had caused their mental health to decline; some felt suicidal at times; and the vast majority mentioned their increase in feeling depressed, describing loneliness as ‘dragging you down’. Loneliness can feel very heavy at times; an extreme weight for many individuals, with its isolating and debilitating impact leading to feelings that no one would understand them, leaving them feeling ‘unable to talk to others’.

Connections with mental health decline were common among those experiencing low self-esteem and anxiety, recognising how the two interact in their lives. Loneliness was overall pictured as a heavy weight in their lives, dragging them down and reducing their well-being.

Physical health decline was also identified as being linked with loneliness, the consequences of which influenced people’s ability to go out and find support within the community. Some people had experienced sleeplessness and poor concentration from their emotional distress. This highlights how loneliness can be a holistic health problem, affecting the whole body and person rather than just the social and mental outcomes. Such information is important again in the clinical setting, reminding professionals of the holistic impact of loneliness.

COVID encouraged older community members to be more digitally connected largely out of necessity rather than choice. However, as Garcia and Jordan remind us ‘Whilst technology has evolved and expanded over time, the fundamental need for social connection has not’ (2022: 3). Judging by the contents of this report we still have a lot to do in supporting and helping our older community members to maintain better connections and feel less lonely.

‘Social isolation and loneliness are important, but often neglected, social determinants of health across all ages, including for older people. High-quality social connections are essential to our mental and physical health and our well-being’ (WHO, https://www.who.int/activities/reducing-social-isolation-and-loneliness-among-older-people).

Regarding the methods used for this consultation. The two approaches worked well together and seemingly complemented each other. There were some questions that we didn't collect information about, such as: age, gender, number of people sharing households, marital / relationship status, poor health, disability or limiting conditions. Any future consultations should include such demographical information to enable us to understand the varying contexts in which any information is based.

Support for loneliness doesn't aways have to be expensive. It needs service providers to be thoughtful and proactive in what they can offer, to whom and where. It needs positive attitudinal change that welcomes and embraces older adults for the collective wisdom they hold and their willingness to share their lived experiences, such as through intergenerational working. It needs leaders who are role models for the city to follow; a city that is age friendly and meaningfully embraces and values our ageing communities.

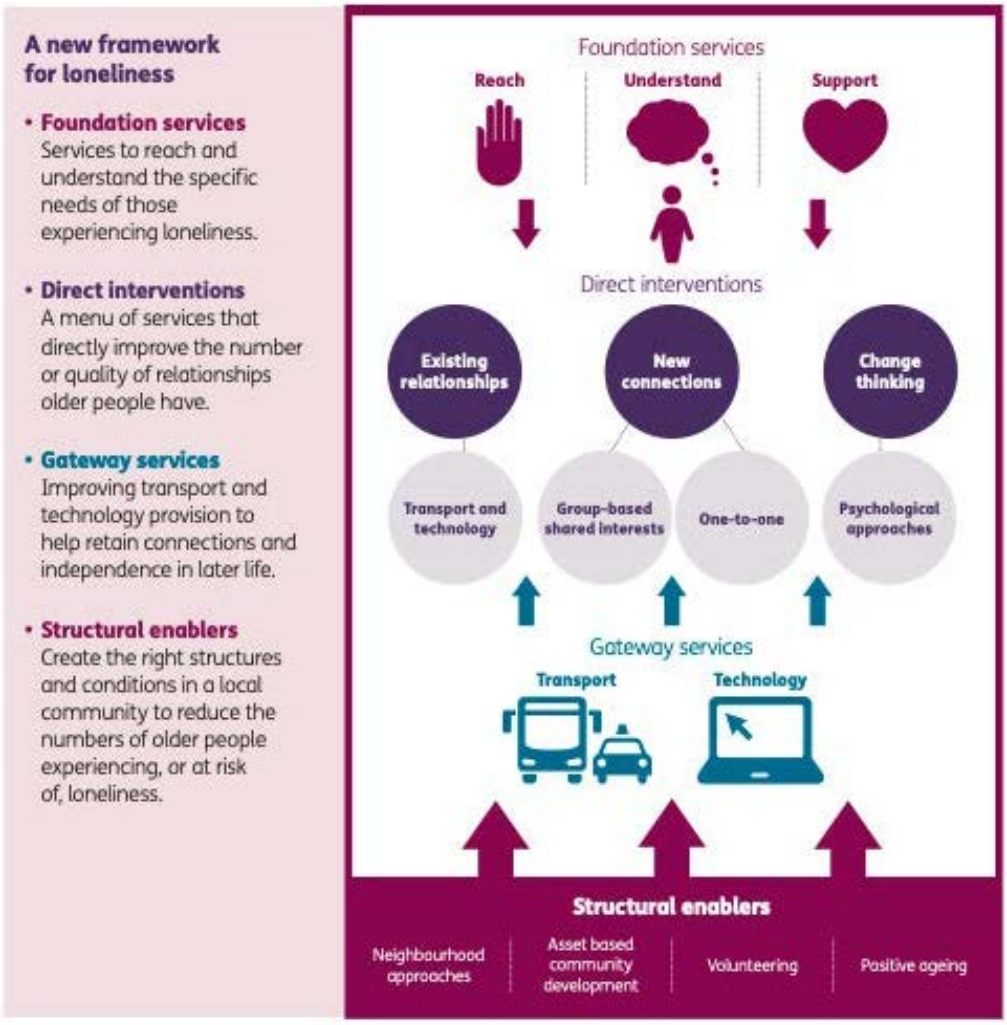




Conclusion

The more we understand about the impact of loneliness, and the ways to combat social isolation and disconnection, the more we can help ourselves and others to foster social connections in meaningful ways. Whilst the community has a role to pay in reducing the impact of loneliness, building resilience, and enabling connections, ageing community members also have a reciprocal role to play in making those connections and maintaining them (Garcia and Jordan, 2022). Volunteering, hobbies, intentionally engaging and connecting in local communities can be pivotal ways to promoting social connectedness and resilience in ageing community members (Garcia and Jordan, 2022), making older people feel genuinely valued and useful. In this report, the importance of neighbourliness or neighbouring was common and it has been identified that knowing as few as six neighbours can reduce the likelihood of feeling lonely, helping to lower rates of depression and social anxiety, particularly related to COVID-19 (Nextdoor, 2022).

In 2015 Age Uk developed a framework to reduce loneliness which has informed the recommendations of the AWP at the end of this report:



Recommendations

1. To actively involve our ageing community members as partners to explore foundation services, and to identify the inherent needs.

2. To increase direct interventions around social opportunities by: providing support to improve social skills; increasing social support;increasing opportunities for social interactions.

3. To assess gateway services (e.g. travel, transport, information technology) to help maintain connections as people grow older.

4. To gather further evidence around loneliness across Stoke on Trent, particularly around preventative approaches to reduce or prevent loneliness.

5. To develop structural enablers to ensure the right infrastructures are there to promote connections and minimise loneliness.

6. To develop as an Age Friendly City, promoting the inclusivity of local ageing community members in many different areas (e.g. transport, retail).

7. To promote neighbourliness, led by a place-based approach to encourage neighbours to maintain their support for our older community members.

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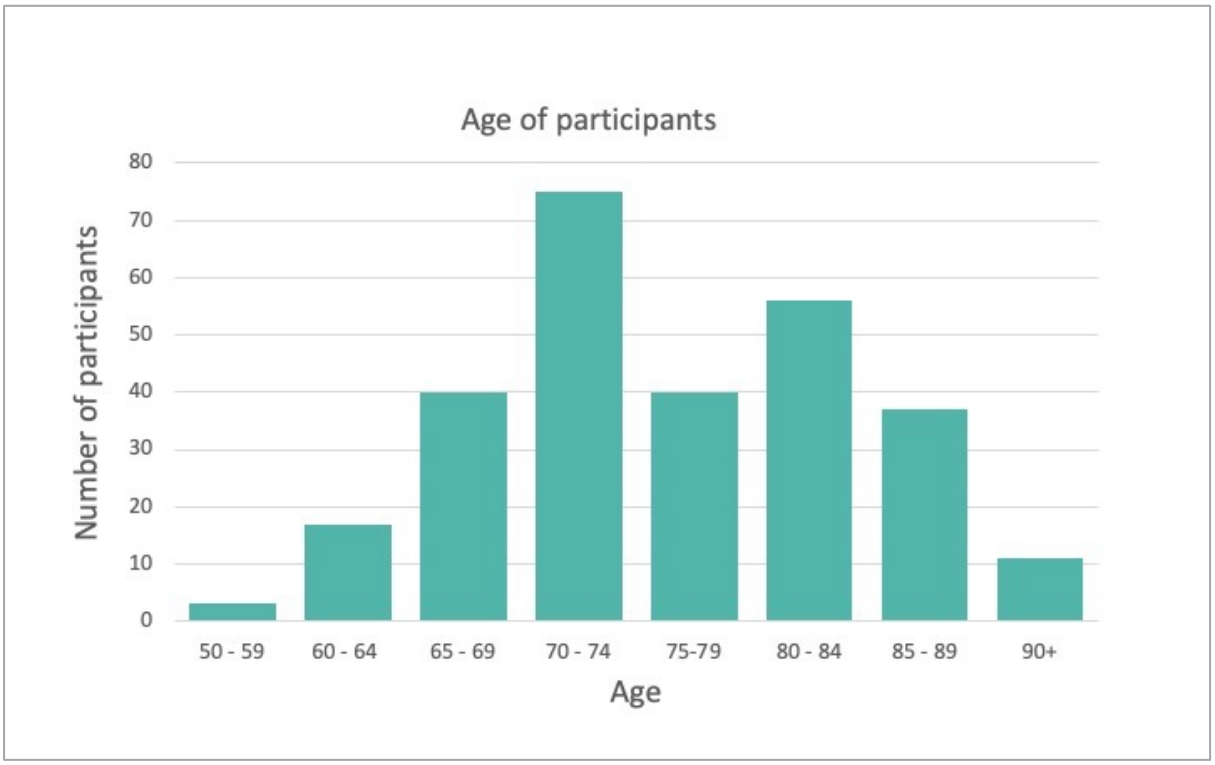
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Appendices

Appendix 1. Age categories of survey participants



Appendix 2. Likert question outcomes

1. How often do you feel that you lack companionship?

Hardly ever	Some of the time	Often
102	88	54

3. How often do you feel left out? (please tick one response)

Hardly ever	Some of the time	Often
80	88	44

4. How often do you feel isolated from others? (please tick one response)

Hardly ever	Some of the time	Often
81	82	24

Appendix 3. Thoughts on loneliness

Themes	Categories
Disconnection	People • Family • Neighbours • *'Great family and very good friends'* • Partners • Isolation • Feeling unheard • Retirement • Loss of purpose • *'No one makes the time to stop and chat anymore...'* Places • Solitude • Nowhere to go • Nothing to do • Somewhere to feel safe • A sad place to be
Holistic Impact	Psychosocial • *'I do not matter'* • Depression • *'Feeling in need of social contact but cannot get it'.* • Emotional distress • Decline • Loss of purpose • Feeling alone in a crowded room • Enjoying solitude • Loss of identity • Getting out and about • Not thriving but surviving • No enthusiasm • Feeling isolated, avoided, ignored Physical • Growing older • Frailty • Ill health (dementia) • Not sleeping • Poor concentration Emotional
	• Waiting for my husband (he died) • Loss • Caring for family • Reminiscence • Need to feel safe • I never feel lonely • Loss of independence • Feeling low in mood • *'Missing a hug!'* • *'Feeling like on the scrap heap'*

Appendix 4. What stops older people from spending time with other people?

Themes	Categories
Disconnection	Accessibility • Transport • Distance • Cost / money • Availability • Mobility • Busyness • Lack of routine • Fear of getting lost Communication • Confidence • Shyness • Barriers • Hard to discuss with others • No-one makes the time to stop and chat anymore • Neighbours Physical • Health • Mobility • Tiredness • Caring for others, getting in the way • *'getting frail'* • Houses can feel lonely or empty • Impairments can make people feel a nuisance Emotional • Distress • Lack of motivation • Psychological struggle • Memory loss • Losing me identity • Self-loathing • Feeling locked in • Not thriving but surviving
Connections	Inherent skills • Social • IT • Memory loss • Losing skills Resilience • Patience (self and others) • Determination (*'nothing stops me!'* • Finding a new identity • Learning from others • Feeling valued • Sharing and listening to others Opportunities • Community drivers • Local community centres • Having things to do

Appendix 5. What helps people to feel less lonely and more connected to people?

Themes	Categories
Building / maintain community circles	Contacts • People (family, friends, partners) • Groups • Activities • Occupation • Neighbours Media • Newspapers • TV • Radio Volunteering • Getting out and about • Meeting people • Feeling valued Neighbourhood • Support • Feeling involved • Finding information(accessible taxis)
Inclusion and engagement	Hobbies • Reading • Music ('Jaz makes me sing and people smile – I can sense a connection') • Faith • Riding my bike • Driving my car Balance • Staying in v going out

I don't know what the answer to loneliness is, but I do know I want to be part of the solution...

(Community Member, 2025)



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