Research Bulletin 14

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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.

In this edition

News from the Research Hub

Research Showcase Event: Summary and Presentation Videos

In mid-April, the NIHR School for Social Care Research (SSCR) and the Campaign to End Loneliness hosted a joint event to showcase some of the latest research into loneliness, isolation and wellbeing in older age. We

heard six presentations from academics at Brunel University, LSE, Swansea University and UCL. Over 200 delegates came – representing universities, local government, older people's forums and charities.

As well hearing about a range of new research findings, we debated key issues for policy and practice and discussed gaps in research. You can read a summary of the presentations on the Campaign to End Loneliness blog here. The SSCR has published videos and presentation slides from the day, which you can view here.

Measuring the impact of loneliness interventions

Over the past year, the Campaign to End Loneliness has worked with over 50 organisations, Research Hub members and older people to develop a new tool to measure the impact of services on loneliness. On 19 May, the Campaign published guidance on choosing and using a loneliness scale for the monitoring and evaluating of services for older people. This final report describes the development, strengths and limitations of four different tools – including the De Jong Gierveld and UCLA loneliness scales. The guidance can be downloaded here.

Latest Research

Loneliness in later life can be a "self-fulfilling prophecy"

This study looks at how two stereotypes and expectations about ageing are related to feelings of loneliness in older age. Using data from the English Longitudinal Study of Ageing (ELSA), the researchers examined whether peoples' expectations of feeling lonely in older age was linked to later experiences of it. They then looked at how somebody's general view of old age is linked to feelings of loneliness in later life.

What the research found: In 2002, older people taking part in the English Longitudinal Study of Ageing (ELSA) were asked the extent to which they agreed with two statements:

- Statement one: *As I get older I expect to get more lonely*
- Statement two: *Old age is time of loneliness*

The first statement asked about personal expectations of older age. They second statement gauged whether a person held any negative stereotypes about older people and loneliness. Respondents could answer the statements on a scale that ranged from 'strongly agree' to 'strongly disagree'.

The study found there were 4,465 people who did not feel lonely in 2002 who also gave answers to both of these statements. 32% of this group strongly or slightly agreed with the statement that they expected to get lonelier as they get older and 24% agreed with the statement that old age is a time of loneliness.

As ELSA asks respondents to answer a questionnaire every two years, the researchers were able to 'follow' the people that agreed with either statement and see what their experience of loneliness was as they grew

older. They discovered that, 8 years on, the people who agreed with statement one had a 2.32 increased likelihood of experiencing loneliness as they grew older compared to people who disagreed. Those who agreed with statement two were 2.83 times more likely to report feelings of later on, when compared with those who did not agree with the statement.

This demonstrates that certain expectations of and stereotypes about loneliness can predict whether someone actually experiences it in later life. These associations remained even when other factors that might make someone vulnerable to loneliness – such as older age, living alone and depression – were taken into account.

Implications for practice: This study present compelling evidence for more interventions aimed at challenging age-related stereotypes and raising expectations about older age. These interventions could include positive ageing initiatives or anti-ageism campaigns. The researchers suggest that this preventative approach may have more of an impact on reducing loneliness than services that try to address it after someone has started to experience it.

This research may also suggest that organisations – like the Campaign to End Loneliness and other service providers supporting older people – should make sure they do not only focus on the negative experiences that may come with older age, but also ensure they present a positive picture of ageing.

About the research: The researchers analysed data collected for the English Longitudinal Study of Ageing (ELSA). Information from 4,465 respondents (who were aged over 50) who did not report feelings of loneliness in 2004 but did answer questions about loneliness in 2006 and 2012) was included in the study. The average of the sample in 2002 was 64.1.

Research reference: Pikhartova, J., Bowling, A. and Victor, C. 2015. Is loneliness in later life a self-fulfilling prophecy? *Aging and Mental Health* DOI: 10.1080/13607863.2015.1023767 Available at: http://www.tandfonline.com/doi/full/10.1080/13607863.2015.1023767 [Accessed 20 May 2015]

Loneliness, social relations and health in deprived communities

This study examines the prevalence of loneliness, and its links to wellbeing and self-reported health, in deprived communities in Glasgow. The researchers surveyed over 4,000 people aged 16+ for this project.

What the research found: The researchers found that people who were living alone or who had a long-term health condition were more likely to experience loneliness in deprived communities. A quarter of younger adults (defined as below retirement age) in the study who were living alone experienced frequent loneliness, compared to one in five adults aged 65+ who were living alone. Other potential triggers of loneliness, for working-age adults in poorer areas, included being out of work and having long-term poor health or a disability.

The amount of social contact that people had was important in avoiding loneliness. People who reported the lowest amount of social contact with family, friends and neighbours had a 50% increased chance of reporting feeling lonely sometimes, and were 2.5 times more likely to say they felt lonely frequently. However, proximity of contact was not important – having friends and family that did not live locally did not seem to increase the likelihood of someone experiencing loneliness.

The researchers asked the respondents if they knew people in their neighbourhood. Those who said they spoke to neighbours "never" or "not much" were 40% more likely to say they felt lonely occasionally or frequently. However simply knowing people in your community was not enough to protect people from loneliness, if the people did not stop and talk with them.

Being in poor health was associated with loneliness in the Glasgow communities. People whose mental health problem was getting worse were five times more likely to feel lonely "frequently" than those with better mental health. People who said they had problems with depression, anxiety or stress for a year or longer were also twice as likely to feel loneliness "occasionally" compared to those who did not have such long-term conditions.

Implications for practice: This research shows that contact with neighbours – even if "casual and fleeting" – can have a positive impact on loneliness in a deprived neighbourhood. The key, however, is not just that people recognise each other but stop and talk to each other. Services or local authorities could therefore consider community development projects or similar initiatives that create space for neighbours to not only meet but find common ground or interests, and build trust. The researchers also recommend that urban renewal programmes should consider "social regeneration" as well as physical and environmental improvements by aiming to create opportunities for residents to meet and engage with each other.

About the research: The researchers sampled adults across 15 communities in Glasgow as part of a larger study looking at regeneration, health and wellbeing. 4,302 face-to-face interviews were conducted with people aged 16+. Respondents were asked how often they had felt lonely in the past two weeks, how often they saw relatives, friends and neighbours and whether they had people they could ask for help. The Warwick-Edinburgh Mental Well-being Scale was also used. A multinomial logistic regression was used to analyse the associations between loneliness and contact, support, health and wellbeing. People who said that they rarely or never felt lonely were used as a comparison group.

Research reference: Kearnsa, A., Whitley, E., Tannahillc, C. and Ellaway, A. 2015. Loneliness, social relations and health and well-being in deprived communities. *Psychology, Health and Medicine* 20(3): 332-344. Available at: http://www.tandfonline.com/doi/pdf/10.1080/13548506.2014.940354 [Accessed 20 May 2015]

Meet the social needs of older people to help treat depression

Depression in older age is a growing issue, but few older people experiencing depression access care and support. This study looked at the positive and negative influences of different personal and clinical factors on whether older people accepted a new intervention programme for depression in the Netherlands.

What the research found: 137 people took part in an intervention programme designed to treat depression in older adults. The programme was made up of a number of activities, including self-help courses, exercise classes and cognitive therapy-based activities. These could be delivered either one-to-one or in a group and the intervention could be applied in different stages, if necessary.

The researchers identified that the people in their sample who agreed to take part in the intervention programme were more likely to be:

- Female
- Have a limited social network
- Be socially isolated and/or experiencing loneliness
- Have moderate-to-severe depressive symptoms (compared to those people with mild symptoms)

The researchers also found that loneliness was "highly prevalent" in their sample as 52% of those who agreed to take part reported "severe or extreme feelings of loneliness".

As part of the study, the team examined the factors that influenced whether or not someone accepted the invitation to receive treatment. They discovered that if someone viewed their depressive symptoms as "burdensome" – or perceived that they needed treatment – then they would be more likely to take part than people who saw the depression as just part of their emotional life. Some of those who agreed to participate in the programme explained in follow-up interviews that they wanted to meet other "like-minded" older people. Finally, the qualitative interviews showed that the people who did agree to take part in the intervention were more likely to have been advised by a GP or a nurse to get involved, than the older people who turned down the opportunity to get involved.

Implications for practice: This research reminds us that older people might not want to take part in a depression 'intervention' (or indeed, any activity an organisation might be offering) because they do not perceive a need for care and support. They may also simply not like the activities or service on offer.

However, the researchers do make a clear argument for health services and other organisations working to alleviate depression in older age to take into account people's potential loneliness and social needs alongside depressive symptoms. They suggest that "a broader perspective" should be adopted and that depression interventions could be adapted to better support people to maintain relationships or make new connections, particularly with their peers. They suggest this could also build confidence, coping mechanisms and improve self-management of symptoms.

About the research: 244 people with depression were selected from a sample of 9,661 people aged 65+ and living in the community, and not in a care home or other institution. Information was collected on the effectiveness of the programme, the acceptance of the programme and other personal, clinical and other needs of participants. The associations between these were then studied using quantitative and qualitative research methods – including semi-structured interviews with 26 people (20 who had accepted the programme and six who declined it). Loneliness was measured using the De Jong Gierveld Loneliness scale.

Research reference: van Beljouw, I. M. J., Heerings, M., Abma, T. A. Laurant, M.G.H., van't Veer-Tazelaar, P. J., Baur, V.E., Stek, M.L., van Marwijk, H.W.J. and van Exel, E. 2015. Pulling out all the stops: what motivates 65+ year olds with depressive symptoms to participate in an outreaching preference-led intervention programme? *Aging and Mental Health* 19(5): 453-463. Available at: http://www.tandfonline.com/doi/pdf/10.1080/13607863.2014.944090 [Accessed 20 May 2015]

Chronic loneliness linked to increased visits to physicians in America

This study examined whether loneliness in older age is associated with higher use of health care services in the United States of America.

What the research found: Over 3,500 adults aged 60+ in the United States answered questions from the UCLA Loneliness Scale in 2008 and 2012. This scale asks how often someone feels they lack companionship, how often they feel left out and how often they feel isolated from others. Respondents were then ranked on an 'index' of loneliness, where a higher score equalled a higher degree of loneliness. If someone reported feelings of loneliness in both years, they were defined by the research team as "chronically" lonely.

53% of the people interviewed said they had felt lonely in 2008, but this had increased to 57% by 2012. The researchers could see that people who said they were lonely were more likely to have problems activities of daily living and were less likely to self-rate their health as 'good', 'very good' or 'excellent'.

The study also discovered that if someone reporting feelings of loneliness in one year, but not the other, there was no association with health care use. However, chronic loneliness (reporting loneliness in both 2008 and 2012) was associated with a larger number of visits to a doctor. The researchers found no link between chronic loneliness and hospitalisation.

In a recent interview, one of the researchers said: *"This finding made sense to us. You build a relationship with your physician over the years, so a visit to the doctor's office is like seeing a friend. Hospitalizations, on the other hand, require a referral from a doctor, and you don't know who you will see."*

Implications for practice: This study adds to a growing evidence base linking loneliness to poor health and increased use of health and care services. As these research findings come from America, we cannot use this study to claim that loneliness increases GP visits in the United Kingdom.

However, this study can be used to show there is, in some parts of the world, an association between loneliness and increased GP visits. Both health services and voluntary sector organisations can act on this information. Doctors and health care workers could assess older patients' social needs alongside their physical or mental health – this might be particularly important for patients who visit regularly.

Secondly, GP surgeries could help statutory and voluntary sector service providers to better identify and reach older people experiencing loneliness. This could involve establishing referral partnerships or passing on information about local services and support to older patients. By improving the identification of, and support available to, older people at risk of loneliness health service providers could improve health and quality of life of their patients and save money by decreasing unnecessary surgery visits.

The author explains this further: *"Loneliness is something that is easily preventable and with little cost compared to other chronic illnesses. With an intervention as simple as a phone call, home visit or community program, you can avoid unnecessary health care utilization and additional expenditures that ultimately cost all of us as a society."*

About the research: The research team used data from two waves of the Health and Retirement Study (2008 and 2012). The sample of 3,530 adults only included people who were aged 60 years or older and living independently in a community – but not in a retirement community – in the United States. Responses to questions about loneliness were compared with a self-reported measure of visits to the doctor and hospital stays. A negative binomial regression model was used to determine the impact of loneliness on physician visits and hospitalizations.

Research reference: Gerst-Emerson, K. and Jayawardhana, J. 2015. Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults. *American Journal of Public Health* 105(5): 1013 - 1019. Available at: http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302427?journalCode=ajph [Accessed 20 May 2015]

Health and wellbeing consequences of loneliness and social isolation in older age

This short report summarises the findings of a study into the impact of social isolation and loneliness in older age on health, mental health and wellbeing. It provides a brief overview of the available literature and highlights gaps in the evidence base.

What the research found: The researchers found that there were a growing number of studies on the health impacts of social isolation and loneliness but eventually selected 128 studies to include in their review. From reading this literature they found:

- A variety of definitions and measures of loneliness and isolation are used in research

- Although the research included studies from 15 different countries, half of the chosen articles were based on research conducted in the United States of America
- Whilst a wider range of health outcomes were covered, the most commonly studied condition was depression and the second most common condition was cardiovascular disease
- Out of the 128 studies, only two failed to demonstrate that loneliness or social isolation have a negative impact on health

The review also identified a number of gaps in loneliness, isolation and health research. These included:

- Only 7% of the papers reviewed described or evaluated an intervention to reduce loneliness and/or isolation and improve health
- These intervention studies showed mixed results – with two showing improvements in social support or physical health, but no changes in loneliness or isolation
- The variety of measures of loneliness and isolation used by the researchers limits our ability to compare findings from different studies
- Two thirds of the studies in the review were cross-sectional – which means they only looked at one point in time. These studies can therefore only show an association between two factors (e.g. loneliness and depression) and cannot prove causality, i.e. what factor is causing the other
- More research is needed into the transitions that might trigger loneliness, such as bereavement, and how they interact with health problems. This would help policy-makers, commissioners and services better plan and design interventions

Implications for practice: This study makes a number of recommendations for the academic community by arguing for more longitudinal research into the impact of loneliness on health. However, commissioners and services supporting older people can also help build the evidence base around the effectiveness of their work by using a loneliness scale. For more information about how to monitor and evaluate the impact of a service on loneliness, see the recent Campaign to End Loneliness measurement guidance here.

About the research: A search of nine databases was carried out to identify articles examining the impact of loneliness and isolation on a range of different health outcomes in older age. 128 relevant studies were chosen from a total of 11,736 identified papers. The research was carried out by Emilie Courtin and Martin Knapp from the Personal Social Services Research Unit, London School of Economics and Political Science.

Research reference: Courtin, E. and Knapp, M. 2015. *Scoping Review 59: Health and wellbeing consequences of social isolation and loneliness in old age* (NIHR SSCR: London) Available at: http://www.sscr.nihr.ac.uk/PDF/Findings/RF59.pdf [Accessed 20 May 2015]

Watch co-author, Emilie Courtin, present the results of this research here.

The impact of caring on relationships and loneliness

Published by Carers UK, this report looks at the causes and consequences of loneliness and isolation amongst adult carers in the United Kingdom. It makes a number of recommendations for how employers, health services and local government could help address the issues and better support carers.

What the research found: Carers UK sought the views of nearly 5,000 carers in the UK as part of a larger piece of research called the State of Caring. When they analysed answers given about relationships, friendships and loneliness they found that:

- 8 in 10 (83%) carers have felt lonely or socially isolated as a result of their caring responsibilities
- 57% of carers have lost touch with friends and family as a result of caring and half (49%) of carers say they have experienced difficulties in their relationship with their partner because of their caring role
- 38% of carers in full-time employment have felt isolated from other people at work because of their caring responsibilities
- Carers who have reached breaking point as a result of caring are twice as likely to say that they are socially isolated because they are unable to leave the house

The carers surveyed gave a number of reasons why they felt their caring responsibilities had led to them experiencing loneliness and isolation, including:

- not being able to get out of the house much (55%, rising to 64% for those caring for 50 or more hours a week)
- not being comfortable talking to friends about caring (36%)
- not having time to participate in social activities (61%)
- not being able to afford to participate in social activities (45%)

Problems with money were another trigger for loneliness and isolation. Three quarters (73%) of carers said that they had to cut back on spending money to see friends or family, and 43% were using the phone less to save money, making it difficult to stay connected and socialise.

Finally, 2 in 5 (41%) of the carers surveyed said that a lack of practical support was another obstacle to being able to maintain relationships, as it was difficult to take time off to see friends or make social gatherings.

Implications for practice: The report argues that employers should create “carer-friendly policies” in their workplace to better support employees with caring roles to balance these duties with work. The authors also call on government to improve the financial support available for carers and ensure care and support services (for both the people that need care and their unpaid carers) are sustainably funded.

Voluntary sector organisations and community groups working with and for older people also have a role to play. They could help identify people with caring responsibilities, and recommend national and local advice

services that provide both emotional and practical support – including Carers UK. Services and friends alike could also seek to better understand and respond to the strain caring duties can place on relationships.

About the research: This report is based on data from an annual survey of carers, conducted by Carers UK to collect evidence on a whole range of issues affecting carers' lives. In 2014, nearly 5,000 carers shared their experiences through the survey.

Research reference: Carers UK. 2015. *Alone and caring: Isolation, loneliness and the impact of caring on relationships*. Carers UK: London. Available at: http://www.carersuk.org/for-professionals/policy/policy-library/alone-caring [Accessed 20 May 2015]

Upcoming Events

ESRC Reimagining Loneliness Seminar Series

Reimagining Loneliness is a series of 6 seminars to develop a 'second generation' research agenda and a more sophisticated approach to the study of loneliness. It aims to explore loneliness, empirically and theoretically, and embrace a much broader range of academic disciplines and populations in order to inform the development of policy and practice based interventions.

The series will aspire to generate substantive state-of-the-art overviews of contemporary knowledge and knowledge gaps, develop 'new' researchers in the field, and create a network of experienced and emerging researchers, practitioners and policy makers to develop vibrant collaborations to raise the profile of this important area of work.

The first seminar was held on 8 May and videos of the presentations and discussion will be available shortly. Future events will include:

- *The perspective from philosophy and religion*
  Friday 30 October 2015
- *The perspective from arts and literature*
  Monday 22 February 2016
- *Neglected populations, places and spaces*
  Tuesday 3 May 2016
- *Intergenerational and professional perspectives*
  Wednesday 14 June 2016
- *Interventions and a research agenda*
  Friday 7 October 2016

For more information about the series and future events visit: www.brunel.ac.uk/loneliness or email loneliness@brunel.ac.uk.

Evaluating loneliness and isolation services

Case Study: Spice Time Credits

About the service: Spice is a social enterprise that helps organisations to develop Time Credit systems. Spice currently runs 30 programmes across the UK with local authorities, community development organisations, housing associations, health and care providers and schools. For each hour a person gives to their community, they earn one Time Credit. They can spend that Time Credit on a range of activities provided by Spice's national network of community, council, and corporate partners for example swimming, theatre or trips. Current high profile partners include the Tower of London and Wales Millennium Centre. One hour earned always equals one hour of spend activity.

What's going well? Between 2012 and 2014, an independent evaluation of Spice Time Credits was conducted to which over 1,300 members, staff and service users from local community organisations contributed. The evaluation included surveys, interviews and focus groups and examined the impact of the project on individuals, communities and organisations. It found:

- 62% of Spice volunteers give their time at least once a week (compared to the national average of around two thirds of volunteers (66%) giving their time at least once a month)
- 65% of Spice members feel that Time Credits have improved their quality of life – this increases as people stay involved for longer
- 73% of members have taken part in more community activities and 71% have made new friends
- Finally, 49% of members said that they felt less isolated

One service provider interviewed said: *"The concept has created a quiet storm, we have seen customers who previously had no structure start to engage with their support workers asking about Time Credits and telling us about their individual skills. This has been a very positive beginning."*

Learning for others: Spice has developed Time Credits as a tool for building stronger communities and co-produced services where people are active and equal participants. They believe that the Time Credits model creates the following change in local areas:

- Encouraging more people to get involved in their local community
- Providing opportunities for people to learn new skills, reduce dependency, gain confidence and access peer and community support networks
- Encourage service users to help make decisions about how services are run, and to help create and actively deliver services alongside professionals
- Make better use of existing community assets
- Tackle inequality through removing financial barriers to social and healthy activities

- Bringing local authorities, housing providers, schools, health and social care providers and a wide range of community organisations together

An executive summary report detailing the evaluation can be found here.

Case Study: The Out and About Project, Brighton

The Out and About project ran initially for four months and was co-ordinated by The Fed Centre for Independent Living. Other partners included Age UK Brighton and Hove, The Trust for Developing Communities, Brighton and Hove City Council, Neighbourhood Care Scheme, LifeLines, One Church and Time to Talk Befriending. The project aimed to support older people, and people with restricted mobility or difficulties using public transport, to get out and about and enjoy the activities in the local area. Local people who attended activities were put in touch with others who wanted to go too, but who needed support to get there and back.

What's going well? In just four months, seven isolated, older people are now benefiting from being able to go to activities as a result of the Out and About Project. Eight more people were linked with local befriending and neighbourhood care schemes.

Seven people answered questions about their quality of life, pain, companionship and emotional wellbeing as part of an internal evaluation. After the pilot had completed, two out of the seven participants rated their quality of life as "very good" and the remainder reported that it is "good".

Those interviewed were asked if they agreed or disagreed with the statement "I am lacking companionship or social contact with other people". After the pilot, more people said they disagreed or strongly disagreed with the statement than before. One woman in particularly initially said she "strongly agreed" pre-pilot but answered "disagree" afterwards. Finally, post pilot, the majority of participants said they now had greater access to social or leisure activities which they enjoy.

Learning for others: As a result of the pilot, the partners have made a number of recommendations for other organisations that want to support older people to benefit from social activities, or provide one-to-one companionship. These include:

- Have access to transport/volunteer drivers – the majority of the pilot's volunteers provided support with getting to and from activities
- Ensure volunteers and beneficiaries having shared interests – this aided the matching process and led to ongoing support being provided beyond the pilot period
- Establish links with faith groups/churches as they can play a significant role in mobilising volunteers to reach out to vulnerable communities in need of practical and emotional support
- Have access to information on a range of local activities, not just those you provide

- Train befrienders to help build people who have experienced long-term social isolation to grow in confidence

Case Study: Sue Ryder Synergy Cafés, Suffolk

In Suffolk, it is estimated that there are 11,780 people living with dementia, which is expected to increase as the population ages. Dementia can leave people feeling lonely and socially isolated impacting on their overall wellbeing. Those who care for a person with dementia can also feel isolated and unsupported, resulting in stress and anxiety and affecting their ability to cope.

11 Synergy Cafés have been set up by Sue Ryder across Suffolk to meet the social needs of people with dementia and their carers and to fill a gap in existing services. Anyone living with dementia, memory loss or confusion; worried about themselves or a loved one can drop in to a Synergy Café with a family member, friend or neighbour. Neither a formal diagnosis nor referral from a healthcare professional is required.

What's going well? Sue Ryder's Synergy Cafés in Suffolk offer an opportunity for people to socialise in a safe environment, but also provide information, advice and support through a programme of activities and information sessions delivered by external speakers and partner organisations. Since opening the first Synergy Café in 2011, Sue Ryder has supported over 570 carers and people living with dementia.

A recent evaluation exercise set out to try and better understand the impact that Synergy Cafés have on those who access them. Survey questionnaires were sent to 124 Synergy Café members, with 101 people responding. A focus group was also held at two cafés with the largest memberships.

Two thirds of respondents were carers (67%) and 33% were people with dementia. 88% felt that their knowledge about dementia had increased either a little or a lot as a result of the Synergy Cafés, and that they knew more about other services and how to contact them.

98% of people felt less isolated as a result of attending a Synergy Café, with one person telling the evaluation: *"I have made some lovely friends who understand what you are going through and just how important a telephone call means too."*

98% of respondents said that the cafés had helped them make friendships and these continued outside of the café sessions. One group had started going to the theatre, restaurants and even holiday together – made possible because of the support they could give each other.

Learning for others: People felt it was invaluable to mix with others going through the same thing, where they could bounce ideas off each other and pick up tips about how to manage common situations. The value of peer support for people living with dementia or caring for someone with this condition should therefore not be underestimated: *"When I walked in and saw all these people, I thought I'm one of many".*

The focus group participants also felt that a great advantage of Synergy Cafés is that everyone felt they could be themselves and wouldn't be judged no matter what happened. This meant they could relax more than if they were in a different environment and provided an opportunity to build social networks to help reduce loneliness and feelings of isolation: *"It is somewhere informal where I can go with my husband with nice friendly understanding people."*

Being able to attend with their partner, relative or friend was also viewed as important for people living with dementia as other services available only catered for one or the other. However, some carers felt that they would also benefit from being able to spend time on occasion just with other carers to get more of a break. For many, attending the Synergy Café may be the only time they get out of the house and they look forward to it as it breaks up the week.

A lack of availability of services at weekends was mentioned as a common problem for people with dementia and their carers and was cited as an isolating and lonely time. Transport was another issue that some people face and it was observed that more people would be able to benefit from Synergy Cafés if they had access to transport.

To hear carers and people living with dementia say that they feel more informed, relaxed and less isolated is exactly what Sue Ryder Synergy Cafés hoped to achieve and reinforces why these services should be available to everyone who needs them.

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 1,800 supporters across the United Kingdom. To find out more about becoming a supporter and the work of the Campaign, visit: www.campaigntoendloneliness.org.uk