
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. Members of the Hub include leading academics in the field along with public and voluntary sector representatives.

The Hub, and this quarterly bulletin, aims to instigate debate and action to fill the research gaps and produce a better understanding of how to approach the controversies in research into loneliness.

The Research Bulletin is only sent to supporters of the Campaign to End Loneliness. To find out more about joining the campaign, please visit: www.campaigntoendloneliness.org.uk/support-us/

News from the Research Hub

- **New report: Loneliness – The State We’re In**

  This new report compiles international research on the impact of loneliness on health and quality of life, and identifies triggers and interventions. The work of members of the Research Hub is combined with the latest information shared at July’s What do we know about loneliness? research conference.

  The report is intended to prompt a dialogue involving the academic community and researchers working in the voluntary, public and private sectors. The Campaign will produce regular updates or supplements to this report through this Research Bulletin. We would therefore welcome your responses to the following questions:

  - Have we missed research evidence that should be included?
  - Are you currently undertaking relevant research that should be referenced in future?
  - The report sets out two different agendas, one concerned with research gaps and issues and one with how research is conducted: have we got the content of these right?

  A copy of the report can be downloaded from the Campaign to End Loneliness website: www.campaigntoendloneliness.org.uk/resources/

- **25th of January 2013 Meeting summary**

  The fourth meeting of the Campaign to End Loneliness Research Hub was held on the 25th of January, chaired by Professor Mima Cattan. The group discussed gaps and controversies in research, providing updates on how their own research was addressing these – with particular attention on the health costs of not addressing loneliness.

  The attendees also gave advice on conducting an effective cost-benefit analysis on a loneliness intervention and on the Department of Health’s plans for developing new measures of loneliness for the Adult Social Care and Public Health Outcomes Frameworks.
New research into loneliness and social isolation


The aim of this study is to explore older people’s approaches to living a life characterized by losses and ‘aloneness’ and how this relates to loneliness. A qualitative interpretative design was used. Older people (aged 65 and above) living at home, in retirement villages, or in long-term care settings in Australia, Norway, and UK participated.

Seventy-eight persons were included. Data were collected through open-ended interviews during autumn of 2006 and spring of 2007. The interviews were audio taped, transcribed, and analysed applying a hermeneutic, interpretative process.

Analyses revealed great differences in the way participants handled their life situation. Interviewees describing themselves as ‘not lonely’ viewed losses as normal, and they participated in meaningful activities, connected to other people and thrived in their own company. Those describing themselves as ‘lonely’ on the other hand, strove to create meaning in their lives, were overwhelmed by losses, had problems finding meaningful activities and difficulty keeping up social relations.


The authors tested the association between social isolation (living alone, unmarried, without social support), feelings of loneliness and incident dementia in a cohort study among 2173 non-demented community-living older persons. Participants were followed for 3 years when a diagnosis of dementia was assessed (Geriatric Mental State (GMS) Automated Geriatric Examination for Computer Assisted Taxonomy (AGECAT)).

Logistic regression analysis was used to examine the association between social isolation and feelings of loneliness and the risk of dementia, controlling for socio-demographic factors, medical conditions, depression, cognitive functioning and functional status.

After adjustment for other risk factors, older persons with feelings of loneliness were more likely to develop dementia (OR 1.64, 95% CI 1.05 to 2.56) than people without such feelings. Social isolation was not associated with a higher dementia risk in multivariate analysis.


This article presents an overview of current evidence on loneliness in older age, and argues that a renewed research agenda is required for a growing older population. The article summarises what the research has already taught us in a number of areas, including:

- Influence of age and health inequalities
- Prevalence and causes of loneliness in older age
- Impact of loneliness on mortality and morbidity
- Interventions
- Cost and practical implications for clinicians and health services

The authors suggest that “A drive to address loneliness and isolation could prove to be one of the most cost-effective strategies that a health system could adopt, and a counter to rising costs of caring for an ageing population.”

The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5) Editors: James Banks, James Nazroo, Andrew Steptoe

The findings from the fifth wave of the survey were published in October 2012. The whole data set covers a range of issues related to ageing, but the launch event and subsequent press week focused on the recent results on loneliness and isolation.

The paper ‘Change in social detachment in older age in England’ by Stephen Jivraj, James Nazroo and Matt Barnes reported that:

- 1 in 20 adults over 50 are “detached” from social networks
- In 2010–11, women were more likely to be detached from leisure activities than men, but less likely to be detached from social networks
- Older adults who are “single, separated or divorced, or widowed were more likely to be detached from three or more domains” than older adults living as part of a couple

The paper ‘The psychological well-being, health and functioning of older people in England’ by Andrew Steptoe, Panayotes and Cesar de Oliveira found:

- Those identified as having a greater enjoyment of life in 2002-3 were more likely to be alive nine years later, with the risk of dying being three times larger for people reporting lowest enjoyment of life (independent of other factors including age, wealth, health and education)


Little is known about the neural processes associated with loneliness. The authors hypothesized that individual differences in loneliness might be reflected in the structure of the brain regions associated with social processes.
To test this hypothesis, they used voxel-based morphometry and showed that lonely individuals have less grey matter in the left posterior superior temporal sulcus (pSTS)—an area implicated in basic social perception. As this finding predicted, we further confirmed that loneliness was associated with difficulty in processing social cues.

Although other socio-psychological factors such as social network size, anxiety, and empathy independently contributed to loneliness, only basic social perception skills mediated the association between the pSTS volume and loneliness. Taken together, the results suggest that basic social perceptual abilities play an important role in shaping an individual's loneliness.

http://www.cell.com/current-biology/abstract/S0960-9822%2812%2901049-4

■ Social participation and the health and well-being of Canadian seniors (Heather Gilmour, Statistics Canada)

Data from the 2008/2009 Canadian Community Health Survey (CCHS)—Healthy Aging were used to examine the relationship between frequent social participation and self-perceived health, loneliness and life dissatisfaction in a sample of 16,369 people aged 65 or older. Multivariate logistic regression was used to identify significant relationships, while adjusting for potential confounders.

An estimated 80% of seniors were frequent participants in at least one social activity. As the number of different types of frequent social activities increased, so did the strength of associations between social participation and positive self-perceived health, loneliness, and life dissatisfaction. The associations generally remained significant, but were attenuated by individual social support dimensions. The desire to be more involved in social activities was reported by 21% of senior men and 27% of senior women.

The relationship between engaging in social activities, improved self-reported health and reduced loneliness depended on the quality of social relations, suggesting that quality is more than important than quantity.

http://www.statcan.gc.ca/pub/82-003-x/2012004/article/11720/summary-sommaire-eng.htm

■ Kristiansen, M. (2012) How effective are befriending schemes for older people in the community? (Edge Hill University)

This dissertation consists of a literature review exploring the effectiveness of befriending initiatives for older people living in the community, in the United Kingdom. The period searched was from 2006 to 2012, and included relevant grey literature. The student hoped to gain increased insights on which to base future practice for older people living in the community. It revealed a number of findings, including:

- Befriending has a positive effect on social isolation, and helps lessen anxiety and depression
- Befrienders can help with sign-posting
- A good match is important

The review identified a number of points for discussion, including inconsistencies in the literature on the cost-effectiveness of befriending. However, the author concluded that the later works point towards a more cohesive view and suggested that befriending may provide an alternative method of addressing the issue of social isolation in older people for health and social care providers.

Please contact Anna Goodman (anna@campaigntoendloneliness.org.uk) for a copy of this dissertation.
WRVS (2012) ‘Loneliness amongst older people and family connections’

This report looks at the correlation between the distance older people live from their family and their feelings of loneliness. 500 people over the age of 75 were interviewed by telephone across England, Scotland and Wales for the report.

The findings reveal the fragmented nature of families today and the large number of over 75 year olds whose closest children live a substantial distance away from them. For ten per cent of older people, their nearest child lives more than an hour’s drive away (40 miles plus). Declines in job security and labour-market restructuring have increased pressure on the family and reduced locations choices - 82 per cent of children who have moved away from their older parents have done so for work reasons.


International Longevity Centre UK (2012) ‘Is social exclusion still important for older people?’

In comparison to children, young people, and families, social exclusion among older people has received little attention. However, it is perhaps among this group that the notion of social exclusion is the most pertinent, with older people at high risk of social isolation and loneliness, as well as substantial inequalities in income and housing. Within the extant evidence base, there has been comparatively little longitudinal research into social exclusion patterns among older people.

This report investigates trends in the number of socially excluded people from the English Longitudinal Study of Ageing, and examined their outcomes using a cross-sectional and longitudinal approach. This report can be downloaded from: www.ilcuk.org.uk

Contact the Elderly Annual Survey 2012

Older people’s charity Contact the Elderly surveyed a sample of 2,000 guests and 2,000 volunteers across England, Scotland and Wales to ask them about their experiences of the charity’s Sunday afternoon tea parties.

Questions were devised with the support of a researcher, and were distributed to the sample by post. This year, the charity had a response rate of 41%. Guests (people aged over 75 who attend the charity’s tea parties) are asked if they agree with several statements, including: “I feel happier”, “I feel part of a community” and “I feel less lonely”. 80% of respondents said they felt less lonely as a result of Contact the Elderly.

A short report sharing the key findings from the survey is available; please contact Anna Goodman (anna@campaigntoendloneliness.org.uk) for a copy.

Answering your questions

The Research Hub work to support practitioners by communicating the evidence base around loneliness and isolation. This section answers questions on the subject of loneliness posed to the Campaign to End Loneliness or to the academics.
If you would like to ask the Research Hub a question relating to loneliness or social isolation in older age, please email Anna (anna@campaigntoendloneliness.org.uk).

Contribute to the Research Hub

If you would like to contribute to the next Research Bulletin please contact Anna Goodman (anna@campaigntoendloneliness.org.uk). We welcome any contributions on published or unpublished research on the topic of loneliness in older age, including academic journals, new reports, non-academic articles, local evaluations and case studies.

About the Campaign to End Loneliness

The Campaign to End Loneliness is a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK. The Campaign is led by 5 partners: Age UK Oxfordshire, Independent Age, Manchester City Council, Sense and WRVS. It is funded by the Calouste Gulbenkian Foundation.

The Campaign to End Loneliness has over 800 organisation and individuals supporters across the United Kingdom. To find out more about becoming a supporter and the work of the Campaign, visit: www.campaigntoendloneliness.org.uk