You’re not alone

The quality of the UK’s social relationships
Contributors

Report authors: Dr David Marjoribanks, Policy and Research Manager at Relate, and Anna Darnell Bradley, Policy and Research Officer at Relate

Data analysis: Dr Isaac Sserwanja, Consultant, Leopanalytics LTD

Acknowledgements

Data gathered through online polling undertaken by YouGov, of a UK sample of over 5,000 people aged 16 and over, weighted to account for representativeness. Any inaccuracies or errors in the further analyses of these data are the sole responsibility of Relate.

We would also like to thank Relate’s Policy and Research Advisory Group for their advice with this research project.

Thanks are also due to all in the Relate team who have contributed to The Way We Are Now (Huw Thomas, Sarah Osmik, Sarah Dyer-Hall, Emma Sullivan, Kim Creus and Sarah Milsom), and to Ross McCulloch of Relationships Scotland.
Contents

Forewords ........................................................................................................................................... 2
Summary ............................................................................................................................................. 3
Introduction ........................................................................................................................................ 5
  Why social relationships matter ..................................................................................................... 5
  Physical wellbeing ........................................................................................................................... 5
  Psychological wellbeing .................................................................................................................. 6
  Community belonging ...................................................................................................................... 6
Relationships with friends ................................................................................................................ 8
  How many close friends? ................................................................................................................... 8
  The quality of relationships with friends ......................................................................................... 9
  Friends and wellbeing ...................................................................................................................... 11
Loneliness .......................................................................................................................................... 14
Relationships with neighbours ......................................................................................................... 19
Neighbour relationship and personal wellbeing ............................................................................ 21
Recommendations .............................................................................................................................. 23
Methodology ....................................................................................................................................... 24
  Definitions of terms ......................................................................................................................... 24
Forewords

Anjula Mutanda, Relate Ambassador

Having friends and feeling part of a community is really important for our health and wellbeing. All too often, though, we take social relationships for granted – particularly in today’s fast-paced world where the daily work/life balancing act can take over our lives.

But consider this between dropping the kids at school and running for that bus whilst updating your status on your mobile: our study found that one in eight UK adults has no close friends. Almost half (45%) say they feel lonely at least some of the time and almost one in six (17%) never (5%) or rarely (12%) feels loved. Can you believe that? So, go on, pick up the phone to call that old chum you’ve been putting off for ages – it’ll do you both the world of good. And next time you pass a neighbour in the street, why not try looking them in the eye and saying a simple ‘hello, how are you today’?

We’re not very good as a society at asking for help, but when we do, let’s try and make sure we’re there for each other. Strong friendships go a long way in good times and bad.

Stuart Valentine, Chief Executive, Relationships Scotland

The link between positive, healthy relationships and well-being is long established. In this report, however, we are reminded that it is not just our close romantic and family relationships that matter, but also our connections with our friends, neighbours and communities.

Whilst there are many clear benefits of being well-connected beyond our partner or immediate family, social isolation remains a major concern for people in the UK today. Almost a fifth of those who took part in this survey said they felt lonely a lot of the time and more than one in ten people said that they didn’t have a single close friend. This can in turn have a direct impact on self-esteem and can lead to depression and feelings of hopelessness.

This report challenges us all to do more. By prioritising actions that lead to greater and more meaningful connections between people we can tackle the causes of loneliness and social isolation across the UK and enable as many people as possible to lead the full lives that they deserve.
Outside of family and intimate relationships, having meaningful and good quality social relationships with friends and neighbours is a key part of our health and wellbeing. Growing evidence shows us that maintaining social relationships goes a long way to offset poorer physical and mental health. And, in reverse, social isolation and loneliness can have extensive impacts on the way we feel about ourselves and our lives, as well as being increasingly linked to illness and physical debilitation.

This research report is the fourth in a series presenting findings from our landmark *The Way We Are Now* survey of more than 5,000 people across the UK, which provides a unique window into the state of the country’s relationships. In it, we examine the quality of our social relationships with friends and neighbours, and how they impact on our happiness and wellbeing.

Knowing the importance of social connections, and following recent focus on the role of isolation in society (as seen in the creation of the Jo Cox Commission on Loneliness), this report has provided an ample opportunity to examine how our social relationships are going today. In particular, it has allowed us to explore how much the relationships we maintain - outside of those with a partner or family members - determine how we feel about ourselves. How much does the quantity and/or quality of our friendships matter? How might they differ by other variables such as age, gender or social grade? Are neighbourly relationships important to us?

On the whole, the picture for the UK’s social relationships – particularly the quality of friendships and relationships with neighbours – is mostly positive and in good health:

- Over four-fifths (83%) of people said they have good relationships with their friends, with almost half (47%) reporting their relationships with friends as very good. However, there were noticeable variations of quality of relationships in terms of gender, age, disability, sexuality and social grade.

- People with very good quality friendships were almost twice as likely to never feel down, depressed or hopeless as those who reported having average relationships with their friends (45% compared to 20%).

- Over half (51%) reported having good quality relationships with their neighbours.

- People with better relationships with their neighbours were more likely to report feeling good about themselves.

However, for some people, social isolation and loneliness, and its wider impact on wellbeing, was sadly striking:

- More than an eighth of people (13%) reported themselves as having no close friends.

- Two-fifths (40%) of people who have no close friends also said they never or rarely feel good about themselves.

- Almost half (45%) said they feel lonely at least some of the time, and almost a fifth (18%) said they feel lonely often or all of the time.
• Nearly a sixth (17%) of people reported they never or rarely feel loved.

• Younger people (16-35) were less likely to report having ‘good’ quality relationships, and more likely to state they feel lonely ‘often or all of the time’ than older respondents.

Our data showed that social isolation and loneliness is a widespread issue that affects people of all demographics, and can have damaging impacts on health and wellbeing. Given the importance of social relationships, it is vital that policy makers take action to tackle the causes of loneliness, and work to ensure that support is made accessible to those most vulnerable. In particular, Relate and Relationships Scotland are recommending:

• National governments issue guidance to commissioners and local policy makers to ensure that the quality and strength of people’s social relationships becomes a core pillar of health and wellbeing strategies;

• Local policy makers consider the best way to gather data on social connections to inform planning and commissioning of services which are responsive to local needs;

• Commissioners commit to building the evidence base and build evaluation into programmes to tackle loneliness, increasing understanding of what works for whom – loneliness affects people from all ages and all walks of life, and one size may not fit all;

• The Jo Cox Commission investigates the causes and effects of loneliness (both for individuals and wider society) in younger people in particular, and how to overcome it, within its broader remit; and

• Commissioners ensure that everyone has timely access to counselling and other therapeutic services to respond to loneliness and mitigate the impacts on health and wellbeing.
Introduction

Human beings are social animals – ‘no [hu]man is an island’, the poet John Donne reminded us. Although we are all individuals, none of us is self-contained – our needs, behaviours, practices, how we see ourselves, are all linked to our relationships with others. The evidence is clear that our individual outcomes are intimately bound up with how we connect with others.

Given the importance of our social connections, then, it is important that we understand the quality of these across the country. Our landmark The Way We Are Now survey, of more than 5,000 people across the UK, therefore provides a unique window into the state of the country’s relationships. The present report is the fourth in our series presenting findings from this research. In this research report, we examine the quality of our relationships with friends and with neighbours, the associations between these relationships and our wellbeing, and the extent to which we feel lonely or connected.

Why social relationships matter

Social relationships are essential pillars of our health and wellbeing. Study after study has found that people who are more socially connected do better on a range of outcomes than people who have poorer connections, and good social relationships make us healthier and happier. As experts on wellbeing have concluded:

*People who have close friends and confidants, friendly neighbours and supportive co-workers are less likely to experience sadness, loneliness, low self-esteem and problems with eating and sleeping […] subjective wellbeing is best predicted by the breadth and depth of one’s social connections.*

Physical wellbeing

Increasingly the traditionally individualistic, medical model of viewing health and wellbeing is being challenged by the importance of social relationships. The World Health Organization, for instance, has highlighted that the way in which people’s experiences of social relationships influences health inequities, and in the UK, the Marmot Review of health inequalities drew attention to the strong links between our social environments and our health outcomes. Health economists, public health scientists and policy makers have focused increasingly on the concept of ‘social capital’ – i.e. the social connections individuals have, and the benefits which derive therefrom.

In terms of the pathways – the processes through which social relationships affect health – researchers have identified a number of ways in which the quality of our social relationships affects our health. Our *health behaviours* are affected by our relationships – when we are lonely and socially isolated, we are more likely to smoke and less likely to be physically active – and loneliness is a risk factor for obesity. There are also *physiological* pathways: feeling lonely is linked to defective immune functioning and higher blood pressure. Similarly, a recent meta-analysis of longitudinal observational studies found that people with poor social relationships are at an increased risk of developing coronary heart disease and stroke.

Another recent study has similarly shown that the depth and breadth of our social connections have just as much of an impact on our health as diet and exercise, and the
size and quality of a person’s social ties affect specific health measures such as abdominal obesity and hypertension. Interestingly, this study found that having a big social network was more important than having high-quality relationships for people during both adolescence and old age, but during mid-adulthood (those aged from about the mid-30s to mid-50s), the quality of relationships mattered more.

The quality of our social relationships is even connected to mortality risks: research shows that, on average, people who have strong social relationships are 50% more likely to survive life-threatening illness than people with weaker social relationships. Researchers at UCL have also concluded that strong and supportive relationships help to protect individuals’ health against the damages from poverty and other forms of social disadvantage.

Such is the contribution of social relationships to our health, that there is even good evidence to suggest that social factors including the quality of relationships with friends and experiences of loneliness can predict health just as much as, if not more than, medical factors. The impact of loneliness on our health and wellbeing is increasingly recognised. When we are lonely, our risk of poor health increases, and researchers have estimated that loneliness may be as harmful to our health as smoking 15 cigarettes every day. These health impacts of loneliness, also, of course, have wider consequences, which include financial ones: recent research by the New Economics Foundation, for example, highlights the impacts of loneliness for UK employers – estimated to be £2.5 billion a year.

**Psychological wellbeing**

Loneliness is also associated with psychological factors too, which in turn impact on physical health. We have already observed the evidence for the link between isolation and depression, and studies also demonstrate that loneliness is associated with lower self-esteem and limited use of coping methods. Social isolation is also linked with reduced self-efficacy.

For example, previous research by Relate with New Philanthropy Capital found that an increased number of social relationships is associated with higher reported personal wellbeing, while other studies indicate that adults who have no friends also experience very poor psychological outcomes. A recent study from Oxford University even goes so far as to suggest that our friendships may be a more effective painkiller than morphine. Social interactions trigger the release of endorphins, which give us feelings of pleasure and thus provide a ‘natural painkiller’. People with higher numbers of friends and more social interactions experienced higher release of endorphins, and were therefore found to have a higher pain tolerance.

Plenty of other studies highlight the importance of the quality and not just quantity of our social relationships. Studies indicate, for instance, that poor social relationships may double the risk of depression: researchers found that 14% of adults who have very poor quality social relationships will come to experience depression later in life, compared to seven per cent of adults with high quality relationships.

**Community belonging**

The quality of our relationships with neighbours, too, can play an important role in our wellbeing – research has found that subjective wellbeing is affected by relationships with
neighbours, and people who feel more of a sense of belonging to their neighbourhood, are willing to improve it and interact with neighbours regularly tend to have higher wellbeing. For example, the National Survey for Wales found a clear correlation between individuals’ life satisfaction and the extent to which neighbours reported helping each other out: 42% of people who strongly agreed their neighbours helped each other out also reported high life satisfaction (9/10 out of 10) compared to just 27% of people who strongly disagreed.

Research suggests that relationships with neighbours may be particularly important for older adults: studies find that that social cohesion, people’s sense of belonging to their community, and any changes in these factors are predictive of wellbeing, and strengthening relationships among neighbours particularly improves older adults’ wellbeing. Similarly, an analysis of data collected over three cohorts of British adults in later life found a robust relationship between people’s perceptions of neighbourhood cohesion and their individual mental wellbeing, and this link was strongest for adults aged over 65.

All of this highlights the growing need to examine the UK’s social relationships. Obtaining data on the effectiveness of our relationships with friends and neighbours, we explore the extent to which we are connected or isolated.
Relationships with friends

We begin with the UK’s reported relationships with friends, looking at the number of friends we have as well as the quality of these relationships.

How many close friends?

Most people, it seems, have a handful of close friends – the top two responses were two and three close friends, with 18% of people selecting each. Worryingly, however, more than one in eight (13%) people said they do not have a single close friend.

This was higher than in our previous The Way We Are Now research, in 2015 and 2014, where we found on both occasions that one in ten people had no close friends. Our data suggest that the proportion of people who have no close friends is increasing. Not only has the proportion risen to one in eight from one in ten since 2014, but the 2014 and 2015 data in turn also represented a notable increase from our 2010 survey, which found six per cent (one in 16) had no close friends.

Figure 1: Number of close friends

The number of close friends that respondents reported having varied to some extent by geographical region, with people in the East Midlands in our sample reporting the highest proportion (17%) without any close friends. At the other end of the spectrum was the South West, where one in ten people in our sample had no close friends.

Figure 2: People who have no close friends
The quality of relationships with friends

We asked respondents about how their relationships with friends were going. The good news is that most of us (83%) enjoy good relationships with our friends and for almost half (47%) these relationships are reported to be very good. This compares favourably to our findings in 2015, when 77% reported good quality relationships with friends, and suggests the quality of our relationships with friends is improving.

**Figure 3: Reported quality of relationships with friends**

Interestingly, however, we observed some differences between different groups here. There were notable differences in terms of gender, with 86% of women reporting good relationships with their friends compared to 80% of men. This mirrors what we found in 2015 when similarly women reported higher levels of good relationships than men (82% compared to 71%).

**Figure 4: Quality of relationships with friends by gender**

We also found that respondents who identified as lesbian, gay, bisexual or other sexuality (LGB+ for short) were slightly less likely to report good relationships with friends: whereas 84% of heterosexual respondents rated their relationships with friends as good, among LGB+ respondents 80% did so. Again, this mirrors our previous findings in 2015.

However, encouragingly, the gap between heterosexual and LGB+ respondents’
friendships looks to be narrowing slightly. In 2015, we observed a six percentage point difference (72% of LGB respondents reported good relationships with friends compared to 78% of heterosexual respondents). Our latest data here, however, show a four percentage point difference, and the proportion of LGB+ people who report good relationships with their friends has risen from 72% in 2015 to 80% - an increase of eight percentage points.

**Figure 5: Quality of relationships with friends by sexuality**

![Bar chart showing the quality of relationships with friends by sexuality.](image)

As in previous years, we also found that older people are more positive about their friendships than younger people. Nine in ten (90%) people who were 65 or older said they had good relationships with their friends, compared to 80% of those aged 16-24 and 25-49. Time may be an important factor here: people later in life may have more time to spend with their friends, as pressure from work and the demands of bringing up children, for example, subside.

**Figure 6: Quality of relationships with friends by age**

![Bar chart showing the quality of relationships with friends by age.](image)

We also observed a difference in terms of socio-economic class (as classified by the National Readership Survey (NRS) social grades). Demographers typically contrast two broad groups:

- ‘ABC1s’
  - *Grade A* - higher managerial, administrative or professional occupations
  - *Grade B* - intermediate managerial, administrative or professional
occupations
  - Grade C1 - either junior managerial, administrative or professional or clerical/supervisory occupations

- ‘C2DEs’
  - Grade C2 - skilled manual workers
  - Grade D - semi and unskilled manual workers
  - Grade E - casual and lowest-grade workers, those on state pensions, or unemployed with state benefits only.

We found that whereas 80% of ‘C2DEs’ reported good relationships with their friends, this compared to 85% for ‘ABC1s’. This suggests that **people in lower socio-economic classes are less likely to enjoy good quality relationships with their friends.**

**Figure 7: Quality of relationships with friends by social grade**

**Friends and wellbeing**

We looked at whether our data showed any correlations between the reported quality of relationships with friends and indicators of wellbeing. As we would expect, our data show that the quality of relationships with friends was mildly positively correlated with reporting feeling (over the two weeks prior to the survey) good about oneself, and negatively correlated with feeling down, depressed or hopeless. So the better the relationships we have with our friends, the more likely we are to feel good about ourselves, and the less likely we are to feel down.

We found that 45% of people with ‘very good’ relationships with their friends reported feeling good about themselves often or all the time, compared to 20% of people with ‘average’ friendship quality. Thus, **people who reported their relationships with their friends to be ‘very good’ are more than twice as likely to feel good about themselves**

---

1. $r = 0.2440$. While the coefficients show quite weak correlation, the p-value is 0.000, meaning this mild correlation is nonetheless reliable.
2. $r = -0.2338$; $p = 0.000$
often or all of the time as were people who said their relationships were ‘average’.  

Figure 8: Extent to which people report feeling good about themselves and the quality of relationships with friends

Similarly, whereas 59% of people who rated their relationships as ‘very good’ said they also never or rarely feel down, depressed or hopeless, among people who reported ‘average’ relationships this fell to 32%. Thus, people with ‘very good’ relationships with their friends are nearly twice as likely to never or rarely feel down, depressed or hopeless as are their counterparts with ‘average’ relationships.

Figure 9: Extent to which people report feeling down, depressed or hopeless and the quality of relationships with friends

Similar correlations held when comparing the number of close friends people have with how good they feel about themselves. We found 40% of people who reported themselves as not having any close friends also said they never or rarely feel good about themselves, compared to only 11% of people with ten or more close friends – suggesting that people without any close friends are almost four times as likely to never or rarely feel good.

---

3 This pattern also held for people who reported very or fairly bad relationships with friends; however, due to the small numbers who reported bad relationships we exclude them here as the data are derived from samples too small to work at our preferred confidence level (see Methodology).

---
about themselves.

People with ten or more close friends are the most likely to also say that in the last two weeks they felt good about themselves often or all the time, and least likely to say they never or rarely felt good about themselves. More than half (54%) of people who could count ten or more close friends said they feel good about themselves either often or all the time – whereas only 21% of people without a single close friend and 22% of those with only one close friend said this.

**Figure 10: Extent to which people reported feeling good about themselves and the number of close friends they have**

![Graph showing the extent to which people reported feeling good about themselves and the number of close friends they have.]

We saw the same pattern for the frequency with which respondents reported feeling down, depressed or hopeless, with the numbers of close friends they have. Almost a third (31%) of people who have no close friends said that they feel down, depressed or hopeless either often or all the time, whereas for people with four or more close friends the average was almost two-and-a-half times lower. (Only 13% of people who said they had 4, 5, 6-9, and 10+ close friends said that they feel down, depressed or hopeless often or all the time).

**Figure 11: The extent to which people reported feeling down, depressed, or hopeless and the number of close friends they have**
Our counterpart survey of Relate and Relationships Scotland’s counsellors provided another interesting insight into the importance of people’s relationships with friends for their wellbeing: **16% of counsellors said that in the past year they had provided relationship counselling to clients who were friends rather than couples/families.**

**Loneliness**

Overall, **almost half (45%) of the people in our sample said that they felt lonely at least some of the time** in the two weeks prior to the survey, and **almost a fifth (18%) said that they feel lonely often or all of the time**.

**Figure 12: Feelings of loneliness**

This was notably higher than the ONS National Wellbeing Measures have found. The ONS data, which are drawn from the Cabinet Office’s Community Life Survey, show that in 2015/16, based on 3,007 people, 4.1% of the population reported feeling lonely often or all the time, which was unchanged since the previous year, and 35% occasionally, some of the time or often/always. We do not know why reported feelings of loneliness in our sample are higher. The difference in the response format may account for part of this disparity. However, our data are entirely consistent with the recent survey of 2,523 people by the British Red Cross, which used a similar response format as our survey, similarly found that 18% of people are always or often lonely. Further research is required to understand these disparities in reporting of loneliness, but with our survey being the second nationally representative survey in the space of a few months to find that 18% of people feel lonely always or often, it is clear that loneliness is a real issue for almost one in five people in the UK.
We found that women were more likely to feel lonely than men: **48% of women said they felt lonely at least some of the time, whereas 41% of men did**. This finding supports previous research which has found that a higher percentage of women than men report feeling lonely some of the time or often. \(^{32}\)

**Figure 13: Feelings of loneliness by gender**

Consistent with our findings above regarding the quality of relationships with friends and neighbours, feelings of loneliness also had a clear pattern in terms of respondents’ age.

Whereas public discourse around loneliness and previous research has often tended to focus on the loneliness of older people, however, we found that it was the **youngest respondents** who were most likely to report feeling lonely. In our sample, **among those aged 16-24, almost two-thirds (65%) said they feel lonely at least some of the time, and almost a third (32%) feel lonely often or all the time**. Among people aged 65 or over, however, just 32% said they feel lonely at least sometimes, and just 11% feel lonely often or all the time.

**Figure 14: Feelings of loneliness by age**

We were not able in our survey to investigate possible reasons for this. However, this pattern mirrors exactly the findings of the recent research commissioned by the British Red Cross and Cooperative Bank at the end of 2016, which similarly found that among respondents aged 16-24, 32% said that they often or always feel lonely, and which found
that public perceptions of loneliness (which centre on older people) do not match up with the reality. While much of the research focuses on loneliness among older people, other studies too have found this to be more prevalent among younger people. Other studies, on the other hand, have variously found loneliness affects both the oldest and youngest the most in society, and also middle-aged adults the most. While further research is therefore needed, it is clear that chronic loneliness can affect people of all ages, and when people experience chronic loneliness at any point across the life course, this can have serious implications for their health and wellbeing.

It is worth noting, however, that the broad age category of 65+ in our data may mean that intense loneliness within more limited age ranges over 65 are not reflected in the overall average. Due to the limited number of older respondents in our survey we were not able to differentiate within the 65+ age bracket to identify responses for those over 80, for example. Other research suggests that experiences for people at the upper end of this age bracket may differ significantly from those at the bottom. Analysis of the English Longitudinal Study of Ageing, for example, has found that 46% of people aged 80 and over reported being lonely often or some of the time, whereas about a third (34%) of all people aged over 52 did so. Similarly, analysis by the ONS has shown that people over 80 were twice as likely to report feeling lonely as people in the 65-79 age group. The Campaign to End Loneliness has estimated based on a number of surveys that about ten per cent of the general population aged over 65 feels lonely all or most of the time, which equates to more than 900,000 people adults. Age UK have also reported that two-fifths of older people (about 3.9 million) say that the television is their main company.

There was a clear difference, again, with respect to respondents’ sexuality. Respondents who identified as lesbian, gay, bisexual or other sexualities were more likely to feel lonely: 58% said they feel lonely at least some of the time, whereas among heterosexual respondents only 43% feel this way.

Figure 15: Feelings of loneliness by sexuality

There was also difference by socio-economic grade. Respondents in social grades ABC1 were less likely to feel lonely than those in grades C2DE: 41% of ‘ABC1s’ said they felt lonely at least some of the time, compared to 50% of ‘C2DEs’.

Figure 16: Feelings of loneliness by social grade
We also identified **a clear difference in feelings of loneliness between people who are disabled or who live with a long-term health condition and those who are/do not.** Among people who said their day-to-day activities are limited ‘a lot’ in this way, 55% said they feel lonely at least some of the time, whereas for people who were not limited by disability or a long-term condition this was 42%. And looking only at those who said they feel lonely either often or all of the time, **people limited a lot by disability or a long-term condition are twice as likely as those not limited in this way to report feeling lonely often or all the time (30% compared to 15%).**

**Figure 17: Feelings of loneliness by disability/health**

While being in a good quality couple relationship can be a protective factor that may reduce the chances of feeling lonely, being in a relationship is no guarantee of this. Indeed, we also looked at levels of loneliness by people who were in a relationship. Rather surprisingly, perhaps, we found that **47% of people who live with their partner feel lonely at least some of the time (and 16% do so often or all the time).** Among people who are in a relationship but do not live with their partner, this rose to more than half (54%) saying that they feel lonely at least some of the time and (23% do so often or all the time).

The impact of loneliness on people's wellbeing was striking. We found strong correlations between feelings of loneliness and indicators of wellbeing. Unsurprisingly, our data showed a **strong positive correlation between feeling lonely and feeling down,**
depressed or hopeless. We found that 62% of people who often feel lonely also feel down, depressed or hopeless often or all of the time, and 86% of people who feel lonely all of the time also feel down, depressed or hopeless often or all the time. However, only nine percent of those that said they rarely or never feel lonely, reported that they feel down, depressed or hopeless often or all the time. Thus, people who often feel lonely are 15.5 times as likely to feel down, depressed or hopeless as those who never feel lonely, and people who feel lonely all the time are more than 17 times as likely to feel down, depressed or hopeless often or all the time.

Finally, we also looked at the extent to which people feel loved. Sadly, we found that almost one in six (17%) people said they never (5%) or rarely (12%) feel loved. This is consistent with our previous findings: in 2014 we found that one in five (19%) said they never or rarely felt loved.42

---

4 r = 0.7261, p = 0.000
Friends might be the most important social (as opposed to family or couple) relationships we have, but they are not the only wider social relationships we have. We also asked respondents about their relationships with neighbours. The good news is that a majority (60%) of people report good relationships with their neighbours.

As with relationships with friends, we observed a slight gender divide when examining the quality of people’s relationships with their neighbours. Whereas 62% of women reported good relationships with neighbours, only 57% of men did so.
We also observed a similar pattern with respect to age and relationship quality as we did with friends – older respondents reported better relationships with their neighbours. However, interestingly, these differences by age group were considerably more marked. Among people aged 65+, 78% said their relationships with neighbours were good, compared to 50% of people aged 25-49, and 35% of people aged 16-24.

**Figure 21: Quality of relationships with neighbours by age range**

![Graph showing the quality of relationships with neighbours by age range.](image)

We also observed a more marked difference in neighbour relationship quality by sexuality: whereas 61% of heterosexual respondents reported good relationships with their neighbours only 49% of LGB+ respondents reported the same.

**Figure 22: Quality of relationships with neighbours by sexuality**

![Graph showing the quality of relationships with neighbours by sexuality.](image)

There was some interesting regional variation in terms of reported relationships with neighbours. **Wales is the most neighbourly region in the UK**, our data would suggest – 67% of people in Wales rated their relationships with neighbours as good. At the bottom of the pile and **the most un-neighbourly is London** – only 52% of people in London reported good relationships with neighbours.
We also looked to see if our data revealed any correlations between the quality of relationships with neighbours and indicators of wellbeing. Our data showed that relationships with neighbours was mildly positively correlated with feeling good about oneself\(^5\) and negatively correlated with feeling down, depressed or hopeless.\(^6\)

We found that 48% of people with very good relationships with their neighbours often or always feel good about themselves, and across those who reported good and very good relationships, 42% said they often or always feel good about themselves. However, among people who reported average relationships with neighbours, just 24% said that they feel good about themselves often or all the time. Our findings show that **people who enjoy better relationships with neighbours are more likely to feel good about themselves and less likely to feel down, depressed or hopeless.**

\(^5\) r = 0.1929; p = 0.000  
\(^6\) r = -0.2151; p = 0.000
Figure 24: Extent to which people report feeling good about themselves and the quality of relationship with neighbours
Recommendations

In response to these findings, and to address the alarming levels of loneliness and isolation we have found, we recommend that:

1. **Social relationships become a core part of the work of local health and wellbeing strategies along with couple and family relationships.** National governments issue guidance, encouraging local health commissioners and local policy makers to prioritise relationships as core social determinants of health and wellbeing. In addition, local couple, family and social relationships should be addressed in local health strategies (for example, in England, in Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies).

2. **Local policy makers consider the best way to gather data on the quality and strength of social connections** in order to inform local strategies and commissioning which are responsive to local need and target the most vulnerable. Commissioners of health and wellbeing to undertake needs assessments to map the causes of social isolation and loneliness locally, and identify risk factors and at-risk populations. (For example, our data show that people who are disabled or living with a long-term health condition are more likely to experience loneliness).

3. **Commissioners build evaluation into programmes to build the evidence base and support replication and scaling of successful models of delivery.** Approaches to tackling loneliness are relatively new and are developing all the time, as awareness grows of the prevalence of loneliness. In particular, given how loneliness affects very different sub-populations (for instance, younger people), it is very unlikely that there will be one size which fits all. The Campaign to End Loneliness has provided very useful guides on interventions to tackle loneliness, for example, yet there remains a considerable evidence gap in terms of what works with younger people. Commissioners should ensure access to a wide range of approaches and recognise the role of different services for different communities.

4. **The Jo Cox Commission examines the causes and effects of loneliness (both for individuals and wider society) in younger people and the most effective ways to overcome this, within its broader remit.**

5. **Local commissioners of health and wellbeing take steps to ensure that everyone has fair and timely access to local counselling and therapeutic services,** to enable people to identify reasons for feelings of social isolation or loneliness, and to provide ongoing support for people who may feel disconnected from others or alone. While prevention is generally better than cure, the worrying levels of loneliness across the UK today point to a clear need to increase access to services which respond to chronic loneliness, to mitigate the impact of isolation or poor social connections on wellbeing.
Methodology

The survey was carried out by YouGov Plc using an online interview survey administered to members of the YouGov UK panel of over 800,000 individuals who have agreed to take part in surveys. An email was sent to panellists selected at random from the base sample according to the sample definition, inviting them to take part in the survey and providing a link to the survey. YouGov normally achieves a response rate of around between 35% and 50% to surveys although this does vary according to the subject matter, complexity and length of the questionnaire.

In total we polled 5,071 UK adults (over 16) across England, Wales, Scotland, and Northern Ireland. Fieldwork was undertaken between 18th June and 7th July 2016. The figures have been weighted and are representative of all UK adults (aged 16+). YouGov is a member of the British Polling Council. All figures, unless otherwise stated, are from YouGov Plc.

The results of our poll were weighted to make the data more representative of the population in terms of age, gender, region and country, and an indicator of social class (based on census information). However, the results do come with some caveats around representativeness. While the results of our survey are weighted according to these criteria, our sample may still differ according to other unobserved factors, including those that are the subject of our survey, such as relationships and sexual behaviour.

These data were further analysed independently of YouGov on behalf of Relate using STATA 13 with individual weights attached to all sample members; direct replication of the statistics featured in this report using the tables published by YouGov may therefore be subject to rounding errors. Additional variables, such as relationship status, which were not available in the standard output provided by YouGov, were subsequently created and feature throughout the report. All of the bivariate analyses that we present represent statistically significant patterns and differences – these are patterns that we would not expect to see by chance. Throughout the report, unless specified otherwise, all data are statistically significant at the 95% confidence level.

Definitions of terms

Throughout this report, the following terms are used in the description of findings:

‘Good’ – including those who responded ‘very good’ and ‘fairly good’

‘Bad’ – including those who responded ‘very bad’ and ‘fairly bad’

‘At least some of the time’ – including those who responded ‘some of the time’, ‘often’, or ‘all of the time’

‘At least occasionally’ – including those who responded ‘occasionally’, ‘most of the time’, or ‘all of the time’

‘People who are disabled or living with a long term health condition’ – including people who reported that their day-to-day activities are limited because of a health problem or disability which has lasted or is expected to last at least 12 months.
References

2. UCL Institute of Equity (2013), Review of social determinants and the health divide in the WHO European Region. Copenhagen: World Health Organization Europe
29 http://www.nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade/
This report forms the fourth in a series of reports, which together comprise our major study into the state of the UK’s relationships, *The Way We Are Now*.

**About Relate**

Relate is the UK’s leading relationship support organisation, serving more than one million people through information, support and counselling every year. Our vision is a future in which healthy relationships are actively promoted as the basis of a thriving society.

We aim to develop and support healthy relationships by:

- Delivering inclusive, high-quality services that are relevant at every stage of life
- Helping couples, families and individuals to make relationships work better
- Helping both the public and policy makers improve their understanding of relationships and what makes them flourish.

**About Relationships Scotland**

Relationships Scotland supports a network of 22 member services across Scotland. We support family relationships, especially at times of crisis and key family transitions. We provide face-to-face support to over 15,000 people each year.

Our works focuses on prevention, early intervention and child protection. We provide relationship counselling, family mediation, child contact centres and other related forms of family support across all of Scotland.

Around 1,000 people are actively involved in the delivery of our services across Scotland, including around 600 volunteers.