

Social isolation and loneliness in Scotland: a review of prevalence and trends

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Introduction

At the end of 2015, the Scottish Parliament Equal Opportunities Committee concluded, on the basis of the evidence received during the enquiry into Age and Social Isolation, that social isolation and loneliness were significant problems in Scotland.¹ They recommended, however, that further research be undertaken to:

- i. examine the prevalence of social isolation and loneliness in Scotland
- ii. identify the typical profile of people who are most at risk of being socially isolated and lonely.

This report, which has been produced by NHS Health Scotland (NHSHS) with support from Scottish Government analysts, is a direct response to those recommendations.

The report brings together findings from a range of Scottish surveys, namely the Scottish Household Survey (SHS), Scottish Health Survey (SHeS), Scottish Social Attitudes Survey (SSA), Scottish Health Behaviours of School-aged Children (HBSC) Study and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). The report was completed in March 2017 and includes the most up-to-date survey evidence available at that time. Although some of this is now several years old, trend data would suggest that this is slow to change so should be considered a good guide to the current position. Findings from UK-wide surveys have been used to further understand risk factors and consider equality implications.

In addition, Annex A provides a table of key measures, data, and trends (where available) for both adults and children in Scotland. Annex B provides a brief description of the main surveys referred to in the report.

It is important to note at the outset that data limitations restrict the extent to which the Committee's recommendations can be addressed at this stage. However, the review is part of broader work by the Scottish Government and

partner organisations to develop a better, broader understanding of the issues in question.

Key concepts

Social isolation and loneliness are distinct concepts.²

Social isolation refers to the quality and quantity of the social relationships a person has at individual, group, community and societal levels.

Loneliness is a subjective feeling experienced when there is a difference between an individual's **felt** and **ideal** levels of social relationships.

Social isolation and loneliness are not necessarily linked, as people who are socially connected can feel lonely and socially isolated people may not feel lonely.³

What is the prevalence of social isolation and loneliness in Scotland?

Social isolation

It is not currently possible to answer this question directly, as there is no agreed set of indicators for social isolation in Scotland. However, data are routinely collected through Scottish surveys about social networks, social support, community belonging and community involvement, as well as indicators of social isolation in childhood. Data on these indicators are used as proxies for social isolation in this report.

- Social networks refer to the number and frequency of social contact in families, workplaces and neighbourhood.
- Social support refers to the quality of relationships in terms of providing, for example, emotional or practical support.

Adults

The majority of adults in Scotland reported having good social networks and social support. However, a small number of people had social networks and social support that were more limited.

- Social contact 6%* of adults had contact with family, friends or neighbours less than once or twice a week (SHeS 2013/15 data combined).†
- Social support 14% had fewer than three people they could turn to for comfort and support in a personal crisis (SHeS 2013/15 data combined).

^{*} Figures are not always the sum of the different categories due to rounding percentages.

[†] Where SHeS 2013/15 combined data is indicated the analysis was undertaken by Scottish Government Analyst for the purpose of this report.

- Neighbourhood contact in 2013, 18% had limited regular social contact in their neighbourhood (SSA).
- Neighbourhood support in 2015, 5% of adults disagreed that they
 could rely on friends in the neighbourhood for help, 6% disagreed they
 could count on a friend/relative to look after their home, and 8%
 disagreed that they could turn to friends and relatives in the
 neighbourhood for advice or support (SHS).
- Community involvement nearly three quarters (73%) felt not very much/not at all involved in the local community (SHeS 2013/15 data combined).
- Sense of belonging in 2015, over a fifth of adults (22%) said they felt they belonged not very/not at all strongly to their immediate neighbourhood (SHS).
- Social trust half of people in Scotland felt that 'most people can be trusted' (50%), while a similar proportion (48%) felt that '[you] can't be too careful in dealing with people' (SSA 2015). SSA analysis showed that higher levels of social trust (believing that 'most people could be trusted') were associated with feelings of belonging a 'great deal' or 'quite a lot' to the local community. Lower levels of social trust ('can't be too careful in dealing with people') were associated with lower levels of social contact (more likely to see people socially once a month or less).
- Social participation over a quarter (27%) of people in Scotland have volunteered (SHS 2015), and 46% have been involved in some form of community action to help improve their local area (SSA 2015).
- Where trend data are available over time, these figures are relatively stable, showing no major changes in levels of social isolation in Scotland over recent years.

Children

Social isolation among children often emerges in the context of peer and friendship relationships. Survey data from Scotland (HBSC) found that, in 2014, for children aged 11–15:

- 57% reported high perceived peer support
- 62% had high perceived classmate support (declined since 2002)
- 88% (of 13 and 15 year olds only) found it easy to talk with their best friend about things that bothered them (reduced over time)
- 62% reported high family support.

Proportions for peer, classmate and family support were lowest among the older children. This suggests a significant minority of children have poor peer support and that this is more of a problem among older children. These groups may be particularly vulnerable to social isolation.

The proportion of children with limited friendship networks was relatively small:

 Number of close friends: In 2014, the majority of children age 13 and 15 years old (95%) had a least three close friends. Among this age group, 1% had no close friends, 1% had only one and 3% had two.

Being bullied is a further indicator of social isolation among children:

In 2014, 14% of 11–15 year olds reported being bullied. However, this
proportion was lower (9%) for those who were 15 year olds. There is
limited evidence about the level of social isolation in children younger
than 11 years.

Loneliness

Data about loneliness have been gathered using questionnaires and single item questions through national, UK and European surveys. Surveys vary in how they categorise loneliness. Some report severe loneliness (feeling lonely frequently, often or most of the time), while others report feeling lonely (sometimes or often). Data are available for adults and children aged between 11, 13 and 15 years old.

Adults

A number of UK studies of loneliness among adults have included Scottish samples. Recent work suggests that 11% of the adults in Scotland feel lonely often and 38% feel lonely sometimes.⁴ This is at the upper end of UK estimates, although the sample size was relatively small.* Although rates of loneliness vary with age and gender, there is some evidence to suggest that adults in midlife and the 'oldest old' are at increased risk. These issues are explored in more detail in the 'risk' section below.

Children

Data on loneliness among children are collected through the HBSC but not routinely reported. As such, 2010 data are the most recent available.⁵ In 2010, 45% of 11 year olds, 40% of 13 year olds and 36% of 15 year olds had never felt lonely in the last week. The percentage was higher for boys than girls of all school ages. This suggests that significant numbers of children experience some degree of loneliness and that this is greater for older children and among girls. However, no information is available about the degree of loneliness these children experience.

^{*} Scottish sample = 190

[†] The 'oldest old' is a term commonly used to refer to people over 75 or 80 years old.

Who is at risk of social isolation in Scotland?

There is no 'typical profile' of someone at risk of social isolation or loneliness: for both issues, patterns are not equally distributed across the population. It is however reasonable to talk about particular risks. Based on the available data, children and adults who are socio-economically disadvantaged and those experiencing poor physical and mental health are at particular risk, as are adults who are living alone, widowed or separated.

Socio-economic disadvantage

Adults and children who are socially disadvantaged are at increased risk of social isolation.

Adults who are socially disadvantaged were more likely to have lower levels of social support and less involvement in the community.⁶ In particular, socially disadvantaged parents of children under five years were more likely to have smaller social networks and low levels of social support.⁷ ⁸ The stigma of low income and a lack of household and neighbourhood resources can make forming and maintaining friendships difficult for both children and adults.⁹ ¹⁰ ¹¹ Data from Scotland and the UK indicate that higher rates of loneliness in adults are associated with socio-economic disadvantage, being in debt and being economically inactive.¹² ¹³ ¹⁴ ¹⁵

In addition, survey data from areas of deprivation in Glasgow suggest that the perceived physical quality of neighbourhoods, the extent to which respondents use local amenities and the social environment of the neighbourhood are also associated with loneliness. Survey respondents who had a more negative perception of the neighbourhood, who used fewer local amenities and who knew fewer people in the community were more likely to be lonely.¹² ¹⁶

Survey data from Scotland found that children from less affluent families were at increased risk of poor peer and family social support and were more likely to be bullied and have peer relationship problems.¹⁷ ¹⁸

Poor physical and mental health

Poor physical health and long-term conditions that limit daily functioning are risk factors for poor social support and less frequent social contact. Adults with poor physical health and/or a disability were more likely to have less social contact with friends, family and neighbours and less social support.⁶ Adults with poor physical health are also at greater risk of loneliness. Survey data from Glasgow and the UK suggest that those with physical health problems, long-term conditions or disability are two times more likely to report severe loneliness than the general population.¹² ¹⁹

Survey data from Scotland and the UK indicate that children between the ages of 11 and 15 years old with a limiting long-term condition or disability were at greater risk of peer relationship problems and being bullied.¹⁸ ²⁰ ²¹

Poor mental health emerges as particularly important. The survey data show a link between mental health and wellbeing and the number and quality of friendships. Adults with poorer social support were more likely to have mental health problems⁶ and those experiencing anxiety, depression or stress are at increased risk of severe loneliness. ¹² ¹³ ²² ²³ The increased risk of loneliness associated with mental health problems is greater than with physical health problems. However, mental and physical health problems can co-exist. In addition, it is likely that the relationship between mental health and both social isolation and loneliness is bi-directional. In other words, mental health problems increase the risk of loneliness, and loneliness contributes to the development and maintenance of mental health problems.

It is also worth noting that children, particularly girls, with fewer friends and more limited close friendships are at greater risk of poor mental health.¹⁸

Living alone and widowhood

There is consistent evidence to indicate that adults living alone and those who are widowed are at increased risk of severe loneliness. While estimates vary, data from the UK suggest that adults living alone are twice as likely to report severe loneliness compared with those living with others. ¹⁹ Estimates also suggest that widowed adults are around three times more likely to experience severe loneliness compared with married adults. ¹⁹ Rates appear to be higher among adults over 50 years old. ¹⁵ ²⁴ There has been limited analysis of the relationships between the family environment and indicators of social isolation and so the links are not known.

Equality considerations

While a number of equality dimensions were considered in this review, gender was the main area where information was available. The evidence suggests that patterns of social isolation and loneliness differ for men and women, although these patterns vary with age.

Disability

As mentioned above, the existence of physical and mental health conditions are important risk factors in relation to experiencing social isolation and loneliness.

Gender

Adults

Men, particularly those over 50, appear to be more vulnerable to social isolation than women. Scottish survey data suggest that men are less likely to report high levels of social support or frequent social contact. However, gender patterns vary with age. As they get older, women's levels of social support tends to remain relatively stable while the proportion of men with limited social support increases.⁶

In contrast, women are consistently more likely than men to report feeling lonely. Again, there are differences by age. Data from a survey covering the UK (European Social Survey) suggest that loneliness rates vary for women up to the age of 55 and then increase steadily. For men, however, rates of loneliness remain relatively stable up to the age of 75 and then increase. Any gender differences tend to disappear after 75 years of age. It is possible that loneliness in men and women is associated with different risk factors or else that exposure to risk factors varies by gender.²²

Children

As indicated above, there are gender differences in the quality of social relationships among children. Girls appear to be more likely to have high peer support and find it easier to talk to friends about problems, while boys may feel more accepted by their peers for who they are. However, the highest rates for being bullied are for girls aged 13. Rates of being bullied have increased, particularly for girls, since 2010.¹⁷ ²⁵

Gender differences were noted in peer relationship problems in 2010, with boys being more likely than girls to have borderline/abnormal peer relationship scores. However, in 2013, while the proportion of boys with peer problems remained relatively stable, it increased for girls, meaning there was no gender difference (20% of both 15 year old girls and boys had borderline/abnormal scores in 2013).¹⁸

Ethnicity

Limited information was available about people from particular minority ethnic communities. Emerging evidence, however, suggests that these populations may be at increased risk of social isolation and loneliness.

There is some evidence that some minority ethnic communities are less likely to feel they belong to the immediate neighbourhood²⁶ and experience significantly higher rates of loneliness than the general population.²⁷

Data from UK surveys also found that children from ethnic minority groups are at increased risk of being bullied and socially isolated.³

Sexual orientation

Limited information was available about social isolation and loneliness among people from lesbian, gay, bisexual, transgender and intersex (LGBTI) communities. Emerging evidence, however, suggests that these populations may be at increased risk of social isolation and loneliness.

Adults

Adults in the LGBTI community may be at increased risk of social isolation and loneliness due to the high proportion who are single, living alone and with less contact with families.²⁸

Children

Data from UK surveys found that children who are gay or lesbian are at increased risk of being bullied and socially isolated.²⁹ Scottish surveys found that, in 2012, over half (52%) of lesbian, gay and bisexual young people experienced homophobic bullying behaviour in Scotland's schools³⁰, rising to over three quarters (77%) among young people who identified as transgender.³¹

Looking forward

The population of Scotland is changing and estimates suggest that, in future years, there will be a significant increase in the numbers of older people, and in those people living alone.³² ³³ These projections have significant implications for levels of social isolation and loneliness and the need for a more preventative strategy.

Conclusions

The review of the available survey data provides only a partial answer to the recommendations set out by the Committee. While certain aspects of social isolation are currently explored in national surveys, the absence of an agreed set of indicators, and limited survey data and analysis on loneliness, mean that it has not been possible to answer the questions fully.

An agreed Scottish approach to measuring and monitoring social isolation and loneliness across the life course would enable the impact of future national work to be measured, as well as allow for a more sophisticated understanding of risk factors for the Scottish population. This is an issue for further consideration.

Annex A: Summary of available survey data

Table 1: Adults

External social isolation

Domain: social support

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Could rely on a friend/relative (SHS annual 2012–2015).	In Scotland in 2015: 90% agree/strongly agree 4% neither/nor	Stable – levels of agreement similar between 2012 and
Q – If I was alone and needed help, I could rely on one of my friends/relatives in this neighbourhood to help me.	 4% Heither/hor 5% disagree/strongly disagree. 	2015.
Have someone in local area to keep an eye on own home (SHS annual 2012–2015). Q – If my home was empty, I could count on one of my friends/relatives in this neighbourhood to keep an eye on my home.	In Scotland in 2015: 90% agree/strongly agree 4% neither/nor 6% disagree/strongly disagree.	Stable – levels of agreement similar between 2012 and 2015.
Feel has support in neighbourhood (SHS annual 2012–2015). Q – I feel I could turn to friends/relatives in this neighbourhood for advice or support.	In Scotland in 2015: • 85% agree/strongly agree • 6% neither/nor • 8% disagree/strongly disagree.	Stable – levels of agreement similar between 2012 and 2015.
Would offer support to people in local area	In Scotland in 2015: • 94% agree/strongly	Stable – levels of agreement similar

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
(SHS annual 2012–2015). Q – In an emergency, such as a flood, I would offer to help people in my neighbourhood who might not be able to cope well.	 agree 4% neither/nor 3% disagree/strongly disagree. 	between 2012 and 2015.
Have someone to rely on to keep eye on house if empty (SSA 2006, 2009, 2013). Q – If my home was empty, I could count on one of my neighbours to keep an eye on it.	In Scotland in 2013: • 86% agree/strongly agree • 3% neither/nor • 10% disagree/strongly disagree.	Decrease in agreement from 2006 (91%) to 2009 (85%), then stable between 2009 and 2013.
Social support (SHeS 2009, 2013/15, SSA 2009). Number of people you can turn to for comfort or support in a personal crisis. Q – If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?	SHeS 2013/15 combined data showed*: 14% had fewer than 3 people (1% said they had no one) 35% had between 3 and 5 people 51% more than 5 people.	Stable – similar proportion saying that they had 3 or more people in 2009/11 and 2013/15.
Feels has support in the community (SSA, 2006, 2009, 2013, 2015). Q – I feel that there are people in this area I could turn to for advice	In Scotland in 2015: • 76% agree/strongly agree • 12% disagree/disagree strongly.	Stable – levels of agreement similar to 2009 and 2013 (71% and 73% respectively) but lower than 2006 (84%).

 $\ensuremath{^{^{+}}}$ Scottish Government analysis by ASD for the purposes of this report

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
and support.		

Domain: social networks

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Proportion of people who regularly stop and speak to people in local area (SSA 2006, 2009, 2013). Q – I regularly stop and speak to people in my area.	In Scotland in 2013: • 74% agree/strongly agree • 8% neither/nor • 18% disagree/strongly disagree.	Decline in agreement since 2006 (81%), then stable between 2009 (73%) and 2013.
Social support and social networks (GUS 2007/8). • Satisfactory friendship networks based on extent to which parent agreed that friends take notice of their opinions and were either visited by or visited friends once a fortnight or more, attended parent/toddler group or used friends for childcare support in the first instance • Satisfactory family networks based on the extent to which parent agreed that they felt close to the family and either any set of the child's	In Scotland in 2007 and 2008: Three-quarters of parents in both cohorts had a satisfactory friendship network with a similar proportion having a satisfactory family network. A little over half (57%) had both satisfactory networks. Only 10% in the birth cohort and 8% in the child cohort had neither.	GUS is a longitudinal study (follows the same participants over time), so trend data not available in the same way as for a cross-sectional survey such as SHS.

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
grandparents visited at least once a week or used relative for childcare support in the first instance.		

Domain: frequency of social contact

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Social contact (SHeS 2009, 2013/2015). Frequency of contact with relatives/friends/neighbours. Q – Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours, either in person, by phone, letter, email or through internet?	SHeS data (2013/15 combined)*: • 69% on most days • 25% once or twice a week • 4% once or twice a month • 2% less often than once a month • 1% never.	Stable – proportion having contact with people once a week or more is the same in 2009/11 and 2013/15.
Q – How often, if at all, do you meet socially with friends, relatives, neighbours or work colleagues? (SSA 2015)	In Scotland in 2015: 27% 'every day or most days' 33% 'a few times a week' 29% 'once a week' or 'a few times a month' 12% 'less than a few times a month – including 4% who met someone 'once a month', 3% 'a few times a	No trend data available.

^{*} Scottish Government analysis by ASD for the purposes of this report

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
	year', and 5% 'very rarely' or 'never'.	

Domain: reciprocity and volunteering

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Formal volunteering – volunteered or not in past year (SHS).	In Scotland in 2015: • 27% had.	Stable over the last 5 years.
Q – Thinking back over the last 12 months, have you given up any time to help any clubs, charities, campaigns or organisations. I mean in an unpaid capacity.		
Giving up time to care (Informal volunteering) (SHS*, SHeS, SSCQs)	 In Scotland in 2015: SSCQs estimate 18% provide unpaid care[†] SHeS estimates 13% provide unpaid 	Stable between 2012, 2013 and 2014.
Q – Apart from anything they might do as part of employment, does anyone in the household look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-	care.	

* Qs on unpaid care no longer published in SHS, published as part of SHeS and Scottish Survey Core Questions (SSCQ)
† The difference between the two estimates is not statistically significant

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
health/disability; or problems related to old age?		
Community action Q – In the last few years, have you ever given up some of your time to do any of the following things (list presented) to help improve your local area? (SSA 2015)	In Scotland in 2015: • 54% had not done any of the listed activities • 35% had volunteered or helped out at a local community organisation or charity • 17% helped to organise a community event • 11% tried to stop something happening in my local area • 3% tried to set up a local community organisation.	No trend data available.

Domain: peer relationships

No appropriate measures/data identified.

Domain: peer rejection

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Experience of discrimination in past 3	In Scotland in 2015: • 7% had.	Stable – similar rates between 2012 and 2015.

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
years (SHS annual 2012–2015).		
Q – In the last 3 years, while in Scotland, have you experienced any kind of discrimination?		
Experience of harassment in past 3 years (SHS 2015).	In Scotland in 2015: • 6% had.	Stable – similar rates between 2012 and 2015.
Q – In the last 3 years, while in Scotland, have you experienced any kind of harassment?		

Internal social isolation

Domain: trust

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Level of personal trust (SSA on 5 occasions 2000–2015 and SHeS 2013 combined). Q – Generally speaking would you say that most people can be trusted, or that you can't be too careful in dealing with people?	In Scotland in 2015 (SSA data): • 50% 'Most people can be trusted' • 48% 'Can't be too careful in dealing with people' SHeS data (2013/15 combined)*: • 51% 'Most people can be trusted' • 42% 'Can't be too	Stable – no significant change over time between 2000 and 2015 (SSA). Slight improvement in SHeS results for 'most people can be trusted between 2009/11 and 2013/15. SHeS 2009/11 data combined showed 46%
	careful in dealing	felt most people can be

* Scottish Government analysis by ASD for the purposes of this report

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
	with people' • 7% (spontaneous: it depends on people/circumstances)	trusted.
Level of trust in neighbourhood (SHeS 2013/15).	SHeS data (2013/15 combined)*: • 60% most people in your neighbourhood	Stable, similar proportion saying 'most people in neighbourhood can be
Q – Now I'd like to ask you a question about your immediate neighbourhood, by which I mean your street or block.	 can be trusted 23% some can be trusted 12% a few can be trusted 3% no one can be 	trusted' between 2009/11 and 2013/15.
Most of the people in your neighbourhood can be trusted	trusted.	
2. Some can be trusted		
3. A few can be trusted		
4. Or, that no-one can be trusted?		
5 (SPONTANEOUS: Just moved here)		

Domain: feeling of belonging to own neighbourhood/village/community

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Local area sense of belonging (SHS 2015).	In Scotland in 2015: • 77% very/fairly	Stable – feelings of belonging similar
Q – How strongly do you feel you belong to your immediate	strongly22% not very/not at all strongly.	between 2012 and 2015.

^{*} Scottish Government analysis by ASD for the purposes of this report

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
neighbourhood?		
Q – Some people feel like they belong to their local area, others do not. To what extent do you feel like you belong to your local area? (SSA 2015)	In Scotland in 2015: • 31% 'a great deal' • 37% 'quite a lot' • 11% 'not very much' • 2% 'not at all'.	
Involvement in the community (SHeS 2013/2015 combined). Q – How involved do you feel in the local community?	SHeS data (2013/15 combined)*: • 27% a great deal/a fair amount • 73% not very much/not at all	Stable – levels of involvement in the community similar between 2009/11 and 2013/15.

Domain: satisfaction with social relations

No appropriate measures/data identified.

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^{*} Scottish Government analysis by ASD for the purposes of this report

Domain: Ioneliness

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
GAP – lack of high quality Scottish level information. Frequency of feeling lonely (Mental Health Foundation Loneliness Survey 2010). Very small Scottish sample of 190 Q – How often do you feel lonely?	In Scotland in 2010: frequency of loneliness	

Table 2 – Children

External social isolation

Domain: social support

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Perceived peer support (HBSC 2014) Pupils were asked four questions pertaining to peer support, including items on emotional support, problem solving and decision making. The maximum peer support score is 7 and the minimum 1. A score over 5.5 indicated high perceived peer support. Scores were calculated by taking the mean of the responses to the following survey items: My friends really try to help me / I can count on my friends when things go wrong / I have friends with whom I can share my joys and sorrows / I can talk about my problems with my friends (Very strongly disagree = 1 to Very strongly agree = 7).	In Scotland in 2014: 57% of 11–15 year olds report high levels of support from their peers (65% of girls versus 49% of boys).	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could potentially be analysed if need be.
Classmate support (HBSC 2014) Q – Most of the pupils in my class(es) are kind and helpful. (Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly	In Scotland in 2014: 62% of 11–15 year olds report high classmate support.	Decline: In 2014, fewer pupils report that their classmates are kind and helpful compared with 2002. In 2002, 70% of both boys and girls reported their classmates in this

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
disagree)		way. In 2014 this declined to 62% of girls and 61% of boys. Since 2010, there has been no change in boys' perception of classmate support, but for girls there has been a slight decrease from 65% to 61%.
Perceived family support (HBSC 2013/4) Pupils were asked four questions pertaining to family support, including items on emotional support, problem solving and decision making. The maximum family support score is 7 and the minimum 1. A score over 5.5 indicated high perceived family support.	In Scotland in 2014: 62% of 11–15 year olds report high family support.	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could potentially be analysed if need be.
Neighbour social support (HBSC 2010) Q – Please say how you feel about these statements about the area where you live: I could ask for help or a favour from neighbours.	 In Scotland in 2014: 68% of 13 and 15 year olds agree that they can ask for help from neighbours 18% neither agree nor disagree 14% disagree. 	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could potentially be analysed if need be.

Domain: social networks

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Number of close friends (HBSC 2014)	In Scotland in 2014: • 95% of Scottish 13	Trend data for this measure not reported in
Q – At present, how many close male and	and 15 year olds have three or more	2014 Scotland report – but data over time is

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
female friends do you have? Males / Females (None / One / Two / Three or more).	 close friends 1% say they have no close friends 1% have just one close friend 3% have two close friends. 	available and could potentially be analysed if need be.
Neighbourhood friendliness (HBSC 2014) Q – Please say how you feel about these statements about the area where you live:	In Scotland in 2014: 72% of 13 and 15 year olds agree that people say hello and talk to each other in the street (Q only asked of 13 and 15 year olds).	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could potentially be analysed if need be.
People say 'hello' and often stop to talk to each other in the street. (Agree a lot / Agree a bit / Neither agree nor disagree / Disagree a bit / Disagree a lot.)		

Domain: frequency of social contact

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Peer contact frequency (HBSC 2014) Q – How often do you meet your friends outside school time? Before 8pm? / After 8pm? (Hardly ever or never / Less than weekly / Weekly / Daily, how often?)	 In Scotland in 2014: 21% of young people (11–15) meet their friends every day after school before 8pm 12% every day after 8pm. 	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could potentially be analysed if need be.
Electronic media contact (HBSC 2014).	In Scotland in 2014: 61% of young people report daily contact with their friends by phone, texting, email, instant	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
	messenger or other social media.	potentially be analysed if need be.

Domain: reciprocity and volunteering

No appropriate measures/data identified.

Domain: peer relationships

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Communication with best friend (HBSC 2014) Q – How easy is it for you to talk to the following person about things that really bother you? Best friend.	In Scotland in 2014: 88% of 13 and 15 year olds say they find it easy to talk to their best friend about things that really bother them.	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could potentially be analysed if need be.
Acceptance by peers (HBSC 2010) Extent to which pupils agree that other pupils accept them as they are.	In Scotland in 2010: • 80% of 11 year olds • 70% of 13 year olds • 72% of 15 year olds felt accepted by their peers as they were. (No analysis available for 2014)	
Peer relationships problems (SALSUS 2010, 2013, 2015 and SHeS 2012–2014) This is a subscale of the Strengths and Difficulties Questionnaire. The questions cover solitary play, limited good	Data from three waves of the SHeS (2012–2014)* suggest that: • 19% of children aged 4–12 had a 'borderline' (9%) or 'abnormal' (11%) peer relationships problem score.† This was lower (16%) for children aged 4–6	Relatively stable, slight worsening in peer relationship problems, SALSUS 2010 showed 15% of 13–15 year olds had a borderline or abnormal score compared to 20% in 2013. (This appears to have been driven by a worsening in scores for

^{*} Scottish Government analysis by ASD for the purposes of this report † Numbers don't sum due to rounding of percentages

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Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
friends, being liked by other children, being bullied and getting on better with adults than children.	years compared with 22% for those aged 10–12 years • Similar data from SALSUS (2015) suggest that 19% of 13–15 year olds have a borderline or abnormal score.	girls, while boys scores remained relatively stable). And it was stable between 2013 and 2015.

Domain: peer rejection

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Being bullied (HBSC 2014) Q – How often have you been bullied at school in the past couple of months? Q – How often have you been bullied in the following ways in the past couple of months? • Someone sent mean instant messages, wall postings, emails and text messages, or created a website that made fun of me. • Someone took unflattering or inappropriate pictures of me without my permission and posted them online.	 In Scotland in 2014: 14% of young people in Scotland report having been bullied at school at least twice a month in the past two months (13% of boys and 15% of girls) 5% of 11–15 year olds in Scotland report being bullied in writing via electronic media at least twice a month 3% report being bullied by someone posting unflattering or inappropriate pictures of them online at least twice a month. 	There was little change in the prevalence of being bullied between 2002 and 2010; however there was an increase between 2010 and 2014. Among girls, bullying increased from 9% in 2010 to 15% in 2014. A smaller increase was also seen over this period for boys, from 10% to 13%.

Internal social isolation

Domain: trust

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Trust (HBSC 2014) Q – Please say how you feel about these statements about the area where you live: You can trust people around here / Most people around here would try to take advantage of you if they got the chance. (Agree a lot / Agree a bit / Neither agree nor disagree / Disagree a bit / Disagree a lot)	 In Scotland in 2014: 66% of 13 and 15 year olds agree that they can trust people in their local area 57% of 13 and 15 year olds disagree that most people in their neighbourhood would try to take advantage of them if they got the chance 20% agree 23% neither agree nor disagree These proportions do not differ by age group or gender. (Qs only asked of 13 and 15 year olds.) 	Trend data for this measure not reported in 2014 Scotland report – but data over time is available and could potentially be analysed if need be.

Domain: feeling of belonging to own neighbourhood/village/community

No appropriate measures/data identified.

Domain: satisfaction with social relations

No appropriate measures/data identified.

Domain: Ioneliness

Measure / Question (source and year)	Most recent data	Trend data available? Improving, worsening or maintaining?
Loneliness (HBSC 2010) Q – Thinking about the last week have you felt lonely?	In Scotland in 2010: • 45% of 11 year olds • 40% of 13 year olds • 36% of 15 year olds had never felt lonely in the last week.	Collected, but not routinely reported in HBSC (2014 data not available in public domain).
Feeling left out (HSBC 2014) Q – How often do you feel left out of things? (Never / Hardly ever / Sometimes / Often / Always)	In Scotland in 2014: • 17% of young people report that they 'never' feel left out of things.	Improved, then declined, to original levels first asked in 1998. The proportion of young people who never feel left out increased between 1998 and 2010. However, rates have subsequently declined, with rates in 2014 matching those in 1998.

Annex B: Description of surveys

Scottish Household Survey (SHS)

The Scottish Household Survey (SHS) is designed to provide accurate, up-to-date information about the characteristics, attitudes and behaviour of Scottish households and individuals on a range of issues. The survey started in 1999 and up to 2011 followed a fairly consistent survey design. From 2012 onwards, the survey was substantially redesigned to include elements of the Scottish House Condition Survey (SHCS) including the follow-up Physical Survey component.

The overall sample size is around 11,000.

The Highest Income Householder, or his/her partner/spouse, is interviewed face to face about themselves and other members of the household. In addition, a randomly selected adult member of the same household aged 16 or over (who may, by chance, be the same person) is interviewed on other topics. In this way, results from the survey are representative of both Scottish households and adult individuals.

Scottish Social Attitudes Survey (SSA)

The Scottish Social Attitudes (SSA) Survey was launched by ScotCen Social Research in 1999. Based on annual rounds of interviews of between 1,200 to 1,500 people drawn using probability sampling (based on a stratified, clustered sample). The SSA has been conducted annually each year since 1999, with the exception of 2008.

The Scottish Health Survey (SHeS)

The Scottish Health Survey was introduced in 1995 to provide information on health and lifestyle. Participants are interviewed in their own homes. From

2012 the survey has been designed to produce an achieved sample size of around 4,000 adults and 1,800 children per year.

Health Behaviours in School-aged Children (HBSC)

HBSC is a cross-national study in which fieldwork is carried out in 45 countries, since 1983. Participants are adolescents aged 11, 13 and 15. The Scottish sample aims for around 2,000 young people in each of these age groups. The survey is completed in school, and fieldwork is carried out every 4 years.

SALSUS

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) provides national level data on smoking, drinking, drug use and lifestyle issues among Scotland's secondary school pupils. SALSUS has been conducted on a biennial basis since 2002, targeting secondary school pupils in local authority and independent schools. In 2015, 25,304 pupils in S2 and S4 participated in SALSUS.

In 2015 for the first time, half the sample carried out the survey online rather than on paper.

Growing Up in Scotland (GUS)

Growing Up in Scotland is a longitudinal research study tracking the lives of thousands of children and their families from the early years, through childhood and beyond. It is funded by the Scottish Government.

It consists of a child cohort and two birth cohorts.

Child cohort – around c.3,000 children born between June 2002 and May 2003. Four 'sweeps' of data collected from families when child aged just

under 3 years to just under 6 years. There are no current plans to collect further data from this group.

Birth cohort 1 – around 5,000 children born between June 2004 and May 2005. Data collected annually from families when children aged between 10 months and just under 6 years then every 2 years until the children are in the first year of secondary school. Data collection at S3 to be confirmed.

Birth cohort 2 – around 6,000 children born between March 2010 and February 2011. Data collected from families when children aged 10 months, just under 3 years and just under 5 years. Further data collection to be confirmed.

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