



Preventing loneliness and social isolation among older people

Key messages

- Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income.
- Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression.
- The impact of loneliness and social isolation on an individual's health and wellbeing has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.
- The range of interventions for alleviating loneliness and social isolation can be grouped into one-to-one interventions, group services and wider community engagement. Those that look most effective include befriending, social group schemes and Community Navigators.

Introduction

This At a glance briefing explains the importance of tackling social isolation and loneliness, particularly among older people. It highlights the adverse effects of feeling isolated and describes a number of services that have been found to help reduce the problem. The briefing is based on SCIE's review of research evidence, published in Research briefing 39: *preventing loneliness and social isolation: interventions and outcomes*.¹ However, in addition to the research evidence, this At a glance also includes case study examples of two services provided in the UK to help mitigate loneliness and isolation and improve the wellbeing of older people.

These kinds of services, designed to improve wellbeing, sit within the wider 'preventative agenda'. Preventive services offer a continuum of support ranging from the most intensive tertiary services, such as intermediate care or reablement, down to secondary or 'early intervention' and, finally, 'primary prevention', like the services discussed here, which aim to promote wellbeing. Like most approaches to primary prevention, services designed to reduce loneliness are normally aimed at people with relatively few health or social care needs. They are intended to reverse the negative impact on health that loneliness can have, prolong people's independence and improve overall quality of life.

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The importance of tackling loneliness and social isolation

Loneliness and social isolation can affect everyone but older people are particularly vulnerable after the loss of friends and family, reduced mobility or limited income.

It is estimated that among those aged over 65, between 5 and 16 per cent report loneliness and 12 per cent feel isolated. These figures are likely to increase due to demographic developments including family dispersal and the ageing of the population. For example, the number of people aged more than 80 is expected to treble in the next 20 years, while those aged over 90 will double.²

Studies show that acute loneliness and social isolation can impact gravely on wellbeing and quality of life, with demonstrable negative health effects.³ Being lonely has a significant and lasting negative effect on blood pressure. It is also associated with depression (either as a cause or as a consequence) and higher rates of mortality.^{2, 4, 5, 6}

Loneliness and social isolation is a public health issue, with research highlighting the influence of social relationships on the risk of death as comparable to well-established risks such as smoking and alcohol consumption.⁶

As the UK’s population rapidly ages, the issue of acute loneliness and social isolation is one of

the biggest challenges facing our society – and it must be addressed, for the sake of both the individuals concerned and the wider community. Health issues arising from loneliness and isolation add pressure on statutory health and social care services. By intervening in this issue, we can improve older people’s quality of life, while limiting dependence on more costly services.

Successful interventions

Services aimed at reducing loneliness and social isolation can be categorised broadly into one-to-one interventions, group services and wider community engagement. The variety of services and the different ways of measuring their success make it difficult to be certain what works for whom, although some good evidence does exist. Those services that look most promising include befriending schemes, social group schemes and Community Navigators.

This section describes these three types of services and provides real-life examples of how they work in practice and how they can improve people’s lives.

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Befriending

Befriending schemes offer lonely and isolated older people vital companionship and emotional support. The type of befriending differs with

Case study: Providing companionship and emotional support

Oxfordshire Befriending at End of Life (OxBEL) is run by Age UK Oxfordshire and receives funding from the Department of Health and the local primary care trust. OxBEL currently has 60 volunteers, who have undergone comprehensive training and receive ongoing supervision and support from paid volunteer coordinators. The volunteers provide one-to-one befriending to adults of all ages, who either have a life-threatening condition or are at end of life.

Befriending can last for a matter of weeks, months or many years. This free service is currently focusing mainly on those on the End of Life Register, who are referred either by health and social care professionals or by themselves.

Joyce, divorced and estranged from her daughter, was in the late stages of untreatable cancer. New to the local area, having moved shortly before becoming ill, she was lonely and very frightened.

Her befriender, May, provided Joyce with companionship, support at medical appointments and a listening ear. She facilitated an emotional reconciliation between Joyce and her daughter. May continued to visit Joyce when she went into a hospice, and supported Joyce and her daughter during Joyce's last hours before she died. Through her friendship with May, Joyce knew she was not alone during the last months of her life and was able to make peace with her daughter before she died.

individual programmes, but it generally involves volunteers or paid befrienders visiting individuals in their own homes to provide emotional support. Other befriending models include telephone services. Befriending may also involve transport provision and picking up medications or shopping.

One-to-one befriending has been shown to reduce loneliness and has a modest but significant effect on depressive symptoms. Such regular one-to-one contact is particularly welcomed by people who are frail and housebound. Decision modelling, commonly used in economic evaluation, also suggests that overall potential savings outweigh the costs of delivering befriending.

Group services

There are many different group services available, including day centres (such as lunch clubs) and social group schemes, which aim to help older people widen their social circles. The range of

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these services is broad, incorporating self-help and self-support groups covering friendship, creative and social activities and health promotion. Research evidence is particularly supportive of social group activities with a creative, therapeutic or discussion-based focus. Participants in those groups experienced better subjective health and survival rates compared with a control group.⁴

Contact the Elderly is an example of a social group scheme. This national charity organises free

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monthly Sunday afternoon tea parties for small groups of older people aged 75 and above – who live alone without nearby family and friends – in local communities across England, Scotland and Wales. The network of friendship groups continues to grow through increasing volunteer numbers and partnerships with statutory and other voluntary organisations.

One Sunday a month, each older guest is collected by a volunteer driver, and taken to a volunteer host’s home, where they join a small group for tea, chat and companionship. They are welcomed by a different host each month, but the charity’s drivers and older guests remain the same. This ensures that over the months and years, acquaintances turn into friends and loneliness is replaced by companionship.

The majority of the people using the service fall into the category of the ‘oldest-old’. Over half of those attending tea parties are aged 80 and over, while a quarter are in their nineties. Many have social care needs, due to mobility issues and hearing and visual impairments, and cannot leave their home without the assistance provided by the charity’s volunteer network.

The benefits extend beyond the one-Sunday-a-month gathering, with the long-term nature of

the groups making them an integral part of a guest’s life. Real friendships are formed and volunteers often help older guests with their weekly shopping and transporting them to and from hospital appointments, as well as checking up on their general welfare. Some volunteers have even sat by the bedsides of the older guests as they have passed away, providing them with comfort and friendship in the remaining hours of their lives.

Case study: Restoring confidence and providing friendship

When Maud’s life-long friend died she fell into a downward spiral of depression. Margie had been like a sister to her: they had lived together for many years and went everywhere together. With no other friends or family to spend time with, Maud was left with an empty void she could not fill.

Maud remained isolated in her home for a three-year period. ‘When Margie died, I felt that I didn’t want to live anymore and fell into a rut, not wanting to go out,’ she explains.

Just over two years ago, Maud spotted an advert for Contact the Elderly and decided to apply to become a guest. She spoke to a staff member who explained how the tea parties worked and he arranged for a volunteer to pick Maud up for her first tea party a couple of weeks later.

When the Sunday afternoon arrived, however, Maud was nervous about attending the tea party and was unsure about leaving her home. But Maud found the courage to go and ‘has never looked back since’, she says.

The group setting has enabled her to widen her social circle and form new friendships. Maud adds: ‘Contact the Elderly has changed my life. I feel like I have a whole new set of friends to talk to. It’s wonderful.’

‘Community Navigators are usually volunteers who provide vulnerable, hard-to-reach older people with emotional, practical and social support.’

The charity’s latest annual survey among its service users demonstrates the profound difference that this social group scheme makes:

- 95 per cent have made friends with the volunteers
- 86 per cent feel less lonely
- 83 per cent now feel part of a community
- 61 per cent feel more confident
- 22 per cent see their doctor less.

Community Navigators

Community Navigators are usually volunteers who provide people with emotional, practical and social support. They essentially act as an interface between the community and public services and help individuals to find appropriate means of support. Community Navigators offer home-based visits, enabling often frail older people to discuss concerns and helping them to look into which service or community provision may be beneficial.

Community Navigators have been shown to be effective in identifying isolated individuals and then signposting them to appropriate services and support. As a result, people using Community Navigators have become less lonely and socially isolated.

Like group services, there is a consensus that befriending and Community Navigators should offer a degree of flexibility in terms of delivery and necessary adaptation, dependent on the needs of the older people concerned.

Implications

Tackling loneliness and social isolation among our ageing population is a challenge we cannot ignore, both at an individual and wider community level.

Social group schemes, one-to-one befriending and Community Navigator schemes all have a positive role to play in reducing loneliness and improving older people’s health and wellbeing. Social group schemes and one-to-one befriending, in particular, provide invaluable companionship, while Community Navigators can help to identify older people most at risk and then refer them on to appropriate services.

The voluntary sector is currently delivering the majority of the interventions discussed here. There is a vital need for health and social care statutory services to work alongside the third sector to help tackle the problem successfully. Adequate resourcing is needed to ensure that voluntary organisations can continue to provide, and expand, these services for older people in communities across the UK. This will help to

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improve older people's quality of life and reduce their reliance on more costly health and social care services.

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