



SWALE
VOLUNTARY
ALLIANCE

November 2025

LONELINESS IN SWALE: RESIDENT SURVEY 2025



Funded by
UK Government



PROJECT OVERVIEW

SVA LONELINESS PROJECT



PHASE 1

RESEARCH & MAPPING

Map current directories and services to gain an overview of existing provision, identify any overlaps or gaps, review their accessibility and visibility to residents, and engage internal staff in testing and validating the mapping process.

COMMUNITY & STAKEHOLDER CONSULTATION

We will hold focus groups with voluntary sector organisations, gather lived experiences from local residents, and invite co-design partners to contribute to the development and refinement of the project.

PHASE 2



PLATFORM & DIRECTORY DEVELOPMENT

We will build a full database and accompanying search tools, train support staff or peer mappers to use and maintain the system, carry out final testing and refinements to ensure accuracy and usability, and prepare launch content to promote the completed resource.



PHASE 3

PILOT LAUNCH & PROMOTION

We will launch a public beta version of the platform and promote it through QR codes, GP surgeries, social media, local radio, and our network of community connectors to maximise reach and engagement. Alongside this, we will work with trained community champions to raise awareness of loneliness across both the public and private sectors, supported by short training sessions and videos to help people recognise the issue and signpost others to local support.

PHASE 4



REVIEW, FEEDBACK & NEXT STEPS

We will gather user feedback to assess the platform's effectiveness, identify what worked well and what could be improved, and present the outcomes and learning to funders and key stakeholders.



PHASE 5

■ Background and Context

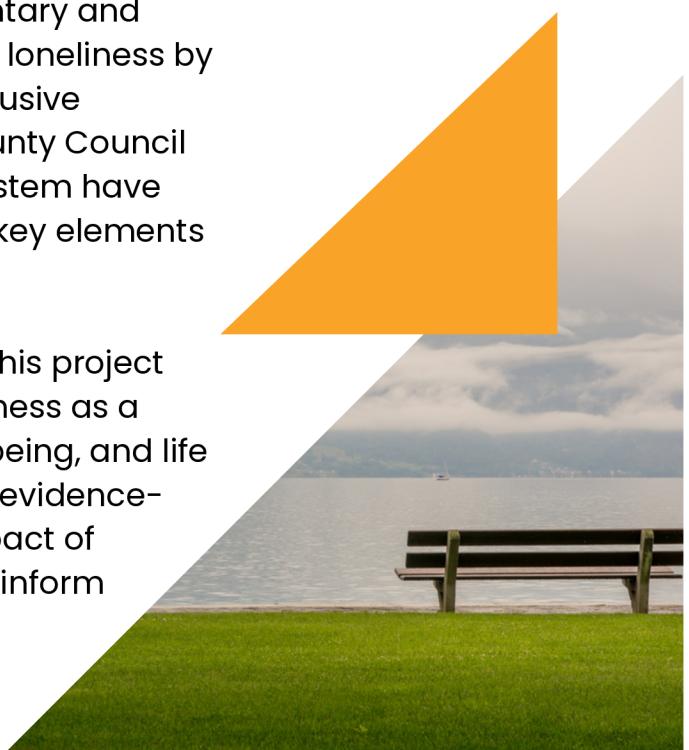


Loneliness has been increasingly recognised as a major public health issue across the UK, with research linking it to a higher risk of depression, cardiovascular disease, cognitive decline, and early mortality. It is now understood not only as a social problem but as a determinant of health that can affect life expectancy as profoundly as smoking or obesity.

In Swale, the challenge is intensified by several interrelated factors. Rural isolation, limited public transport options mean that many residents, particularly older adults, people with disabilities, and those on low incomes find it difficult to connect with others or participate in community life. The geography of Swale, which includes rural villages and coastal areas such as Sheppey, compounds this issue through poor connectivity and reduced access to essential services.

Nationally, the government's Tackling Loneliness Strategy (DCMS, 2018) highlights the crucial role of voluntary and community sector organisations in addressing loneliness by fostering social connections and providing inclusive opportunities to engage. Locally, both Kent County Council and NHS Kent and Medway Integrated Care System have prioritised social wellbeing and connection as key elements of preventative health.

Against this policy and community backdrop, this project aims to build a clearer understanding of loneliness as a major local issue. One that affects health, wellbeing, and life expectancy across Swale. By developing local, evidence-based insight, it will raise awareness of the impact of isolation, help address health inequalities, and inform more coordinated action between partners to support residents to lead healthier, more connected, and fulfilling lives.



Methodology

The survey was conducted over the summer of 2025, gathering 431 responses from residents across the Swale district. A mixed-method approach was adopted to maximise reach, accessibility, and inclusivity, ensuring that the results represented a wide cross-section of the community rather than relying solely on digital participation.

Residents were able to complete the survey online via SVA's digital platforms, as well as through paper copies distributed at community venues, GP surgeries, libraries, and local events. However, what truly set this research apart was the level of proactive outreach and personal engagement that underpinned it.

Unlike many similar surveys which rely on passive responses, this project was actively driven by a dedicated Project Coordinator, who undertook targeted outreach across Swale to engage with residents from diverse backgrounds and circumstances. Over 60% of responses were gathered through in-person engagement. The work conducted included:

- Attending weekend events, community fairs, and local gatherings, often outside of standard working hours, to reach residents who might otherwise be excluded.
- Visiting voluntary and community groups in their own settings, taking the survey directly to where people already felt comfortable and supported.
- Working anti-social hours, including evenings, to connect with working-age adults, carers, and individuals unable to engage during the daytime.
- Providing in-person support for those with low literacy, digital exclusion, or language barriers, ensuring their voices were included in the dataset.

This proactive, relationship-based approach significantly increased both the volume and diversity of responses, particularly from individuals who are typically underrepresented in consultation exercises. The result is a dataset that provides not only numerical insight but also rich, qualitative depth rooted in real community experience.

While the survey provides a robust snapshot of loneliness across the district, certain limitations remain. The largest concentration of responses came from ME12 postcodes, reflecting both targeted outreach in Sheppey and known areas of higher need. These findings point to the success of targeted engagement, while also highlighting areas for continued focus in future phases of research.

■ Purpose of the Project and Survey

Swale faces some of the most deep-rooted social challenges in Kent. Many neighbourhoods rank among the 10% most deprived in England, with some communities experiencing lower life expectancy, poorer health, and higher social isolation than the national average. The contrast across the borough is stark — in some areas, residents live up to ten years longer than those in neighbouring wards. These inequalities stem from a mix of factors including economic hardship, limited transport links, rural isolation, and reduced access to community facilities, affordable housing, and employment.

Amid these challenges, loneliness has emerged as one of the most pressing concerns for residents, voluntary organisations, and statutory partners. Local charities and public services consistently report that isolation — whether social, emotional, or digital has become a defining issue across all age groups. It undermines wellbeing and community resilience, affecting mental and physical health and limiting people's ability to participate in society.

In response, this project was developed to build a clear, evidence-based understanding of loneliness in Swale who is most affected, what drives it, and how it can be addressed locally. The survey was designed with several core objectives:

- To understand the scale and nature of loneliness. Identifying which groups are most affected, how frequently loneliness is experienced, and the specific circumstances in which it arises.
- To capture lived experience directly from residents, ensuring that future services and interventions are grounded in authentic community voices rather than assumptions.
- To explore inequalities, recognising how age, gender, disability, and geography intersect to shape the experience of loneliness across different parts of Swale.
- To identify barriers that prevent connection, such as transport difficulties, digital exclusion, low confidence, or a lack of accessible local activities — and highlight opportunities for practical solutions.
- To inform local decision-making by providing robust, resident-led evidence that can guide funding bids, shape service design, and support a more coordinated, place-based response to social isolation.

Demographic Profile of Respondents

A total of 431 residents participated in the Swale Loneliness Survey, providing valuable insight into who is most affected by social isolation and disconnection across the district. The level of engagement demonstrates a strong connection to local issues and highlights the success of extensive community outreach, which ensured the survey reached residents across different ages, backgrounds, and neighbourhoods – including those who may not normally take part in public consultations.

Gender

Overall, 68% of respondents identified as female, 27% as male, and 4% preferred not to say.

This distribution highlights that experiences of loneliness may differ across genders and that men and those who prefer not to disclose their gender remain less represented in the dataset. To build a fuller understanding of loneliness across Swale, future engagement should place greater emphasis on hearing from these groups, ensuring that support services and community initiatives are informed by a wider range of perspectives.

Age

Responses were received from a range of age groups, though the 35–64 and 65+ brackets were particularly well represented, while younger adults were less engaged. This highlights that loneliness in Swale is not confined to older residents but also affects those in midlife, people balancing work, caring responsibilities, and shifting social networks, as well as younger adults who may face barriers such as limited local opportunities, digital overreliance, or the cost of socialising.

The strong representation of older adults offers valuable insight into how life transitions like retirement, bereavement, or declining mobility can increase isolation, especially where transport and local facilities are limited. However, the lower response from younger people suggests their experiences may be underrepresented, emphasising the need for future engagement that better captures the voices of young adults and explores how loneliness manifests across all stages of life.

Geography

The majority of responses came from the ME12 (Isle of Sheppey) and ME11 (Queenborough, Rushenden) postcodes, with smaller but meaningful representation from Faversham and surrounding rural areas. This pattern is consistent with Swale's known pockets of deprivation and reflects the survey's intentional focus on communities facing the most significant barriers to social connection.

Residents in Sheppey and parts of Sittingbourne are more likely to experience limited public transport options, reduced access to health and community services, and fewer local meeting spaces, all of which contribute to heightened levels of isolation. The concentration of responses from these areas provides a place-based understanding of loneliness, reinforcing that it is closely linked to the availability of infrastructure, mobility, and opportunities for participation.

The findings suggest that while loneliness exists throughout the district, it is most acute in areas where physical and social access are constrained — particularly among older or less mobile residents who depend on local networks to stay connected.

Ethnicity

In terms of ethnicity, 90% of respondents identified as White British, while 10% identified as belonging to minority ethnic groups.

Although Swale remains one of Kent's less diverse districts, this level of representation is proportionally higher than local population figures, where around 6% identify as non-White (Census 2021).

This suggests that the survey's outreach successfully reached a more diverse cross-section of residents than might typically engage in local research. However, it also highlights the need for continued efforts to build trust and sustained engagement with minority ethnic communities. Understanding how cultural differences, migration experiences, and language barriers influence social connection will be an important next step in ensuring that loneliness interventions are inclusive and accessible to all.

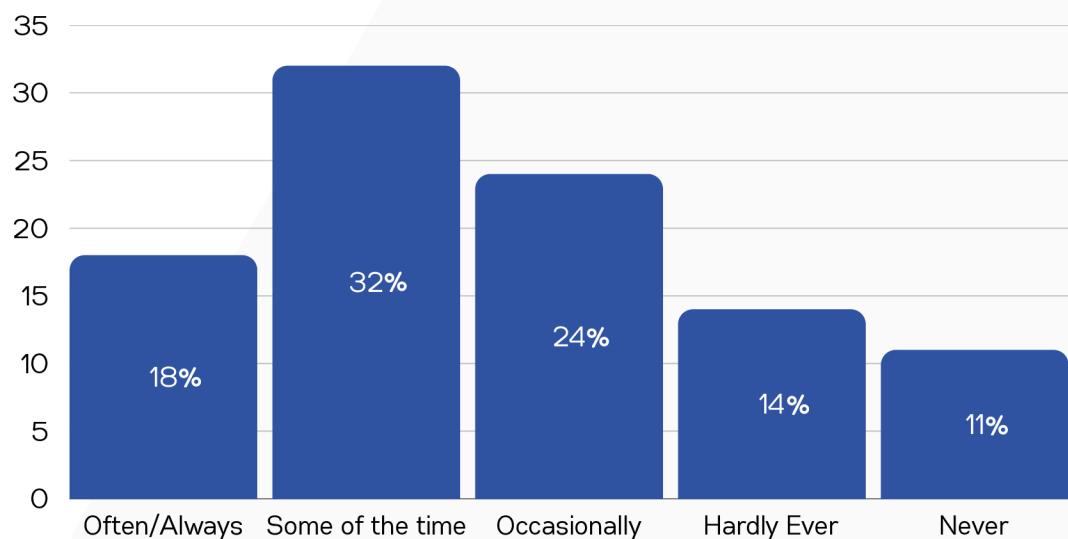
Taken together, this demographic profile paints a clear picture of loneliness across Swale:

- It affects both men and women, though men's experiences remain less visible in current data, which will be a particular area to address in the focus group sessions.
- It spans all age groups, with particularly high prevalence among middle-aged and older adults.
- It is shaped by geography, with residents in Sheppey and Sittingbourne facing greater structural barriers to connection.
- And it affects people of all backgrounds, though continued focus on engaging younger adults, carers, and minority communities will strengthen understanding further.

The survey provides a strong foundation for place-based action — helping partners to tailor support, target resources where isolation is most acute, and ensure that every resident, regardless of age or background, has opportunities to connect, participate, and belong.

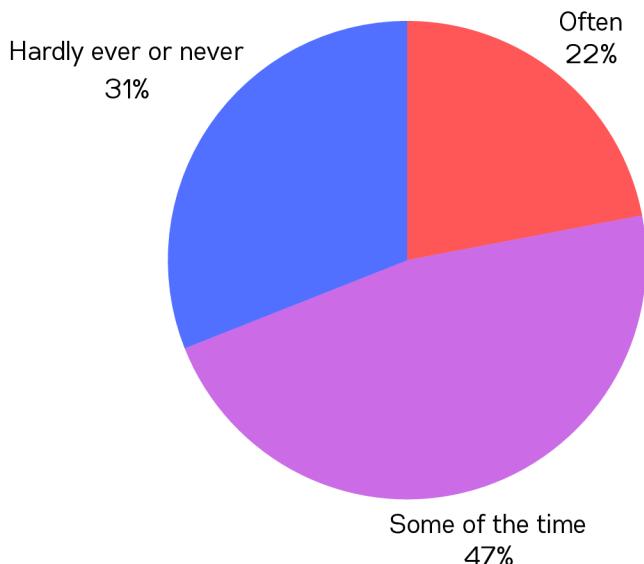
Key Findings from the Data

How often do you feel lonely, like you do not have people to talk or be with?



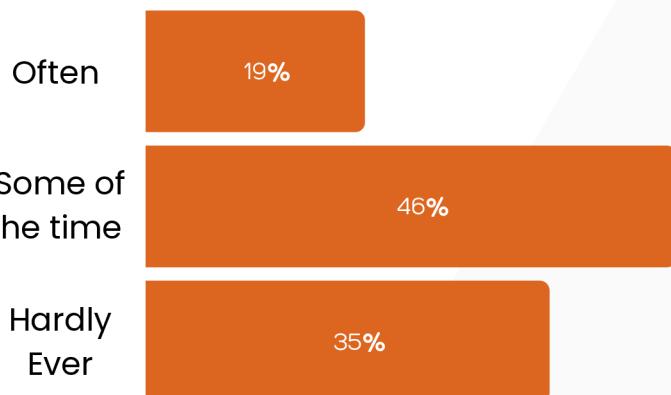
The findings show that loneliness is a widespread experience, with 74% of respondents feeling lonely to some extent. Nearly one in five (18%) said they often or always feel lonely, while a further 32% experience it some of the time. Only a quarter reported rarely or never feeling lonely. This suggests that while some residents have strong social connections, many experience fluctuating or persistent feelings of isolation, highlighting the importance of sustained community engagement and accessible opportunities for connection.

I feel isolated from others or that people leave me out or forget about me



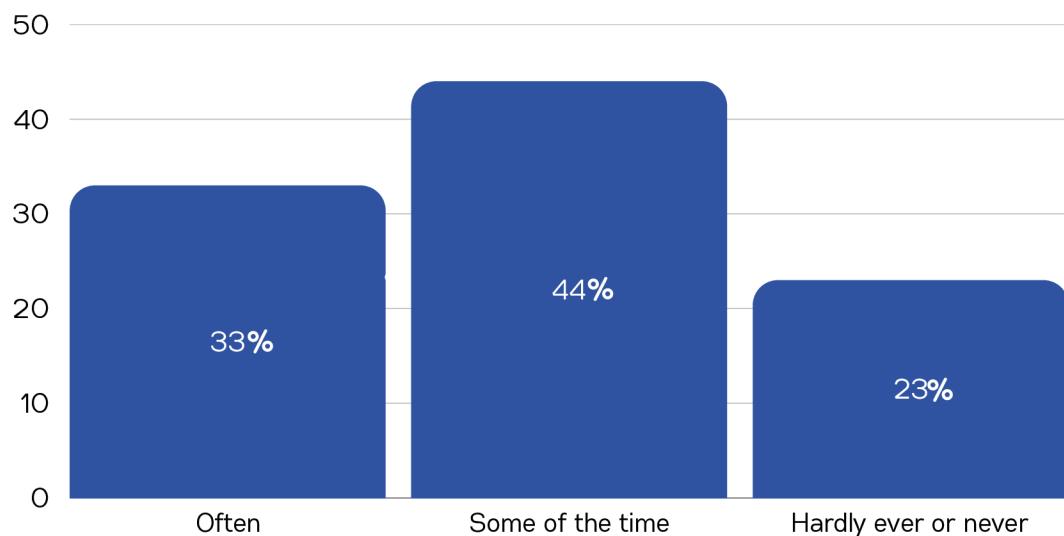
The responses indicate that 69% of participants experience feelings of isolation to some degree, with 22% saying they often feel left out and 47% feeling this way some of the time. Only 31% reported hardly ever or never feeling isolated. This suggests that for many residents, feelings of exclusion or being forgotten are a regular part of life rather than a rare occurrence. The data highlights a strong need for inclusive community spaces and initiatives that help people rebuild confidence, strengthen relationships, and feel more connected to those around them.

■ **I feel left out even when I am with other people, family or friends**



The data shows that 65% of respondents feel left out even when surrounded by others, with 19% experiencing this often and 46% some of the time. Only 35% said they hardly ever feel this way. This suggests that loneliness in Swale is not solely linked to being alone but can also occur in social settings, reflecting deeper feelings of disconnection or a lack of meaningful relationships. Addressing this requires more than just increasing social activity – it calls for opportunities that foster genuine belonging and emotional connection.

■ **I feel that I lack companionship or people around me to spend time with when I want too**



The findings show that 77% of respondents feel they lack companionship or people to spend time with at least some of the time. One in three (33%) experience this often, while 44% feel it occasionally. Only 23% said they hardly ever or never feel this way. This indicates that a large proportion of residents struggle to access regular, meaningful social contact when they want it, suggesting a need for more consistent opportunities to connect, particularly through low-pressure, welcoming community activities that help people form and sustain friendships.

How Often People Feel Lonely – Broken Down by Age Group

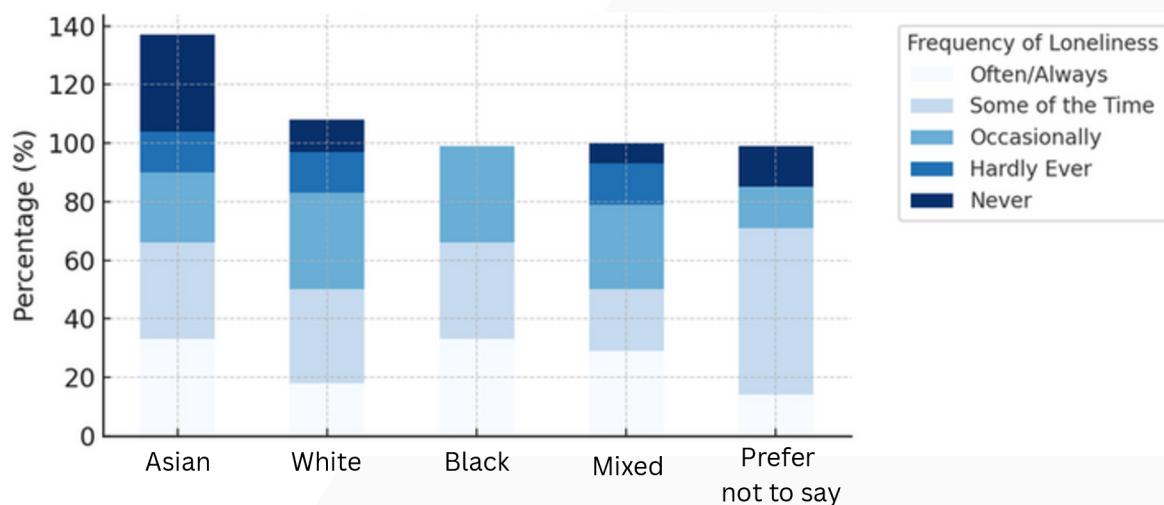
Frequency of loneliness	10-19	20-30	31-50	51-64	65+
Often / always	22%	12%	11%	22%	23%
Some of the time	38%	31%	31%	29%	34%
Occasionally	22%	27%	32%	20%	20%
Hardly ever	8%	18%	16%	16%	11%
Never	11%	12%	9%	13%	12%

The data shows that loneliness affects all age groups, but patterns vary across the life course.

- Younger people (10–19) and older adults (65+) are the most likely to report feeling lonely often or always (22–23%), suggesting that both early life transitions and later-life isolation play key roles in experiences of loneliness.
- Those aged 20–64 are slightly less likely to experience persistent loneliness, with around 11–12% reporting it often or always.
- Across all age groups, the largest proportion of respondents said they feel lonely some of the time – ranging from 29% to 38% – showing that occasional loneliness is a common experience across the population.
- Feelings of loneliness are lowest among people aged 31–64, who are more likely to select occasionally or hardly ever, possibly reflecting more stable social networks during working or family-raising years.
- Very few respondents in any age group said they never feel lonely (only around 9–13%), indicating that loneliness touches almost everyone at some point.

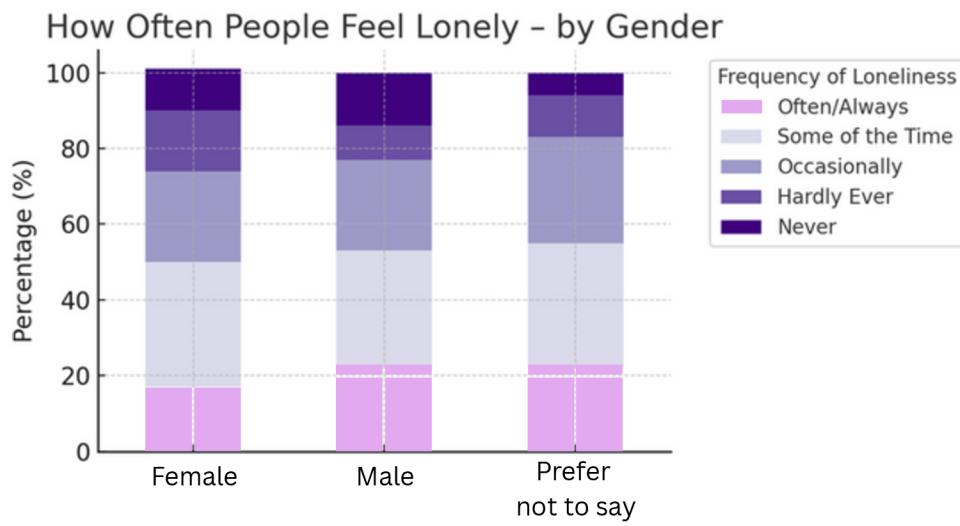
These findings show that loneliness in Swale affects both younger and older residents, though for different reasons – for younger people it may stem from confidence or belonging, while for older adults it often relates to mobility or bereavement. This highlights the need for a lifecourse approach to reducing loneliness, with opportunities for connection and support tailored to each stage of life.

How often do people feel lonely – broken down by ethnicity



The data shows that experiences of loneliness differ across ethnic groups, with Asian and Black respondents most likely to feel lonely often or always (33%), compared with 18% of White respondents. Mixed ethnicity respondents also reported higher levels of loneliness (29%), while those who preferred not to state their ethnicity reported lower rates (14%). Across all groups, around a third said they feel lonely some of the time, and very few said they never feel lonely, indicating that loneliness is widespread regardless of background. Overall, the findings highlight the need for culturally inclusive and accessible community initiatives that reflect Swale's diversity and support residents from all backgrounds to build stronger social connections.

How often do you feel lonely – by Gender



The data shows that experiences of loneliness are broadly similar across genders, though some small differences emerge. 22% of men and 17% of women said they feel lonely often or always, while 33% of both women and those who preferred not to say reported feeling lonely some of the time. Around a quarter of all respondents said they feel lonely occasionally, and only 9–16% said they hardly ever feel lonely. A small proportion – 11–14% – said they never feel lonely. Overall, the results suggest that loneliness affects people of all genders at comparable levels, reinforcing the need for inclusive approaches that create safe, welcoming spaces for everyone to connect and build relationships, regardless of gender identity or how people choose to self-identify.

How often people feel lonely – broken down by postcode

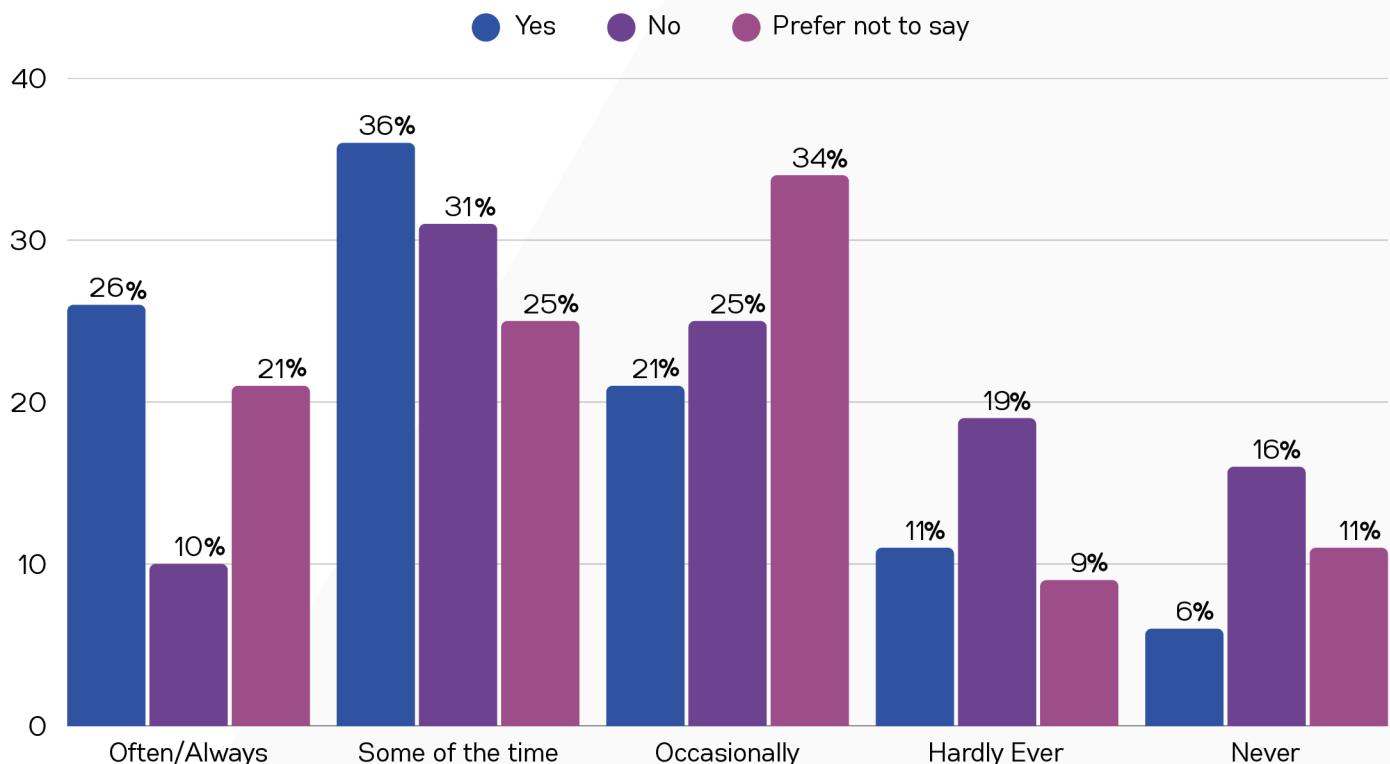
Frequency of loneliness	ME8	ME9	ME10	ME11	ME12	ME13
Often / always	17%	22%	22%	25%	23%	9%
Some of the time	38%	26%	28%	13%	39%	31%
Occasionally	38%	21%	22%	25%	21%	31%
Hardly ever	13%	19%	15%	25%	10%	16%
Never	13%	17%	14%	13%	6%	14%

The data shows that loneliness varies significantly across different parts of Swale, with the highest levels reported in the Sheppey areas (ME11 and ME12). In these postcodes, 25% and 23% of respondents respectively said they feel lonely often or always, compared with 9–22% elsewhere in the district. These areas also show lower proportions of residents who never feel lonely (as low as 6% in ME12), indicating that persistent loneliness is more common.

Across most postcodes, the largest share of residents said they feel lonely some of the time, with particularly high responses in ME8 (38%) and ME12 (39%). Only around 10–19% of people in any area said they hardly ever feel lonely, suggesting that occasional or regular loneliness affects a large proportion of the local population.

Overall, the findings indicate that Sheppey postcodes (ME11–ME12) experience the highest and most consistent levels of loneliness, aligning with broader patterns of deprivation, poor transport connectivity, and limited access to local services. Targeted community investment, transport support, and accessible social activities in these areas could help reduce isolation and improve wellbeing.

How often residents feel lonely, depending on whether they have a disability or long-term health condition



This comparison reveals a clear link between loneliness and disability or long-term health conditions among respondents.

Overall, individuals with a disability or long-term health condition were much more likely to report frequent loneliness than those without.

- 26% of those with a condition said they feel lonely often or always, compared with just 10% of those without.
- Similarly, only 6% of respondents with a disability said they never feel lonely, compared with 16% of those without.

Those without a disability were more likely to report that they hardly ever or never feel lonely (35% combined), whereas only 17% of people with a disability said the same. This suggests that health and accessibility barriers significantly increase the risk of chronic loneliness, with disabled residents facing greater challenges in maintaining social contact and inclusion. These findings highlight the need for targeted interventions, such as accessible community spaces, inclusive activities, and support for mobility and transport – ensuring that people with long-term conditions have equal opportunities to connect and participate.

How often do people feel lonely – broken down by Health Condition/Postcode

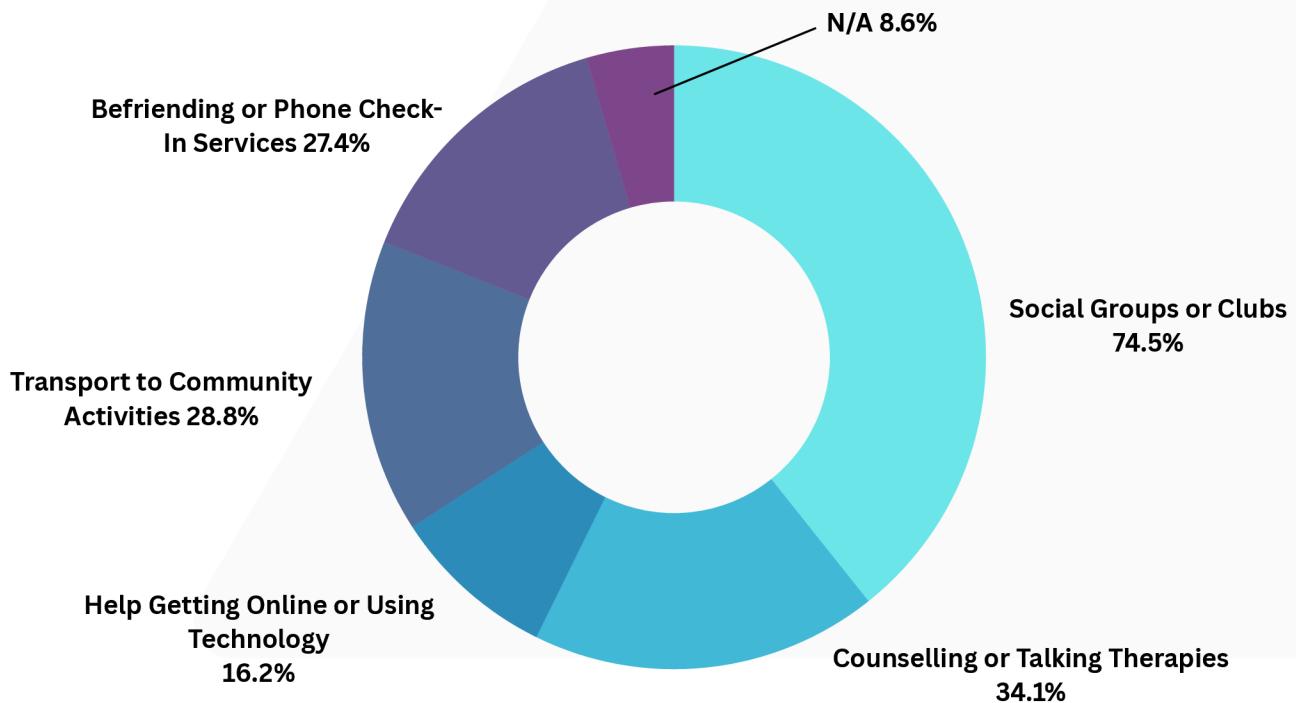
Postcode	% with health condition	% lonely	Comment
ME8	25.00%	75.00%	Moderate health condition rate but <i>very high loneliness</i> , suggesting wider social or environmental factors.
ME9	31.00%	64.30%	Average rates for both indicators.
ME10	43.20%	71.20%	Both rates relatively high – potential hotspot for health-related isolation.
ME11	12.50%	62.50%	Low reported health issues but still notable loneliness – implies social isolation not purely driven by disability.
ME12	51.00%	84.10%	Highest rates for both; strong correlation between poor health and loneliness. This area likely faces compounding disadvantages.
ME13	43.70%	70.90%	Above-average levels of both; again, health conditions seem linked to greater loneliness.

Analysis of the data shows a clear relationship between long-term health conditions and experiences of loneliness. Areas such as ME12 and ME13 display both the highest levels of residents reporting a health condition (51% and 43.7%) and the highest reported loneliness (84.1% and 70.9%), suggesting that poor health and mobility are strongly linked to social isolation in these communities.

By contrast, ME11 records relatively low levels of health conditions (12.5%) yet still reports 62.5% loneliness, indicating that loneliness in some areas is driven more by social or environmental factors than health alone.

Overall, the data highlights that while health and disability are major contributors to loneliness, they are not the only causes. This underlines the importance of addressing both accessibility and community connection, ensuring that residents with long-term conditions are supported, but also that wider neighbourhood and social barriers to inclusion are tackled across all areas of Swale.

■ Suggested Support to Reduce Loneliness



The findings show that residents are primarily seeking opportunities for social connection, with 74.5% identifying social groups or clubs as the main form of support that would help reduce loneliness. This highlights a strong desire for inclusive, community-based spaces where people can meet, build friendships, and feel part of something local. It suggests that loneliness in Swale is often rooted in a lack of accessible and welcoming social opportunities rather than in personal choice or withdrawal.

A further 34.1% of respondents said that counselling or talking therapies would help, reflecting the emotional dimension of loneliness. This points to a need for non-clinical mental health support — such as peer groups, listening services, or community counselling — where people can talk openly about their experiences. Alongside this, practical barriers such as transport to community activities (28.8%) and befriending or phone check-ins (27.4%) were highlighted, showing that even when opportunities exist, people may struggle to access them or lack the confidence to attend alone.

Additionally, 16.2% said they would benefit from help getting online, underlining ongoing digital exclusion issues, particularly among older residents. Only 8.6% said they did not need support, suggesting that loneliness is a widespread challenge across Swale. Overall, the data reinforces the importance of a joined-up approach — combining social, emotional, practical, and digital support — to ensure residents can connect, participate, and feel part of their community.

■ Barriers and Insights

Residents identified several barriers that prevent them from engaging in community activities or seeking support. Many full-time carers struggle to attend without respite, while others face mobility issues or lack access to transport. Some people are unaware of what support exists or what would help them most, and many noted that popular activities quickly reach capacity. These challenges show that loneliness is often reinforced by practical, physical, and informational barriers, not just social ones. Building confidence, normalising loneliness, and offering low-pressure opportunities such as informal meet-ups or check-in calls can help people reconnect gradually.

Creative and hobby-based activities, including arts, crafts, and music, were highlighted as powerful tools for connection and wellbeing. Some residents already take part in social groups such as choirs and exercise classes, suggesting that effective opportunities exist but need to be more inclusive and accessible so that more people can benefit.

The feedback confirms that social engagement, accessibility, and emotional support are central to reducing loneliness in Swale. The most requested interventions involve community and hobby-based activities, alongside counselling, wellbeing support, and practical help such as transport or digital skills. A joined-up approach is essential – one that makes connection easy through accessible programmes, meaningful through shared interests, and inclusive through flexible, community-led opportunities. Tackling loneliness must be seen as a shared community responsibility, requiring collaboration across local services, voluntary organisations, and residents themselves.



■ Resident Voices

Throughout the survey, residents were encouraged to describe their experiences of loneliness in their own words. The qualitative responses provided a deeply human context to the quantitative data, illustrating how isolation manifests in everyday life across Swale.

June, aged 85

A few years ago, June enjoyed an active social life — she could drive, meet friends, and get out independently. But when her eyesight began to deteriorate and her mobility declined, she had to give up driving. Overnight, her world became smaller. She described it as feeling “like my legs had been taken away.” Months went by where she rarely saw anyone, and she found herself increasingly lonely and isolated. “There are things going on, but I don’t know where to find them.”

Daniel, aged 43

After being made redundant during the pandemic, Daniel’s confidence collapsed. He spent most of his time at home applying for jobs online but rarely received replies. With financial stress mounting, he withdrew from friends out of embarrassment and felt ashamed to admit how low he was feeling. Isolation became his “new normal.”

Leah, aged 29

Leah moved to the area for work but found it difficult to make friends. Living alone in a new town and working remotely, she would sometimes go days without speaking to another person. Although active on social media, she described feeling “connected but completely alone,” with no one nearby to rely on.

These comments, representative of many received, highlight the intersection between emotional and practical barriers. For some, loneliness is driven by the closure of local facilities or the cost of transport; for others, it stems from a lack of accessible information about local opportunities or fear of joining new groups alone.

A recurring theme throughout the feedback was confidence. Many respondents expressed anxiety about attending events or activities by themselves, even when opportunities existed nearby. This demonstrates the need for welcoming, low-pressure spaces that help people reconnect gradually, supported by volunteers or peer networks.

Collectively, these voices illustrate that loneliness in Swale cannot be addressed through a single solution. It requires a mix of emotional support, practical infrastructure, and local communication, ensuring that people not only know what is available, but also feel comfortable and able to take part.

■ Recommendations

The findings from this project point clearly to areas where action can have the greatest impact. Building on what already works locally, six key recommendations are proposed to strengthen connection, reduce isolation, and create a more inclusive Swale.

1 Develop Local Connection Hubs

Create inclusive community spaces, both physical and digital, where residents can meet, share information, and access local support. Build on existing assets like libraries, churches, and community centres to ensure fair access across Swale.

2 Integrate Emotional and Social Support

Combine emotional support such as befriending or counselling with social activities to improve wellbeing and connection.

3 Expand Transport Support

Address transport barriers by growing community transport schemes and volunteer driver networks, with flexible options for rural areas.

4 Strengthen Digital Inclusion

Tackle digital exclusion through device loans, IT training, and community Wi-Fi, helping residents stay connected and confident online.

5 Raise Awareness and Build Community Capacity

Work with community champions to raise awareness of loneliness and promote access to support. Short videos, presentations, and training can help normalise conversations and reduce stigma across sectors.

6 Engage Underrepresented Groups

Increase engagement with younger residents and carers through focus groups, peer-led discussions, and community partnerships to capture diverse experiences.

7 Build on What Works

Support and grow existing grassroots initiatives such as lunch clubs, art groups, and walking sessions. These trusted, volunteer-led activities are key to reducing loneliness sustainably.

Next Steps

The Loneliness in Swale survey has provided valuable insight into the causes and experiences of isolation across the borough. The Swale Voluntary Alliance (SVA) and its partners remain committed to using these findings to strengthen, align, and sustain existing work that already makes a difference in local communities.

In the coming months, the focus will be on using existing assets and partnerships to turn the learning from this project into practical action.

Integrate Learning into Existing Services

Survey findings will be shared across current programmes and partner initiatives – including befriending, community transport, volunteering, digital inclusion, and energy advice – to ensure each continues to reduce loneliness and build connection in practical, measurable ways.

Develop the Loneliness Mapping and Directory Project

The Loneliness Mapping and Directory Platform will connect residents, professionals, and organisations to local activities, groups, and services. This resource will improve visibility, reduce duplication, and strengthen collaboration across the voluntary and community sector.

Strengthen Collaboration Through SVA

SVA will continue to convene partners to share insight, identify overlaps or gaps in provision, and ensure that initiatives complement one another. This coordinated approach will maximise the impact of existing resources and build stronger community networks.

Maintain Ongoing Community Engagement

Engagement with residents, volunteers, and organisations will continue through focus groups, feedback sessions, and co-design opportunities, ensuring that the work remains responsive to local needs and informed by lived experience.

Share Findings and Influence Strategy

The insights from this report will be shared with local funders, councillors, health partners, and regional networks to inform future decision-making and strengthen the case for investment when opportunities arise. Building on the legacy of the Community Champions initiative, partners will continue to raise awareness and understanding of loneliness across sectors, ensuring the issue remains visible and embedded within local strategies and community practice.

Looking Ahead

Swale has the partnerships, community energy, and shared commitment needed to make progress. By embedding loneliness awareness across existing services, strengthening collaboration, and improving access to local information, we can continue to reduce isolation and build a more connected, compassionate, and resilient Swale – one relationship at a time.

Conclusion and Acknowledgements

The Loneliness in Swale survey has provided a powerful and detailed snapshot of how isolation affects residents across the borough. It reveals that loneliness is not limited to any single age group, location, or life circumstance, but rather a shared experience that touches people in many different ways. For some, it stems from mobility issues, ill health, or caring responsibilities; for others, it arises from digital exclusion, lack of confidence, or changes in personal circumstances. Yet what unites all of these experiences is a common desire for connection, belonging, and purpose.

The findings clearly show that loneliness in Swale is both widespread and preventable. It is a challenge that requires collective action, compassion, and creativity from every part of the community. The evidence demonstrates that social engagement, accessibility, and emotional support are key to meaningful change – and that when these elements are combined, they not only reduce loneliness but also improve wellbeing, strengthen resilience, and build stronger, more inclusive neighbourhoods. Swale already has a strong foundation to build upon. The borough benefits from a rich network of voluntary organisations, committed community leaders, and residents who care deeply about their neighbours. From friendship cafés and lunch clubs to walking groups and befriending schemes, there are countless examples of local people coming together to make a difference. The next step is to harness this existing strength through coordinated investment, shared learning, and community-led innovation – ensuring that local activity is connected, sustainable, and designed around the real needs of residents.

Tackling loneliness is not just about reducing isolation; it is about creating the conditions for a more connected, inclusive, and compassionate Swale. A borough where every resident – regardless of age, background, or ability – can access opportunities to participate, contribute, and feel valued. The insights from this report provide a clear roadmap for how that vision can be achieved, and a strong evidence base to guide future collaboration between the public, voluntary, and community sectors. By working together, partners can turn these findings into action – creating a Swale that not only recognises the importance of connection but actively builds it into the fabric of everyday community life.

This report was made possible through the voices and generosity of 431 residents across Swale who shared their experiences and ideas. Sincere thanks are also extended to the voluntary and community groups, local partners, and volunteers who supported the survey's outreach and engagement. Their continued commitment to reducing loneliness and improving wellbeing remains the foundation of this work.