PREVENTING SOCIAL ISOLATION AND LONELINESS AMONG OLDER PEOPLE

By: Joanna Marczak, Raphael Wittenberg, Lorraine Frisina Doetter, Georgia Casanova, Stella Golinowska, Montserrat Guillen and Heinz Rothgang

Funding acknowledgement:
The work reported in this article formed part of the CEQUA Project, which has received financial support from the European Union under grant agreement No VS/2015/0276. Responsibility for this article rests solely with the authors.

Joanna Marczak is Research Officer and **Raphael Wittenberg** is Deputy director and Associate Professorial Research Fellow, Care Policy and Evaluation Centre, London School of Economics and Political Science, UK; **Lorraine Frisina Doetter** is Senior Research Fellow and **Heinz Rothgang** is Director, Department of Health, Long Term Care and Pension Policy, Research Center on Inequality and Social Policy, University of Bremen and both are Project Directors, Collaborative Research Center 1342, University of Bremen, Germany; **Georgia Casanova*** is Researcher, Centre for Socio-Economic Research on Ageing, Italian National Institute of Health and Science on Ageing (INRCA-IRCCS), Italy; **Stella Golinowska** is Professor, Centre for Social and Economic Research, Poland; **Montserrat Guillen** is Director, Riskcenter, Research Group on Risk in Insurance and Finance, University of Barcelona, Spain.
Email: J.Marczak@lse.ac.uk

Raphael Wittenberg and **Joanna Marczak** contributed equally to this report.

* This study has been partially supported by Ricerca Corrente funding from the Italian Ministry of Health to IRCCS INRCA.

Summary: Social isolation and loneliness among older people are linked to lower quality of life, cognitive function, wellbeing and independence, and contribute to increased use of health and social care services. As populations age, implementing policies to identify, prevent and reduce social isolation and loneliness has therefore emerged as a major concern for health and social care policy makers. Across Europe, action is being taken to address social isolation and loneliness. While the evidence on the effectiveness of measures is variable, examples show that much can be done to promote social integration and improve the quality of life of older people.

Keywords: *Older People, Social Isolation, Loneliness, Social Care Prevention*

Introduction

Social isolation and loneliness can occur at almost any age, but while they are an emergent problem among younger people, they still predominantly affect individuals at older ages. It has been estimated, for example, that almost half of individuals aged over 60 are at risk of experiencing social isolation, while one-third will experience some degree of loneliness.[1] Social isolation and loneliness among older people have been linked to lower quality of life, cognitive impairment, reduced well-being and loss of independence. Longitudinal evidence has shown that the oldest old who experience cumulative exposure to social isolation and loneliness are at greatest risk of experiencing negative consequences for physical health and well-being.[2]

The significant negative physical and mental health consequences of social isolation and loneliness contribute to increased use of health and social care services and bring substantial costs for health systems. Implementing policy actions to identify, prevent and reduce social isolation and loneliness has therefore emerged as a major concern for health and social care policymakers, in particular as populations age. Action is being taken across Europe to address social isolation and loneliness. While the evidence on the effectiveness of measures is variable, examples show that much can be done to promote social integration and improve companionship and emotional support to older people. In this article we synthesise findings from a rapid literature review to assess the effectiveness of some of these interventions.

Box 1: Definitions

Social isolation relates to lack of contact with family, friends or other people. The extent of social isolation can therefore be assessed from data about the frequency and duration of such contacts.

Loneliness is an emotional feeling, which may or may not be accompanied by social isolation and can only be assessed by asking people whether they feel lonely.

The number of older people has been rising and will continue to rise across Europe. This is due partly to the baby boom cohorts reaching old age but also to increased life expectancy. It is important for the quality of life of older people and their families that the period in which they experience social isolation, loneliness and disability reduces rather than rises as life expectancy increases.

It is important recognise that while measures to reduce social isolation and loneliness are often implemented together, these concepts are not the same (**see Box 1**).

Types of interventions to prevent and reduce social isolation and loneliness

Interventions aiming to reduce social isolation can be broadly classified into one-to-one interventions; group interventions; neighbourhood and community interventions; and technology focused interventions. More specifically, they may include at the individual level 'befriending' and at the collective, group level a range of services from lunch clubs to schemes that help people widen their social circles or promote health and well-being. Wider community programmes promote participation in various activities (e.g. sport facilities, libraries) as well as joining and using outreach and volunteer programmes.

A thematic analysis identified that these types of interventions could be classified into six categories based on their purpose, their mechanisms of action and their intended outcomes.[3] They were: social facilitation interventions, psychological therapies, health and social care provision, animal interventions, befriending interventions, and leisure/skill development.

Evidence on effectiveness of interventions to reduce social isolation and loneliness

One-to-one interventions

There is some evidence that one-to-one interventions can improve psychological and physical well-being. For example, a study on home visiting in a retirement home in the USA over a two-month period illustrated an increase in social activity, amount of time spent in active pursuits and number of activities planned among participants.[4] A study among older people in Ireland who received a volunteer visit for 10 weeks compared to usual treatment demonstrated a decrease in loneliness.[5] Another example, from Canada, involving volunteer visitor programmes in the community showed increased social integration at six weeks, but no effect on perceptions of intimacy, nurturance and guidance.[4] However, another Canadian study involving volunteer weekly home visits showed no effect on social and leisure activities, or satisfaction with social relationships at either three or six months.[4] In the Netherlands, computer and internet training sessions delivered by an instructor over a two week period to community dwelling older people with no previous internet experience and computer use over a 12-month period reported no effect on loneliness or social network size at either 4 or 12 months compared with a control group.[4]

Group based interventions

Evidence has also shown that group-based interventions to prevent social isolation and loneliness are often effective. For example, in Finland delivery of socially stimulating group activities including 'art and inspiring activities', 'group exercise and discussion' and 'therapeutic writing and group therapy' reduced isolation and loneliness in older people, improved well-being and cognitive function and also lowered health care costs of participants.[6] In another example, a 14-week community singing group initiative in the United Kingdom was found to reduce depression and anxiety and increase mental health related quality of life, with the intervention marginally more cost-effective than usual activities.[7] A study of a Friendship Enrichment Programme in the Netherlands, which involved 12 weekly group lessons in self-esteem, relational competence, phases in friendship formation and social skills, also resulted in a significant reduction in loneliness within a year after the programme, with a combination of developing new friendships and improving existing friendships reducing loneliness.[8]

> Social isolation and loneliness contribute to increased use of health and social care services

Nevertheless, other interventions were less successful in reducing social isolation and loneliness. For instance, a hen-keeping project in England where volunteers were trained to establish hen-houses and support other older people to maintain them, did not result in any long-term change in reported loneliness, depression and anxiety, although it did overall increase quality of life of participants.[9] Similarly, a psychological group rehabilitation in Finland, where facilitated groups met once a week for three months with the aim to empower participants and promote friendships did not improve loneliness or social networks between groups, although a significantly larger proportion of group participants found new friends during the follow-up year.[10]

Technology focused interventions

Emerging evidence also shows that technology-focused interventions can successfully contribute to reducing social isolation and loneliness in older people.

For instance, use of a video network in the Netherlands which allowed users to contact a nurse 24/7 and to interact with carers, friends and family contributed to a significant reduction in loneliness in older users.[11] Similarly, a decrease in loneliness was reported by users who participated in a national pilot study in the United Kingdom of telephone befriending support projects, where volunteers provided emotional support for older people.[12] In Finland and Slovenia, provision of computer sessions teaching basic information technology (IT) skills and training on Skype and internet use also led to a significant reduction in loneliness overall especially for those using email, although there was no reported change in loneliness among those using Skype.[13]

Policy implications / implications for the future

Research indicates that loneliness and social isolation increase the likelihood of people experiencing adverse health outcomes and are linked to various conditions such as high blood pressure, heart disease, obesity, depression, cognitive decline, Alzheimer's disease, sensory and mobility impairments. A wide range of interventions has been developed to tackle social isolation and loneliness amongst older people. Although numerous interventions reviewed here reported some success in reducing social isolation and loneliness, there was a significant heterogeneity between interventions. For example, evidence indicates that group level interventions may be more beneficial than one-to-one interventions, and interventions that include social activity and support were more likely to be effective. It should be noted however that the effectiveness of interventions may depend on their specific content, the specific groups of older people to whom they are offered and the specific context in which they are offered.

The methodological quality of evaluations may also be contributing to the variability of their findings. Assessing effectiveness and cost-effectiveness of preventative interventions can be challenging for several reasons. These include the use of various interventions simultaneously, the long time periods required to assess outcomes and the difficulty of obtaining data to assess what would have happened in the absence of the preventative interventions.

Further research is needed to enhance our understanding of how interventions can mediate social isolation and loneliness and to provide more robust evidence on effectiveness. There is also a need to investigate which groups of older people are most prone to suffer from social isolation and loneliness and would benefit most from interventions. Future studies need to address some of the challenges involved in evaluating preventative interventions to ensure that they are sufficiently robust to inform policy and practice reliably.

Governments should consider including in their strategies for preventing disability and promoting health and wellbeing policy initiatives to reduce social isolation and loneliness in old age. Agencies responsible for commissioning services for older people should consider supporting a range of measures to prevent or reduce social isolation and loneliness. Further studies should be undertaken to improve the evidence on effective ways to combat social isolation and loneliness. Policy strategies and priorities for commissioning preventative measures should take account of the developing evidence.

References

1 Landeiro F, Barrows P, Musson EN, Gray AM, Leal J. Reducing social isolation and loneliness in older people: a systematic review protocol. *BMJ Open* 2018:7(5).

2 Malcom M, Frost H, Cowie J. Loneliness and social isolation causal association with health-related lifestyle risk in older adults: a systematic review and meta-analysis protocol. *Systematic Reviews* 2019;8(48).

3 Gardiner C, Geldenhuys G, Gott M. Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health & social care in the community* 2018;26(2):147–57.

4 Dickens AP, Richards SH, Greaves CJ, Campbell JL. Interventions targeting social isolation in older people: a systematic review. *BMC Public Health* 2011;11(647):1–22.

5 Lawlor B, Golden J, Paul G, et al. *Only the Lonely: a randomized controlled trial of a volunteer visiting programme for older people experiencing loneliness.* Dublin: Age Friendly Ireland, 2014.

6 Pitkala KH, Routasalo P, Kautiainen H, Savikko N, Tilvis R. Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomised, controlled trial. *Journal of Gerontolgy: Medical Sciences* 2009;64A(7):792–800.

7 Coulton S, Clift S, Skingley A, Rodriguez J. Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: randomised controlled trial. *Br J Psychiatry* 2015;207(3):250–5.

8 Stevens NL, Martina CM, Westerhof GJ. Meeting the need to belong: predicting effects of a friendship enrichment program for older women. *Gerontologist* 2006;46(4):495–502.

9 Cook G, Cook M, Thynne E, Chandler C. *An evaluation of 'HENPOWER:' Improving Wellbeing & Social Capital in Care Settings*. Northumbria University, 2013.

10 Routasalo PE, Tilvis RS, Kautiainen H, Pitkala KH. Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: randomized controlled trial. *Journal of Advanced Nursing* 2009; 65(2):297–305.

11 Loek AH, Willems CG, Spreeuwenberg MD, Rietman J. Implementation of CareTV in care for the elderly: the effects on feelings of loneliness and safety and future challenges. *Technology & Disability* 2012;24(4):283–291.

12 Cattan M, Kime N, Bagnall AM. The use of telephone befriending in low level support for socially isolated older people – an evaluation. *Health & Social Care in the Community* 2011;19(2):198–206.

13 Blazun H, Saranto K, Rissanen S. Impact of computer training courses on reduction of loneliness of older people in Finland and Slovenia. *Computers in Human Behavior* 2012;28(4):1202–12.