



HIDDEN CITIZENS

HOW CAN WE IDENTIFY THE MOST LONELY OLDER ADULTS?

EXECUTIVE SUMMARY

In recent years, solving the problem of loneliness and social isolation among older people has become a national priority. Yet one of the barriers service providers and commissioners face is how to identify older people experiencing, or most at risk of, loneliness.

The Campaign to End Loneliness and the University of Kent have produced a new research report to share the findings of the *Hidden Citizens: how can we identify the most lonely older adults?* project, which was funded by National Institute of Health Research (NIHR) School for Social Care Research. The report explores current understandings of, and approaches to, identifying loneliness and provides insights into how services can improve their outreach and better support people who are experiencing loneliness.

This summary outlines the main findings and recommendations of the research and is written for commissioners and service providers who may want to improve how they identify older people at risk of loneliness.

What is loneliness and social isolation?

Loneliness is a subjective, negative feeling experienced where there is a discrepancy between the amount and quality of social contacts one has, and the amount and quality one would like to have. It is related to but distinct from social isolation which an objective state – the absence of social contacts and social connectedness.

Loneliness is a health and social issue

It is likely that everyone will feel lonely at some point in their life. In fact, studies since the 1940s have consistently found that 5-16% of people aged 65 or over feel lonely all or most of the time. But research now shows that this can be detrimental for our physical and mental health:

- **Loneliness contributes to health problems** including psychological stress, higher blood pressure, sleep problems, depression and cognitive decline.
- **Loneliness affects mortality** – one review that combined the findings of 148 studies revealed that participants with stronger social relationships and ties had a 50% decreased risk of mortality.
- Compared to non-lonely people, people who experience chronic loneliness have an **increased risk of developing dementia by 64%**.



KEY FINDINGS

1 Loneliness derives from a culmination of factors

Loneliness is likely to be triggered by a culmination of one or more intrinsic (internal) factors and/or extrinsic (external) factors and these can combine to make preventing or alleviating loneliness extremely complex.

'Intrinsic' factors

Primary social group - being part of an ethnic or minority social group, for example LGBT sexuality, has been found to make people more vulnerable to loneliness. There is conflicting evidence about the role gender plays, with some arguing that men may be less prepared to admit to being lonely.

Personality - some older people believe their open character helps them avoid loneliness and indeed some research suggests that personality can play a part. For example, people who are more neurotic are more vulnerable to experiencing loneliness.

Psychological response – some older people also believe a negative attitude and lack of personal resilience could contribute to loneliness. However, the research has revealed that lonely adults are more likely to have poorer social skills and feel anxious about participating in social interactions.

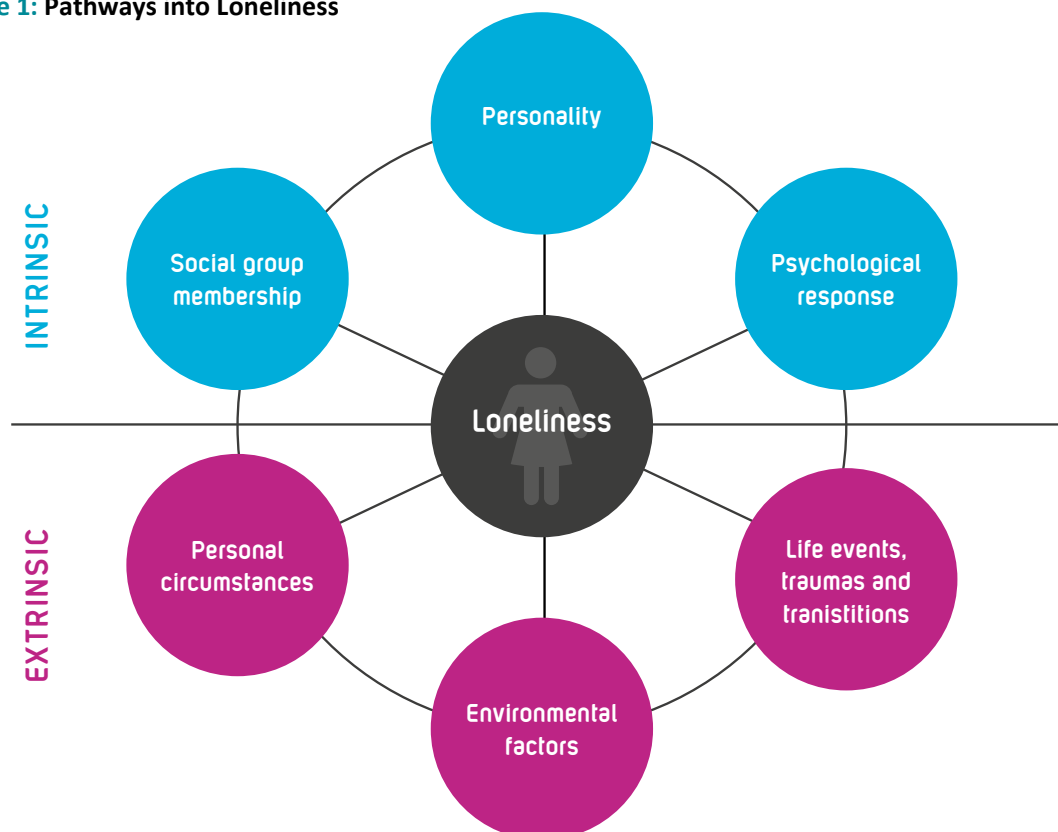
'Extrinsic' factors

Environmental factors - lack of transport, living in an urban area with a high population turnover and not living near family are circumstances that can lead to loneliness and fewer opportunities for social interaction.

Life events, traumas and transitions - the most commonly cited example of a life event that can lead to loneliness was bereavement. However, research shows becoming a carer can also make us particularly vulnerable to loneliness and social isolation.

Personal circumstances - being childless, living on a low income, experiencing poor health and poor mobility, and the loss of our sight and/or hearing can also increase our risk of loneliness.

Figure 1: Pathways into Loneliness



2 Current strategies for identifying the most lonely

Mass media, local press and magazines and mail outs

This was one of the better-documented strategies in academic research. Service providers used leaflets and posters in libraries, GP surgeries and supermarkets to promote their support. Adverts in council-funded magazines and local radio programmes were seen as a particularly effective because of their older readership and listenership.

Word of mouth and personal recommendations

The benefits of this approach are that a service comes with a recommendation from a trusted source and if someone lacks confidence, an invitation from a friend or acquaintance can overcome this. Nonetheless, relying on word of mouth or self-referrals could exclude some of the most lonely or isolated older adults whose social networks may have eroded over time.

Forming partnerships across the public, private and third sectors

Providers and commissioners have developed partnerships across different sectors to improve referrals between different services. Partnerships varied by local areas, but could include health and care professionals, charity volunteers and high-street facilities, including pubs and libraries.

Case Study:

Hampshire County Council distributed a questionnaire through local pharmacies, simply asking if people wanted to hear about activities and practical help in their local area. Pharmacists asked people aged 60+ to complete the questionnaire during a medicines review or gave it to them when they picked up their prescription. People who indicated they would like more information were then referred to Age Concern Hampshire. The scheme was low cost, fitted into staff workloads and had a good response rate.



3 Main recommendations for service providers and commissioners

Identify loneliness through its triggers

Commissioners and service providers looking to identify those experiencing loneliness could target those affected by the circumstances that can lead to loneliness. Mapping exercises and ‘first contact schemes’ – local support agencies working together to support people who may be socially excluded or vulnerable – are two suggested models.

Case Study:

Gloucestershire County Council created a ‘map’ of public health variables that could lead to isolation or loneliness including, but not limited to, households that:

- Have a head of household aged 65-74, or 75+
- Have one occupant
- Report various health issues including mental illness, anxiety and depression
- Do not own a car
- Speak to their neighbours less than once a month or never
- Say they don’t have someone to listen to them, help in a crisis, or relax with
- Say they are not satisfied with their social life
- Have a low annual income

The council have used this map to identify areas with the greatest need in terms of social isolation. One district council has used it to set up focus groups in at-risk areas to get a deeper understanding of how loneliness and isolation is experienced in different Gloucestershire communities.

Examine the success of existing outreach and promotion of services addressing loneliness

The strategies identified by the research tended to reach older people in need of general support rather than attempting to specifically identify loneliness. Testing the success of new promotional materials or outreach activities by using a loneliness measure to determine whether the older people are indeed lonely, could help identify the right strategy for a local population.

Focus on 'business as usual' methods

Squeezed local authority and charity budgets mean that commissioners and services need to capitalise on existing resources, working to improve communication between different sectors and organisations in order to better identify and support older people experiencing loneliness.

Recognise and respond to the stigma attached to loneliness

"If we changed the way we work and said, "What's important to you?"...There may be things about being isolated, lonely, stuck in your home, they might come out."

Public health commissioner

While we should not assume that all people going through a particular life event or transition will experience loneliness as a result, we do need to be aware that people may be reluctant to admit to feeling lonely. The stigma attached to the issue is a real barrier that needs to be overcome, and this can be done in way that organisations describe and introduce their services.

Read more:

To download the full Hidden Citizens research project, and find out more about identifying loneliness in older age, visit: <http://www.campaigntoendloneliness.org/hidden-citizens/>

Research methodology

This Hidden Citizens research project was conducted in two parts:

- 1 First, a meta-review was conducted to explore the features of loneliness, its underlying mechanisms and how intervention programs identify and recruit their participants. The findings from 128 academic review papers on loneliness published after 2000 were identified, and the insights from 17 review articles and eight intervention studies were used to evaluate how best to practically identify and recruit lonely participants for studies.
- 2 The findings of this review informed the second part of the project in which a number of interviews and focus groups with older people, service commissioners and service organisations were conducted.



About the Campaign to End Loneliness

The Campaign to End Loneliness inspires thousands of organisations and people to do more to address loneliness in older age. Through community action, sharing good practice and research we ensure loneliness is acted upon as a public health priority. Launched in 2011, the Campaign is governed by five partner organisations – Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense – and works alongside more than 2,000 supporters across the UK.

This report presents independent research funded by the NIHR School for Social Care Research.

The views expressed in this publication are those of the authors and not necessarily those of the NIHR School for Social Care Research or the Department of Health, NIHR or NHS.

To find out more about us and how we can support your work, please phone 020 7012 1409, email info@campaigntoendloneliness.org.uk or visit www.campaigntoendloneliness.org



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