

# Research Bulletin 16

## February 2016

### 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

- [Video and presentations from the Learning Network Conference 2016](#)

Latest Research

- [Reciprocal relationship between loneliness and poor health](#)
- [Social Prescribing complements traditional services for older adults](#)
- [Smaller social networks affect older adults' mental health vulnerability](#)
- [Singing helps to bond large groups](#)
- [A national strategy on social isolation from the Scottish Government](#)
- [Connecting communities to build "community capital"](#)

Evaluating Loneliness and Isolation Services

- [LinkAge Bristol](#)
- [More than a Meal](#)
- [The Silver Line](#)

### News from the Research Hub

---

#### **Video and presentations from the Learning Network Conference 2016**

The Campaign to End Loneliness 2nd Annual Learning Network Conference was held in Cardiff in partnership with Ageing Well in Wales. 150+ people attended from across the UK to discuss brand new research and good practice, and learn how to better identify and measure loneliness. The conference was designed to celebrate the work of our Learning Network, as well as be an opportunity for members to rejuvenate and reconnect with what else is going on across the UK.

### What is the Research Telling Us?

Watch Professor Vanessa Burholt, Professor of Gerontology, Director of the Centre for Innovative Ageing, College of Human and Health Science, Swansea University talk about whether the environment and cognitive impairment can aggravate loneliness.

[Watch videos and presentations from the day here](#)

## Latest Research

---

### Reciprocal relationship between loneliness and poor health

This study links loneliness, or “perceived social isolation”, to health. Data was taken from the Chicago Health, Aging and Social Relations Study, which includes scores from the UCLA Loneliness Scale.

#### What the research found:

The study suggests that a reciprocal relationship exists between loneliness and a person’s health. Previous research has linked loneliness to chronic disease and mortality as a possible result of a low immune system and increased levels of inflammation in the body. The study found that people who were experiencing biological changes, such as those detailed above, in time became lonelier. Biological changes have an impact on the brain, by:

- Altering social behaviour and promoting anxiety
- Increasing ‘sickness behaviours’, such as affective, motivational and perceptual processes.

As a result, loneliness is manifested and social implications such as reduced social engagement occur.

**Implications for practice:** There are implications for way in which loneliness and health is managed. Loneliness and physical health should not be considered isolated issues. Instead, healthcare professionals should consider it a cycle and recognise the impact of each on the other. Treatment and interventions should reflect this. Interventions should consider the benefit of behaviour change in combatting both loneliness and poor health.

Taking action to ‘break the cycle’ will benefit both loneliness and the physical health of an individual, and may also yield cost benefits to health services.

**Research reference:** Cole, S. W., Capitano, J. P., Chun, K., Arevalo, J. M. G., Ma, J. and Cacioppo, J. T. 2015. *Myeloid differentiation architecture of leukocyte transcriptome dynamics in perceived social isolation*. PNSA. Available [here](#).

## **Social Prescribing complements traditional services for older adults**

Social prescribing links patients with non-medical facilities in the community which provide social, emotional or practical support. This review of social prescribing schemes in the United Kingdom considers the benefits of social prescribing.

**What the research found:** 35 social prescribing schemes in the United Kingdom were included in the review. Many of these schemes focus on the use of arts, education, exercise or healthy living initiatives, among others, to promote health and wellbeing.

Social prescribing schemes have seen benefits for individuals, including:

- Increases in self-esteem and confidence
- Sense of control and empowerment
- Improvements in psychological or mental wellbeing
- Positive mood, linked to reduced anxiety and depression

Particularly for older adults, social prescribing reduced the barriers to accessing services. By participating in class or group activities, evaluations suggest that older adults were less lonely and felt an increased sense of belonging. Social prescribing provides opportunity for participants to socialise with other people, increase social contact and reduce loneliness and isolation.

There are also benefits for the healthcare system, with less people choosing to visit GP's and other healthcare professionals. For example, 66% of participants of one social prescribing scheme reduced the number of times they visited a GP. Health professionals also had a greater choice of referral options for patients.

**Implications for practice:** Social prescribing can be an effective supplement to traditional interventions for older adults. A number of recommendations can be made following the review of social prescribing schemes:

- Primary care professionals are the key to implementing social prescribing.

Frontline staff, such as mental health professionals, link workers and nurses, are best placed to be able to assess an individual's needs and direct appropriately to facilities within the community. Frontline staff may engage with individuals, particularly older adults, in their own home, thus increase social contact and decrease in social isolation. Other non-health related professionals such as faith and charitable organisations may also be well placed to consider social prescribing, although this raises issues of access to potentially

vulnerable older adults. The success of implementing social prescribing relies on communication between all parties involved, should an individual's needs or risk factors change.

- The need for collaborative commissioning of services and interventions

Collaborative commissioning of services is needed to reduce future healthcare costs, with a collective strategic promotion of wellbeing. Social prescribing could allow for making greater and stronger connections in the community, where traditional health models may have been limited. Additionally, other community resources such as museums, have the potential to promote health and wellbeing activities.

**Research reference:** Thomson, L. J., Camic, P. M. and Chatterjee, H. J. 2015. *Social Prescribing: A Review of Community Referral Schemes*. London: University College London. Available [here](#).

### **Smaller social networks affect older adults' mental health vulnerability**

The impact of social networks on associated mental health outcomes is explored in this study, across three life stages. Here, 'social networks' refers to factors of social isolation, social connection and social trust.

**What the research found:** The research sought to understand the differences between three distinct life stages; adolescents, adults and seniors. While there are differences between the three groups, social networks play an important role in predicting mental health outcomes, regardless of life stage. Social isolation was found to play the most significant role across all three life stages.

- Older adults vulnerable to social isolation

Seniors, those aged 65 years and older, had small social networks. By investing in these smaller networks that are likely to decrease over time, seniors are left vulnerable to negative consequences. The research suggests that this dilemma can influence a person's mental health.

- Older adults and social connection

Despite having small and often diminishing social networks, those in the senior group held the highest values of social connection.

**Implications for practice:** The findings have implications for the design of mental health interventions and health policy. The most prominent recommendation from the research is the need for these interventions to be targeted to address the needs of individual life stages, rather than the issue of mental health as a whole.

There is a need to recognise the impact that one life stage can have on another. Considering the impact of social isolation on adolescents, protective measures should be developed to prevent these negative effects continuing on into later life.

The research concludes by highlighting the importance of facilitating social engagement and the need to have adequate and supportive social networks at each stage in life. Seniors, in particular, should be supported to build strong networks to ensure they have the support available to them to facilitate their quality of life.

**About the research:** The data used in the research was drawn from Wave 11 of the Household, Income and Labour Dynamics in Australia Survey (HILDA). This included the General Health Survey and a self-completion questionnaire.

**Research reference:** Levula, A., Wilson, A. and Harré, M. 2015. *The association between social network factors and mental health at different life stages*, Quality of Life Research. DOI 10.1007/s11136-015-1200-7. Available [here](#).

### **Singing helps to bond large groups**

The research considers how group singing can facilitate the ‘ice-breaker affect’, rapid cohesion between social groups without the need to know individuals on a personal level. This was done in conjunction with adult education charity, the Workers’ Education Association.

**What the research found:** Both singing groups and other creative groups, such as craft activities and creative writing felt a closeness to their peers. However, the patterns of bonding differ between activities:

- Singers experience a rapid sense of group cohesion, followed by a plateau.

Sharing a musical activity such as singing allows a group to bond quickly over a common goal. This mechanism allows participants to ‘bypass’ the need to get to know each other on a personal level. Singing also provides a social situation for individuals to meet others at tea-breaks or in-between classes. This provides a platform on which to build new relationships and increases the level of social contact provided by the session.

- Endorphins increase positivity and willingness in a group.

Group behaviours that are synchronous and involve some level of muscular effort are most likely to aid in quick cohesion in a group, producing endorphins. This may enhance a participants’ willingness to cooperate with other peers, increasing the likelihood that a group will bond quickly.

- Non-singing groups experience more gradual social bonding with peers

Many non-singing groups have the opportunity to develop relationships through one-to-one interaction and conversation. This mechanism does not, however, allow participants to bond cohesively as a whole group. Instead, group participants talk to each other individually and are effective in developing relationships steadily over a period of time, or a number of activity sessions.

**Implications for practice:**

Services who work directly with older adults should recognise the impact of group activities, like singing, in bonding a large group of people. Singing allows larger groups of people to quickly form the grounding of a relationship based on the common goal that they all share. This can be useful in bonding a group of people where time is a restricting factor or even in 'risky environments', as the study suggests. However, more emphasis should be put on continued interaction, if relationships are to develop on a personal level.

**Research reference:** Pearce, E., Launay, J. and Dunbar, R. I. M. 2015. *The Ice-breaker effect: Singing mediates fast social bonding*, Royal Society Open Science. Available [here](#).

**A national strategy on social isolation from the Scottish Government**

The Scottish Government launched an inquiry to assess the impact of social isolation. This report considers how the development of a national strategy, and how social isolation and loneliness can be tackled on a government level.

**What the research found:** Loneliness and social isolation are of great concern in Scotland. Public and Third Sector services face daily difficulties when dealing with loneliness and social isolation. While there is a commitment to tackling the issues, there lacks a collective strategic approach to reduce loneliness in older adults and others. A collaborative approach from public services, the Scottish Government and members of the public is required if change is to be made. Key findings of the report include:

- Signposting to community initiatives is beneficial

Innovative approaches to support are becoming increasingly favoured over medical prescriptions provided by a healthcare professional. Instead, older adults can be signposted to services in the community that are appropriate for their needs. Initiatives in Scotland which have adopted this approach have found improved wellbeing and mental health in older adults and increased levels of social contact.

- Isolated older adults are let down by transport issues

This is particularly the case for those living in rural areas. Accessible and safe public transport for older adults may be the key to prevent people from becoming lonely. However, the report noted that transport services are often subject to funding cuts by Local Authorities.

- Community design can help combat loneliness and isolation

Housing staff are often best placed to be able to identify loneliness and social isolation quickly and provide support to those involved. This may involve signposting to other services in the community. Sheltered housing complexes are useful for promoting social interaction, particularly where a communal area is available to residents.

**Implications for practice:** The report raises a number of recommendations for how to move forward in reducing loneliness and social isolation. A key recommendation is the need for collaborative working across services. With signposting and community-initiatives often favoured over prescriptions, there is more need now than ever to ensure the liaising of organisations.

- Tackling loneliness on a government level

The Scottish Government aims to develop national strategy on social isolation, to ensure that loneliness and social isolation are integrated into health and social care policy. The report also suggests that a national campaign to raise public awareness of the issues would be beneficial. A national campaign would highlight the implications of loneliness and social isolation and the benefits for communities who face the issue. However, this approach should be adopted with care to ensure sensitivity to those affected by the issues involved. Publically campaigning evoked a mixed response with many concerned that this may heighten stereotypes and do little to impact the issues. However the report noted that awareness raising was supported by people who had experienced loneliness and social isolation.

- Public and Third Sector services

A national strategy would allow the Scottish Government to develop key partnerships between Public and Third Sector organisations. By drawing on the knowledge and expertise that organisations already possess, the Scottish Government can help to support best practice in a strategic way.

**Research reference:** Age and Social Isolation. 2015. *Equal Opportunities Committee, SP Paper 816*. Available [here](#).

### **Connecting communities to build 'community capital'**

The research explores how the 'Connected Communities' program can help to build strong, resilient communities. Findings are drawn from seven case study examples in England which were developed using the Connected Communities approach.

**What the research found:** 'Connected Communities' is the notion that members of a community will experience increased social support and wellbeing, and reduced social isolation, when they are part of the

local community network. This accrues 'Community Capital'; the assets that are available in the community and the benefit that they provide to local people. The Connected Communities project can help to build community capital, which in turn allows the public services to:

- Improve people's health, wellbeing and quality of life
- Increase sense of belonging in the community
- Support people to be more empowered to make change happen in their community.
- Promotes co-production among community members and public services

Community networks have an important influence on wellbeing, and on physical health. Where people are satisfied with the community network in their neighbourhood, they also appeared satisfied with other aspects of their wellbeing, including health, life satisfaction and availability of social support. A sense of belonging to a community is also important. People experience a greater sense of wellbeing when they feel part of the community. Likewise, people who do not have this connection with the community are least likely to have high wellbeing.

There are also economic benefits to reap from the Connected Communities approach. Investing in the building of social networks can promote employment, and create savings for the healthcare profession.

**Implications for practice:** The Connecting Communities approach can create a better understanding of social isolation and how communities can support inclusion. This, in turn, will promote wellbeing, but requires a strategic approach from public service providers. The approach can be adopted by public sector professionals, businesses and community groups to create social dividends for the community. These services are measurable by life satisfaction, which the research has already shown to be important in wellbeing.

**Research reference:** Parsfield, M., Morris, D., Bola, M., Knapp, M., Park, A., Yoshioka, M. and Marcus, G. 2015. *Community Capital: The Value of Connected Communities*, RSA Action and Research Centre. Available [here](#).

## Evaluating loneliness and isolation services

---

### Case Study: LinkAge Bristol

**About the service:** LinkAge Bristol works to provide social activities for people aged 55 and over, to encourage older people to become active in their community and to reduce social isolation and loneliness.



Outreach activities, such as befriending, were introduced to benefit those very isolated in the community. Evaluation of LinkAge considers the benefits of older adults participating in activities.

**What is going well?** LinkAge's activities were grouped under two categories; social activities and physical activities, and the benefit of participating in both categories of activities was reviewed. Benefits to older adults include:

- Increased opportunities to develop social connections and social support
- Prevention against deteriorating mental health
- Maintaining practical daily living activities

Social support was found to be high in activities provided by LinkAge, regardless of whether or not physical activity is involved. Activities that are physical, such as walking groups, provide participants with social and physical activity simultaneously. The work conducted by LinkAge is likely to have a positive impact on the health of older adults who partake in activities, with physical activities having an extra benefit for a person's physical health.

**Learning for others:** Older adults who take part in activities through LinkAge are likely to experience a positive impact on their wellbeing. Coupled with physical exercise, participants may notice improvements in their physical health as an additional benefit. Commissioners should seek opportunities where both social and physical outcomes are promoted.

LinkAge may be used as an example of how social and physical goals can be integrated and achieved together. The review concludes that further research into the benefit of LinkAge, and other similar projects, is required. In particular, longitudinal research to evaluate the impact activities have on a person's health over time. This will allow service providers to appropriately cater for the needs of older adults in the community.

### **Case Study: More than a Meal**

**About the service:** Meals on Wheels operates in communities across America, with over 5,000 independently-run local programs providing meals to older adults in the community. Through the provision of healthy meals, the programmes aim to support older adults to live well in their own homes. This pilot study aimed to address the effectiveness of Meals on Wheels programmes in America, and compare the effectiveness of three different methods of delivery. Older adults on waiting lists for home-delivered meals were compared to the population of older adults living in the community.

**What is going well?** Participants were assigned randomly to one of three groups: daily, traditional meal delivery; frozen, once-weekly meal delivery; and a control group of participants who remained on the

waiting list. The impact on health and wellbeing, including loneliness, isolation and mental health were assessed. In general, older adults who either receive meal deliveries, or are on the waiting list for meal delivery, are more likely to be vulnerable compared with the population of older adults in the community.

With the provision of daily-delivered meals, older adults are more likely to experience:

- Decreased feelings of loneliness and isolation
- Improvement in factors of health and wellbeing
- Improved general health

Receiving home-delivered meals provides an element of social contact for older adults. This is greater with those receiving daily delivered meals (65%), compared to those receiving weekly-delivered meals (35%). This social contact helps older adults to feel safer in their homes and alleviated feelings of loneliness and isolation.

By providing home-delivered meals, older adults feel more confident in their ability to live independently. In the review, older adults identified that they felt safer when meals were delivered, as they felt there was someone to check on them regularly. 80% of those receiving daily-delivered meals felt safer as a result, compared to 70% of weekly-delivered meals.

Factors of wellbeing are also coupled with reduction in the rates of falls and improvements in self-rated health by older adults, reducing the need for medical treatment and hospitalisation.

**Learning for others:** The research has indicated that the provision of home-delivered meals has a positive impact on those receiving it:

- Promoting independent living

Through the provision of Meals on Wheels and similar initiatives, older adults can be supported to live independently. These initiatives can improve the health and wellbeing of older adults, by alleviating loneliness and isolation and increasing social contact. Although older adults identified feeling safer as a result of the social contact provided, further research may identify the impact of home-delivered meals on feelings of safety and security.

- Reducing costs through meal-delivery

Meal-delivery initiatives may provide cost-effective means of supporting older adults to remain independent. The research suggests that there are cost benefits for governments and healthcare costs. By improving feelings of loneliness and isolation in older adults, the impact of these factors on healthcare systems is reduced. Families may also see a cost-benefit, by enabling older adults to live independently in

their own homes. Further research would identify the impact on community tenure and rates of institutionalisation. Read the full report [here](#).

### **Case Study: The Silver Line**

**About the service:** The Silver Line provides a number of services designed to support older adults who may be vulnerable to loneliness and social isolation. The Silver Line offers a unique Helpline for older adults, operating 24-hours, seven days a week. Older adults can also opt to be matched to a volunteer Friend for more regular and consistent phone calls from a volunteer.

**What is going well?** The Silver Line appeals to a diverse range of older adults who may feel lonely or isolated. An evaluation highlighted the diversity among the people who use the services. Women are more likely to contact The Silver Line, with seven in ten callers being female. Also, there are a number of circumstances in which a person may contact The Silver Line, including: being housebound, loss of friendships and lack of social support in the local community. Caller's needs are also varied. While some may seek regular contact on a daily basis, others will seek support with mental health issues. Also, loneliness is often coupled with additional difficulties. Callers often experienced multiple disadvantage such as loneliness, social isolation, disability, and poor general health, and these factors mutually reinforced the other.

The impact of The Silver Line was evaluated by means of comparison after a six-month period. Most participants' surveys showed a reduction in the severity of loneliness experienced. However, with a number of callers experiencing an increase in loneliness, the results highlight how people can flow between different levels of loneliness.

**Learning for others:** The reasons for people calling The Silver Line, and what they hope to achieve from it are very complex and often integrated with other difficulties. Categorising callers by their needs and understanding these demographics may help to tailor services to specific groups of people. Particularly where the needs of individuals are complex, The Silver Line should be used to supplement or guide other services, rather than an alternative to traditional methods of support.

Helplines should ensure their services can specifically cater for men, as there appears to be substantially more women calling in response to feeling lonely. Men may be reluctant to address issues of loneliness. This should be taken into account in the development of similar services, for example, in the recruitment of staff and volunteers. Read more about the work of The Silver Line [here](#).

## Upcoming events

---

### Combating Loneliness and Isolation to Improve Health & Wellbeing

#### Westminster Briefing Conference

Wednesday 9th March 2016

11.00am - 3.30pm (including networking lunch)

110 Rochester Row, Victoria, London SW1P 1JP

Attend this Westminster Briefing event in partnership with **The Campaign to End Loneliness** to understand this largely unreported issue and what is currently being done to tackle it. Engaging with our panel and your peers you will learn about the causes and consequences of loneliness and more importantly explore solutions to combat it in your area. Learning and Research Manager Dr. Kellie Payne will be giving a presentation on how the Campaign works to combat loneliness.

## Contribute to the Research Bulletin

---

If you would like to contribute to the next Research Bulletin please contact Kellie Payne ([kellie@campaigntoendloneliness.org.uk](mailto:kellie@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](http://www.campaigntoendloneliness.org.uk)