Research Bulletin 15
November 2015

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

Introducing New Members of Staff at the Campaign

In August, Dr Kellie Payne joined the Campaign to End Loneliness as the new Learning and Research Manager. She recently completed her PhD in cultural geography at the Open University where she wrote about culture and climate change. In September, Marcus Rand joined the Campaign as Director while Laura

Alcock-Ferguson is on maternity leave. Marcus joins the Campaign from a career working in Campaigns and Communications including Greenpeace, the Wind Industry and the Carbon Trust.

October Research Hub Meeting

On 28th of October the University of Salford hosted the Campaign's Research Hub Meeting. Tracey Collins from the University of Salford presented on a community Christmas event held at the University in which evaluative research was conducted alongside the project. Mike Wilson from the University of Loughborough presented on behalf of the ESRC funded project 'Loneliness in the Digital Age' which has collaborators at Newcastle, Bath, Exeter and Lincoln Universities. Kellie Payne from the Campaign updated the Research Hub on Campaign projects including the current Identification Project being undertaken by Steve Broome. Lauren Fulton, formerly of Social Finance (via Skype) and Lisi Bouchard from Social Finance presented on their report on Loneliness and Social Impact Bonds as well as the pilot project in Woostershire.

Learning Network Conference

The Second Annual Learning Network Conference is being held on 20th of January at the City Hall Cardiff. Speakers include Professor Vanessa Burholt and Sarah Rochira, the Older People's Commissioner for Wales. There is a morning case study session that will present 'Promising Approaches to reducing loneliness and isolation in Wales'. There are concurrent workshop sessions in the afternoon with 6 different options to choose from. Including Identifying loneliness and Measuring loneliness. There is also a session on using technology to reduce loneliness. Bookings can be made online at this link: https://event.bookitbee.com/4548/the-2nd-annual-learning-network-conference/

Also, there is a European focus to this upcoming conference and bursaries will be offered to those delegates joining us from Mainland Europe. We are hosting a dinner the night before the conference for European Delegates and there is a workshop available featuring speakers from Mainland Europe. Please contact Kellie Payne if you wish to apply for a bursary.

Latest Research

Transport systems are failing older adults

ILC-UK and Age UK used English Longitudinal Study of Ageing (ELSA) data to assess how transport systems meet the needs of older people. The research sought to highlight sustainable and affordable solutions to the transport challenges faced by older adults.

What the research found: The ability to travel and be mobile is an important contributor to offsetting feelings of loneliness, particularly in older adults. Reliable, affordable and safe transport will ensure older

people maintain their social networks, yet the research concludes that the current transport system is failing to meet the needs of older adults.

- Driving is the most common, and convenient, form of transport for older people

Driving allows older people to travel more. 86% of those aged 60-69 and 68% of those aged 70 and over have access to a car. The findings show that 32% of those 65 and over never use public transport. Only 27% of people 65 and over use public once a month or less, although many in these groups may have access to a car instead. Those aged 85 and over were even less likely to use public transport. This may be explained by increased ill-health making use of public transport more difficult.

- Public transport in rural areas in particular does not meet the needs of older people.

Having access to a car is the most convenient means of travelling for those living in a rural setting. Only 20% of 70-74 year olds living in rural areas use public transport at least once a week, compared to 38% of those living in urban areas. With a decline in local amenities in rural areas, such as shops and post offices, older people are at greater risk of becoming lonely or experiencing a decline in their social networks.

The research concludes that the current public transport provision is failing our 'oldest old'.

Implications for practice: ILC-UK and Age UK collaborated to push an agenda for future age-friendly transport policy. Such a policy would ensure that the transport needs of older people are met, reducing the risk of isolation. The report makes the following recommendations:

- More local powers for communities

A shift from Government to local community decision making could allow for a more flexible and accessible transport service for older people. Additionally, volunteer-run services could encourage active travel, such as walking, and car-sharing initiatives.

- Technological advancement in the provision of transport

As technology processes and inevitably impacts on the transport system, the needs of older people should be taken into consideration to ensure transport is accessible for. Technological advancement, if employed successfully, could allow many older adults to continue driving longer, maintaining their mobility, independence and social networks.

Research reference: Holley-Moore, G. and Creighton, H. (2015) 'The Future of Transport in an Ageing Society' *Age UK*. Available [here](#).

Being online aids intergenerational interaction and can hold social networks together

This Evidence Review considered the impact of technological advancement on older adults. In particular, the social impact of ICT (Information and Communication Technology) is considered, for both those who use ICT and those who do not ICT.

What the research found: Use of ICT can aid a person's wellbeing as they face other difficulties in their life which may lead to becoming isolated or lonely, such as deteriorating physical health or mobility. Many benefits of using ICT have been noted, including:

- Keeping in touch with friends and family and to gain social support
- Improved intergenerational interaction and activity.
- Aiding Health and Social Care professionals to support older people, for example through telecare.

ICT allowed older adults to keep in touch with old friends and family members, particularly children and grandchildren, through communication means such as email and Skype. Older adults who did not use ICT were more likely to experience feelings of loneliness, compared to those who were active online. Even in residential settings, use of video-conferencing, emails and online forums reduced perceived loneliness experienced by an older person.

Many older adults don't have the basic ICT skills and as a result will not be able to participate in many aspects of daily life which are increasingly dependent on ICT. This includes maintaining social networks and the subsequent support that comes with having these support networks in place. 60.6% of older people over the age of 64 using the internet looked to their social networks for support in developing ICT skills, including acting as proxy users on their behalf. Even in older adults who were either non-users or ex-users of ICT, children and grandchildren were most likely to act as proxy users (87.5% ex-users/87.9% non-users), compared to friends, partners or siblings.

However, the use of ICT can also have negative consequences. Using ICT did not always mean that older people had contact with their families and those receiving ICT training noted that they saw close friends less often. Also, it was found that the more time a person spent online, the lonelier they would feel. While the internet allowed older people to maintain contact with old friends and family, it was not used for making new friends. Instead, more traditional methods were preferred.

Implications for practice: Recommendations can be made following the Evidence Review:

- Delivery and accessibility should meet the needs of older adults

The ICT market should recognise the need for delivering accessible services which meet the needs of older people, rather than a focus on younger people. These services should take into account the additional difficulties faced by older adults, including physical, sensory and cognitive deterioration which may hinder ICT use. Caution should also be taken to ensure that ICT does not take over certain activities which traditionally allowed older people to interact, meet other people and maintain friendships.

- Provision of ICT in Health and Social Care

ICT may be of key use in meeting health and social care demands, if a personalised service could be delivered. Health and Social Care professionals, such as those working in a residential setting, should recognise where ICT can be of value in maintaining a person's social network. However, service provisions should be careful of how ICT use is implemented, to ensure positive outcomes are not counteracted by negative implications.

- The need for further research

The relationship between loneliness and ICT use is difficult to quantify and for that reason should be explored with more in-depth research methods. The review suggests an ethnographic approach to understanding ICT use in older people may be more appropriate.

About the research: The research was based on the review of current literature, policy documents and reports. Analysis of the 2011 Oxford Internet Survey (OxIS) dataset and Eurostat (various years) was also carried out.

Research reference: Damant, J. and Knapp, M. 2015. 'What are the likely changes in society and technology which will impact upon the ability of older adults to maintain social (extra-familial) networks of support now, in 2025 and in 2040?' *Foresight, Government Office for Science*. Available here.

A Social Impact Bond approach to commissioning services

The report considers the implementation of a Social Impact Bond approach to commissioning local services, whereby investors receive returns if social outcomes are achieved (in this instance, to reduce loneliness). The paper then sets out to describe an outcome based model that is currently being used in Worcestershire to tackle loneliness.

What the research found: The report begins by examining the cost of loneliness and what value there is to the public sector in alleviating it. Direct costs of loneliness include more frequent use of public services by lonely older adults who are, when compared to people who are never lonely on average:

- 1.8 times more likely to visit their GP;
- 1.6 times more likely to visit A&E;
- 1.3 times more likely to have emergency admissions; and
- 3.5 times more likely to enter local authority-funded residential care.

Some indirect costs are a result of loneliness which causes ill-health. This increases the use of public services, with lonely older people:

- 3.4 times more likely to suffer depression;
- 1.9 times more likely to develop dementia in the following 15 years;
- Two thirds more likely to be physically inactive, which may lead to other health issues.

An intervention model was developed in Worcestershire to identify and address loneliness in older adults, the Reconnections Social Impact Bond. The approach seeks to connect people who feel lonely to community-based interventions to overcome barriers through personalised support. The approach has three main principles:

- To intervene at critical points where people may be more likely to become lonely (e.g. through bereavement), and liaise across necessary organisations.
- Build support networks within the community
- Encourage mutual support for each other within the community.

Implications for practice: Increase in demand for public services by lonely older adults could cost £12,000 per person over 15 years. By intervening to eliminate or reduce loneliness in older adults it could reduce these cost by between £770 and £2,040 over this period.

A Social Impact Bond approach can also be a useful way to fund and test initiatives which address the issues of loneliness in older adults. This may also help overcome barriers to implementing new initiatives, including lack of costing information and likely success of the project. Evaluation of the Reconnections Social Impact Bond following its implementation in Summer 2015 will assess the success of the approach in alleviating loneliness.

Research reference: Fulton, L. and Jupp, B. 2015. 'Investing to tackle loneliness: A discussion paper' *Social Finance*. Available [here](#).

Older adults can be more socially active, yet still feel lonely

The research was conducted as part of the Measuring National Well-being Programme to try and better understand social capital, and the role of age and gender.

What the research found: Social Capital, the connections that build a person's social network, can change over a person's life. The research reported differences across age categories.

Older adults showed more social tendencies than most other groups, including talking to their neighbours, socialising more frequently and trusting people in the local area. The findings suggest that older adults identify with a sense of belonging to a particular neighbourhood, more-so than younger age groups.

Older adults looked to their social networks for support substantially more than their younger counterparts. Older adults, aged 65-74 years and 75 and over, felt they could rely highly on their partners in the event of a serious problem. This result was higher for men (88%) than women (80%). This group were also more satisfied with their family life than any other age group, which may be subsequently linked to overall life satisfaction and happiness.

However, older adults aged 75 and over identified more often with feelings of loneliness than most other age categories. 13% of people aged 75 and over reported feeling lonely more than half, most or all the time in 2011-2012. Factors such as poor health, living alone or caring for another person may contribute to these feelings of loneliness. Older people aged 75 and over were also particularly vulnerable to becoming isolated, with 25% of this age group meeting socially with others less than once a week, over 2012-2013.

Implications for practice: The research could be useful to policy makers in identifying where inequalities in social capital need to be addressed. The findings demonstrate that there is a gap in social capital between age groups, and often most noticeably between the youngest and the oldest group. Older adults appear to be more concerned with a sense of belonging than the younger age groups assessed. The research does demonstrate that older people can still feel lonely even when they have regular contact with other people. Policy makers should be aware of the complicated nature of loneliness and social capital.

About the research: The research analysed existing data sources, including: European Quality of Life Survey, Understanding Society, European Social Survey, Community Life Survey, 2014;

Research reference: Siegler, V., Njeru, R. and Thomas, J. (2015) 'Inequalities in Social Capital by Age and Sex' *Office for National Statistics*, Available [here](#).

More needs to be done to support older carers

This research explores the experiences of older carers, aged 51-90, and the impact caring can have on a person's life. The research seeks to understand how older carers can be best supported in their roles and thereafter.

What the research found: The research found, through interviews and focus groups, that caring can have a great impact on a person's quality of life; physically, socially and economically. Older carers felt that the impact was greater as a result of other aging factors, for example ill-health and loss of social networks.

- Caring can cause a breakdown in social networks for older people

Older carers found difficulty in maintaining relationships with family and friends, or to continue with hobbies or activities once enjoyed. This caused carers to become isolated from their social networks, with feelings of being 'cut off'. As a result, older carers experience feelings of loneliness and a loss of social networks. Many older carers found that attending support groups with other carers helped them cope with loneliness that may be experienced. Despite having a negative impact, the research did highlight that older carers took pleasure in looking after loved ones, and ensuring they were safe and well.

- Life after caring is complex

The research considered the experiences of former carers who had been bereaved, and former carers where loved ones had moved away. The experience of these two groups were similar. Both experiences a sense of bereavement, not only for the person lost but for a way of life.

Implications for practice: Meeting the needs of older carers should be of great concern to health and care systems in order to promote physical, social and emotional wellbeing. Yet, a key theme throughout the research is the lack of support available to older carers, both in their time caring but also once their caring role has come to an end. Carers were not aware of the support available to them and often came across opportunities of support by chance.

- Improve support for older carers

Improving service provisions for both older carers and their loved ones will ensure that both are well supported. In turn, this will reduce stress experienced by older carers, which contributes to their ill-health.

- Raise the profile of older carers in the community

Older carers felt there was a lack of support from the wider community, particularly with regard to seeking medical care. This would also allow older carers to be 'signposted' to other means of support.

About the research: Two focus groups and two interviews were conducted as part of the research. Participants were between the ages of 51 and 90 and were made up of spouses, siblings, adult children, cousins and friends. Caring needs were varied across the participants.

Research reference: Jopling, K. 2015. '"You don't stop the worrying": The difficulties of caring in later life' *Independent Age*. Available [here](#).

Evaluating loneliness and isolation services

Case Study: Furry Tales at Stepney City Farm

About the service: The Furry Tales project at Stepney City Farm was bursary funded by Tower Hamlets Clinical Commissioning Group. The project aimed to reduce social isolation for older people though therapeutic animal-handling sessions. The service was available to participants both at Stepney City Farm and on an out-reach basis in local care homes. It was anticipated that animal-handling sessions would deliver emotional, social and physical benefits to participants. Outcomes of the project were evaluated through the staff at care homes visited.

What is going well? The Furry Tales project has successfully delivered therapeutic animal-handling sessions to 81 vulnerable older adults. The outcomes of Furry Tales were evaluated through staff members and participant accounts at the care homes visited. The evaluation identified in participants:

- Increased feelings of self-worth
- Reduced feelings of isolation
- Re-attendance, even where individuals experienced memory loss

Furry Tales also aids intergenerational interaction with both younger and older groups of people. Intergenerational interaction was often not available to participants by any other means and so this was identified as a particularly valuable aspect of the Furry Tales project. Furry Tales has built multi-agency relationships in the community between care homes, day care centres and GP surgeries.

Learning for others: The Furry Tales project highlights the therapeutic potential of animal-based sessions for any vulnerable individuals. The Furry Tales project does identify difficulties faced, not least the sustainability of continuing a project once funding has ceased. It is also inevitable that the end of a project will impact on participants to some degree.

Working closely in partnership with other healthcare professionals would allow, for example:

- Delivery of project by care home staff to build sustainability
- GP's to refer individuals promptly and appropriately to the service

Similar projects would also benefit from partnership-working, for example to transport individuals using the service. Supporting participants with transport would ensure that individuals are not hindered by an inability to access transport independently.

You can read Furry Tales progress report [here](#).

Case Study: Upstream Healthy Living Centre Stroke/Dementia Support Project and Social Return on Investment Analysis

About the service:

Upstream Stroke/Dementia Support Project is aimed at reducing social isolation, depression, anxiety and stress in people who have dementia, have had a stroke or are their carers in central Devon. The project offers social sessions comprising arts, craft, and gentle exercise. It has also introduced iPads to groups and developed intergenerational projects with school students.

Social Return on Investment (SROI) is a framework for measuring and accounting for change in ways that are relevant to people or organisations that experience or contribute to it. It seeks to capture social, environmental and economic outcomes and uses monetary values to represent them. SROI captures wider forms of value often left out of more traditional methods of economic evaluation such as cast benefit analysis. The project was created alongside researchers at the University of the West of England in order to assess wider social value of the project using SROI framework. This is based on the idea that social inclusion makes an important contribution to health.

The evaluation included data from 258 dementia/stroke/carers participants during the first 19 months of the project; of whom 212 also took part in 11 regular groups.

What is going well?

The evaluation found clear evidence of benefits accruing from Dementia/Stroke Project to its participants. After participating in the programme, between 61.8% and 73.3% said their life satisfaction, mental wellbeing or social inclusion had improved or stayed the same.

SROI analysis identified a positive social return for the investment made; for every £1 spent on Stroke/Dementia support Project there was £1.71 of social value.

For those described as socially isolated, the programme had a large effect on their social isolation. 75% felt less isolated at follow up. The greater the social isolation, the greater impact Upstream has upon its participants in helping them to become socially connected.

Learning for others:

The SROI analysis involves a stage-based process that involves: mapping outcomes from the perspective of stakeholders; defining the relationship between inputs, outputs and outcomes; evidencing outcomes and

giving them a value; identifying those aspects of change that would have happened anyway or are a result of other factors to ensure that they are taken out of the analysis.

A key strength of this evaluation is the investment of time by Upstream to collect baseline and follow-up data from project participants. This means there was paired data for a sample of project participants that could be incorporated into the evaluation.

More information on Upstream can be found here.

Upcoming events

The British Society of Gerontology 45th Annual Conference, University of Stirling, 6-8 July 2016

Call for abstracts: The conference is now welcoming submissions from researchers, practitioners, educators, policy-makers, the third sector, students, and all other stakeholders interested in aging. Abstracts are being invited for presentation in the oral paper sessions, poster exhibitions or as symposia.

Pleaase note, the submission deadline is 29th January 2016.

More information can be found on the BSG website here.

Contribute to the Research Bulletin

If you would like to contribute to the next Research Bulletin please contact Kellie Payne (kellie@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 1,800 supporters across the United Kingdom. To find out more about becoming a supporter and the work of the Campaign, visit: www.campaigntoendloneliness.org.uk