



Astral House, 1268 London Road, London SW16 4ER
York House, 207–221 Pentonville Road, London N1 9UZ

020 8765 7200

www.ageuk.org.uk

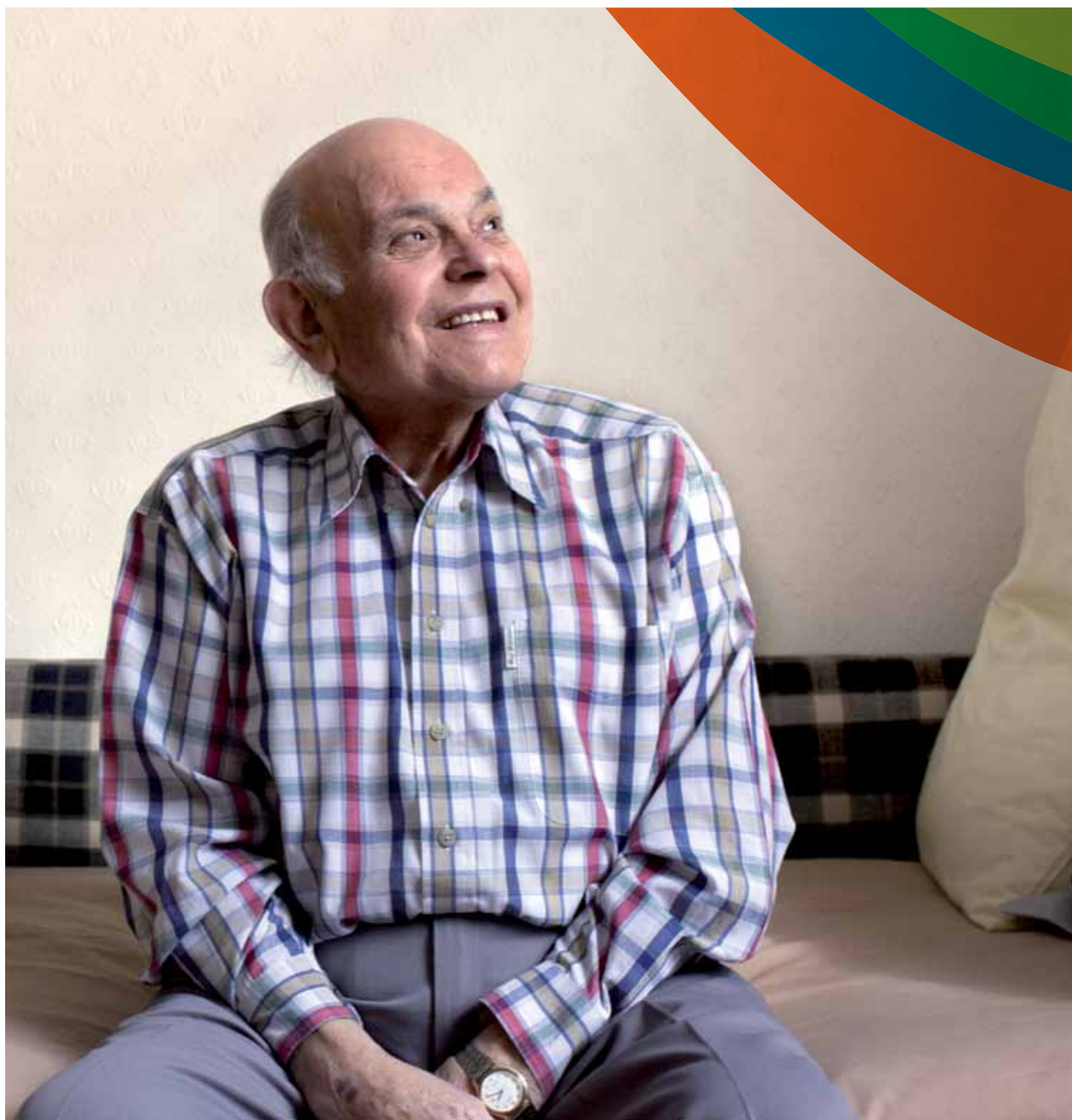
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Loneliness and Isolation Evidence Review



This evidence review is part of a series produced by Age UK , in order to provide evidence to underpin decision-making for people involved in commissioning, service development, fundraising and influencing.



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Key messages

The evidence in this review allows us to say the following:

- Loneliness and isolation are not the same thing: the causes of loneliness are not just physical isolation and lack of companionship, but also sometimes the lack of a useful role in society.
- One of the most effective ways of combating loneliness is to combat isolation.
- Loneliness is a subjective concept, which is influenced not only by circumstances and events, but is also subject to cultural and psychological factors.
- Having friends is a more important factor in warding off loneliness than frequent contact with these friends.
- If schemes to target loneliness in older people are to be effective, they must involve older people at every stage, including planning, development, delivery and assessment.
- Even where schemes use considerable resources to overcome physical isolation of potentially lonely hard-to-reach groups, participation is often very low.
- Befriending schemes have proved one of the more effective services for combating both isolation and loneliness, but they are best used in conjunction with other services. Group activities are particularly useful in helping older people out of loneliness and isolation.
- The title 'befriending' is unhelpful for a specific service, as it covers several types of intervention and means different things to different people. Schemes should be tailored to the needs of a group or area.
- Because loneliness has complex causes, schemes designed to address a group or individual's loneliness need to take their other circumstances into account.
- Interventions not specifically targeted at combating isolation and loneliness can still have a tangible positive effect on them.
- Intergenerational contact is probably more effective in combating loneliness than contact with one's own age group, although both have proven successful.
- Identifying people at risk of loneliness can be difficult, but targeting those disproportionately affected by loneliness – lower socio-economic groups, the widowed, the physically isolated, people who have recently stopped driving, those with sensory impairment and the very old – has proven most effective.
- People who have enjoyed friendship and companionship are more likely to be lonely than those who have never had close ties.
- The loss of a service which has had success at alleviating loneliness is worse than never having had the service at all. This also applies to patchy and unreliable services.
- Many schemes cannot yet be proven to be successful, even though it has been assumed that they have. Measurement of effectiveness should be built in to the design of any new project.



1 Policy context

A locally agreed approach, which informs the Sustainable Community Strategy, utilising all relevant community resources, especially the voluntary sector, so that prevention, early intervention and enablement become the norm. Supporting people to remain in their own homes for as long as possible. The alleviation of loneliness and isolation to be a major priority. Citizens live independently but are not independent; they are interdependent on family members, work colleagues, friends and social networks.

Putting People First (December 2007)¹

Putting People First is a concordat signed by six central Government departments, the NHS, local government, professional bodies and regulators, and adult social care and health providers across all sectors. It is the underpinning policy document in the transformation of social care; and a 'strategic shift' to prevention and early intervention is a central objective. In this context, the alleviation of loneliness and isolation is a major priority, recognising that 'independence' is founded on interdependence and social relationships.

The vision was expanded in the Department of Health Local Authority Circular *Transforming Social Care* (January 2008),² which located the focus on independence and inclusion in the context of the White Paper *Our Health, Our Care, Our Say* (January 2006).

The White Paper set out the role adult social care services should play in increasing people's independence and promoting inclusion in communities through preventive approaches and the promotion of well-being, rather than intervention at the point of crisis. To meet this goal, the system will need to undergo significant reform and redesign to ensure people have access to early interventions and to exercise choice and control over the services and support they need.³

This emphasis in the White Paper was itself a response to views expressed in the public consultation which preceded it: 'There was a strong desire for more help to support people to maintain their independence and feel part of society, with more emphasis on tackling loneliness and isolation, especially for older people, vulnerable people and those caring for others.'⁴

The same theme was picked up in the *Commissioning Framework for Health and Well-being* (March 2007). This followed the White Paper and encouraged 'the flexible use of NHS resources through practice-based commissioning' including: 'developing social and practical support for isolated older people – there may be substantial benefits from building community capacity to support isolated older people to maintain their independence.'⁵

In *Don't Stop Me Now* (July 2008), the Audit Commission's review of the preparedness of local councils for an ageing population,⁶ the 'limited impact' of *Opportunity Age* (DWP 2005)⁷ was recognised and the importance of tackling social isolation as a cause of dependency was reiterated in the recommendations:

- Councils should target services to tackle social isolation and support independent living.
- Targeted services should focus on the underlying causes of dependency in later life.
- Councils should lead local statutory agencies and the community and voluntary sector in making the most effective use of resources.
- Local authorities and their partners should make use of the many older people who are ready and willing to contribute to community life.

In *Making a Strategic Shift towards Prevention and Early Intervention* (October 2008)⁸ – guidance produced to support the implementation of Putting People First – a range of ‘effective interventions’ was reviewed, based on the emerging evidence from the POPP and LinkAge Plus programmes, Invest to Save Budget, Innovation Forum, etc. Under the heading ‘wellbeing services’, the first listed is ‘activities to address social isolation – e.g. befriending and luncheon clubs’. ‘Inter generational initiatives’ also receive specific mention.

Much of the most influential work on the impact of isolation and loneliness was conducted by the Social Exclusion Unit in the Office of the Deputy Prime Minister during 2004–6. In its final report, *A Sure Start to Later Life: Ending inequalities for older people* (January 2006), the Social Exclusion Unit asserted that:

Ending poverty and improving the responsiveness of health services is not enough on its own to end exclusion. Isolation, loneliness and poor social relations are also major factors leading to the exclusion of older people. Social isolation affects about 1 million older people, and has a severe impact on people’s quality of life in older age. Tackling social isolation and loneliness is not currently a priority for service providers, but is vital if we are to end social exclusion.⁹

This is a message that appears to have been taken on board in all subsequent policy documents produced by the Government.

Looking ahead

In November 2010, the Government published its Vision for Adult Social Care: *Capable Communities and Active Citizens*¹⁰ and a range of associated documents. ‘Prevention’ is the first of seven principles upon which Vision is built; and the document makes clear that it is always better to prevent or postpone dependency, rather than deal with the consequences. Vision reinforces the emphasis on prevention in *Putting People First*,¹¹ stating that councils should work with the NHS and others to commission a full range of early intervention services. But there is a shift in emphasis to community self-help: ‘unleashing the creativity and enthusiasm of local communities’ and ‘unlocking the potential of local support networks’. It is recognised that local authorities will particularly need to stimulate community activity in areas where social networks are poorly developed because of deprivation or rural geography. One model cited is ‘circles’ of neighbourhood helpers providing flexible support with practical tasks and social opportunities, co-produced with older people.

2 What do we know about loneliness and isolation in older people?

a) What do the terms mean and how do they differ?

While the terms ‘loneliness’ and ‘isolation’ are sometimes used as if they were synonymous, they refer to two different concepts. Isolation refers to separation from social or familial contact, community involvement, or access to services. Loneliness, by contrast, can be understood as an individual’s personal, subjective sense of lacking these things to the extent that they are wanted or needed.

It is therefore possible to be isolated without being lonely, and to be lonely without being isolated. For instance, an older person can be physically isolated (living on one’s own, not seeing many other people etc.) without feeling lonely. For some, physical separation is even a result of choice.

Similarly, one can feel lonely in the midst of other people. Older family members and care-home residents may not appear to be physically isolated, but their relationship with the people they live with may not be enough to ward off loneliness, particularly when the death of friends and loved ones takes away the companionship they need.

However, there are instances when even this distinction is blurred. Sensory deprivation, especially severe hearing loss, depression and cognitive decline (and sometimes the medication taken to treat them) can all create physical barriers, meaning that the isolation experienced by older people in group settings can be just as severe as for those living on their own. This could be especially severe for those older people whose first language is not English, and who revert to their mother tongue with the advance of dementia, speaking a language their younger relatives do not understand.¹²

The definition used by the English Longitudinal Study of Ageing (ELSA)¹³ splits the concept of loneliness into four key elements: feeling lack of companionship, feeling left out, feeling isolated from others and feeling in tune with people.¹⁴ One of these appears to introduce an element of isolation into the measure, but ‘feeling isolated from others’ may well not mean physical separation to many respondents, in which case this is still a valid measure of loneliness. However, although ELSA has tracked these scores separately (and once the effect of three ‘negative’ indicators and one ‘positive’ had been accounted for), the results for each element are so close together that it is probably more meaningful to talk about the aggregate results as ‘feeling lonely’. And, despite this attempt to make a subjective measure more objective, there is little difference between these results and those obtained by asking the question ‘Do you feel lonely?’

b) Research on loneliness and isolation

Loneliness and social isolation of older people are topics which are relatively under-researched. There has been considerable attention on providing a sound research base for estimating the benefits of prevention,¹⁵ but this has largely focused on tangible benefits and cost savings, particularly on the broad topic of health, and has not shed much light yet on the relatively complex set of benefits which could come from alleviating loneliness in older people.

Prevalence

Despite the lack of concrete evidence on the *prevention of loneliness*, there is a body of research on loneliness itself. Estimates of prevalence of loneliness tend to concentrate on the older population and they vary widely, with reputable research coming up with figures varying between 6 and 13 per cent of the UK population being described as often or always lonely.

The Growing Older (GO)¹⁶ project had isolation and loneliness as one of its 25 themes. In GO Findings 17,¹⁷ Christina Victor's main findings are:

- 7 per cent of older people were often lonely and 31 per cent sometimes lonely
- 11–17 per cent were socially isolated in 2001
- these rates had remained relatively stable in the previous 50 years.

In addition to prevalence, Victor found that:

- loneliness is a dynamic concept and varies across the lifecourse
- the relationship between isolation and loneliness is a complex one, involving social contact, health (physical and psychological) and mood.

A significant pattern is that both loneliness and isolation appear to increase with age, and among those with long-term health problems. It also shows, despite the clarification above, a particularly strong correlation between isolation and loneliness.

Significant life events and location also play a part. Little has been published contrasting loneliness in urban and rural areas, but a small-scale survey by Care and Repair¹⁸ found that 10 per cent of interviewees in rural areas mentioned isolation and loneliness as an issue, compared to 20 per cent in urban areas, which could indicate that, in spite of greater physical isolation, older people in rural areas may have better networks of support.

This is not particularly strong evidence and does not, for example, differentiate between those who have moved on retirement to a rural area and those who have always lived there. However, there is enough evidence to point to a need for more research here, as there is for people who have retired abroad, some of whose lives have been found to be far from the idyll they may originally have imagined.¹⁹

According to the latest Age Concern and Help the Aged survey results, 7 per cent of people 65+ in England say they always or often feel lonely. Including those who say they are sometimes lonely, the figure rises to 33 per cent. UK results are identical to those for England.²⁰ Interestingly, this 'always or often' figure has been in gradual decline since 2001, where a high of 13 per cent was recorded.²¹

Despite the fact that this is based on one subjective question and the English Longitudinal Study of Ageing (ELSA) figures are based on four questions (see above), the results for the same age group (65+ in England) are remarkably similar to the Age Concern and Help the Aged ones, with prevalence figures for loneliness clustered around the 30–35 per cent mark. What comes out most strongly from the analysis by Demakakos²² is the steep rise in reported loneliness among the oldest old (80+), where roughly half the respondents report feeling a lack of companionship.

There are similar prevalence figures for other countries. For instance, it has been estimated in the United States that between 5 and 15 per cent of older people frequently feel lonely, an additional 20–40 per cent occasionally feel lonely, and half of those aged 80 and above often feel lonely.²³



In China, the reported prevalence of loneliness in the older population was 15.6 per cent in 1992 and 29.6 per cent in 2000. Both the accuracy of this measure and the reasons for the near doubling of reported loneliness within eight years should give rise to caution. Perhaps, rather than serving as a comparison for the UK, the Chinese figures are more useful as a demonstration of how social and cultural factors may mean that even the most rigorously conducted research does not always lead to a credible outcome.²⁴

Factors affecting loneliness

Various factors have been found to increase older people's risk of experiencing loneliness and isolation.²⁵ Some are related to personal circumstances: loneliness and isolation are more common among people who are widowed or have no children. Others involve life events: sudden occurrences such as bereavement, or having to move into residential care; or gradual developments that give rise to a perception of having become lonelier over time. Poor physical health and mental health are associated with loneliness and isolation, as is the expectation of future poor health.

However, despite the distinctions drawn above between isolation and loneliness, there is strong evidence to back up the conclusion that physical isolation is still the single factor most closely associated with feeling lonely.

For instance, Victor found that social isolation is a predictor of loneliness, as is the amount of time spent alone.²⁶

There may be other important factors at play, such as wealth, health and cultural norms, but there is evidence, particularly from ELSA,²⁷ that being alone (especially without a partner or spouse) is the major determinant of loneliness in the majority of older people in England.

Many of the results from ELSA (Wave 2) also confirm links we might expect. For instance:

- loneliness increases with age, the loss of friends and poor health
- there is a strong connection between low contact with family members and loneliness
- loneliness is strongly allied to perceived poor quality of life. But it also points out specific issues that may not be as predictable and that may be of particular use in planning services to combat loneliness
- contact with children is an especially effective antidote to loneliness. This appears to apply to cross-generational contacts in general, i.e. contact with children and young people as well as contact with one's own (grown-up) offspring²⁸
- having children but not feeling close to any of them is associated with higher rates of loneliness than being childless
- having friends is a more important factor in warding off loneliness than frequent contact with these friends
- there is a clear and significant correlation between low socio-economic status and loneliness
- although wealth is an important determinant of people's life satisfaction, its effect declines over the age of 75.

The importance of participation

The role played by libraries and museums worldwide was highlighted by the World Health Organization's age-friendly cities guide.²⁹

The guide, built upon the research conducted in the 33 participating cities around the world (including London, conducted by Help the Aged and MORI),³⁰ stresses the general importance of social participation by older people in urban environments:

Participating in leisure, social, cultural and spiritual activities in the community, as well as with the family, allows older people to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships.

In the 'Age-friendly social participation checklist', one of the draft score sheets designed to help local older people assess the age-friendliness of their home town, availability and accessibility of key facilities (such as libraries, museums and archives) is one of the key elements. The headings for this section, including 'addressing isolation' and 'fostering community integration' are examples of the importance of these facilities to the overall well-being of older people in cities across the world.

Despite the known advantages for many of continuing or starting new learning in older age, the offer particularly in evening classes is often not designed with them in mind and, as a result, numbers continue to be low.³¹

As far as other participation is concerned, 64.5 per cent of people in England aged 65–74 and 45.2 per cent of people aged 75+ took part in at least two cultural or sport activities in the last year, compared to about 70 per cent of adults aged 25–64.³²

The proportion of people who attended at least one arts event in 2007/8 was 63.4 per cent of those aged 65–74 and 45.4 per cent of 75+ (compared to over 70 per cent of those aged 25–64), a slight increase on the two previous years.³³ Active participation in the arts, however, looks more encouraging as far as the older population is concerned: 46.4 per cent of 65–74-year-olds and 36.5 per cent of those aged 75+ participated in at least one arts event in 2007/8, a slight increase over the previous years. The figure for the age group 65–74 is slightly higher than those for the 25–64 age group.³⁴

Roughly the same proportions visited libraries (44.4 per cent of people aged 65–74 and 37.1 per cent of people aged 75+ visit a library at least once a year, compared to 44.3 per cent of 45–64-year-olds),³⁵ but fewer visited museums (40.3 per cent of people aged 65–74 and 25.3 per cent of people aged 75+ visited a museum at least once in the last reported year, compared to about 46 per cent of people aged 25–64).³⁶

c) Research on how to combat loneliness and isolation

There is a body of research on how strategies and specific services should be designed. Mima Cattan (2002)³⁷ comes to the conclusion that older people need to be involved in the planning, development and delivery of activities if they are to target loneliness effectively. In addition, she finds that:

- much of the provision is inadequate and unsuccessful at targeting loneliness and isolation
- practical, flexible and low-level assistance is often most effective
- individually tailored solutions can yield the best results
- flexible transport is key to many schemes.

The design of services needs to be informed by the complexity and inter-relationship of the causes of loneliness. In the recent DWP evaluation of LinkAge Plus schemes, the report concludes that: 'There is some evidence that social exclusion can become a degenerative cycle as people with multiple levels of social exclusion report more difficulty in establishing meaningful relationships and thereby experience increasing loneliness.'³⁸

Some research³⁹ has pointed out the role played by a 'lack of social resources', i.e. the contacts, physical resources and skills necessary to maintain 'adequate' social contact, in creating the conditions in which loneliness prevails, while there is a body of evidence to provide the link between these two elements (lack of social resources and loneliness) to a third strand: depression and feelings of worthlessness.⁴⁰

This connection has proved fruitful to some extent, as Sorensen and Pinguart in particular have attempted to use the lack of social resources as a predictor of loneliness.⁴¹ However, this approach is limited by the fact that other factors (subjective feelings, life events, personal choice etc.) also come into play, making the prediction of who and where the lonely old people will be much more complex.⁴²

Nevertheless, research on the key elements for how older people can maintain social contact may prove useful. The most common elements can be summed up as:

- retaining familiarity (e.g. staying in one's own home, near to any friends and familiar places, particularly important for those with sensory impairments)⁴³
- adapting the home environment to changing circumstances and impairments⁴⁴
- ensuring adequate transport, particularly for those who have recently given up driving – a major issue in rural areas, especially in the United States⁴⁵ and Canada.⁴⁶ However, the comment from two of the leading gerontologists on service provision in the United States may have resonance here: 'Although social isolation and loneliness contribute significant social problems amongst older persons, there are no systematic strategies for addressing them.'⁴⁷

But there may be positive lessons to learn from the United States. As a result of the Older Americans Act (1965), there has been funding for ‘senior centres’, ‘friendly visiting programs’ and ‘telephone reassurance’ projects (with an intergenerational focus), many of which have benefited from the involvement of volunteers from the Retired Seniors Volunteer Program and the Experience Corps.

Pillemer and Glasgow⁴⁸ have reviewed evidence from these projects and, while calling for a more systematic evaluation of individual programmes, found schemes at a personal, group and institutional level designed to address some of the most common causes of isolation and loneliness, with a co-ordinated approach at all three levels being the most effective. An example for each level of activity is:

- an ‘educational workshop on transportation’, designed to enable the older participants to create and organise their own individual transport plan
- a peer support project, which focused on change ‘at the level of social network’, grafting new social ties on to existing networks (assuming that they still exist)
- a project of ‘change at the organizational level’ which created a ‘new employer-based organization fostering volunteerism among retirees’

There may well be lessons to be learned from a more in-depth study of the American approach, particularly its use of individual, public and private-sector involvement. It is worth noting that the interventions at all three levels are change-oriented, rather than simply delivering to passive recipients.

Unfortunately, the same problem applies for the American schemes as does to all interventions of this kind: it is difficult to quantify the effect they have had on loneliness. Nevertheless, Pillemer’s conclusions are familiar:

- Well-targeted schemes are more likely to achieve measurable success.
- Measurement of success at various stages should be built in to the design of the scheme.
- A ‘lifecourse approach’ to the target group is likely to have the greatest effect.⁴⁹

Despite this general lack of evaluation and a ‘scattershot approach’ in the US, Pillemer found clear proof of success in several, including a peer support scheme for caregivers with relatives suffering from Alzheimer’s, at the end of which participants reported that their social isolation ‘had diminished markedly’.⁵⁰ Research from the US has also helped to prove the link between good social networks and healthy ageing.⁵¹

It has been acknowledged here too that interventions are more effective when they are tailored to the target group. For instance, one ESRC research study highlighted the crucial role of community centres for minority ethnic older women in ‘offering a meeting point for sharing identity, language, culture and experiences.’⁵²

Mima Cattan has found⁵³ that loneliness and isolation may require different inputs. Older people experiencing isolation may require practical support, or the provision of transport. Older people experiencing loneliness may require social support, as well as acknowledgement of the difficulty of admitting loneliness; and, as Blane points out,⁵⁴ it is the quality of social contact that matters most. Group activities are particularly useful in helping older people out of loneliness and isolation.⁵⁵ Examples of group activities that were found by the research to be useful include educational programmes relating to health and physical activities, groups encouraging older people to organise social activities, and support groups for the recently bereaved or older people with mental problems.

Bowling's research has shown that it is particularly vital to tailor projects to people's specific needs and interests, and to involve older people in the planning and development of activities.⁵⁶ The latter point is supported by the research of Arber and Davidson into the social worlds of older men, which found a strong perception among older men that social organisations specifically for older people were places where one is 'done to', rather than places that facilitate active pursuits.⁵⁷

Mental illness, low morale, poor rehabilitation and admission to residential care have all been found to be correlated with either social isolation or loneliness or both (Wenger et al., 1996).

Group activities are particularly useful in helping older people out of loneliness and isolation.





3 What has been done and how effective was it?

a) Introduction

It is now widely accepted that there are benefits to the individual and to the nation in preventing illness and dependency. The estimates of need and the findings on prevention of the Social Exclusion Unit have not been disputed.

For instance:

- reducing age-specific dependency rates by 1 per cent per year would reduce public expenditure by £940m per year by 2031
- reducing the rate of institutionalisation by 1 per cent a year could save £3.8bn.⁵⁸

But none of the top-line benefits covers the topic of loneliness or even social isolation, and they mean little if they are not backed up by assessments of practical interventions on the ground. This section presents a few typical examples of wholly or partially evaluated service models and aims to extract a few general points to allow the lessons learned from these experiences to be available in planning new services.

Cattan's analysis of methods for alleviating loneliness and social isolation of older people in the community lists various stratagems, including telephone befriending (see below).⁵⁹ Cattan's work points out that programmes such as health promotion and information-giving can have an indirect but beneficial effect for some of the most isolated and lonely older people.⁶⁰

The schemes in this section are intended to be representative of the work done by groups such as local Age UKs/Age Concerns, rather than an exhaustive list of all relevant activity.

There is research evidence that low-intensity support (emotional, social, practical and housing support) has direct and tangible benefits, with service users feeling that the service had added something to their lives, particularly in helping them to approach life in a more positive way.⁶¹

The Joseph Rowntree Foundation Inquiry into 'That Bit of Help' attempted to rank the 13 services for older people presented to it in order of inquiry members' preference, with practical support coming out at the top of the list and befriending coming in fifth place.⁶²

b) Services that are one-to-one

A qualitative study of the users of a local home-visiting service in the United Kingdom using 'volunteer befrienders' found that 'positive opinions of the service predominated, and users placed a high value on the reliability of their befrienders', but there was no attempt in the analysis to evaluate the service users' levels of loneliness before or after the intervention.⁶³

Significantly, analysis of such schemes has found that one in five report problems in attracting users. Two-thirds (62 per cent) of schemes report problems in recruiting volunteers.⁶⁴

However, there are persuasive reasons for believing that some sort of 'befriending scheme' would be effective in alleviating social isolation and loneliness in otherwise hard-to-reach older people.

Age Concern England's practice briefing, *Models of Mutual Support*, cites an impressive list of activities and benefits:

- Creating a new social link
- Developing wider social networks
- Meeting like-minded people through clubs and groups
- Meeting people with similar needs and supporting each other
- Using local services and facilities
- Changing social attitudes so that users become accepted and valued as full members of the community in their own right.⁶⁵

It also attempts to support the assertion that volunteers benefit from befriending activities which, while credible, is not backed up by strong evidence.⁶⁶

Specifically, there is evidence of the effectiveness of telephone befriending schemes. First, the majority of even the most isolated and deprived older people are likely to have access to a telephone.⁶⁷ Secondly, the telephone is a lifeline to the rest of the world for many, as well as a social networking tool used in past, perhaps happier times.⁶⁸ One scheme that has been thoroughly evaluated by leading academics is the Help the Aged/Zurich 'Call in Time' project.⁶⁹

In May 2005, Help the Aged and Zurich Community Trust launched a two-year national programme, A Call in Time. The purpose of the programme was to provide low-level support and befriending services via the telephone to older people who are lonely, isolated or vulnerable. Eight projects were funded across the country.

This 2008 study finds that there is a distinct lack of evidence relating to the effectiveness of services aimed at reducing loneliness and social isolation among older people, but concludes that there is a need to focus on befriending services for older people, in particular the effectiveness of such services in terms of their impact on older people's quality of life and their overall preventive value.

In addition, there is a need for research that makes a distinction between different types of low-level befriending as opposed to research that simply regards all befriending services as one and the same. For example, telephone befriending is a distinct form of befriending to that of home visiting and, therefore, needs to be treated as such in any research activity.

The qualitative research (in-depth interviews) conducted by Cattán et al. provides robust research evidence that the telephone befriending schemes covered by the Call in Time programme were generally effective, and came up with the clear and positive findings.

1. Older people value telephone befriending services for the following reasons:

- Life is worth living.
- Sense of belonging.
- Knowing there's a friend out there.⁷⁰

2. The impacts the telephone befriending service made on older people's health and general well-being could be summed up as:

- a healthy mind is a healthy body
- alleviating loneliness and anxiety
- greater confidence
- knowing there's a friend out there.⁷⁰

3. What older people appreciated in these telephone befriending services was very simple: that they provided ordinary conversation and that the service was trusted and reliable.

The key benefits of the telephone befriending service for older people are summed up as:

- they feel life is worth living
- they feel they are not forgotten and they belong
- they know they have a friend who cares, who is not family
- they know they have a friend who is trustworthy and reliable
- they feel less lonely and less anxious
- they have greater peace of mind
- they can engage in ordinary conversation
- they are happier and more confident
- they no longer feel a burden to society
- their emotional and physical health is improved
- their general well-being and quality of life are improved
- the service is unique and distinct from other services.

The Cattan report goes on to list suggestions made by the participants for extending the scope of projects in the future and provides a helpful analysis by the authors of best practice for future telephone befriending schemes.⁷¹

However, there are also warnings from previous studies of befriending programmes. It has been found that, even in schemes where satisfaction is high, befriending is valued differently by volunteers and service users. The matching of volunteers and users is seen to be a key to success, but it is not always possible to match their interests particularly for older people, who are as a group the most likely to perceive problems in matching.⁷²

Various models have been tried, including one-to-one, circles and telephone trees,⁷³ and several schemes have been set up over the last few years (Age Concerns Cornwall, Exeter and Burton, among others),⁷⁴ but unfortunately the evaluation of most schemes is limited to a handful of case studies.

Age Concern Bolton telephone befriending scheme⁷⁵ has the stated intention of helping to relieve loneliness and isolation. Trained volunteers make regular weekly telephone contact for a friendly and informal chat. Typically, calls last between 15 and 20 minutes each week. This service reaches out to older people across Bolton where no such befriending service is currently available, and to those who prefer and look forward to a regular chat over the phone. No analysis of the effectiveness of this scheme so far has been published.



The same applies to many other schemes. For instance:

Age Concern Wirral⁷⁶ Bereavement Befriending service⁷⁷ is designed to provide both practical assistance and emotional support to the older person following bereavement. Emotional support is provided in two forms: first, where appropriate, by providing access to counselling, and secondly by providing a bespoke befriending service.

Age Concern Lewisham Intermediate care befriending service⁷⁸ aims to provide a befriending scheme to support older people when they leave hospital, for instance, after a fall or hip replacement operation. The service provides a volunteer who will visit an older person once a week for up to three months. Working with the older person, the volunteers agree targets, e.g. walking outside or visiting the shops.

Care and Repair has innovative one-to-one schemes that aim to enable befriending opportunities as part of its more familiar practical service designed to provide help with 'odd jobs'.

St John's Hospice (North London) End of Life Befriending Service,⁷⁹ provides a one-to-one service to referred patients who have life-threatening or terminal illnesses within five local London boroughs. The service focuses on those who are at the end of their life but also those who are socially disadvantaged and in need of support in their community.

There are various formal and informal e-befriending schemes, such as Baby Boomer Bistro (previously Age Concern England chat site);⁸⁰ Horseshmouth, an online coaching and mentoring website;⁸¹ and the National Autistic Society e-befriending scheme.⁸²

There are also Suffolk ACRE Good Neighbour schemes⁸³ across the county, with volunteers providing telephone befriending. There are various commercial dating schemes, which could perhaps be associated with befriending in its widest sense. For instance, The Internet Dating Guide claims that 'senior and mature dating sites are one of the fastest growing segments of the online dating world', offering a 'safe and fun environment' in which to meet people.⁸⁴ Similar schemes include: OLGBT – Age Concern Preston and South Ribble,⁸⁵ Age Concern Tower Hamlets⁸⁶ BME scheme, Age Concern Camden⁸⁷ dementia befriending scheme⁸⁸ and Befrienders Highland rural befriending programme.⁸⁹

One-to-one advice from neighbourhood wardens has been found to be particularly effective in helping hard-to-reach older people to 'open up' and get help with problems they might otherwise not have talked about. The recent evaluation report *Going the Extra Mile*⁹⁰ emphasises the significance of the role of local 'community linkers' such as wardens, whose local presence and knowledge can help them identify the most vulnerable and those most in need.

They encourage participation in local events and facilitate social interaction, and, because of their trusted and personal relationship with older people, can spot the first signs of impending isolation.

c) Services that are group activities

Some group schemes are not specifically aimed at the older population, but provide valuable support for older people and may well have a model worth adapting. MIND Circle of Friends, the scheme running in York,⁹¹ for example, utilises paid workers and supported volunteers who work to facilitate help for people with mental health problems via the fostering of an enabling network (or circle) of 'friends' that resemble the patterns of contacts of community life. The network provides its members with supports: information, emotional support, practical support, social support and advocacy – the things that good friends offer one another.

Some schemes target social isolation, if not loneliness, directly, yet do not have much concrete evidence of social benefit. The Age Concern Oxfordshire programme, Roots and Circles,⁹² the aims of which included combating loneliness by widening social network circles, is one of many where there is a small amount of qualitative evidence that social isolation has been addressed or alleviated.

One warning (perhaps more relevant to group schemes than one-to-ones) from research to bear in mind is that a recent (2009) American Academy of Physics study⁹³ found that, in some cases, loneliness may be 'catching'.

The study suggests that not only is loneliness contagious, but lonely people tend to isolate themselves in small groups that somehow compound or increase those feelings of solitude. In addition, it found that 'Non-lonely people who are exposed to lonely people may make others in their network a little more lonely by behaving in these less-affirming ways.' However, this appears to be an interesting side-issue and something to keep an eye on, and should certainly not be a reason to avoid group or one-to-one schemes.

Finally, a vast array of social day services – such as lunch clubs, drop-ins, community cafés, activity classes, and outings, among others – are also provided by many local Age UKs/Age Concerns. Many of these schemes have an explicit purpose of alleviating loneliness. Unfortunately, there is a frustrating lack of specific research on the benefits or effectiveness of day services. What little evidence exists has found that older people attending day services benefited from doing so, as did their carers.⁹⁴ Notably, a Treasury-funded project undertaken by PSSRU Kent to develop a quality measurement framework for public services delivered by the third sector (particularly preventive services) has focused on day service provision by Age Concerns in Kent. A final report on this three-year project is due in June this year.



d) Community involvement

Building on the experience of home visits over many years, Age Concern Newcastle⁹⁵ runs a 'Befriending Service (Voluntary Visiting, Bereavement and Loss Support)' scheme that aims 'to reduce social isolation, to assist older people to take part in everyday activities and to help them maintain social networks and remain a part of their local community, or to re-engage with it'. The target group is largely those who have no family or friends. However, the specific aims are more practical, with volunteers attempting to improve the older persons' access to services and information. The evaluation has so far shown evidence of activity and service use, but has not attempted to quantify the emotional and social benefits to participants.⁹⁶

There are schemes that imply that they address loneliness and isolation directly, but that actually have a different primary aim. These can be shown to have many and varied benefits, but may have at best an indirect and unquantified effect on loneliness itself. The MHA 'Live at Home' schemes⁹⁷ aim to provide social contact and support for older people who wish to continue living at home but feel increasingly isolated. The MHA operate over 40 'Live at Home' schemes throughout the country. Each one is different. It has its own manager and a team of volunteers and provides a wide range of activities, including befriending schemes and advocacy, lunch clubs, history and reminiscence groups, outings and holidays. Many local Age UKs/Age Concerns offer a similar range of activities.

Sixty Plus Intergenerational Project⁹⁸ employs young volunteers as readers for visually impaired older people, as computer coaches for housebound older people and as language coaches for older people who have little spoken English and who wish to practice.

The Waltham Forest Case Finding Service⁹⁹ (a collaboration between Age Concern Waltham Forest¹⁰⁰ and the local PCT) attempts to identify vulnerable older people within the community (on local GP lists) at risk of increased dependency and refer them for assessment to services from PCT, GPs or voluntary and community organisations. The service has so far used what it calls an 'early detection model' to contact about a third of Waltham Forest's over-65 population and approximately 25 per cent of these have been referred as new clients for assessment.

Unlike some schemes (see Age Concern Gateshead¹⁰¹ below), the target group was exclusively older people (65+), but it was not designed to target loneliness directly, the focus here being physical care and support. The evaluation of the scheme so far (2002–8) therefore includes mostly practical gains across a broad spectrum (improved assessment of need, increased access to ongoing support, provision of a single point of access for any ongoing or emerging needs, income maximisation) but includes some elements more relevant here, including improved well-being. There is no direct measure of effect on loneliness, but it does highlight the need for a multilingual approach for minority ethnic elders, and it does provide proof of increased social interaction for the older people of Waltham Forest.

The Museums and Library Archives Council (MLA) and NIACE research published in October 2009¹⁰² shows that: ‘Museums, libraries and archives are already trying to change their environments to being more open, relaxing and welcoming to all users, including older people. Some facilities are specifically trying to encourage older people to use the space through providing events, including regular social events, information and advice from other agencies and a wide range of volunteer opportunities.

‘A note of caution about the beneficiaries of the schemes designed by MLA and its partners to combat loneliness is of importance to these and many other programmes: on the whole, particularly in relation to volunteering, those older people involved are likely to already be active in their community and less isolated than older people who are currently not being reached.’

The MLA offers a range of ‘social opportunities’. It claims that libraries and museums are not only being made more age-friendly, but ‘alongside the reorganisation of space has been an effort to provide social events, such as regular coffee mornings that focus on older people’. These events are usually informal, although some areas, such as Suffolk’s Top Time, have developed them into opportunities to disseminate information or have advice sessions linked to them.

Another example, from Kent,¹⁰³ shows that some libraries are working with their local PCT to run local ‘health walks’ that start and end at libraries. The British Library runs over-55s open days. There is a popular reminiscence group in Cambridgeshire. Seven themed reminiscence boxes are available from library services for loan by the EngAge Groups or to local care homes. And volunteering opportunities are exploited in the Time2Give, Kent Libraries and Archives scheme.

However, the report concludes that the schemes are partial and are limited by resources (such as the Silver Surfer programme), and that it is not clear from the respondents whether these approaches are reaching the most isolated older people. A key recommendation of the MLA report is the further development of Home Library Services as part of the Ageing Society Strategy.¹⁰⁴ The report concludes that more information about the impact of these services on isolated older people and how they could be developed could be useful.

e) Wider benefits

The primary focus of many schemes is not to alleviate loneliness, but to combat loneliness and isolation in older people. The titles of these schemes are sometimes misleading. For some, where the primary stated purposes include befriending as a means to tackle isolation and loneliness in older people, there is still a lack of evidence for the alleviation of loneliness in the target group.

There may well be considerable success to report, but all that is currently available by way of assessment is either a short collection of positive quotes from service users or a log of activities undertaken. There may well be lessons to be learned from programmes such as ‘Tea for Two Befriending’,¹⁰⁵ and the other examples below, but more work will be needed to prove their effectiveness.

The Age Concern Gloucestershire scheme Men in Sheds¹⁰⁶ aims to ‘reduce social isolation and provide an opportunity for older men to contribute to wider society’. The activities are targeted at men – not specifically at addressing isolation and loneliness, but acting as a gateway to other services. The target group is ‘notoriously hard to reach’¹⁰⁷ and the scheme has indeed found it difficult to recruit older men, with numbers for both the urban and the rural groups remaining low.

Nevertheless, reducing isolation in older men in the rural and urban ‘sheds’ was found to have the following benefits:

- It reduced social isolation.
- It provided the opportunity to pass on skills and to maintain their own.
- It made them feel valued as individuals.
- It enabled them to remain active and participate in a community initiative.
- It gave them a sense of ownership: participants are encouraged to become involved in planning and development.
- It provided the opportunity to participate in a wider range of Age UK/Age Concern activities, building up their social network and opening doors to other activities.

Significantly, the theme of ‘being useful to society’ once again comes to the fore, this time with an international element. Among other activities, shed members use their skills, knowledge and expertise to renovate donated tools that, once refurbished, are sent to Africa.

The combination of the themes of combating isolation and being useful (or having a role in society) is very helpful here. It points the way to the conclusion that losing one’s role in the outside world is one of the underlying causes of loneliness. The planned evaluation will not look at measures of loneliness as such, but will aim to assess its success in reducing social isolation and providing older men in the scheme with a sense of worth.

There are also programmes around the country based on increasing participation (some focusing specifically on older people) in existing activities and facilities, such as sport, libraries and museums. There are already schemes across this country designed to combat loneliness and isolation in older people taking place. Reminiscence, intergenerational and family history work takes place within museums, libraries and archives, as well as through outreach work.¹⁰⁸ For instance, Age Concern and Help the Aged programmes include Learning for Living (started 2008),¹⁰⁹ Silver Surfers (2006) and itea and biscuits (2009).¹¹⁰

The LinkAge Plus report¹¹¹ describes, among others, the Devon ‘deep outreach’ project, which was one of the schemes that aimed to promote older people’s mental health. With the help of the local Age Concern, the project targeted ‘older people who have experienced some kind of downturn in their lives, often leading to loneliness, isolation and a risk of or actual social exclusion’. However, as with other projects claiming to address loneliness and isolation, the final evaluation documents show no evidence of the scheme’s effectiveness in this.¹¹²

Time bank schemes, such as the one set up by the Rushey Green Practice in Catford,¹¹³ includes services such as befriending, running errands, giving lifts, arranging social events, woodwork, poetry writing, teaching sewing, babysitting, gardening, lifting that requires muscle, swimming, fishing, teaching the piano, catering, form-filling, design work, drawing and giving local knowledge.

A qualitative survey found that the time bank had given members someone to talk to and got them out of the house. It had improved their social networks outside of their home and family, and had enabled people to gain, support and learn from each other's experience, either through meeting informally or through telephone helplines. By 'mixing' people up, the time bank had also helped increase people's understanding and tolerance of conditions, such as depression and mental illness.

Also under the name of Time bank is a scheme, based on the principle of reciprocity or mutual support, set up by Age Concern Gateshead¹¹⁴ in 2006.¹¹⁵ It aims to enable participants both to use their skills and time to benefit those around them and also to benefit from the help of others.

The scheme was open to people of all ages and was not specifically aimed at those who say they feel lonely. However, among the benefits of the scheme, found by the internal evaluation, were increased confidence (particularly in those who were isolated) and increased social participation (particularly new intergenerational contacts).

Of the scheme members responding in the evaluation, 68 per cent said that they had been offered new social opportunities and 48 per cent said they had made new friends. A feeling of satisfaction at having made a useful contribution to the community was also expressed.

Although it is difficult to ascertain what findings refer to those who were at risk of isolation and loneliness, these benefits are tangible and can be seen as direct results of the intervention.¹¹⁶

f) Next steps

There are lessons to be learned from existing evaluated schemes (see section 1 on Policy context for a summary of these). However, the general conclusion here is that, although there are many schemes and projects already providing a valuable service to lonely and isolated older people, the accumulated experience is not all readily available. The schemes are generally not well evaluated, or the evaluations are not published.

Once a direction for future services has been decided, informal feedback from some of the participants (preferably from participants and service users as well as providers) may still need to be gathered.

Notes

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