

# Research Bulletin 9

## February 2014

### About the Research Bulletin

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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.

The Research Bulletin is only sent to supporters of the Campaign to End Loneliness. To find out more about joining the Campaign, visit [our website](#).

### News from the Research Hub

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#### Notes from the latest Research Hub meeting

Chaired by Professor Vanessa Burholt, from Swansea University, nearly 20 members of the Research Hub met on the 30<sup>th</sup> of January to talk about current research into loneliness and isolation, and discuss plans for 2014. Members from the LSE, Social Finance and Age Connects Morgannwg presented on current research projects that look at the health impact and the financial costs of loneliness, and evaluating new interventions. The group discussed with the Campaign how they could continue to share the latest evidence, develop new research together and get involved in future events with supporters.

A short summary of the meeting and our plans for 2014 can be found on [our blog](#), and you can download the full minutes and summary of presentations [here](#). The next meeting of the Research Hub will be held in the summer of 2014.

#### Professor Christina Victor presents at ‘Who is lonely, and when?’ workshop

In December, the Campaign to End Loneliness hosted a small workshop called *Understanding Loneliness: who is lonely, and when?* with Professor Christina Victor, of Brunel University. The event brought together supporter organisations working with older people to hear the latest research in loneliness, and learn from each other. Christina presented her interim findings, which have found:

- Loneliness can be a self-fulfilling prophecy – if you expect to be lonely in later life, you

probably will be.

- 40% of widows are lonely (but some actually become less lonely when they are widowed).
- Loneliness is a fluid experience – someone who might feel lonely one month, won't necessarily feel the same three months later.
- Older men are just as lonely as older women.

A video of Christina's full presentation can be [watched online here](#). The Campaign will be hosting further workshops in 2014 in the '[Understanding Loneliness](#)' series. If you would like to present on some recent or on-going research that you think supporters working with older people would benefit from hearing about, please email Anna Goodman ([anna@campaigntoendloneliness.org.uk](mailto:anna@campaigntoendloneliness.org.uk)).

### **Become a member of the British Society of Gerontology**

Professor Robin Means, President of the British Society of Gerontology (BSG) and member of the Research Hub, invites all supporters of the Campaign to join the BSG. Membership of the BSG brings you into a community of academics and practitioners interested in a wide range of issues related to ageing. You will have access to exclusive debates, seminars and teaching courses – plus reduced rates at the BSG annual conference and the opportunity to share your own work through their *Generations Review*. More information about becoming a member can be [found here](#).

## **Latest Research**

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### **Extracare housing schemes do not protect against loneliness**

This research looked at the relationship between marital status, social resources and loneliness for older people in Wales in three different types of housing: residential care, extracare sheltered housing, and in their own homes in the community.

**What the research found:** The researchers found that there was no significant difference in levels of loneliness in the three different home settings. However, whilst there were more opportunities for socialising in extracare schemes, and residents were more likely to have more contact with neighbours, extracare residents did not necessarily make intimate new friendships. Interviews with extracare residents showed that many considered their real friends to be people they knew from outside the sheltered housing scheme.

**Implications for practice:** Families and care providers should support older people to maintain existing meaningful and long-term friendships during and after the transition to sheltered housing.

The researchers also suggest that whilst extracare housing providers should provide social activities for residents, they should also consider ways to help residents maintain long-term friendships outside the scheme, e.g. assisting with transport, Skype or email.

Download the research paper [here](#).

**About the research:** the study surveyed a sample of 183 older people aged 60-98 years old, who lived in either extracare housing, residential care or were receiving care in the community. A further 91 participants, across the different housing types, were used for the in-depth qualitative interviews.

**Research reference:** Burholt, V., Nash, P. and Philips, J. 2013. The impact of supported living environments on social resources and the experience of loneliness for older widows living in Wales: An exploratory mediation analysis *Family Science* 4(1): 121-132 doi: 10.1080/19424620.2013.870811

### **Cancer patients that live alone feel more anxious and unsupported**

This study compares the experiences of two groups of older people with cancer in their last year of life: those who live alone and those who live with a carer.

**What the research found:** They found that patients that did not have a carer living with them felt they were disadvantaged by this. This was in part to do with practical issues, like making it more difficult to arrange to see a GP or attend a hospital appointment. Some of those living alone felt they lacked emotional support and many were anxious at the thought that they would have to move into a care home, as independence was important to all of the patients interviewed. Although those living alone did not necessarily lack wider networks of social support, the researchers think that they were still at risk of loneliness, and perceptions of being “emotionally unsupported” was a main reason why they felt disadvantaged.

**Implications for practice:** Continuity of relationships with GPs was important to all patients interviewed, but particularly for those who lived alone. It was also very important to cancer patients living alone that their their doctor was accessible. GP surgeries should therefore make sure that older patients with cancer that live alone see the same GP as frequently as possible, and work to maintain communication between them – particularly by phone. As one woman interviewed explained, it was important to be *“in touch with somebody who knows what they are doing, because I have no idea.”*

Read the full research paper [here](#).

**About the research:** In-depth qualitative interviews were conducted with 32 people aged between

70 and 95 years who were living with cancer. They were recruited from general practices and hospice day care. Twenty participants lived alone. Interviews were recorded and transcribed and the data analysed focussing on the differences and commonalities between the two groups.

**Research reference:** Hanratty, B., Addington-Hall, J., Arthur, A., Cooper, L., Grande, G., Payne, S. and Seymour, J. 2013. What is different about living alone with cancer in older age? A qualitative study of experiences and preferences for care *BioMed Central Family Practice* 14 (22) doi:10.1186/1471-2296-14-22

## Friends are more important than family after losing a spouse

This American study looked at the experience of loneliness after widowhood over time. As bereavement typically marks the loss of a key relationship but also may result in an “outpouring of support” from friends and family, the researchers wanted to look at the differences between ‘being’ alone and ‘feeling’ alone.

**What the research found:** Levels of loneliness amongst widows and widowers decreases over time. There was a decline over the years in the number of visits made by family members, but not by friends. However, this did not matter too much as long as the widow(er) was happy they could easily contact someone. Statistical analysis showed that widow(er)s who said they had more social support from friends and family also reported lower levels of loneliness but that friends played a more significant role in preventing or alleviating loneliness, than family. The researchers did involve the participants in one of two types of peer-support group but they found that it didn’t make any significant difference to levels of loneliness if the participant was allocated to one group over the other. Other things that help reduce loneliness included having an “adequate opportunity to express” themselves and making a new friend.

**Implications for practice:** Widow(ers) may adjust to being and feeling alone over time, which may be why loneliness gradually decreases. But services working with older people should remember:

- It is important to look at the friends and family a recently bereaved service user or patient has. They may be at greater risk of loneliness if they don’t have enough people, or enough meaningful relationships
- Do not assume that because someone has family and friends that they won’t be lonely – if these people are not easy to contact or readily available to talk, loneliness is still likely
- Other things that might help include having the opportunity to talk about grief, sharing their feelings or making a new friend that is also widowed

Download the research paper [here](#).

**About the research:** the researchers used a longitudinal study of older, bereaved partners and spouses called 'Living After Loss'. 328 participants aged 50+ completed questionnaires at baseline, and then at three further intervals over four years. Loneliness was measured using the Revised UCLA Loneliness Scale and social support was measured using two sets of questions that each measuring frequency and quality of support, one from 'friends' and the other from 'family'.

**Research reference:** Utz, R. L., Swenson, K. L., Caserta, M., Lund, D. and Devries, B. 2014. Feeling lonely versus being alone: loneliness and social support among recently bereaved persons. *The Journals of Gerontology Biological, Series B: Psychological Sciences* 69(1): 85-94 doi: 10.1093/geronb/gbt075

### **Men living alone in mid-life will lack 'safety net' in old age**

This paper examines the different circumstances that can lead to us living alone in between our mid 30s and early 60s, and implications this has for our need for financial and social support.

**What the research found:** The research showed that divorce (or end of a cohabiting relationship) is the main reason for middle aged men and women to live alone. Children leaving home and death of a partner were other triggers. However, the researchers found a significant proportion of men in mid-life who had never lived with a partner. Adults living alone in mid-life had lower incomes than those living with a partner. Further analysis showed two distinct groups that were more likely to lack family and financial support: men living alone who do not have (or never had) a partner or children, and older mothers who had broken up with their partner. Both of these groups were at further risk if they did not own their own home.

**Implications for practice:** this research is important because middle-aged men and women living alone will have different social and financial needs as they grow older, and we may need to predict these changes. Services may want to consider providing social support to the most 'at risk' – e.g. middle-age men living alone who have not had children, have no educational qualifications, are unemployed and who live in rented housing – as they are more likely to need a social and economic 'safety net' in old age.

Read the full research paper [here](#).

**About the research:** the study uses data from the United Kingdom Household Longitudinal Survey (UKHLS) which is also known as 'Understanding Society'. Data is collected in face-to-face interviews

with participants. The study used data from wave one (between January 2009 and January 2011): the mid-life living alone sample consisted of 1725 males and 1624 females, and the currently partnered sample consisted of 8078 males and 9426 females.

**Research reference:** Demey, D., Berrington, A., Evandrou, M. and Falkingham, J. 2013. Pathways into living alone in mid-life: Diversity and policy implications *Advances in Life Course Research* 18: 161–174 <http://dx.doi.org/10.1016/j.alcr.2013.02.001>

### **Nearly 40% of older adults do not speak to someone outside their home every day**

The Lifecourse Tracker is a bi-annual survey commissioned by Public Health England to follow ‘health behaviours’ including nutrition, physical activity, smoking and drug use, and the things that influence these behaviours (including income, education, friends and family) across the life course. This report focuses on results from the first two surveys which were conducted in 2012.

**What the research found:** Adults aged 55 or over on average reported lower levels of wellbeing and self-reported health than the general adult population. 61% of older people said that they spoke to a relative or other adult outside their house every day, and older females living alone were significantly more likely to speak to someone every day than the older men interviewed (67% vs. 51%). Regardless of whether they lived alone or not, the proportion of older people who said they speak to someone outside their house every day declines with age. Further analysis showed:

- 5% of the 55-64 age group, 13% of 65-74 group and 23% of 75+ group live alone and do not see or speak with someone every day
- 13% aged 55+ speak to someone three or four days a week
- Just 2% of older people say they see or speak to an adult outside their household less than once a week, or never

The majority of older adults had had a conversation with family or friends about health-related subjects in the three months before the interviews. Older people living alone were likely to be sedentary for an hour longer than those living with a partner or children. Finally, adults who think a healthy lifestyle is the norm for friends or family were more likely report positive health behaviours.

**Implications for practice:** The Lifecourse Tracker only uses objective measures of social isolation and not loneliness (focusing on quantity of contact, not quality). However, services that support older people should remember that the frequency of contacts declines with age and those aged 75 and over in particular may need extra help to stay connected to family and others. The research is clear that all adults want to talk through health concerns or illness with people they know, and services

could try to use the influence of family members and friends if trying to encourage positive healthy behaviours such as improving diet and increasing physical activity.

Read the full report [here](#).

**About the research:** This research was conducted by GfK NOP Social Research. The adult surveys were conducted face-to-face, with sample drawn using random location sampling. Quotas were set at each wave to achieve a representative sample. A boost was included of interviews with adults in the 10% most deprived areas. 1010 adults aged 18+ were interviewed in Wave 1, and 1019 in Wave 2. To measure wellbeing, researchers used the ONS subjective wellbeing scale. Participants aged 55 or over were also asked about the frequency of contact with relatives or friends outside their household, and whether they had spoken to family or friends about health problems in the past 3 months.

**Research reference:** Williams, B., Bhaumik, C. and Brickell, E. 2013. *Lifecourse Tracker: Wave Two Report*. Survey Report. (Public Health England: London)

### **Funding issues threaten future of loneliness interventions in rural North Yorkshire**

This research builds on a survey about loneliness and isolation in older age in North Yorkshire, conducted in 2009 by the North Yorkshire Older People's Partnership Board (NYOPPB). The aim is to produce evidence for NYOPPB to use in its campaigning and work with local authorities and charities. Stage 1 reviewed current knowledge about the extent of loneliness and 'good practice' interventions. Stage 2 identified the statutory and third sector organisations in the region that could identify older people at risk of loneliness and intervene.

**What the research found:** The Stage 1 literature review looked at existing evidence on loneliness and isolation, including rural and urban differences, and makes recommendations for different interventions. The Stage 2 report surveyed existing activities and services for older people in North Yorkshire. They found that 59% said that their main purpose is to help reduce loneliness and/or social isolation among older people. They report doing this in a number of ways: 56% said they ran group activities, 38% providing information or sign-posted onto other services and 36% offered individual support such as befriending. They also found a number of transport schemes for rural areas that helped people access other social activities, volunteer driving schemes and respite or sitting schemes for carers to help them alleviate loneliness. Just over a quarter of services (26%) said they supported between 21-50 people, and only 6% said they worked with more than 500 people. The majority (70%) of services had been running for over 6 years. When questioned about

sustainability, services provided by voluntary organisation – but with funding from statutory bodies – were significantly more likely to report funding as a problem. A small number of services also reported issues with staffing or volunteers, having to charge participants and transport.

**Implications for practice:** Future funding was identified as an issue for tackling loneliness in North Yorkshire: the most successful interventions identified by the literature review were also the sorts of services that were most reliant on statutory or voluntary funding – and were more likely to say that funding problems were making the future of the service insecure. A number of respondents felt that more could be done to increase referrals from GPs and health professionals to their services, and this reflected that their role in supporting health and social care was undervalued. The researchers believe that the longevity of many services/activities could suggest that they are successful in what they provide and are meeting a local need.

Read the Stage 1 and Stage 2 reports [here](#).

**About the research:** the second stage of the research involved an online survey of statutory and non-statutory organisations that were believe to run or know about services and activities that help to alleviate loneliness and/or social isolation in older people in North Yorkshire. A total of 150 unique entries were made to the survey, eight were returned on paper.

**Research reference:** Bernard, S. 2013. *Loneliness and Social Isolation Among Older People in North Yorkshire* Working Paper. (Social Policy Research Unit, University of York: York)

## Evaluating loneliness and isolation services

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### Case study: Bristol Link Age

**About the service:** [LinkAge](#) has existed in Bristol since 2007. The LinkAge programme aims to promote and enhance the lives of older people (55+ years old) through a range of activities, from walking groups to coffee mornings, that are run through a number of beneficiary-led ‘hubs’ across the city. A main aim of the LinkAge approach is to bring in beneficiaries that feel very isolated in their local communities.

**What is going well?** The evaluation looked at one new hub in Whitehall and St George: a baseline survey found that 75% of people using the new LinkAge hub live alone and 50% declared themselves to be “very socially isolated”. Through surveys, interviews and focus groups with service users and other stakeholders, the evaluation found that:



- For every £1 invested in new Hub, there was a Social Return on Investment of £1.20
- There was significant improvement by beneficiaries on a 'Friendship Scale', with average scores moving from 'isolated or with a low level of social support' at the beginning of the Hub to 'very or highly socially connected' at follow up
- The number of people who said they felt connected increased from 33% to 89%
- Six months after joining, beneficiaries felt more satisfied with their lives, and happier
- 26% of beneficiaries reported that they had stopped taking some form of medication since they had started visiting

**Lessons for others:** This evaluation demonstrated the importance of having a good Community Development Worker and volunteer team who were able to spend a considerable amount of time with older residents to design and deliver the activities from the outset. Download the report [here](#).

**Research reference:** Kimberlee, R. and Means, R. (2013) *Assessing the impact of the LinkAge hub in Whitehall and St. George, Bristol: Briefing report*. Project Report. (University of the West of England: Bristol)

### Case study: The Silver Line

**About the service:** The Silver Line is a national helpline and befriending service for older people, offering information, referrals to other organisations and someone to talk to on a 24/7 basis. It has been piloted in the North West of England and the Isle of Man since November 2012. Three months into the pilots, the Centre for Social Justice started to interview Silver Line callers, service providers and other stakeholders in the sector to establish how well the service had been set up, and what was important about the service for older people.

**What is going well?** A number of outcomes started to emerge just three months after the helpline and telephone befriending service was launched. These include:

- 33% of callers phoned for general information or advice, 24% called because they wanted a Silver Line Friend and a further 12% phoned to speak about general loneliness and health – and were willing to admit to loneliness during later interviews
- Being able to access the helpline 24/7 was a popular feature, as older callers had a sense of 'being in control' of the service they were accessing
- The anonymity, and non-local set-up, of the Silver Line helped overcome the stigma attached to loneliness
- The Silver Line is offering a particularly useful service to those who view the Samaritans as

only for the most needy or suicidal, but who still feel low or need information and advice

**Lessons for others:** Although the evaluation only looked at the first three months of the Silver Line pilots, a number of early lessons can be drawn out. These included:

- Telephone services need to find ways to manage expectations of callers – they may be pleased to have a telephone befriender but many also want face-to-face contact
- They Silver Line will need to rely heavily upon local activities and services and therefore could be a good source of referrals in the future for other organisations
- The Silver Line removes some of the stigma attached to loneliness, and being freely available, it could be worth referring older people to them as part of a wider menu of advice and support given in a local area.

Download the evaluation report [here](#).

**Research reference:** Callan, S. 2013. *When I get off the phone I feel like I belong to the human race: Evaluation of The Silver Line Helpline pilots*. Project Report. (Centre for Social Justice: London)

### **Case study: South West Well-being Programme**

**About the service:** This paper is based on an evaluation of the South West Well-being programme, which ran from 2008 to 2011 and involved ten organisations delivering leisure, exercise, cooking, befriending, arts and crafts activities across the South West of England in community centres. The services offered were aiming to deliver a range of benefits, including improving mental health, healthy eating, physical activity as well as social support.

**What went well?** The results of the study suggest that the community centre activities lead to benefits in health and well-being of attendees. There was a good association between the aim of the particular project and behaviour changes (e.g. activities designed improve health eating led to an increase in self-reported fruit and vegetable consumption). The evaluation found that people taking part in befriending-focused activities and reported improvements in social well-being, as measured on a scale which included questions on whether they felt that they belonged to a community, had people in their life who really care about them and find it easy to meet people who share hobbies or interests. (Note: this evaluation did not include a loneliness measure)

**Lessons for others:** Whilst the evaluation found that the project led to overall positive changes, no

overall significant improvements were seen in the social wellbeing measures “I find it easy to meet people who share my hobbies or interests” and “there are people in my life who really care about me”. This could be because the promotion of social wellbeing was an “underlying” rather than central objective for many activities.

The evaluators also believe that framing activities in positive terms (e.g. fun, leisure, creativity and socialising) instead of negative (e.g. prevent ill health) contributed to the appeal and accessibility the project and activities on offer. Download the research paper [here](#).

**Research reference:** Jones, M., Kimberlee, R., Deave, T. and Evans, S. 2013. The Role of Community Centre-based Arts, Leisure and Social Activities in Promoting Adult Well-being and Healthy Lifestyles *International Journal of Environmental Research and Public Health* 10: 1948-1962 doi:10.3390/ijerph10051948

## Upcoming Research

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### Family Mosaic aims to save the NHS £3 million a year

**About the research:** Family Mosaic recently published a manifesto with a pledge to save the NHS £3 million each year. This was, in essence, an aspirational commitment based on the assumption that social housing could save £3 million in health costs by reducing the frequency of hospital stays and GP visits by tenants. To test this calculation, Family Mosaic began an extensive research project with their General Needs tenants. This started with a 600-strong sample of tenants aged 50 or over, who complete a detailed survey at regular intervals over 18 months. The study was designed with the help of the London School of Economics, to ensure it meets a randomised control trial standard.

Participants have been randomly allocated into one of three equally sized cohorts. The first 200 are assigned to a control group who receive no extra services and but are assessed at regular intervals. The remaining 400 are divided into two ‘treatment groups’. The first treatment group receives support from their normal housing officer to access local health services, benefits advice community groups and charities that focus on promoting healthy lifestyles, improving strength and balance, and tackling social isolation. The second group are receiving the same support but from a new team of health support workers, who can give tenants more intensive support, encouragement and time.

For example, if someone is feeling lonely and isolated, a housing officer might suggest a local walking group they could join. A health support worker could suggest the local walking group, accompany the tenant for the first time, call them the next day to see how it went, and suggest other activities

to develop particular interests.

The survey consists of 81 questions about the tenants' health, wellbeing, home, and use of services. This includes the *Warwick-Edinburgh Mental Well-being Scale* (WEMWBS) to measure general wellbeing and two questions that ask respondents to rate how frequently they feel lonely, and how often they feel connected to their community.

**What are the early results?** The interim findings have already shown that 92% of participants report at least one long term health condition. A third are suffering from depression and half of participants said they feel lonely all or some of the time.

In the first six months, 445 people had made a total of 1,719 planned GP visits, 159 emergency GP visits, 1,124 planned hospital appointments, 156 visits to A&E and spent 455 nights in hospital. Family Mosaic has a population of around 6,500 social housing tenants over 50. They estimate that if just half of them use the same resources as the sample, that's an immediate annual cost to the NHS of £4.7million. (This excludes costs of ambulance use, medical procedures while in hospital, or any mental health or adult social care costs).

Since their assessments, a high proportion of older residents across all groups have attended one or more health initiatives, ranging from weight management classes to advice on how to stop falls at home. Whilst too early to draw any substantive conclusions from the pilot, the researchers are confident there is a clear health need, that people want to improve their health, and that Family Mosaic are well placed to support them to take the first steps to healthier living, and to save the NHS substantial money in the future.

**What will happen next?** Over the final six months of the project, the research team will conclude initial assessments and continue to monitor the impact of the two treatment approaches. They are planning to follow-up with two-thirds of participants to get more in-depth, qualitative data. There has been a very positive initial response from local Public Health teams and Clinical Commissioning Groups (CCGs), and Family Mosaic is working with representatives from these groups to share the learning from what is successfully changing health and social behaviours.

You can download the interim report [here](#). For more information about the research, contact Jemma Moulard at [Jemma.Moulard@familymosaic.co.uk](mailto:Jemma.Moulard@familymosaic.co.uk).

## Contribute to the Research Bulletin

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If you would like to contribute to the next Research Bulletin please contact Anna Goodman

[anna@campaigntoendloneliness.org.uk](mailto:anna@campaigntoendloneliness.org.uk)). We will consider any research into loneliness or isolation in older age, published or unpublished, including academic journals, new reports, local evaluations and case studies.

## About the Campaign to End Loneliness

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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 1,400 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](http://www.campaigntoendloneliness.org.uk)