What do we know about
tackling loneliness?

tackling loneliness

what works wellbeing

the big picture

Why is loneliness an issue?

Loneliness is an experience that most of us will encounter at some point in our lives, either momentarily or as a more prolonged experience because of events like the loss of a parent or friend. Being lonely can become a serious issue when it becomes a day-to-day reality as it's quite important for our health and wellbeing, and the way we function in our communities.[46,47,48]

What is loneliness?

Loneliness occurs when there is a gap between our *actual* and *desired* social relationships (Peplau & Perlman, 1981), and when the *quality* or *quantity* of these relationships does not meet our expectations. Loneliness is different from social isolation. Social isolation is objective and based on the number of people in our social networks. In comparison, loneliness is *subjective* and *experienced*.

Who's affected?

Until recently, becoming chronically lonely (feeling lonely all or most of the time[31]) was only seen as an issue for older age. However, we know that loneliness can be a barrier to wellbeing at any age.

Academics, practitioners and policy-makers are interested in understanding the risks of being lonely in diverse population groups[33, 32, 37, 44] and whether transitions we go through at different life stages may be triggers for loneliness.[34, 38, 40]

what evidence is this briefing based on?

This briefing is based on a systematic review of evidence reviews,[1] which intended to answer the question: What is the effectiveness of interventions to alleviate loneliness in people of all ages across the life-course?

What studies were included?

The review of reviews begins the process of mapping the evidence base and identifying the potential gaps and areas to focus on. To do this, published studies were only included in the review of reviews if they:

- **used controlled designs** - the choice to use the most robust design possible allowed us to minimise bias and issues of methodological diversity connected with the varied nature of the interventions, settings and populations. This allowed us to assess the effectiveness of different approaches and maximise the generalisability of results for policy recommendations.
- **measured loneliness** and reported on this outcome.

We sifted through 364 reviews

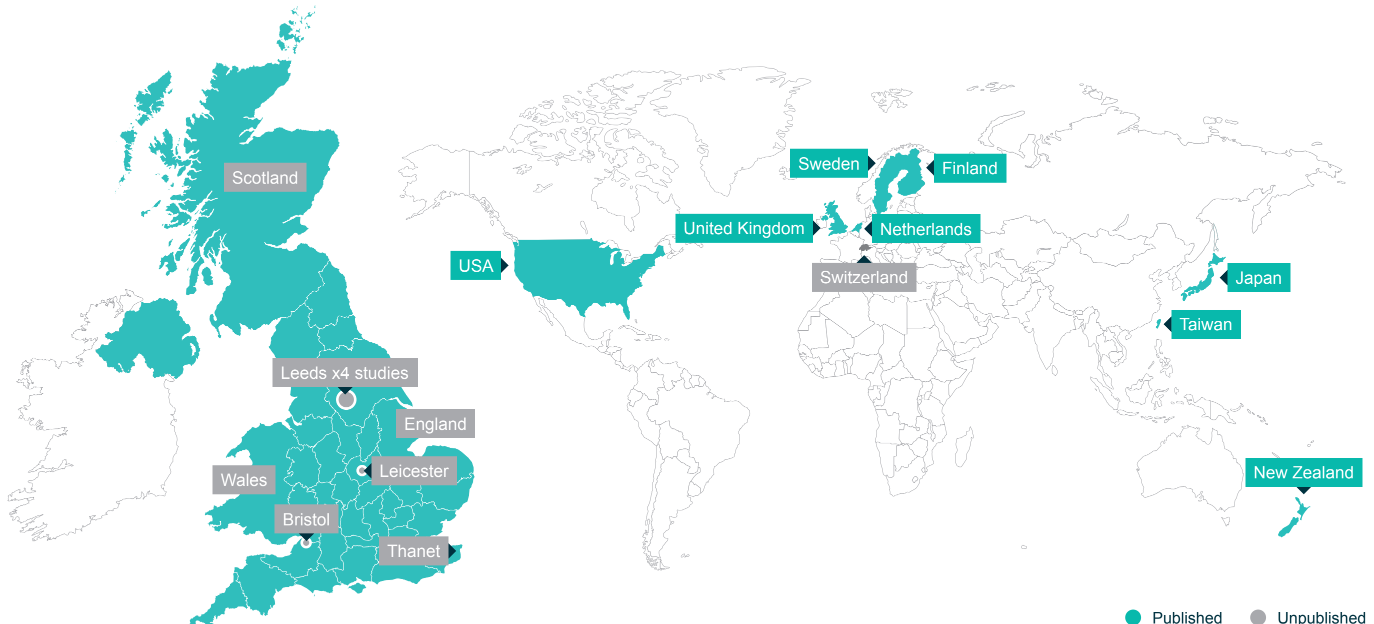
The review covers all published reviews on loneliness conducted in the past 10 years and unpublished reports since 2008 (14 academic reviews and 14 unpublished papers from the UK grey literature).

The review includes findings from the USA, the Netherlands, Finland, Japan, New Zealand, Sweden, Taiwan and the UK, and unpublished papers from England, Wales, Scotland and Switzerland.

The evidence we found on loneliness is focused on older adults. Therefore, the findings in this briefing are based on participants of 55 years and over.

A systematic review of reviews summaries the evidence from more than one systematic review on a topic. This makes it a robust and comprehensive summary of all existing research in this area.

The detail included in the reviews influenced the type of information that we could extract. Information on cost and quality of specific approaches wasn't always present or reported in a consistent manner. As a result, we are unable to provide insight on these factors. However, this review provides us with the initial information that can be further developed to achieve greater clarity.



Published studies | Unpublished studies/grey literature

the review found that:

State of the evidence

- **There is a need for greater clarity on the concept of loneliness and how it differs from social isolation**, for researchers and practitioners. The terms loneliness and social isolation were often used interchangeably within the reviews. Loneliness was often not the primary outcome in the published studies and was measured alongside other related concepts like social isolation, social support, social networks, and health outcomes including anxiety and depression.
- **There is a great deal of variability in the evidence base regarding the type of measure of loneliness and the way in which they've been used.** Many of the studies analysed used different measures of loneliness, or different versions of the same scale and most importantly, the results weren't reported in a consistent manner which hinders comparability of results.
- **We know much less about what interventions are effective for reducing loneliness at earlier life stages.**[32] The findings in this briefing are based on participants of 55 years and over, as evidence on other age groups did not meet the inclusion criteria for the review. The lack of evidence specific to young and mid-life adults is a clear gap in our knowledge base and reflects the conceptualisation of loneliness as a problem of later life. The lack of diversity in the published studies does not reflect the current (and future) socio-demographic profile of this population but it highlights an opportunity for greater conceptual clarity and future research.
- **Few of the published studies reported the details about how interventions worked to alleviate loneliness in different population groups, and what processes are needed for a successful intervention.** However, some unpublished evaluations, which explored loneliness interventions for different groups including LGBT groups, men, and vulnerable adults, are included, with some positive findings reported in reducing loneliness in these groups.
- **Building on existing community assets and networks to reduce loneliness was a key feature in a number of the interventions** in the unpublished studies. These interventions used an Asset-Based Community Development approach to tailor services and reconnect people to their community.[27, 17, 26] The effectiveness of this approach wasn't stated in the included studies and more comparative research with alternative approaches is needed.
- **Clearer understanding is needed on how loneliness relates to other mediating factors**, such as social support and social connections.
- **More large-scale, controlled study designs are required** to draw any solid conclusions about what approaches are most effective, for which groups of people, in what settings and for how long.

Key findings

- The evidence illustrates that **there is no one-size-fit-all approach** to alleviating loneliness in older population groups and that tailored approaches are more likely to reduce loneliness.
- It is not yet clear what approaches are effective in alleviating loneliness but **several mechanisms for reducing loneliness were identified** in the unpublished literature, including:
  - **Tailoring interventions** to the needs of people for whom they are designed
  - Developing approaches which **avoid stigma** or reinforce isolation
  - Supporting **meaningful relationships**
- The evidence about **the effectiveness of group-based interventions versus those delivered in one-to-one settings was inconclusive.**
- In one published and one unpublished study it was reported that **people with high levels of loneliness benefitted the most from loneliness interventions**, compared to people who are less lonely.[8,26] However, more robust evidence is needed to support this finding for the general population.

what interventions and approaches did we find?

The review found that different approaches are being used to alleviate loneliness in older adults. Interventions are being delivered in care homes and other forms of residential accommodation or out in the community and in people's homes.

There was no evidence of approaches doing any harm. However, there was a suggestion that some technology-based approaches are not suitable for everyone and could reinforce a sense of social isolation without a proper assessment of people's capacity to use technical equipment.[4] Few studies compared types of delivery. One study did identify that social groups and activities were the primary mechanisms for reconnecting lonely people and facilitating new connections.[27] The role of the group and shared activities is a mechanism that should be looked at in more detail.

leisure activities

therapies

social and community interventions

alleviating loneliness

educational approaches

befriending

system-wide activities

Leisure activities

Indoor gardening in care settings was found to reduce loneliness [3,5] and **outdoor gardening** in the community was offered as one element of a mixed intervention which was found to be effective.[19]

Music interventions focused on group singing and a range of other activities such as performing in public and music making.[5 25] In one unpublished study[25] qualitative data revealed a decrease in loneliness, and in one published study[5], quantitative data showed a non-significant decrease in loneliness. Overall, a slight decline in loneliness amongst participants is observed but more research is needed to assess the relationship between music interventions and loneliness.

Physical activities included supervised walking, or resistance exercise training or aerobic exercises (e.g. swimming and Tai Chi). Sometimes social and recreational activities took place alongside physical activities.[12] Physical activity did not appear to be effective for reducing loneliness.

> **"Suddenly I have new friends with common interests, have somewhere to go, and am doing things again. It's literally changed my life around."**
>
> Participant, That Friday goes Gardening [22]

Therapies

Animal Assisted Therapy (AAT) was used to increase perceived social support and social interaction. In the review, AAT ranged from placing caged birds in residents' rooms, to interactions with animals one to one, or in groups of two to four people.[3, 8, 32, 10] There was some evidence that the loneliest people benefited the most from AAT.[8] **Socially-assisted robot technology and companion robot animals** were tested in care homes.[2, 6, 32, 10, 11, 15] In some cases, companion robot animals were incorporated into group activities and discussions.[6] The effects of these technologies were mixed as some studies found an effect and similar ones didn't and there are methodological issues with some of the studies explored.

Reminiscence therapy draws on participants' life experiences to reduce depression and negative feelings, and improve comprehension. It was delivered through weekly group settings and one study demonstrated reduced levels of loneliness after three months.[3]

Cognitive enhancement involves stimulating people's cognitive capacity through memory creation, activity and education, which takes place alongside activities designed to facilitate social interactions and enhance social networks.[3] One study conducted in the US didn't find any significant reduction in loneliness scores for people in care facilities.

In one study, an eight-week **humour therapy** programme involving fun and creative group sessions, development of happy portfolios, telling jokes and laughing exercises was found to be effective in reducing loneliness.[5]

Social and community interventions

Social and community interventions were used to reconnect people to their communities and networks. One eight-week programme involved community gatekeepers who worked with people in groups for two hours every two weeks to improve community knowledge and encourage networking[8] and it was found to be effective.

Community sharing principles were used in different ways to design interventions in the unpublished studies. In one home sharing project 'householders' were brought together with younger 'housesharers' that needed affordable housing. The houseshares provide companionship and up to ten hours a week of low-level support to the householder. No data was reported regarding the effectiveness of the intervention but qualitative interviews revealed a positive impact. Hence, companionship was rather an important mechanism for reducing loneliness.[28]

Another project organised **shared meals** at local restaurants and pubs to bring single people together. Meals took place at different venues and times, some during evenings and weekends, with tables hosted by a volunteer. Meaningful relationships were developed out of contact in these intimate settings of 6-8 people, compared to larger coffee mornings that some participants had attended before and found more daunting.[20]

Advice and signposting services were commonly used to reconnect people to their communities.[16, 17, 21, 30] One Community Webs project included link-workers who were based in GP centres. They used signposting and offered support to people in order to help equip them with the skills to locate opportunities for taking part in community activity. The positive impacts of this approach on loneliness were reported and were sustained after three months.[17]

Using person-centred strategies to tailor support and signposting into community activities were found to be important mechanisms for reducing loneliness.[27, 16, 17]

> **"I value the company the most, because I was on my own, had no one to talk to and you get bored when you're on your own. Now that I've got Lauren [homesharer], I've got someone to talk to."**
>
> Householder participant, PossAbilities [29]

Educational approaches

Different educational approaches were used to teach people new skills and build confidence when forming social relationships.

- **Relationship training** focussed on teaching people the skills necessary to form new friendships and /or improve their current ones. One study taught care receivers how to optimise their relationship with their caregivers and it was found to be effective in reducing loneliness.[5] However, a telephone crisis programme that included a tailored service arrangement and supportive therapy such as building communication skills, and, a friendship enrichment programme for older women, were found not to be effective.[5, 10]

- Other activities included a **psychosocial element** that consisted of social skills practice and facilitation of social interactions. Most were delivered in group settings both in care homes and in people's homes. None were found to be effective. [5, 7]
- **Self management** approaches aimed at teaching self-esteem and self-care, and often involved practicing friendship skills and mindfulness. Published studies in this area showed a positive effect of these type of interventions on loneliness.[5, 7]
- **Skills training** helps people to learn how to use the internet, social media and specific devices (e.g. computer). Some took place in people's homes, in care homes individually or in small groups. It was unclear whether skills training helped in reducing loneliness.[3,4,7] In some interventions, **videoconferencing** was used to facilitate connections between older people and their family members who did not live close by and it was shown to have a positive effect in reducing loneliness at one week and three months post implementation. [3, 4, 10]

"I knew people by name or in passing, but now I feel I have much deeper connections as a result of spending time with small groups on the shared tables."

Participant, Shared Tables [20]

Befriending

- **Befriending** was the most common approach reviewed and was reported in 25 unpublished projects and identified by several published reviews.[24, 19, 4, 5, 6, 7, 18, 30, 28, 11, 13, 12]
- Befriending is a form of companionship that is provided regularly, often by a volunteer and traditionally one-to-one.[13] However, a broad range of activities were described as befriending, including supporting individuals to re-engage with their local networks and group befriending involving shared activities in the community.

  Befriending is a complex intervention, that when effective can help develop meaningful relationships and was found to reduce stigma in one unpublished study. [24] However, the evidence on the effectiveness of befriending on loneliness in the review was not conclusive. One systematic review and meta-analysis of befriending interventions found no significant benefit of befriending on loneliness.[13] The authors of that review suggest that a model should be developed to help researchers and practitioners to better understand the effects of befriending on loneliness and what makes up this complex intervention.

"There is a stigma as loneliness is associated with failure, some do not ask for help due to pride; you need to use positive language… we try to promote 'positives' i.e. friendship networks."

Project Coordinator,
The Cara Project [24]

System-wide activities

- **System wide activities** were used as a vehicle to change the culture of care in nursing homes and the community from an institutional, medical model to a more person-centred approach. Both the **4R programmes** 'reablement, reactivation, rehabilitation, and restorative' and the **Eden Alternative** focussed on empowering the recipients of care both in their homes and in care facilities to recognise what they are able to do and engaging them in activities. None of these studies showed a measured effect on alleviating loneliness, however, more research is needed to understand the mechanisms of impact.[14, 3]

how can we build on this evidence?

Develop a conceptual and theoretical framework for loneliness

Researchers, practitioners and other stakeholders should work together on an agreed framework for understanding loneliness, its pathways and other related and mediating factors. The lack of conceptual clarity surrounding loneliness was evident in the review. Loneliness was often used interchangeably with other terms and measured alongside factors such as social isolation, social support, social networks. This makes it hard to understand where approaches are having the most effect and on what factors.

Understanding how other factors relate to loneliness and how they relate to wellbeing will also be helpful for a wide range of projects and policies. For example, how do social isolation, social connection, social integration, social support, neighbourliness, social trust, quality of relationships, sense of belonging, perceived quality of society inter-relate and how do they relate to wellbeing and loneliness?

Furthermore, it is possible that interventions aimed at younger age groups or aimed at preventing loneliness might focus on measuring concepts like resilience, social connections, friendships and exclusion, rather than loneliness itself. This might explain why this review did not pick up research conducted with younger age groups, as measuring loneliness, rather than resilience, was a key inclusion criteria.

A framework would support the measurement and testing of loneliness interventions and would help us to better understand how the diverse range of loneliness approaches that currently exist relate to different aspects of loneliness and wellbeing. It would also help with understanding how the evidence in this review fits in with interventions taking place at other life stages or approaches that seek to prevent loneliness and improve wellbeing.

Use and report on an appropriate set of loneliness measures

Researchers should be sure to report the loneliness scale and the version of the scale that they are using to measure loneliness, as well as consistently reporting the effect sizes along with averages and adopt a shared threshold. This will help others to learn from research and replicate studies on a larger scale. It is also essential to align on population-level measures. The Office for National Statistics (ONS) is working with a panel of experts to recommend national indicators of loneliness for use on major studies. Such measures are needed to encourage greater consistency in how we measure loneliness and better comparability of findings. This will also be very important for building a coherent evidence base, which will enable better understanding of which interventions work most effectively to prevent or alleviate loneliness for different groups of people. Alongside this, the What Works Centre for Wellbeing (WWCW) is working on a guidance document on the different loneliness measures and their suitability of use in different settings.

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Improve, build up and track progress of the evidence base

Look in more detail at how approaches work in different settings and for different groups. Some approaches used one-to-one methods and some focused on group strategies, but few compared the two and it is therefore not clear which might be better suited to particular population groups. Other delivery modes were not compared such as volunteer versus professionally led, digital versus face-to-face and community versus care home settings, workplaces, schools etc. The mode of delivery may influence the effectiveness of approaches and could also also have cost implications. We need to understand more about different modes of delivery in approaches to alleviating loneliness and conduct high quality comparative studies. It's important also to include cost information to allow for cost effectiveness assessment and comparisons.

The studies in the review were only focused on older adults. But we know that loneliness can affect people of all ages and may be experienced differently by diverse population groups. More high quality research is needed to address loneliness in different groups. Trials of interventions should be large enough to offer a reliable answer, designed to reduce risk of bias as far as possible, based on sound theoretical foundations, delivered with adequate fidelity, and importantly, reported to standards of best practice and transparency.

Mapping all the practice approaches will further identify where research and evaluation opportunities exist. Projects and evaluations are happening all the time. Finding a mechanism and necessary partnerships to bring together findings from academia as well as policy and project evaluations into one place as they happen can allow:

- sectors to learn together
- spot what is genuinely effective
- reduce duplication or small scale studies of things that are already well known
- allow for studies of greater scale by finding partners doing similar activities in different areas
- connect researchers with practice and vice versa.

New funding to tackle loneliness

In June 2018 funding was announced by the Prime Minister to support voluntary, community and charitable organisations to tackle loneliness. This £20 million funding includes £11.5 Building Connections fund delivered in partnership with the Big Lottery Fund and Co-op Foundation, which, as well as supporting projects that will directly reduce loneliness, aims to contribute to the evidence base and to build the evaluation capability of voluntary and community organisations. Additionally, an independent evaluator will be appointed by the government to support grantees to with the evaluations of their projects and to collate and analyse the findings. A final report to reflect on the activities of the fund will be published in 2021.

What works in practice

The results from our review of reviews showed that it is not yet clear what approaches are effective in alleviating loneliness, although, this does not mean that loneliness is not alleviated at all by a range of interventions. Emerging findings (p.6-7) about the early impact of different interventions have been identified in the review and that can be used as a first step to improve the evidence base. None of the approaches proved to do any harm but there is a suggestion that some technology-based approaches should be matched to people's capabilities.

Practitioners

- Build the evidence base: Fill the evidence gaps and move the evidence base forward through well-designed, rigorous and appropriate research methods.
- Intervention design: use a tailored approach, avoid stigma, support meaningful relationships.
- Monitoring and evaluation: plan how to collect evidence - be clear about what you are measuring, use consistent, comparable measures.

Policymakers

- Consider how social connection and loneliness relate to the objectives of the policy, programme or project and how they can be supported at the margins.
- Include social connection and loneliness when developing and shortlisting options.
- Explore how better social connection and reduced loneliness can help achieve other outcomes.
- Understand and compare the social impacts on different groups.
- Build social connection, wellbeing or loneliness measures into pilots, evaluations and research.

Social connections are important for our overall wellbeing and are one of many 'indirect' factors that shape how we experience loneliness. The World Happiness Report consistently finds that the top differentiator of the happiest countries is 'having someone to rely on in times of trouble'. Although social connections were not the focus of this work, the role of meaningful relationships and how approaches are being used to build and strengthen social connections are touched on in this briefing.

Read our other briefings that explore the importance of social connections:

- **Music and singing**
- **Visual arts and mental health**
- **Places, Space and People**
- **Scoping review of social relations**
- **Team working**
- **Job quality**
- **Adult learning**

Supportive social relationships are essential to human wellbeing and their quality is not just dependent on individual circumstances, but is substantially influenced by their societies.

It might be tempting to treat loneliness solely as an individual phenomenon however, we must widen our understanding of loneliness to appreciate the social and situational factors involved.[49]

W

case study: community webs - mobilising community assets to support lonely people

Community Webs was a 12-month pilot project managed by Southmead Development Trust and delivered in conjunction with BS3 Community. Funded and co-designed by Bristol Ageing Better and Better Care Bristol the project received additional support from the Big Lottery Fund.

Community Webs aimed to reduce loneliness and social isolation of patients presenting to GP practices. The idea for the project was based on findings from the Citizens Advice Bureau that states that up to 18% of GPs' time are spent on non-medical issues. A key aspect of the Community Webs pilot was testing how primary care services could mobilise community assets at a neighbourhood level, to support the most isolated and lonely older people, whilst also freeing up GP time. The project ran in 6 GP practices across the north and south of Bristol.

The project provided patients with appropriate support to deal with non-medical issues through coaching and referrals to organisations and activities in the local community. Referral criteria for access to this service included social isolation and loneliness, over-reliance on NHS services, low confidence and self-esteem.

Following referral from a GP practice, Community Webs Link Workers worked with individuals for up to 3 months. The primary function of a Link Worker is to provide education, support, signposting services, and problem solving, therefore relieving the considerable burden on GP's. In this programme, Link Workers used holistic guided conversations with each individual to work out their needs and set goals. Clients were put at the centre of the service and asked from the outset what they wanted to achieve from the 1:1 sessions - what their priorities were, what their strengths were and what they felt that they could contribute to society. Community Webs is not a one-size-fits-all approach and the skill of the Link Workers was to find something appropriate to the client's individual circumstances.

The Link Worker then made referrals to organisations in the local community, for example loneliness support, financial advice, mental health support and social groups. By staying engaged with the individual over a 3-month period, the Link Workers helped them to maintain confidence in engaging with local activities.

Evaluation Methods

The evaluation of Community Webs used mixed methods to understand the process of delivery, short-term outcomes for clients and key costs linked to the project. The evaluation was a collaborative effort, involving staff from Southmead Development Trust, Bristol City Council, and the University of the West of England – with volunteer support from Bristol Ageing Better Community Researchers.

Qualitative data were collected from interviews (n=17) exit questionnaires (n=93), 3-month evaluation questionnaires (n=41) and monthly project worker reflective logs. Quantitative data collection related to loneliness outcomes included the De Jong Gierveld Loneliness Scale, the UCLA Loneliness Scale and questions around volunteering and social contact. Questionnaires were completed at three points: during the assessment at the start of project contact, once the programme has ended (exit) and at follow-up three months after the last contact with project staff.

Participant Data

318 referrals were made into the service across the six GP practices in North and South Bristol. The average age of those referred was 54 years, with 187 clients aged 50 or over (58.8%). 214 clients were female (67.3%), 104 clients were male (33.7%). 94% of clients were from a White British/Other group, and 6% were from a BAME group. Clients tended to be resident in areas of high social deprivation. The leading reasons for practitioners making referrals were social isolation (29.5%), low confidence and self-esteem (26.2%) and practical support needs (including welfare benefits, housing and form filling) (22.8%). Average attendance rate in the programme was 71.8%. At the point of enrolment with the programme, a majority of clients scored highly for loneliness. For the UCLA Loneliness scale the baseline average was 8.8 and for the De Jong Gierveld Loneliness Scale, the mean score was 4.67.

Quantitative findings

- There was a statistically significant decrease in the UCLA Loneliness Scale scores from baseline (M=8.88) to exit (M=7.98).
- On average client's De Jong Gierveld loneliness scores significantly decreased from entry (M= 4.67) to exit (M=3.99).
- On average client's mental wellbeing, using SWEMWBS, significantly improved from 17.4 at entry to 20.49 at exit.
- Follow-up questionnaires completed three months later showed continued improvements in loneliness and mental wellbeing. However, the sample size was too small to undertake any meaningful comparisons with baseline entry and exit questionnaires at three months follow up.

Qualitative findings

Patients most commonly described having someone to talk to as the main positive of the service. Being linked into community services which they were unaware of and going out to take part in activities when they had previously been socially isolated were other benefits experienced. **"Being able to talk to someone. [Link-worker] explored my needs/interests. I was feeling I wasn't good for anything. Now I feel I can take part in cooking/ reading/ walking groups and engage more."** (Patient interview).

Following the project, clients were also more willing to access community groups themselves, compared to relying on NHS services. **"I was becoming a bit of a hermit. I'm mixing more now, going out and doing things."** (Patient interview)

Learning and Limitations

Clients often disclosed difficult, personal and traumatic experiences to the Link Workers. Link Workers therefore need to be skilled in having difficult conversations and there need to be systems to be in place to support the Link Workers too. Clients often experienced difficulties using transport when activities were offered further afield. This means activities and services need to be available locally and that Link Workers need to have good knowledge of the local area and maintain a community asset map. In terms of evaluation, due to time-constraints researchers did not have the opportunity to follow up on all participants at three month or six months post enrolment, so some data is missing.

The learning from Community Webs has influenced the development of a Bristol specific social prescribing project called SPEAR, co-funded by Bristol City Council and Bristol CCG.

Read for the full evaluation report here or contact bab@ageukbristol.org.uk for more information.

"She [link worker] explored my needs and interests. We talked about what I actually want, not what people think I want. She believed in me. I was feeling I wasn't good for anything. Now I feel I can take part."

Patient, Community Webs project

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Glossary

Term	Definition
ABCD approach	Asset Based Community Development (ABCD) is an approach based on the principle of identifying and mobilising individual and community 'assets', rather than focusing on problems and needs (i.e. 'deficits'), (Foot & Hopkins, 2010).
Befriending	Befriending is an emotional supportive relationship. This form of companionship is provided regularly, often by a volunteer and traditionally one-to-one13 (Siette et al 2017).
Companionship	Companionship is a mechanism for loneliness and is included as an item in the UCLA Loneliness Scale: "How often did you feel that you lack companionship?" Macmillan et al (2018) found that companionship was a main outcome of their Homeshare pilots, which brings older 'householders' together with younger 'housesharers' that need affordable housing. The houseshares provide companionship and up to ten hours a week of low level support to the householder. "I value the company the most, because I was on my own, had no one to talk to and you get bored when you're on your own. Now that I've got Lauren [homesharer], I've got someone to talk to", Macmillan et al (2018).
Controlled study	A controlled study compares two groups, an experimental group who receives an experimental intervention and a control group who does not receive the intervention (Gough, Oliver & Thomas, 2012).
Effect size	Effect size is an objective standardized measure of the magnitude of an observed effect.
Loneliness	Loneliness is subjective and experienced. It occurs when there is a gap between our actual and desired social relationships and when the quality or quantity of these social relationships does not meet our expectations (Peplau & Perlman, 1981).
Meaningful relationships	Meaningful relationships in the review referred to the development of new friendships. Care Connect (2017a) found that meaningful relationships were developed out of contact in more intimate settings. Participants felt they were able to develop more meaningful connections with peers that they met through shared meals interventions. This was compared to meeting people at larger coffee mornings, that some participants had felt more daunting.
Social Isolation	Social isolation is an objective state. Social isolation is focused upon the size of an individual's social network. Isolation may be defined broadly as having few and infrequent social ties.
Stigma	Stigma in this context relates to a negative perception of lonely people. Stigma can limit lonely people from establishing social ties and from disclosing their loneliness or seeking support (Lau & Gruen, 1992). There is some research to say that stigma related to loneliness is experienced differently by men and women (Lau & Gruen, 1992). Feeling stigmatized may be seen as both a cause (Rokach, 2014) and outcome of loneliness (Rubin, 2017). Lonely people, may become lonelier if they perceive they are being stigmatized by others. Marginalized groups may become lonely because of the stigma they feel connected to their circumstance, for example being homeless or physically disabled (Rokach, 2014).
Systematic reviews of reviews	A systematic review of reviews summaries the evidence from more than one systematic review on a topic. It thereby aims to provide a comprehensive summary of all existing research in an area.
Tailored interventions	Tailored intervention refers to approaches that are designed with the needs of specific populations in mind or that allow the individual to tailor their experience based on a range of support options. Interventions may use guided conversations with participants at the start of an intervention to understand their needs and interests. These can then be used by practitioners to tailor the intervention to that individual. Tailoring approaches enable services to become more person-centred.

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