Research Bulletin 11
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About the Research Bulletin

The Campaign to End Loneliness Research Hub supports the work of the Campaign by gathering, communicating and contributing to the evidence base around loneliness and isolation. The Research Hub aims to fill gaps in the research and engage in areas of controversy and debate. Members of the Hub include leading academics in the field along with public and voluntary sector representatives. To find out more about the Campaign to End Loneliness, visit our website.

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News from the Research Hub

Launching the Campaign to End Loneliness "Learning Network"

Since last year, the Campaign to End Loneliness have been working hard to improve the way those working with older people can access the latest research and learn from real-life best practice examples. This month we introduced our solution: a **Loneliness Learning Network**.

Members of our Research Hub have helped shape our Learning Network events and publications. You can watch and listen to recent presentations from Professors Christina Victor, Arlene Astell and Sue Yeandle, and Dr Tracy Collins on a range of topics including loneliness across the life course, at Christmas and the impact of technology.

All organisations that support the Campaign are now members of this Network: that's 700+ people from the voluntary, statutory and private sectors who are all committed to doing something about loneliness in older age. You can learn more about how to get involved on our blog.

Latest Research

Poor health does not cause loneliness, but its consequences and depression do

This research examines the relationship between poor health, loneliness and depression in later life for people living in rural areas through the lens of "cognitive discrepancy" theory. This theory suggests loneliness occurs when there is "mismatch" between the quality and frequency of social connections that we want, and those that we have.

What the research found: Using data from The Irish Longitudinal Study on Ageing (TILDA) and follow-up interviews, the researchers found that older adults living in rural areas of Ireland generally had poorer health and lower levels of social participation than adults living in urban areas. However the rural older adults had greater levels of "social resources". For example, they were more likely to have children that they saw regularly, spouses, close relatives and friends or be a member of religious and community groups. The research first examined the relationship between loneliness, social lives and health. It found:

- Poor health does not – on its own – lead to loneliness
- But poor health does lead to lower levels of participation in social activities and community groups, and less contact with children, family and friends

It is only when health causes a withdrawal from community activities and decreasing contact with family and friends occurs, then a link between poor health and loneliness can be seen. The researchers then discovered that participation in social activities dropped if:

- The older person was in poor health (wherever they might live)
- The older person lived in rural area (regardless of the state of their health)

This suggests that living in a rural area can make socialising more difficult but poor health can influence loneliness in older age regardless of where an older person lives.

The study also looks at depression and found that it had a particularly negative influence on the normally positive relationship between having social resources and loneliness. This meant that if an older adult was

feeling depressed, they were more likely to feel lonely even if they had good social contact with children family, friends and community groups.

Implications for practice: This research presents commissioners and services with three lessons:

- Depression can increase loneliness by changing expectations of social connections

Cognitive discrepancy theory suggests there are two ways to alleviate or prevent loneliness. The first is to increase the quality and/or frequency of social interaction and the second is to adjust expectations of our relationships. Both strategies address the "mismatch" at the heart of loneliness.

However, if an older adult is suffering from depression, it can be more difficult to address this mismatch. This is because depression can negatively adjust someone's expectations of the amount and quality of social relationships they have or need. Service providers therefore need to be aware that depression affects perceptions, and not assume that simply because someone has relationships that they are protected from loneliness and a range of support may be required.

- We need to do more than just increase the frequency or number of contacts

If someone is experiencing loneliness because they have few friends or family members, or their social networks have shrunk, then activities that aim to increase contacts are important. However, the researchers caution against this becoming a standard approach for loneliness interventions. They suggest that commissioners and services take into account all elements that can contribute to loneliness, including mobility, education, health, environment and mental health. We may make a far greater impact on loneliness if we aim remove barriers like these, not simply the amount of contact someone has.

- Transport, transport, transport

The research concludes with a recommendation to commissioners to make sure rural areas have adequate transport, as it is key to keeping people connected to friends and family, particularly when in poor health.

Research reference: Burholt, V., & Scharf, T. 2014. 'Poor health and loneliness in later life: the role of depressive symptoms, social resources, and rural environments' *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 69(2) pp.311–324, doi:10.1093/geronb/gbt121

Using volunteers in projects designed to tackle loneliness can pose "significant management challenge"

This study was funded after the National Institute for Health and Clinical Excellence (NICE) found that there was not much evidence for the success of home-based interventions in improving or maintaining mental wellbeing in older age. However, after problems led to an early end to the trial, this paper instead examines the difficulties of securing and maintaining volunteer involvement.

What the research found: The original research plan was to study the benefits of one-to-one and group telephone conversations on mental wellbeing, loneliness and self-reported depression amongst other things. However, problems with recruiting and retaining volunteers to act as telephone befrienders and group facilitators for the intervention led to the pilot being closed early.

The service provider involved in the trial initially received 42 applications from people interested in volunteering. 30 decided not to attend training for the role, a further 8 completed the training but didn't start volunteering and so only four started to help in the end. The researchers found there were a number of reasons behind difficulties in recruitment and retention, including:

- Pressure to take paid work
- Having to return to full-time education
- Ill health
- Lack of confidence
- Growing tired of waiting for project to start

Past studies have found it difficult to recruit older people to take part in their befriending trials. However, this study did not struggle to find older people to take part, potentially because GPs were one source of referrals. You can read the full research paper here.

Implications for practice: The researchers make a strong recommendation that commissioners and funders of volunteer-led services, such as the telephone befriending scheme, ensure they take into account the "significant management challenge" of volunteers even when paid volunteer co-ordinators are employed.

About the research: Older people could join the study if they were aged over 74 years old, lived independently and had no cognitive impairment. Participants were allocated to one of two groups: Group 1 received 6 weeks of one-to-one phone calls followed by 12 weeks of group telephone calls led by a trained volunteer. Group 2 received nothing and were a control group. 70 people were randomly selected for the study but only 23 people in Group 1 received telephone befriending due to "poor recruitment and retention of volunteer facilitators" and the trial had to be closed early.

Research reference: Mountain, G. A., Hind, D., Gossage-Worrall, R., Walters, S. J., Duncan, R., Newbould, L., Rex, S., Jones, C., Bowling, A., Cattan, M., Cairns, A., Cooper, C., Tudor Edwards, R. and Goyder, E. C. 2014. 'Putting Life in Years (PLINY) telephone friend groups research study: pilot randomised controlled trial' *trials* 15: 141 DOI: 10.1186/1745-6215-15-141

Male carers lacking support are particularly vulnerable to isolation and loneliness

This research looks at the experiences of male carers, the impact that caring can have on a person's life and how their needs were met by support services. Male carers across the UK were surveyed, and local services were interviewed to understand their role in supporting male carers.

What the research found: The research found that male carers were particularly vulnerable to becoming socially isolated. Caring restricted the ability for male carers to socialise with others, to remain in employment and to access support services. Also, almost half of the male carers felt that caring had negatively impacted on their physical and mental health.

Male carers aged 65 and over were more likely to have had a carer's assessment than younger male carers. However, there were two main reasons why male carers in general didn't access help from support services:

- They were not aware of the services available to them
- Services available did not meet their needs

Since women were perceived to be more likely to take on a caring role, it was thought that services were now tailored more to the needs of female carers and the needs of male carers neglected.

The second aspect of the research looked at support groups for male carers available through Carers Trust Network Partners. Groups provided male carers with social activities and opportunities to engage with other people. Support groups were beneficial to male carers by:

- Increasing a person's self-confidence
- Developing social support networks
- Helping carers cope with their caring role and looking after themselves
- Providing a break from caring

Implications for practice: The research shares a number of recommendations for practice. While many carers work and often receive support from their employer, those who are unemployed or retired are particularly vulnerable to becoming isolated. Also while many male carers do self-identify as being a carer, many do not receiving a carer's assessment and as a result are not identified by health and care professionals as in need of support. Local authorities should ensure that male carers are given assessments and then directed to appropriate support services to prevent loneliness and social isolation.

All organisations need to recognise the needs of male carers which, although they share similarities with female carers, are often not taken into account by charities and care services. Anyone supporting older carers could therefore develop services specifically with the needs of male carers in mind.

Research reference: Slack, K. and Fraser, M. 2014. *Husband, Partner, Dad, Son, Carer? A survey of the experiences and needs of male carers* (Carers UK: London) Available at: http://tinyurl.com/o76cy9v

Feeling connected to your neighbours can reduce the risk of heart attack

This research considers the link between positive neighbourhood characteristics and the likelihood of having a heart attack. Here, "neighbourhood social cohesion" meant residents felt connected to a neighbourhood and other residents, felt secure and had a willingness to help others.

What the research found: Having good and positive relationships with others living in a community, and the neighbourhood itself, could help prevent the risk of having a heart attack. People who felt more connected to their neighbourhood were less likely to have a heart attack than those who did not feel connected. This included feeling part of the area they lived in, trusting in and being friendly with their neighbours and being able to seek help in times of need.

Being sociable and interacting with others may influence how connected a person feels to a neighbourhood. However, this did not actually affect the risk of having a heart attack, as it was unchanged by individual social engagement. The results also remained the same even after considering other health factors, such as smoking status and exercise, and biological factors, such as age and gender.

There are two key explanations offered by the research. Feeling connected to a neighbourhood has similarities to social support provided on an individual level. Previous research has highlighted that social support, on an individual level, can have a positive impact on physical health. Social support on a wider scale from just family and friends can have the same benefits. Also, a connected neighbourhood could help develop these positive behaviours in the people in the area.

Implications for practice: The research has implications for those working to prevent heart disease and promote health in general. Social factors can have a positive impact on a person's health and wellbeing. Recognising these social factors and implementing them in projects as an early-stage intervention may help reduce the need for later intervention to prevent a heart attack.

Also, neighbourhoods and communities should be actively encouraged, funded and supported to build cohesive and supportive networks. Existing services should recognise the importance of social factors and aim to achieve neighbourhood social cohesion among residents to ensure older adults feel connected and supported by their neighbourhood environment.

About the research: The findings of the research have been achieved using data from the Health and Retirement Study, which surveys American participants aged 50+. 5276 participants from the study, who had no history of heart disease, were given face-to-face interviews and completed self-reported psychological questionnaires. These participants were tracked over a four year period.

Research reference: Kim, E. S., Hawes, A. M., Smith, J. 2014. 'Perceived neighbourhood social cohesion and myocardial infarction' *J Epidemiol Community Health*: 1-7. DOI:10.1136/jech-2014-204009.

Community researchers successfully tackle loneliness on a neighbourhood level

This research evaluates the impact of the Joseph Rowntree Foundation (JRF) Neighbourhood Approaches to Loneliness programme. This programme, which ran from 2010 to 2013, aimed to reduce loneliness and

improve wellbeing through participatory methods with local residents, community researchers and local organisations.

What the research found: The evaluation of the Neighbourhood Approaches to Loneliness programme sought to understand the impact of the programme on residents and the local neighbourhood. Community researchers were recruited to help JRF understand how involving people from the local community could help to reduce loneliness and promote wellbeing.

The evaluation found that the programme had a particularly positive impact on these community researchers. They had a greater insight into loneliness after taking part, often having experienced loneliness on some level themselves. Setting up activities in their local community encouraged the community researchers to feel connected to their communities and build strong social networks. It was seen as an opportunity to meet new people and make new friends and new supportive networks were formed as a result of taking part in the programme. Their involvement encouraged positive mental health and wellbeing.

Local organisations also benefited from the programme by, for example:

- Raising awareness of loneliness and how to identify service-users at risk of becoming lonely
- Services were now able to provide more person-centred support to those who were lonely
- Resources produced from the research were used by local organisations to inform their local authorities

Implications for practice: The research found a number of practical implications for commissioners and policy makers. Firstly, involving local residents as community researchers can have a profound influence on local research and then practice, as it can uncover insights which may have otherwise gone unnoticed. The programme particularly empowered the residents and developed a sense of a community working together to develop activities and raise awareness of loneliness. However, anyone looking to run a similar community development project must plan how it will be maintained long-term by local residents and services as withdrawing from a participatory research programme can leave remaining residents feeling anxious about the future of their work and role.

Policy makers should also recognise the benefit of taking part in community-based projects on the confidence, self-esteem and general wellbeing of individuals. It also encourages people to become active in their community and promotes a positive community spirit among residents. However, the evaluation recommends developing a clear policy for those on benefits about their ability to volunteer as there was a fear of benefit sanctions that discouraged some people from volunteering in the community-based project.

About the research: The Neighbourhood Approaches to Loneliness programme was run for three years by the Joseph Rowntree Housing Trust (JRHT) and Joseph Rowntree Foundation (JRF). The programme was

implemented across four varying neighbourhood in York and Bradford. Data was collected via face to face interviews with community researchers and JRHT/JRF staff members. Telephone interviews were also conducted with professional stakeholders.

Research reference: Collins, A. B. and Wrigley, J. 2014. 'Can neighbourhood approaches to loneliness contribute to people's wellbeing?' *Joseph Rowntree Foundation*. Published online July 2014. Available at: http://tinyurl.com/koy48an

Figures predict loneliness in older adults could rise as population grows

This research by Future Foundation draws on a range of sources to map the future of older adults and loneliness in the UK, from 2014 to 2030.

What the research found: The research makes predictions for the future of loneliness in older adults based on current and historic data. The researchers predicted that:

- By 2030, the number of older adults experiencing loneliness to some degree will increase by 40% to 7 million

The research also highlights the importance of close family and friends, suggesting that there is a strong link between lack of contact with family and feelings of loneliness. The research predicts that in the coming years, the support provided by both children and grandchildren will be particularly important to tackling the issue of loneliness.

The researchers also predict that more older adults (aged 60-75) will be living alone by 2030. With the anticipated increase in our older population, children will find themselves supporting older adults as they age themselves. The role of children, and grandchildren, will become particularly important to combatting loneliness in the future.

Implications for practice: Services providers should prepare for this potential increase of both loneliness and the support needs of the "young old" who will need to look after their even older parents. It is important to recognising the diversity and individual nature of loneliness, and that what works to reduce loneliness for one person may not be suitable for another. This leaves challenges for the future to ensure all those experiencing loneliness are given appropriate support.

The research recommends that older adults have as much access as possible to social activities and events. A lack of opportunities can exclude older adults from the community, so commissioners and service providers alike should explore a range of ways for older adults to become actively involved. The report finally recommends that services consider how best to support older, single parents, particularly fathers.

About the research: Key data used in the research is drawn from The English Longitudinal Study of Ageing (ELSA), The UK Household Longitudinal Study (Understanding Society) and The Growing Older Research Programme.

Research reference: Future Foundation. 2014. *The Future of Loneliness: Facing the challenge of loneliness for older people in the UK, 2014 -2030* (Friends of the Elderly: London) Available at: http://tinyurl.com/ntpdo35

Evaluating loneliness and isolation services

Case study: The Rotherham Social Prescription Pilot

About the service: The Rotherham Social Prescribing Pilot was funded from 2012 to 2014 as part of an initiative to help those with long-term health conditions access services, facilities and voluntary organisations in the community. Participating individuals are guided by 'Voluntary and Community Sector Advisors' (VCSA's) to appropriate community-based services. The pilot was evaluated by the Centre for Regional Economic and Social Research at Sheffield Hallam University.

What is going well? The aim of 'social prescribing' is to promote positive health and wellbeing through a greater emphasis on preventative means. For example, individuals could be referred to services in the community for information and advice, community activities or befriending. The evaluation found that 83% of patients experience a positive change in their lives as a result of social prescribing including, for example:

- Reduced loneliness and social isolation
- Greater social contact for those with poor mobility
- Feeling a greater sense of belonging to a neighbourhood or community

One of the most successful projects was an Arts and Wellbeing group for older people with a dual sensory loss, run by the Campaign to End Loneliness's partner Sense.

The evaluation also uncovered a number of financial benefits for the public and voluntary sectors, including:

- 20% reduction in A&E attendances
- Potential well-being value of £742,000 in the first year, post-referral
- Improved collaboration and partnership working
- £1m investment in voluntary and community-based service provision

Lessons for others: The evaluation does recognise that, due to its small sample size, it is difficult to generalise the results to a wider group. Nonetheless, the evaluation does raise interesting aspects of progress. By promoting voluntary and community-based activities, patients and their carers are becoming actively engaged and participate in their local community. Patients are also being directed to support that they had previously been unaware of, or did not have access to.

Importantly, the project recognises that types of social values can be developed through public services, including promoting the health, wellbeing and social inclusion of patients and their carers. To be successful, it requires the working collaboration of a variety of groups; VCSA's, local organisations and services, and commissioners.

Case study: Mind's Ecotherapy Projects

About the service: The concept of 'eco-therapy' involves using nature-based interventions to promote physical and mental health. Mind's eco-therapy projects include, for example, horticultural and agricultural schemes, walking groups and regeneration initiatives. Mind's eco-therapy project aims to encourage vulnerable people such as those who have been socially isolated in activities outdoors to improve their physical health and mental wellbeing.

What is going well? Mind's eco-therapy projects were evaluated by the Green Exercise Research Team at the University of Essex. A total of 803 participants who had experiences of eco-therapy with Mind took part in the evaluation. Social inclusion was one of three key areas explored in the evaluation, with Wellbeing and Connection to nature. It was found that:

- Eco-therapy encouraged social inclusion
- Participants valued spending time with others as part of a group
- Participant felt they belonged to a community

Participants were on average 10% more socially engaged than before taking part in eco-therapy, and some were as much as 89% more socially engaged. Eco-therapy participants also reported an improvement in their own mental health.

Lessons for others: Eco-therapy can help promote social inclusion by broadening the social networks of people taking part and helping them feel part of a community. Eco-therapy projects have been used as both a treatment of poor mental health and as a preventative measure. Early intervention to encourage those at risk of social isolation may prevent them from experiencing loneliness.

Service providers should recognise the benefits of eco-therapy and consider how it might be integrated into their work. Eco-therapy could be used in care settings to encourage inclusion and a community spirit among residents.

It was also noted by participants that the combination of all three aspects studied (social inclusion, wellbeing and connection to nature) was important to the success of the eco-therapy projects. These three aspects are interlinked. The combination of being with other people, spending time outdoors and taking part in activities resulted in improved wellbeing and quality of life. Develop of similar projects would benefit from recognising the complexity and linked nature of these aspects. The full eco-therapy evaluation can be downloaded here.

Case study: The Furzedown Project

About the service: The Furzedown Project works to prevent social isolation among older adults by providing a range of user-led activities for older adults. This includes providing a supported transport service to allow those with poor mobility to participate in the activities. The project has received funding support from the Big Lottery Fund.

What is going well? The Furzedown Project recently undertook an evaluation of their supported transport service to understand the experiences of those using the service. 90 older people responded to the survey and their feedback highlighted the importance of The Furzedown Project in preventing people from becoming lonely.

For those using the supported transport service regularly to attend social activities, all surveyed service-users agreed that:

- Attending activities help them to develop and maintain friendships.
- They enjoyed meeting and talking to other people
- They felt better from attending the social activities

The results were similar for those using the supported transport service occasionally to attend one-off event and trips, with 90% or more of service-users agreeing with the statements.

Lessons for others: People with reduced mobility may be at a greater risk of becoming lonely as a result of not being able to access social groups and activities. The Furzedown Project has recognised this, and the response from service-users shows just how important having accessible transport is to them. Service-users also commented on the social activities held, with many saying that they enjoyed taking part and the activities made them happy. These activities support older adults to have a positive quality of life. For more information, visit The Furzedown Project.

Upcoming Research

Hidden Citizens: How can we identify the most lonely older adults?

Although there has been a great amount of research carried out to study loneliness, less is known about why some people become vulnerable to loneliness, and why others are protected from it. The Campaign to End Loneliness, University of Kent, Brunel University, Independent Age and the Royal Voluntary Service have come together to explore how charities and services working with older adults can identify loneliness. Using previous research, literature and the experience of service providers, the project will answer the questions:

- What are the pathways into loneliness?

- What existing research and good practice examples can inform how organisations identify the most lonely older adults?
- Is there an existing tool or method being used to identify older people who are experiencing loneliness?

Methodology: The mini research project has completed a review of systematic reviews on loneliness in older age. This identified over 128 articles investigating different aspects of loneliness, social isolation and exclusion in later life. From these, the findings from 17 review articles and 5 abstracts were identified as relevant and summarised in the review. An additional 8 studies have been used to evaluate how best to identify people who may be lonely. 19 telephone interviews and focus groups have also been conducted to ascertain how services providers and commissioners already find or promote themselves to those who are lonely and if they use a particular system to make sure they are reaching the most lonely older adults.

What will happen next: The findings from the review of reviews, telephone interviews and focus groups will be brought together into a scoping report in October 2014. This will provide early recommendations for existing practice and service improvements, as well as identify areas that require further research. It will be published on the Campaign to End Loneliness website.

Contribute to the Research Bulletin

If you would like to contribute to the next Research Bulletin please contact Anna Goodman (anna@campaigntoendloneliness.org.uk). We will consider any research into loneliness or isolation in older age, published or unpublished, including academic articles, new reports, local evaluations and case studies.

About the Campaign to End Loneliness

The Campaign to End Loneliness is a network of national, regional and local organisations and individuals that work through community action, sharing good practice, engaging in policy and research to combat loneliness in older age in the UK. The Campaign is led by 5 partners: Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense.

The Campaign to End Loneliness has over 1,600 supporters across the United Kingdom. To find out more about becoming a supporter and the work of the Campaign, visit our website: www.campaigntoendloneliness.org.uk