Research Bulletin - Summer 2012

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 local authority and voluntary sector representatives.

This quarterly bulletin provides information on how to get involved, recent research and initiatives and keeps you up to date with the Research Hub's activities.

News from the Research Hub

■ What do we know about loneliness? Research Conference July 9th – 10th 2012

Age UK Oxfordshire and the Campaign to End Loneliness hosted a two day, international conference at Merton College, Oxford on the 9th and 10th of July to share with researchers, policy makers and practitioners the latest robust evidence on loneliness from around the world.

A number of Research Hub members spoke at the event as did Paul Burstow MP, then Minister of State for Social Care. During his speech Mr Burstow launched Loneliness and Isolation: a toolkit for health and wellbeing boards, a new resource designed to help these new forums for health and care officials to identify, map and commission for loneliness in their communities.

Presentation slides and notes from the workshops are now available on the Campaign website.

■ New Research Hub members

We welcome a new member to the Research Hub:

- Philip Corr, Professor in Psychology, University of East Anglia

A full list of members and their professional biographies can be found online.

New research into loneliness and social isolation

■ Gierveld, J., Dykstra, P. and Schenk, N. (2012) 'Living arrangements, intergenerational support types and older adult loneliness in Eastern and Western Europe' *Demographic Research* vol 27 article 7 pp. 167-200

This study examines how different living arrangements (independent households of those living alone or as a couple, versus co-resident households encompassing adult children) are determinants of loneliness in older age.

Results showed higher levels of loneliness in Eastern than in Western Europe. Older adults living alone are most lonely, older adults living with a partner are least lonely. Co-residence provides protection, but not to the same degree as a partner.

The study found in both co-resident and independent households there is a greater likelihood of being involved in giving support to adult children than in receiving it. In both East and West European countries, older adults who are primarily on the receiving side are most lonely.

The researchers conclude that a better understand of risk and loneliness can be found the direction of supportive exchanges with adult children is considered, not just living arrangements.

www.demographic-research.org/volumes/vol27/7/27-7.pdf

■ **Perissinotto, C. M., Stijacic Cenzer, I. and Covinsky, K. E. (2012) 'Loneliness in Older Persons: A predictor of functional decline and death'** *Archives of Internal Medicine* **172 (14) pp.1078-1084**

In this study, researchers from the University of California found loneliness to be more accurate predictor of a person's risk of losing independence or dying than simply whether they lived alone. Among participants who were older than 60 years, loneliness was a predictor of functional decline and death.

Functional decline was measured in 4 ways: difficulty with an increased number of activities in daily living; difficulty in an increased number of upper extremity tasks; decline in mobility and increased difficulty in stair climbing. They adjusted for demographic variables, socio-economic status, depression and other medical conditions.

http://archinte.jamanetwork.com/article.aspx?articleid=1188033

■ **Cole, S. W. et al (2012) 'Mindfulness-Based Stress Reduction training reduces loneliness and pro-inflammatory gene expression in older adults: a small randomized controlled trial'** *Brain, Behavior and Immunity* **26 (7) pp. 1095-1101**

This study has garnered significant press coverage after key findings were released by UCLA at the beginning of August. With a small cohort of 40 older adults, the researchers tested with an 8 week *Mindfulness-Based Street Reduction* program could reduce loneliness, and down-regulate loneliness related pro-inflammatory gene expression.

They concluded that the MBSR program did reduce loneliness, compared to small increases in the control group, and suggest it could be "a novel treatment approach" for reducing loneliness.

www.sciencedirect.com/science/article/pii/S0889159112001894

■ **Demos and WRVS** *Ageing Across Europe*

WRVS commissioned Demos to research and write *Ageing Across Europe*, to compare experiences of ageing in the United Kingdom with Germany, the Netherlands and Sweden. Demos first conducted a literature review to identify demography, polices and services that are in place to support older people. They then conducted a quantitative analysis of European Social Survey data across five domains including 'Social inclusion and participation'.

The report concludes that loneliness and lacking somebody to confide in are "a particular problem" in the UK. ESS data showed that the UK had the highest rates of loneliness, and older people felt that they did not socialise as much as others their age. It concludes that long-term under-investment by local authorities in services that reduce isolation and loneliness may be the cause.

www.wrvs.org.uk/Uploads/Documents/Reports%20and%20Reviews/ageing_across_europe_may24_2012.pdf

■ Bridges, E. and James, V. (2012) *Getting back on your feet: reablement in Wales* (WRVS: Cardiff)

In this report, WRVS identify both success and inconsistencies in reablement delivery across Wales. Using Freedom of Information requests, the researchers asked health boards to identify reablement programmes that focused on the social, rather than physical, reablement of older people.

The report found that whilst many health boards worked in partnership with other authorities to provide physical and social reablement, few measured social wellbeing, relying on quantitative and clinical data. Reablement was still largely seen as about improving health or mobility with "comparatively little" focus on benefits of social interventions.

www.wrvs.org.uk/our-impact/reports-and-reviews/getting-back-on-your-feet-reablement-in-wales

■ Knight, J. (2012) 'Who's there? Identifying the impact of a community based service on an older person's feeling of loneliness and perceived well-being' (University of Birmingham)

This dissertation, written for an MSc Managing Partnerships in Health and Social Care at the University of Birmingham, looked at whether the involvement of a community worker could assist in reducing feelings of loneliness in older people over 75 identified at risk of hospital admission in the next 12 months, using PARR and EARLI risk stratification tools.

The dissertation focuses on successfully interventions to aid a future collaboration project between Sheffield City Council and one GP consortia working in a specific geographical location that will run over a period of 12 months.

Using questionnaires based on the Adult Social Care Outcomes Toolkit, Knight interviewed 8 adults. 88% of interviewees identified 'something to aim for/an interest' was the important for reducing loneliness, followed by 'getting out/being active' and 'befriending by family or others'.

The findings indicate that for those most lonely the inability to maintain activities outside the home, a lack of inclusive or friendly neighbourhood and a lack of motivation contributed most to feelings of loneliness - although in most cases they could be counteracted with a specific intervention providing this was tailored, specific, timely and in the most positive cases co-produced.

Anyone interested in receiving a copy should request one from Joanne Knight via Anna Goodman.

■ Preventing loneliness and social isolation among older people (SCIE 'At a glance' 60)

In collaboration with Contact the Elderly, SCIE have published a 'At a glance' paper to follow up their well-received 'Briefing 39: Preventing loneliness and social isolation: interventions and outcomes'.

Although it does not contain new research, 'At a Glance' 60 provides extra information on three possible services that can reduce loneliness and social isolation: one-to-one befriending; group tea parties and 'Community Navigators'.

www.scie.org.uk/publications/ataglance/ataglance60.asp#

Future research

■ **'Is social exclusion still important for older people?' International Longevity Centre UK**

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 upcoming research 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 will be available on www.ilcuk.org.uk from the 19th September. For queries, please contact info@ilcuk.org.uk

■ **Update on Joseph Rowntree Foundation's Neighbourhood Approaches to Loneliness programme**

'Neighbourhood Approaches to Loneliness' is a 3 year action research programme, running from 2010 to 2013. The programme aims to support and facilitate neighbourhood activity to address loneliness across 4 distinct neighbourhoods and increase the security, independent and well-being of people at risk of or experiencing loneliness.

JRF have just identified 74 groups of themes from data collected by their researchers on factors contributing to loneliness, as identified by local people in the 4 neighbourhoods.

The top themes - Being Older, Personality, Character and Emotions, and the Environment - crossed all four neighbourhoods. 'Being Older' as a group brings together a total of 14 themes, including the process of ageing, accepting the limits of getting old, adjusting to retirement, living alone or being placed in homes, not feeling included, lack of respect and care and poor and/or lack of facilities.

www.jrf.org.uk/blog/2012/09/why-are-older-people-most-risk-loneliness

■ **PhD Outline: An exploration of loneliness and interventions to reduce loneliness in older age (Kalpa Kharicha, UCL)**

Older people who experience loneliness are a heterogeneous group. The complex causes of loneliness and different typologies and characteristics of loneliness have been well documented in the literature. What is less well understood however is if and how these differences affect responsiveness to both formal and informal interventions to reduce loneliness.

This research will be embedded within a larger study, the 'Well-being Interventions for Social and Health needs' (WISH) study, funded by the MRC Life Long Health and Wellbeing Programme 2011-2013. As part of the WISH study, community dwelling older people aged 65 and over will be asked to complete the Multi-dimensional Risk Assessment in Older people (MRAO) questionnaire that includes validated measures on health, social, economic and environmental domains and be given personalised feedback on what they can do for their health and well-being.

This data, along with the SF-12, Warwick Edinburgh Mental Well-being Scale (WEMWBS), de Jong Gierveld 6 item loneliness scale, Lubben Social Network Scale and a service use diary will be collected at baseline and over a 6 month follow up period. Older people who are identified as being lonely at either baseline or follow-up, using either the de Jong Gierveld 6-item loneliness scale or in response to the question 'Do you feel lonely much of the time?' will be invited to participate in an in-depth face to face interview.

Key research questions in this mixed methods study are:

1. What is the prevalence of loneliness in this community dwelling older population?
2. What are the characteristics of older people who identify themselves as lonely much of the time?
3. Do these characteristics differ depending on the type of loneliness (social/ emotional and length of loneliness) that is being experienced?
4. How are the causes and experiences of loneliness understood and explained by this group?
5. Can typologies of loneliness be identified in this group from qualitative interviews?
6. How do older people, including those with different typologies of loneliness, respond to loneliness themselves and the advice and interventions offered by others? [what works, what doesn't and why]

Interviews are planned to start early in 2013. If you'd like further details please email Kalpa.

■ PhD Outline: Exploring loneliness in people living with and beyond cancer (Kathryn Burns, University of Dundee)

Anecdotal evidence from individuals living with and beyond cancer and healthcare professionals working with those individuals, information provided by cancer care organisations, and empirical research investigating loneliness, all identify that living with and beyond cancer can be a lonely experience. However, little is known about the meaning and impact of feeling lonely after a cancer diagnosis.

In order to enhance understanding of, and develop useful interventions for, loneliness in people living with and beyond cancer, a contextualised approach to understanding loneliness is necessary.

The aims of the current research project are:

- To establish the conceptual, theoretical and empirical basis for the development of an intervention to address loneliness in people living with and beyond cancer

- To develop a screening tool for loneliness in people living with and beyond cancer

Results of the quantitative study show that 49% of participants living with and beyond cancer experience moderate to high levels of loneliness (according to a standardised measure of general loneliness - The UCLA Loneliness Scale version 3), and although analysis of the qualitative data is only

in early stages, a number of themes concerning the meaning of loneliness in people living with and beyond cancer are emerging. These include: issues communicating with family and friends – wanting to protect them/not feel like a burden, unhelpful reactions from others, greater time spent alone/missing company, feeling forgotten about, not having someone who understands/has been through the same thing to confide in/share the experience with/learn from, physical limitations affecting social activities and leading to feelings of being left out, and links between feeling lonely and feeling depressed.

The next steps are: to finish analysis of the qualitative data, to use the results of the analysis to develop a screening tool for loneliness in individuals living with and beyond cancer, then to conduct a small validation study of the screening tool.

If you'd like further details please email Kathryn.

■ Proposal Outline: AgeLink: Developing and testing of a novel social networking application for older people (Professor Philip Corr, University of East Anglia)

The number of elderly people in the UK is set to increase markedly over the next two decades. In 2011, the UK government acknowledged that loneliness is a major threat to the health and life expectancy of older adults. Therefore, developing a means to connect older adults to each other, their families, and the support networks around them, is a major priority.

However, despite their potential to combat social exclusion, social networking media have not been designed for use by the elderly and, as a result, they are under-utilised. More knowledge is needed to encourage higher usage. The project entails the development and testing of a new social networking application designed to connect isolated older adults. The aim of this application is to confer a range of evidence-based psychological and health benefits leading to enhanced quality and duration of independent living.

If you'd like further details please email Philip.

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, or receive a copy of these studies, please email Anna (anna@campaigntoendloneliness.org.uk)

■ What are the best scales to use when measuring levels of loneliness amongst service users or members of social clubs?

Measuring the subjective experience of loneliness can be complicate, unlike the objective state of social isolation. Direct questions, such as 'do you feel lonely?', can lead to an underrepresentation in the data set as many respondents may not wish to admit to it.

There are a number of scales used in academic and large scale studies that can be used to measure levels of loneliness amongst your service users or members. All scales produce similarly accurate results with different questions, but should:

- Use self-report measures
- Be confirmed for use with older populations
- Be reliable across a variety of research designs

Professor Jenny de Jong Gierveld also recommends scales should capture both the emotional and social dimensions of loneliness. Social loneliness is felt when there is a loss of a wider social network, whereas emotional loneliness is experienced when an intimate relationship, such as a spouse, is missed.[1]

With these characteristics in mind, practitioners could adapt the following scales for their work:

- Gierveld 11 item scale

- Gierveld 6-item scale

- Abbreviated Duke Social Support Index:

Another recently-developed questionnaire is Professor Ann Bowling's Older People's Quality of Life Questionnaire (OPQOL-3). These measures of quality of life have been developed after in-depth interviews with older people, to determine their priorities.

More information on impact measurement for befriending schemes in particular can also be found on the Mentoring and Befriending Foundation's website.

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. www.campaigntoendloneliness.org.uk

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[1] De Jong Gierveld, J. and Van Tilburg, T. (2008) 'A 6-Item Scale for Overall, Emotional and Social Loneliness: Confirmatory Tests on Survey Data' *Research On Ageing* 28 (5) pp. 582-598
http://home.planet.nl/~gierv005/ResonAging.pdf