

Social isolation and loneliness in the South Hams

The Office for National Statistics produced data in 2020/2021—taken from surveys across the South Hams—which suggested that 10.6% of people living in the South Hams were often or always lonely.

<https://www.ons.gov.uk/visualisations/dvc1262/alwaysoftenmap/index.html>.

Our survey suggests this may be an underestimate.

There is also some useful information on the Age UK site about the risk of loneliness for the over 65s in the South Hams area, which indicated a number of areas in the South Hams at moderate and high risk of loneliness.

<https://data.ageuk.org.uk/loneliness-maps/england-2016/south%20hams/>

The rolling hills and coastal scenery of the South Hams district in south Devon offers a seemingly idyllic lifestyle. However, the impacts of our district's rurality include fragmented service provision, hidden deprivation and social isolation. The veneer of our stunning countryside and apparent swathes of affluence masks very real need.

Through our work—and that of our voluntary sector partners—we know that access to transport for all age groups, bereavement, illness, retirement, unemployment, the cost of living and other factors can have a detrimental impact on our residents' social isolation and loneliness.

In turn, both loneliness and social isolation can substantially impact people's mental and physical wellbeing, including reducing an individual's expected lifespan.

South Hams Community Action has been undertaking an initial survey across the district to look at loneliness and isolation—and also exploring the barriers to joining community activities and hobbies. We have also reviewed the types of activities people might like to see in their communities. This survey was undertaken over four months.

This survey is the *first phase* of our work to better understand the needs of our lonely and socially isolated residents.



Supported by Devon County Council's
Growing Communities fund

Rural isolation and loneliness

Public health researchers from the World Health Organisation have found that loneliness can be as bad for people's health as smoking 15 cigarettes a day—and the health risks are even greater than those associated with obesity and physical inactivity. Also, lonely people are 50% more likely to die prematurely than those with healthy social relationships.

According to the Campaign to End Loneliness, 'Rural areas have a unique set of circumstances that can exacerbate the social isolation of older residents, leading to poor health, loss of independence and lower quality of life. These factors range from lower per capita expenditure on social care to greater reliance on car ownership, particularly for visiting family or the getting to the shops.'

The Health and wellbeing in rural areas report by the Local Government Association and Public Health England, outlined risks to health in rural areas. These include community support, isolation and social exclusion.

The report noted that 'Rural social networks are breaking down with a consequent increase in social isolation and loneliness, especially among older people. The fact that social isolation influences health outcomes in its own right suggests that this, and the emotional and mental wellbeing of people in rural areas, is an important and hitherto neglected area in the promotion of public health.'

Mental health is one of the key areas identified as a barrier to reducing social isolation in our survey. In addition to the quantitative responses, a number of residents cited mental health needs in their comments.

Our survey finding is verified by other studies, including the National Institute for Health and Care Research, which found that older people who experience loneliness are at a higher risk of

Loneliness is defined as a subjective and individual feeling, which results from the perceived gap between a person's desire for social connection and their actual experience of it; whilst social isolation is an objective measure relating to the number of contacts that people have and/or have the opportunity to have; which is about the quantity, not the quality of relationships.

developing mental health conditions such as depression and anxiety.

In 2018, Age UK said that the proportion of people living in England aged 50 and over who say they are often lonely had remained similar for at least a decade. At the time, Age UK warned that if we do not tackle this issue, our ageing population means that the number of older people who are often lonely will increase to 2 million by 2026.

The organisation went on to explain that the chances of being often lonely do not differ because of age – loneliness is similarly common at all ages. However, the circumstances which increase the risk of loneliness do differ by age. For example, the death of a loved one, and the onset of illness and disability are more often times of vulnerability for older people, whereas leaving education is a commonly vulnerable time for younger people.

Over 80% of our survey respondents were aged 50 and over. In the South Hams, we have a higher proportion of people who moved to the area later in life—or post-retirement—and don't have families living nearby.

This is confirmed by the Census 2021, which showed that the South Hams has seen an increase in the proportion of retirees over the last decade. The proportion of over-65s living in the has risen from 23.8% to 28.2% over the decade,

meaning the South Hams now has among the highest number of pensioners in England and Wales.

Many of these people may not have built up social connections when their spouse/partner dies; therefore people who have lived in the area for many decades may not be immune to having few social connections.

In our social isolation and loneliness survey 49% of respondents lived alone. However, this high percentage could be factored due to the time of day the surveys were undertaken (our team was undertaking the face-to-face surveys when people are generally at work); although we did offer an online response option.

We do recognise however, that we had fewer responses from age groups under 50; therefore we would like to engage further with families and young people.

This is important because, according to the BBC Loneliness Experiment, 2018, 'Young people feel loneliness more intensely and more frequently than any other age group, new research has found. Two-fifths (40 per cent) of people aged 16-24 say they feel lonely often or very often.'

The young people who responded to our survey—either online or in groups—said that they found our survey layout and wording didn't meet their needs. Therefore, it would be worthwhile co-designing a survey with local young people, while ensuring we can collate the data and in a format where we can measure the feedback against our social isolation and loneliness survey.

While loneliness or social isolation can affect individuals regardless of living in urban or rural areas, the rurality of the South Hams presents other factors that can exacerbate social isolation.

The Health and wellbeing in rural areas report states that 'Rural areas have worse access in terms of distance to health, public health and care services. Longer distances to GPs, dentists, hospi-

I have to go into Plymouth for everything. All South Hams services are miles away and there are zero direct buses to Ivybridge, Totnes, South Brent etc.

Responses from young people to our survey.

I know about the football youth club. Transport, cost, anxiety, mental health and asthma stop me getting involved in groups and activities. I think it would be helpful to have free football pitches to use.

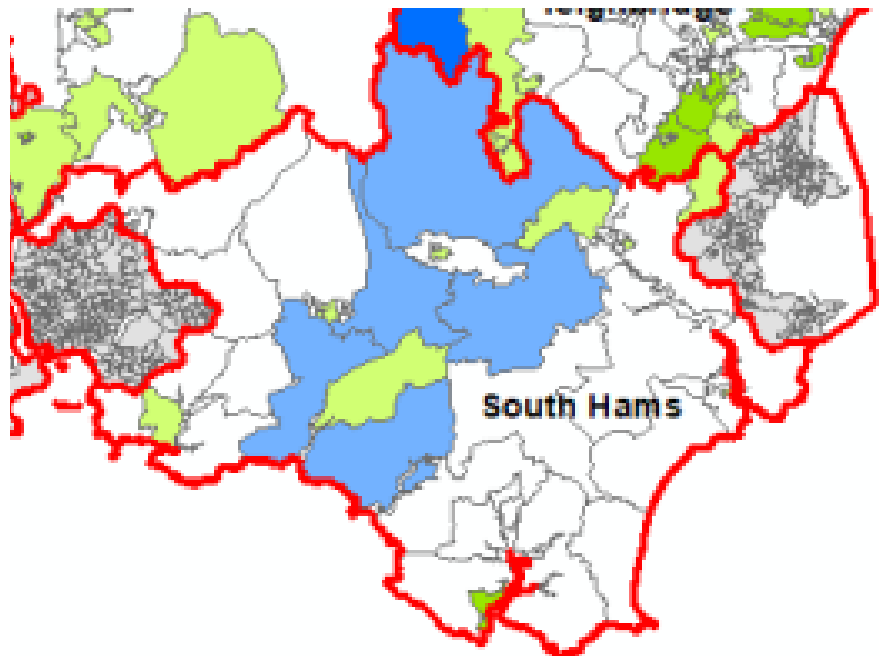
tals and other health facilities mean that rural residents can experience "distance decay" where service use decreases with increasing distance.' Our loneliness and reducing social isolation also demonstrates that **lack of transport** is also a factor for social isolation.

Residents who are unable to drive to activities, services or to their jobs in the South Hams will be aware that public transport in the South Hams is limited in many areas. While numerous rural parishes don't have regular (or any) bus services, there are also connectivity issues between our towns and villages. For example, there is no bus service between Kingsbridge and Ivybridge, with residents being forced to go via Plymouth.

For other residents, the topography and sparsity of the area can create challenges. A hill can prevent a resident from walking to the bus stop at the end of the road, while other residents may need to walk along narrow lanes without the safety of a footpath or lighting.

Respondents to our survey also said that **cost** was a barrier to attending activities. The rurality of the South Hams can exacerbate this issue, with many residents facing higher day-to-day living expenses, as demonstrated in the Health and wellbeing in rural areas report:

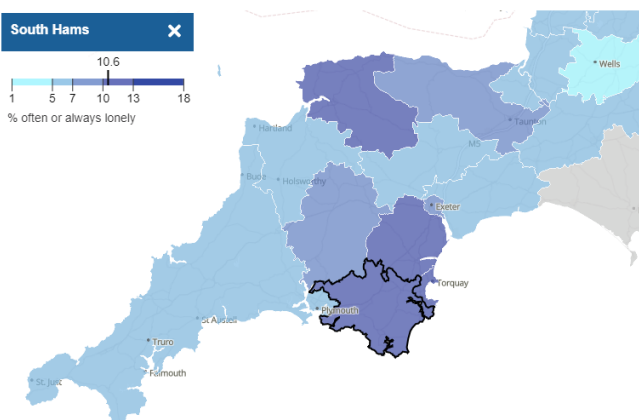
This map has been produced as part of joint research conducted by the Universities of London and East Anglia in 2021 and has been provided by Devon Communities Together.



'[Directors of public health] working in rural areas believe that the Indices of Multiple Deprivation (IMD) may not reflect cost of living and other wellbeing issues in rural areas. These can arise in areas where there is reduced choice and availability of services, shops and amenities; where access to transport and communications may be more limited; some unemployment or underemployment may be hidden; the prices of fuel, food and other items may sometimes be higher, and there is poor or no digital access. Older rural housing stock is also less energy efficient and more expensive to heat.'

This is the case for many residents in the South Hams, for whom the impact of rurality means that other costs have to be factored when attending activities, for example, transport.

The ONS data from 2020/21, shows that 10.6% of South Hams residents are often or always lonely. This is the third highest district figure in the South West, slightly lower than Teignbridge. North Devon district has the highest rate at 12.5%.



Source: Office for National Statistics - Opinions and Lifestyle Survey

Work on rural indices of deprivation IMD weightings has been commissioned by Defra and DLUHC to improve the way in which the Index of Multiple Deprivation looks at rural areas (anticipated completion 2025). Currently, Defra is using a rurally re-scaled IMD ranking that simply removes all urban areas. As Nora Corkery, Devon Communities Together – the Rural Community Council for Devon, a member of the national network Action with Communities in Rural England (ACRE), explains, “This is an improvement, but [the weighting] still relies on the core of the IMD that is, itself, a measure of concentration of disadvantage whereas rural disadvantage is about population dispersal.”

Even taking this into account, the parishes shown in light blue on the South Hams map (above) would see a shift of two deciles on the IMD. This is advantageous for the voluntary sector working with lonely and socially isolated residents in our rural communities, as many grant funders are now prioritising funding streams towards deprived communities, and are basing their decisions on the current data measurements.

How we undertook the loneliness and social isolation project

In designing the loneliness and reducing social isolation questionnaire for the South Hams scoping survey, we followed guidance that itself had drawn on nationally validated questionnaires, mainly using What Works Wellbeing's, 'A Brief guide to measuring loneliness for charities and social enterprises' February 2019 and the 'Measuring your impact on Loneliness in Later Life' Loneliness Measurement Guidance from the Campaign to End Loneliness.

We took an approach to obtain both quantitative and qualitative data by asking several questions relating to an individual's subjective experiences of loneliness such as how often—if at all—they felt alone, and whether they felt they belonged to their communities. We also wanted to obtain an objective view of possible loneliness such as whether people lived alone and whether they accessed groups in their communities and engaged in hobbies.

We also chose to dig down further by asking for data, to help us understand which groups people were aware of in their communities, how they were using their community support—if at all—and to find out more about the barriers to individuals becoming more socially connected.

Survey methods

When undertaking the survey, we undertook face-to-face contact with people and we offered the opportunity for residents to provide remote responses.

Our face-to-face contact enabled us to provide a verbal explanation about what the survey involved, or to answer any questions before the individual completed the questionnaire.

All the responses were anonymous—although, with hindsight, it may have been helpful for some individuals to have been given the opportunity to provide contact details. This is particularly the case for the remote responses—as there are support services that we could have signposted individuals to, including those offered by our own team.

Our face-to-face surveys involved:

- hosting small events/workshops
- attending community activities and groups
- some door-to-door surveys
- going to community shops, post offices, libraries, cafés and pubs.

Our remote surveys included:

- an online survey using SurveyMonkey—publicised on the Facebook pages for South Hams communities and other sites
- papers copies distributed to residents (with the help of community groups).

We also contacted a number of voluntary organisations in the area to find out what they know about their client's experiences, particularly from those attending their groups.

Between November 2023 and early March 2024, we received 223 individual responses (144 face-to-face responses and 79 online responses).

We also received nine responses from local South Hams organisations.



It is important to note that, due to our team capacity, it was not possible to undertake the more intensive face-to-face work in *all* our communities.

Therefore, we actively targeted specific areas to ensure we had a mix of rural parishes, parishes near amenities, and towns.

The project was initially planned to end in February. However, after assessing the survey responses at that point, in March our community connector undertook an activity with young people in Ivybridge to chat about loneliness and social isolation. We would like to focus more on young people in our subsequent phase.

About our survey respondents

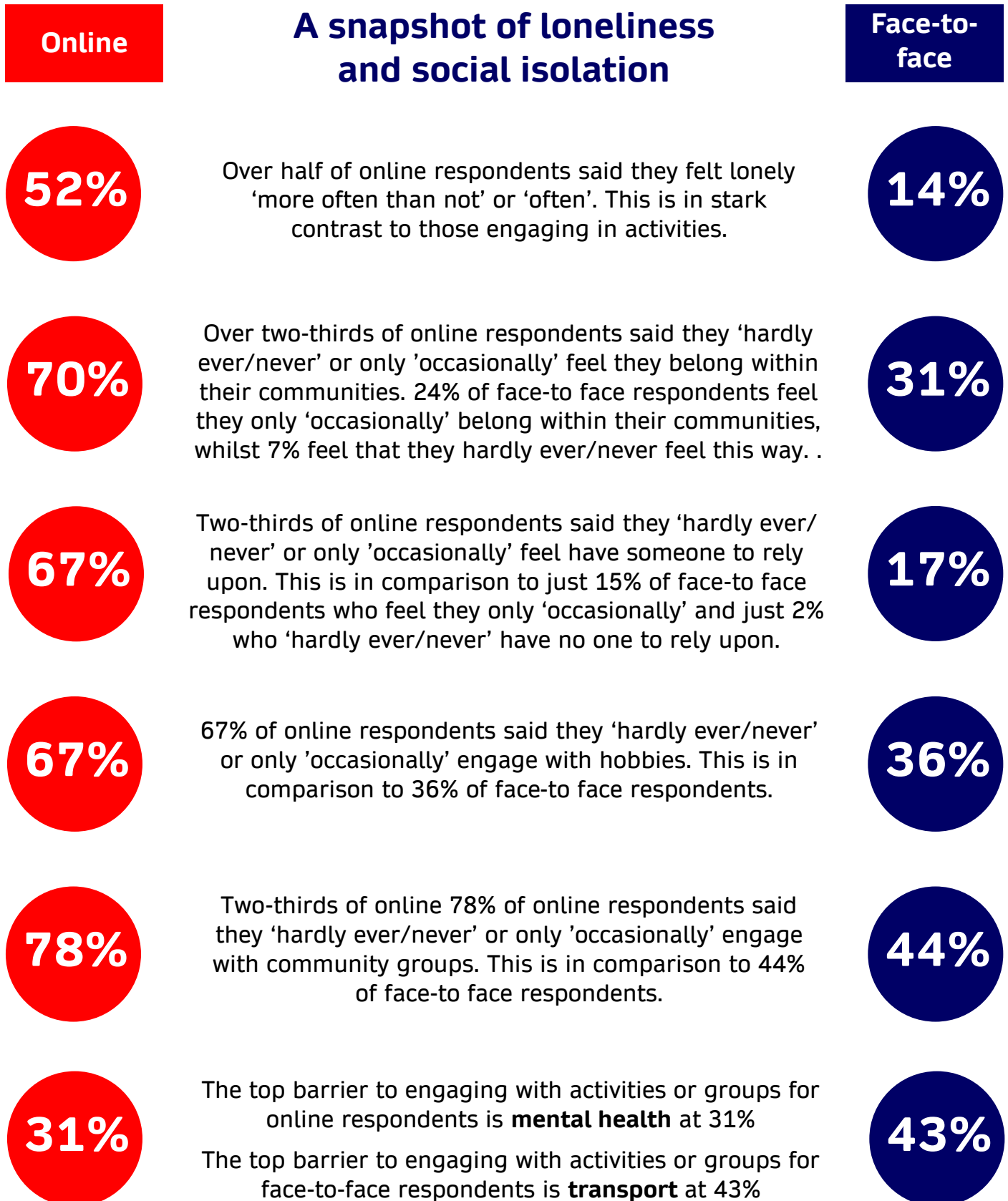
- Of the 223 respondents, 176 were female; 44 were male; two preferred not to say and one respondent was non-binary.
The identified genders for both online and face-to-face respondents were very similar.
- Of the respondents who chose to answer this question, 98% identified as white, white British or British. Two respondents—who identified themselves as ‘white’—said that language was a barrier to attending activities. For information: 2% of the South Hams population identified as non-white in the 2021 census.
- The majority of respondents were aged 50-74 (42%), followed by the 75+ age group (40%). 7% of respondents were aged 25 and under, while 11% were aged between 26-49 years.
- The living situation for the majority of our respondents was either living alone (49%) or living with family or friends (47%). However, 4% were living with others, not family or friends.

Village/town	Responses
Bigbury	2
Blackawton	5
Brixton	2
Chillington	30
Dartington	3
Dartmouth	5
Down Thomas	1
Dunstone	1
East Prawle	5
Ermington	2
Frogmore	1
Goveton	5
Harberton	3
Ivybridge	26
Kernborough	1
Kingsbridge	35
Lee Moor	1
Loddiswell	1
Malborough	3
Modbury	10
Moreleigh	1
Salcombe	6
Slapton	18
Sparkwell	1
South Brent	13
South Pool	4
<i>South Hams resident</i>	10
South Huish	1
Sparkwell	1
Stoke Fleming	5
Stokenham	2
Thurlestone	1
Totnes	5
Ugborough	2
Wembury	10
Yealmpton	1
TOTAL	223

What our residents told us

The following pages provide qualitative and quantitative feedback from residents who completed the survey, either online or in groups or in community locations.

Below is a snapshot of the some of the figures, with separate figures for online and face-to-face responses.



Our residents' experience of loneliness

In addition to providing qualitative feedback, our first question in the survey asked respondents to rate their own experience of loneliness.

We noticed a substantial difference for those people feeling lonely 'more often than not' in the face-to-face responses compared to those who completed the online survey.

Over **half** of the people who completed the online form felt lonely either 'more often than not' or 'often'.

There could be a number of reasons behind this high figure including individuals seeing the words 'loneliness' or 'social isolation' in our campaign promotion and feeling it resonated. Possibly they wanted to respond because of the detrimental impact of loneliness on their lives.

Also, it could be that people feel they can be more honest in the privacy of their own homes. Or, the people who completed the online form are not leaving their homes much, so they are more lonely or socially isolated as a consequence.

For people who provided face-to-face responses, 13% say they experience loneliness 'often', while 1% said 'more often than not'.

When combining the two groups, we have a figure of 18% feeling they are lonely 'often', while 10% are lonely 'more often than not'.

This means that 28% of the people surveyed are regularly experiencing loneliness.

I have severe ME/CFS so I'm limited in my ability to leave the house. What would really cheer me up would be having someone who could come by sometimes to help me with informal tech. help for my phone and laptop.
I'm so dependent on them, but there's lots I don't know and it would be so helpful to have someone teach me things.

What could make a difference?

Some of the feedback from the survey included:

- Having somewhere to talk to someone.
- Some friends.
- Activities for young people where they can be in a small group and supported.
- Social event organisers e.g. pubs to offer tables for groups of people wanting to come on their own to an event.
- Friendly people.
- Someone to visit for an hour.
- Being with other like-minded people.
- Daily visits.
- More support in home for lonely elderly.
- Home visits for housebound residents.
- Bereavement support group.

I think it's more stigma that people do things as couples and others perhaps get left out/not obviously included/invited.

Experience of Loneliness						
	Face to Face	%	Online	%	Totals	%
Hardly Ever/Never	71	48	7	9	78	35
Occasionally	54	38	29	39	83	37
Often	19	13	20	26	39	18
More often than not	3	1	20	26	23	10

Belonging to a community

People living within the South Hams were asked about their experience of belonging to their communities.

There is sometimes the assumption that people moving into the South Hams from other areas are more likely to feel they don't belong. But, as communities change—as do our own circumstances—this is not always the case, as some of our long-term South Hams' residents explained.

Overall, we found that almost a fifth of people do not feel that they belong to their communities. Almost a third of people feel that they occasionally belong to their communities. However, 36% of the online respondents felt that they hardly ever or never belong, in comparison to just 7% of people who responded in the face-to-face surveys.

A quarter of people who either attended groups or talked to our team in shops, cafés or pubs still occasionally felt that they didn't belong to their communities.

As an older person I feel out of place and superfluous in the, now, younger and less friendly, local community.

I often feel alone and don't really feel like I belong to my community. I'm aware of So Social but I'm not sure what's available and my health condition and transport is an issue for me. Being with other like-minded people would help me and I'd like to see a music appreciation group.

What could make a difference?

- Clubs to be more proactive reaching out. If someone initiates an interest. Follow it up. Arrange to meet them in person at the club.
- Having more people I could call on for help, like collecting an emergency prescription lots of other groups but an accessible list would help.
- An advocate to motivate me to connect with my community more.
- Social event organisers e.g. pubs to offer tables for groups of people wanting to come on their own to an event.
- Town/parish councils to help with this more.
- More support in community to reach more people.
- A community hub once a week.
- Free sessions and evenings or weekends where you can bring your children along.
- Maybe a local café regular meet-up.
- [I'd like to] meet people in my village.



Belonging						
	Face to Face	%	Online	%	Totals	%
Hardly Ever/Never	10	7	27	36	37	17
Occasionally	35	24	26	34	61	27
Often	53	36	16	21	69	31
More often than not	48	33	7	9	55	25

Having someone to rely upon

Having someone to rely upon is vital for our wellbeing. This impact of having no one to rely upon includes increased feelings of loneliness. People can have social contact and support and still feel lonely if they don't feel understood or supported by their family or social contacts.

The overall response from our survey showed that almost one tenth of people feel that they have *no one* to rely on. However, this figure rose to 22% for those completing the online survey.

Almost a quarter of people feel that they only have someone to rely on occasionally, while 45% of the people completing our online survey feel this is the case for themselves.

What could make a difference?

- Friends calling more often.
- Having someone to pick me up and take me places.
- Someone to visit in home or go shopping with.
- Adults who actually care, not just about how their school or group looks.

The biggest cause of isolation and loneliness, for myself, is not to do with connection to my community, it results from being single, so having no close partner in my life.

Having people to rely upon						
	Face to Face	%	Online	%	Totals	%
Hardly Ever/Never	3	2	15	22	18	8
Occasionally	22	15	31	45	53	24
Often	48	33	17	22	65	29
More often than not	73	50	12	11	85	39



Barriers to joining activities or groups

Our team anticipated that transport would be a substantial barrier for people wanting to attend activities or groups in the South Hams—due to our fragmented transport network and substantial rurality. Therefore, it was no surprise that transport was reported as the top overall barrier, followed by timing of activities.

However, the top barrier for the online respondents was mental health—this could be due to substantial anxiety about going out and/or attending activities, or another mental health need. This group also rated cost as a factor, in addition to timings and transport.

It would be interesting to understand if mental health is the primary barrier for the 31% who cited this—with cost, transport and timings being secondary barriers. We will be exploring this further.

There were 25 people in our face-to-face survey work who cited long-term health conditions as a barrier to joining activities and groups. This may be be-

More choice of activities. I would like to be more active and try things like wheelchair tennis, golf, horseriding, sailing. All these are available here if you are able bodied and well-off.

[I need] help with anxiety.

More access to instant mental health support for loneliness through having no family support. Happy to be assisting in the creation of such a service. [I'm] not old enough for Age UK.

More for under 18s and more support for arts, drama type of activities that are more affordable in our community.

cause they may be limited in their choice of activity or the transport available to take them to groups.

Barriers to joining activities and groups

	Face to Face	Online	Totals	%
Transport	43	21	64	23
Cost	12	21	33	12
Timing	34	22	56	20
Long Term Condition	25	16	41	14
Mental Health	9	31	40	14
Not Sure	16	19	35	12
Other (below)	4	11	15	5
Bullying Neighbourhood		1	1	
Lack of time		2	2	
Nothing of interest		4	4	
Groups not well advertised		1	1	
Poor English		2	2	
Working		1	1	
Carer	1		1	
Old Age	1		1	
Motivation	1		1	
Volunteering elsewhere	1		1	

Barriers to joining groups or activities: what could make a difference?

- Better disabled access and free of charge.
- More activities in my local area at a time I can go out of work.
- Pamphlet of activities would be helpful.
- To be able to read about groups in paper form, meeting new people in the village.
- More activities and groups for primary school children after school.
- Accessible transport.
- More 1-2-1 support/clinics for adults.
- I'm aware of the craft group, coffee morning, walking group in Modbury, as the social prescriber set up these groups and supported me to join, however transport is a real issue in our area and I think it would be helpful for more support so that the community groups can reach more people.
- Regular communication/face to face meetings with people in the future, not just internet.
- A village meeting place where you can visit to have coffee, tea and a chat. Even a lunch club to be reinstated.
- Someone to take me in car.
- Minibus from the door to go to places like Totnes.
- Pub opening again with activities and meeting people.
- More mental health/peer support.

Living in a small hamlet with no facilities will become more of an issue the older I get, particularly if I was no longer able to drive. Improved transport system needed.

I know of a few groups but none I use much, as transport and anxiety are an issue for me. My local GP advised me of the Modbury coffee morning which I now attend. I think having more friends would help me and I'd like to see more arts and craft groups.

- Transport is an issue in the rural villages. More support for people to regularly travel for an affordable price to Modbury, Ivybridge. To access shops, cafes, hair-dressers, banks etc.
- A more regular bus service from our village Goveton into Kingsbridge (at moment only once a week Coleridge bus).
- Health condition limits activities.
- Extra funding for transport.
- I hardly ever join local activities and groups due to the timing of groups and the cost. I know about fitness and craft groups in Ivybridge but I'd really like to see more evening groups.
- I know about the coffee morning and lunch club, but otherwise I'm not sure what's on. My sister helped me to get support but I think a pamphlet of activities would be helpful.
- Local bus service.
- Luckily I knew about the community centre before I needed it, but I only started coming to it when I became unwell. I think it would be helpful if there was a minibus from the door to go to places like Totnes. I'd like it if there were films/cinema and swimming close by.

Engaging with hobbies or community groups

While a third of all respondents only engage occasionally in hobbies, a third of the online respondents said they 'hardly ever' or 'never' engage with hobbies.

Almost a quarter only occasionally engage in activities and groups.

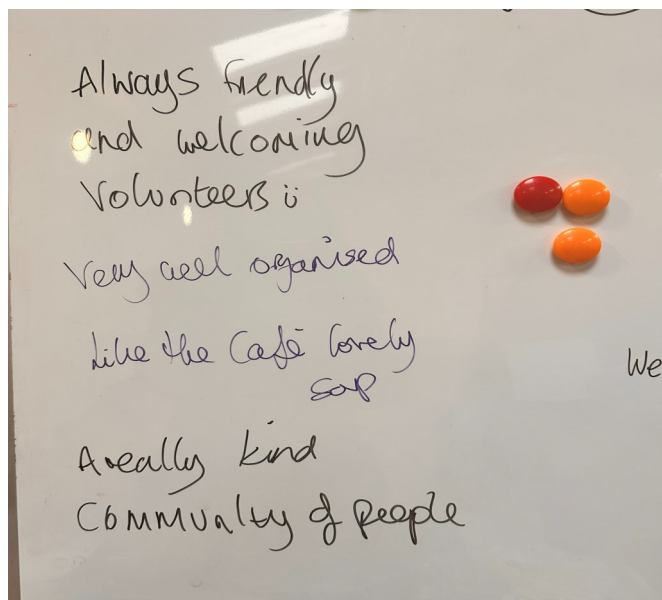
Over a third of people are not engaging in community activities and groups. However, this is the average figure based on 57% of online respondents and 21% of face-to-face respondents.

Not all the face-to-face respondents undertook the survey in groups and activities. Our team also spoke with residents in shops, pubs or cafés. Therefore, it is possible that the respondents who 'hardly ever' or 'never' engage with community groups do not attend these.

However, this response could relate to the lack of transport to activities, because residents aren't able to engage with activities as often as they would like, or cost and timings limit their attendance.

For both groups, around half of respondents—either online or face-to-

I know about bowling and the coffee morning in my area ... I'd love to see tai chi and general movement classes in Wembury. It would be good to be able to read about groups in paper form and to meet new people in the village.



face—hardly/ever or occasionally engage with hobbies and/or community groups.

Engaging with hobbies

	Face to Face	%	Online	%	Totals	%
Hardly Ever/Never	11	7	24	32	35	16
Occasionally	42	29	27	35	69	31
Often	56	38	19	25	75	33
More often than not	38	26	6	8	44	20

Engaging with Community Groups

	Face to Face	%	Online	%	Totals	%
Hardly Ever/Never	31	21	44	57	75	33
Occasionally	33	23	15	21	48	22
Often	54	37	14	19	68	31
More often than not	28	19	3	3	31	14

What helped with engagement in activities

Our team wanted to understand how residents' journey into activities. As anticipated, family or social connections provided the greatest help. For other, community or practitioner connections provided the mechanism for engagement.

However, 22% of the respondents said that they didn't have help to engage with activities.

For a smaller number, finding information either online or in paper format was invaluable. This also cropped up in a good number of our qualitative responses,

My mum, dad and Senco have helped me get involved in groups and activities. I'd like to see a drama group maybe.

es, where respondents said they would value having information on local groups and activities available—and preferably in a paper format.

We are very lucky in this area because Age Concern put on quite a few activities, but we could always do with more.

What helped with engagement in activities

		Total	%
Family		29	23
Friends		36	28
Myself (and no one else)		28	22
Health Worker (inc social prescriber, GP, Social worker, Physio/H/V)		17	13
Other			
School		1	14
Church		1	
Carer		1	
Nextdoor Website		1	
Kingsbridge Gazette		1	
Local Paper		1	
Wembury Review		1	
Slapton Community Shop		1	
Community/Village		4	
Local Mayor		1	
Kingsbridge Age Concern		2	
Dartmouth Caring		1	
Library		1	
Closer to Plymouth		1	
		(18)	
Totals		128	
57% replied from those questioned			

The next steps

Our loneliness survey was conducted over four months. During that time, we received 223 responses. Our responses highlighted a higher percentage of people living in the South Hams experiencing loneliness often or more often than not, than the 10.6% recorded by the Office for National Statistics in 2020/2021.

We recognised quite a difference in some of the responses received from those we saw face to face to those who answered remotely online, which suggests a very real need to find a way to investigate these differences in more detail and to find out how we can support those people who are experiencing more challenging issues around loneliness and isolation.

Alongside this we realised that many people that we met and received responses from, were not accessing their local community groups. A third to over two thirds of respondents did not feel as though they belong in their communities, which might be intrinsically connected, but also presents challenges for our community groups who are already working hard to support their parishes.

Our data also clearly identified barriers to residents being connected within their community. We do not have easy answers for these, but we know this area would benefit from further investigation and work within our communities—and with our community partners—to identify more of the detail required. Also, work needs to be undertaken to consider potential answers and ways to overcome these difficulties.

Our planned work will focus on the identified barriers—in particular anxiety about attending activities and the connectivity around transport. The latter will focus on what is currently in place against the needs of our local communities, which will involve further surveys and

work with parishes.

In terms of this loneliness and social isolation survey, we know now that young people felt excluded from our survey due to the way the questions were presented. Also, we possibly lost information from those people in work, due to the limits of the time of day that we could reach people. These areas of development could be expanded upon. We hope to do more work on this in a further phase.

Collaboration and communication between the statutory and voluntary sectors is key to tackling loneliness and social isolation, particularly with the impact of rurality on the South Hams.

As we've seen, there is the potential for a greater understanding of the issues affecting rural communities, particularly with the work being undertaken to improve the way in which the Index of Multiple Deprivation looks at rural areas. Already, many parishes in the South Hams have been shown with a shift of two deciles on the IMD—and this may be higher as further improvements are made to the measurements.

This may provide further information that will help us to really understand, and better target our approach to tackle deprivation, loneliness and isolation in the rural parishes of the South Hams.



South Hams Community Action would like to extend our thanks to the following groups, businesses and partners for their support:

Blackawton Community Shop
Chillington Art Group
Chillington Oil Group (buying collective)
Chillington Village Shop
Chillington Zen Yoga
East Prawle Knit and Knatter group
Dementia Friendly Parishes around the Yealm
Devon Communities Together
Devon County Council's Communities Fund
Ivybridge Food Hub—Feeding Devon
Kingsbridge Care Hub
Kingsbridge Library baby group
Loddiswell Spar Shop
Modbury Coffee Morning
Follaton Community Centre, Totnes
SoSocial, Ivybridge

South Brent Coffee Morning
Slapton Community Café
Slapton Community Shop
South Pool Village Hall
St John's Church warm hub and cafe
Stoke Fleming Community Shop
The Clay Factory Art Playground
The Dove Project
Wembury Coffee Stop
Yealmpton and Brixton Community Friendship Project
Youth for Christ, Ivybridge youth club at the Methodist church

South Hams town and parish councils for publicising the survey to their communities.
Our residents for engaging with this project.



Through collaboration with strategic partners and our voluntary sector, South Hams Community Action works to make a real difference to residents' lives in the South Hams.

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