Queen's University Belfast

School of Social Sciences,
Education and Social Work

# "It's The People You Meet"

## Exploring the factors which impact engaging with services, from the perspective of older people who have experienced loneliness or isolation, and front-line staff.

**June 2018**

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**Engage with Age and Queen's University, Belfast would like to acknowledge the support of the stakeholders and partners that have made the HOPE programme and this research possible. We acknowledge the support of Choice, Fold Housing Association, and Clanmill Housing Association; all of the staff who worked on the HOPE programme; all of the participants and volunteers that delivered and experienced the programme; the HOPE Steering Committee including Age Friendly Belfast, Volunteer Now and North Belfast Seniors' Forum.  Engage with Age would particularly like to thank former director Margie Washbrook who conceived the HOPE programme and managed it until December 2015.**

# 1. Introduction

The life expectancy of our society is increasing. Between 1984 and 2014, there has been an increase of over 3 million people aged 65 and over. However, despite increased longevity and improved health of our population (Evason *et al.*, 2005), loneliness and social isolation have been identified as key issues for older people, and have been found to increase the risk of mental and physical health problems (SCIE, 2012). Whilst the terms 'loneliness' and 'social isolation' are often used as synonyms, they do not mean the same thing. Loneliness can be seen as a subjective phenomenon, the emotional component through which social isolation is experienced. Loneliness and social isolation share comparable prevalence rates ranging from 7% to 12% of the older population (Warburton and Lui, 2007). Older people are particularly vulnerable to both loneliness and social isolation as a result of the loss of friends and family, mobility or income (SCIE, 2012). Social engagement is seen as a means of addressing loneliness and social isolation.

Engage with Age (EWA), is a community development charity formed in 2000 to work in partnership with a range of organisations throughout Greater Belfast to enable older people to live life to their full potential, and among its priorities is combating social isolation and loneliness amongst older people and to promote health and wellbeing. EWA seeks to work with others, connecting, developing and creating opportunities for older people to enjoy life, stay well, active and involved, contributing to and influencing the future of their communities. One key project in achieving this aim has been the development, through Big Lottery funding, of the Hubs for Older People's Engagement (HOPE). Since its inception in 2012 HOPE has identified and targeted less active older people at risk of social isolation, enabling them to gain improved confidence, health and wellbeing through reconnecting them with their community. In so doing, HOPE has worked in partnership with Trinity, Clanmil and Fold Housing Associations to develop hubs for older people's engagement in seven local communities in Belfast. These local Hubs offer a range of stimulation and activities to encourage participation from isolated older people. Additionally, a number of volunteers have been recruited to provide one-to-one support for isolated people, helping these isolated older people to overcome loss of confidence and encouraging them to try out new activities and avail of opportunities to socialise.

In partnership with Queen's University, Belfast, the HOPE project has been subject to an ongoing evaluation, tracking participants' progress through the programme, assessing their subjective sense of satisfaction and monitoring their wellbeing through a self-evaluation tool

called the Older Person's Outcome Star. Each Hub has been found to develop different priorities and activities. Over 200 participants have been registered on the programme, with participants reporting increased confidence and well-being. The evaluation of the first three years of the project (2012-2015) concluded that the project was meeting its overall objectives and was proactive in the prevention of social isolation. In this final year of the HOPE initiative, the focus has moved to consideration of the sustainability of the Hubs. In considering sustainability, it was deemed important to consider the factors which have influenced the uptake of services to date. Thus, in furthering the key aims of the HOPE project and the more generic work of EWA, to target social isolation and reconnect individual older people to their communities, a final service evaluation was commissioned from Queen's University to explore the factors which impacted on the engagement of older people who have experienced loneliness or isolation with support services. Whilst the HOPE project will have completed, it is envisaged that these findings will be used to inform future service delivery in this area for Engage with Age and other service commissioners and delivery organisations.

This report begins by outlining the aims and objectives of the service evaluation. This is followed by an outline of the relevant literature and a discussion of the methods employed to address these aims and objectives. Findings are then presented and the report concludes with a discussion and key recommendations made.

## 2. Aims and objectives of this research project:

The overarching aim of this service evaluation is to explore the factors which impact the engagement of older people who have experienced loneliness or isolation with support services, from the perspective of both service users and front-line staff, in order to contribute to sustainable services.

The specific objectives of the evaluation were as follows:

- Provide a summary of the literature in order to identify key learning and examples of good practice. This should focus on social isolation and loneliness and the factors which impact active social engagement for older people.
- Explore the perceptions of staff working in frontline services of HOPE. This exploration will focus on factors which contribute to older people's engagement in HOPE and in active social engagement more generally. Factors which might limit social engagement should also be considered. Consideration should also be given to how services are provided; including what staff perceives to be working well, views on existing challenges to the delivery of services and what staff feel needs to happen to ensure that there is adequate provision of services to secure social engagement in the future.

- Explore the perceptions of older people who use the services through individual interviews and focus groups.

### 2.1 Topic Guides

Questions and issues deriving from the initial literature review were used to develop the interview questions for each evaluation method. In order to maintain consistency in the information gathered from individual older people, focus groups and development officers a broad interview schedule was established, identifying the following key topic areas.

1. *Factors which promote participation and social engagement*
2. *Barriers to participation and social engagement*
3. *Alternatives to social engagement*
4. *Sustainability*

## 2.2 Evaluation Team

The Evaluation Team consisted of Dr Lorna Montgomery, Queen's University, Belfast, School of Social Sciences, Education and Social Work, who is the Principal Investigator on this project, Dr Caoimbhe Ni Dhonaill research assistant, Queen's University, Belfast, School of Social Sciences, Education and Social Work, and Dr Robert Hagan, Keele University, who completed the literature review. A steering group chaired by Mr Eamon Quinn, Director, Engage with Age (EWA), consisting of key stakeholders, including a number of older people helped to determine the parameters of the service evaluation and a strategy for dissemination of the findings.

## 3. Methodology

To address the aims and objectives the project will employ a range of methods. The methodology is designed to be progressive with data gathered from each stage informing the next. Respondent triangulation was utilised in order to gather the perspectives of a range of stakeholders. The qualitative methodology included the following components:

- Stage 1: a desk based analysis of relevant literature and policy
- Stage 2: individual semi-structured interviews with 2 key frontline staff employed in the HOPE project
- Stage 3: 3 focus groups with older people who utilise HOPE services
- Stage 4: individual semi-structured interviews with 5 older people exploring their perceptions of factors which contribute to active social engagement.

**Stage1**

During Stage1 relevant national and international policy and literature was explored in order to identify key issues that are pertinent to the active social engagement of older people in support services, additionally, regional and local literature was reviewed in order to analyse recent policy developments relating to the provision of older peoples' services in Northern Ireland.

The broad aim of this literature review was to identify the key considerations of working with older people in order to reduce social isolation, and encourage active social engagement.

**Stage 2**

Completion of individual semi-structured interviews with 2 key frontline staff in order to explore their perceptions of factors which contribute to active engagement in the HOPE project, and in active social engagement more generally. Factors which might limit social engagement were also considered. Consideration was also given to how services are provided; including what staff perceive to be working well, or working less well.

**Stage 3**

Three focus groups were conducted with members of HOPE Hubs; one being an all-male group and two of mixed gender. The focus group meetings provided an opportunity to explore the

perceptions of a wider range of older people as to the factors which impact engaging with services and the perceived barriers to active social engagement. In promoting reliability, the evaluator also had the opportunity to attend and observe the Hub groups in action, to contextualise information gathered.

- Can you tell me about the Hub you attend?
- What has led you to engage in this service?
- What difference does membership of this service make to your day-to-day life?
- What is your experience of attending this service?
- Have you any messages to other organisations about how they can best engage older people in their service?

**Stage 4**

Stage 4 consisted of semi-structured interviews to explore the feelings and thought processes of older people about accessing services, or not. Five semi-structured interviews with individual beneficiaries of the HOPE project were completed. These interviews were based on the following interview schedule:

- What has led you to engage (or not) in this service?
- What difference does membership of this service make to your day-to-day life?
- What is your experience of attending this service?
- Have you any messages to other organisations about how they can best engage older people in their service?

Five older people were purposively sampled in order to engage with as wide a range of older people as possible, with a view to maximise the diversity of participants across a range of socio-economic and demographic characteristics. Moreover, in acknowledging that the characteristics and needs of older people are not homogenous, participants were sought from those who had engaged with the service fully and those who had limited engagement.

## 3.1 Ethical Considerations

Informed consent is key to undertaking ethical interviews and focus groups. Participants were provided with a Participant Information Sheet prior to agreeing to involvement in this service

evaluation. The Participant Information Sheet highlighted the aims of the project, the contact details of the Principal Investigator, the types of issues that would be addressed in the interview or focus group, and explained the recording mechanism for the interview or focus group.

Participants were ensured confidentiality of all information provided during focus group meetings or interviews, with the only exceptions, as outlined in the information sheet, being if someone's safety was identified as being at risk or where serious criminal activity was disclosed. Participants were also assured that any cited comments would not be attributed to a particular individual, and to this end, the following terms were used to refer to the designation of participants in the write up of the report.

- Focus group participant ( male ) : FG-M
- Focus group participant ( female ) : FG-F
- Older person-Individual Interview ( male ): OP-M
- Older person-Individual Interview ( female ):OP- F
- Development Office DO-1 and DO-2

As this was a service evaluation it was not necessary to gain consent from the Ethics Committee of the School of Social Sciences, Education and Social Work, Queen's University Belfast.

## 4. Literature review.

## Older people and loneliness: Issues for Northern Ireland

The wealth of research that has been completed on the topic of loneliness and older people in the last few decades reveal that the construct is perceived as an increasingly crucial concern in relation to ageing in the UK. The formation of the Campaign to End Loneliness in England, established in 2011, has ensured that this concern remains live with policy makers in terms of both social care and public health. This literature review will consider what has been said about loneliness and older people in recent times, with some analysis of themes and interventions, and what is being proposed as possible future directions within Northern Ireland.

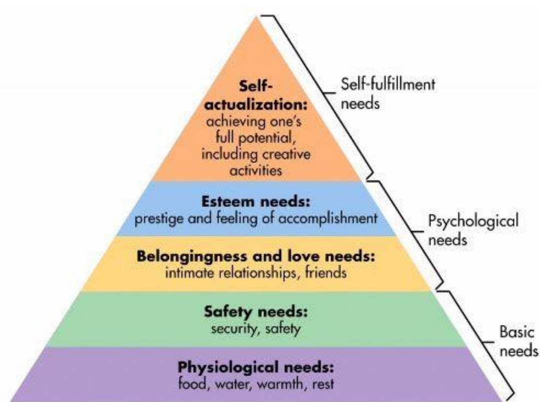
**Loneliness: What we know**

Defining loneliness has been somewhat troublesome and has led at times to it being articulated in relation to what it is not. For example, loneliness is not social isolation, which is more commonly regarded as being the objective absence or lack of social relationships or support (Coyle & Duggan, 2012). Nor is it the state of being alone, as then it would not explain those who feel lonely whilst in the midst of substantive social circle (Griffin, 2010; Tomaka et al, 2006). Instead, loneliness is precipitated by the absence of particular relationships or, at least, dissatisfaction with existing ones (Heinrich & Gullone, 2006). Moreover, loneliness often relates to the absence of a relationship with a confidante or, to be a little more technical, with an attachment figure. This is particularly so with emotional loneliness, which is outlined more fully below. There are many definitions offered by academics, though I have included here one by Killeen (1998), which summarises the key aspects of loneliness well.

A definition of loneliness: **A discrepancy between one's emotional and/or social needs and wants and the reality of their social experience**
Killeen (1998)

Loneliness for those in later life may be different from that which is experienced earlier in the life course. For older adults, loneliness is often precipitated by an uncomfortable transition or event. This commonly includes bereavement, the onset of poor health or reduced independence. Summarising the literature, Devine et al (2014) and Kempton & Tomlin (2014) have identified the following as increasing vulnerability to loneliness in later life:

- Being very old (at least over 80)
- Female
- Not (or no longer) married
- Living alone
- Without access to a car
- Lower educational qualifications
- Frailty
- Limited mobility
- Difficulties in completing daily tasks.




Additionally, it has been suggested that loneliness is precipitated within individuals as a prompt to seek out social bonds for security (Cacioppo et al, 2006). If this is so, then loneliness sits within the 'safety' bracket of Maslow's hierarchy of needs, rather than the lower priority of 'belongingness' and thus avoiding this is fundamental to the human experience. Furthermore, loneliness has been associated with a greater risk of morbidity, with it being suggested that loneliness rivals cigarette smoking as a health risk (Holt-Lunstad et al, 2010).

It has also been theorised that loneliness is not just explained by an individual's social situation but by heritable factors, such as personality and genetic dispositions (Cacioppo & Patrick, 2008). This may be evidenced by the responses of two different individuals to the same social situation, where one may feel socially embedded and the other lonely. In these situations, loneliness is what occurs when the individual experiences isolation; in other words, it is subjective. The nature of loneliness is such that "individuals with a low propensity for loneliness may thrive in socially isolated conditions, while those with a high propensity for loneliness [and integrated into a visible social network] may require more social connectedness" (McHugh et al, 2016, p2).

It is, therefore, the **perceived quality** of contacts that is particularly useful when considering addressing individuals' needs and the understanding and assessment of professionals as to who

is lonely or socially isolated may be at odds with the individual's own perception (Devine et al, 2014). All this should also highlight that the loneliness experience is highly idiosyncratic and that what works for one individual may not be sufficient for someone else.

Over the last 15 years or so, a number of academics have tried to make sense of interventions that have been introduced to attempt to address loneliness with older people (Finlay, 2003; Cattan et al, 2005; Heinrich & Gullone, 2006; Masi et al, 2011; Dickens et al, 2011; Hagan et al, 2014). A crude summary of the findings reveals that group interventions generally worked better than one-to-one interventions though it is important to note that many interventions studied by these academics were not effective at reducing loneliness. Also, it should be pointed out that this does not mean that one-to-one interventions are always ineffective. Hagan et al (2014) also found that interventions using new technologies, including internet communication and robot dogs, reported some effectiveness at reducing loneliness. Cattan et al (2005) concluded that group interventions with an educational or specific focus were most effective whilst Masi et al (2011) argued that work targeting "maladaptive social cognition" within individuals might be most useful. This will be discussed further later.

The complexity of loneliness is such that some brief discussion of two further core subdivisions would be valuable to enhance understanding, particularly when bearing in mind that certain interventions will work well for some individuals and not others.

***Subdivision One: Emotional and Social Loneliness***

**An (accidental) articulation of emotional loneliness:** "I feel lonely sometimes when, when it comes to something where you just want to have somebody who's special to yourself, you know, who's just yours" (respondent in Timonen & Doyle,

The terms 'emotional loneliness' and 'social loneliness' became commonly known through Weiss (1973). The author defines emotional loneliness as originating from a keenly felt absence or loss of a **specific close relationship** whilst social loneliness arises from feeling absented from an interconnected group of friends or a satisfying social network (DiTomasso & Spinner, 1997). The most common relationship that is linked to emotional loneliness when the relationship ends or is lost is that of a spouse and lifetime partner. However, emotional loneliness may not be confined only to the lack of an intimate partner but may be attributable to parents, children and even very close friends (Dong et al, 2012). The level of intimacy in this relationship would result in the individual feeling that they have a

‘confidant’ with whom they have a highly trusting relationship, which is usually demarcated by a strong attachment.

By contrast, the notion of social loneliness perhaps emerged from Rubin Gotesky in 1965, who suggested that this is where an individual feels excluded from groups or relationships into which they want to be accepted (cited by Mijuskovic, 1979). This subjective yearning for acceptance by a wider peer group is much broader than the confines of attachment driven emotional loneliness. Whilst the acquisition of friends cannot satisfying an attachment relationship, neither can an attachment bond compensate for an insufficient number of friends (Cassidy & Berlin, 1999).

Therefore if one were to consider the impact of bereavement on an older person, it would not be surprising, depending on the quality of the relationship, of course, to find that emotional loneliness results. However, if the surviving partner relied on their spouse or loved one for a wider social network, which may often be the case for males, then social loneliness may too result (Dahlberg & McKee, 2014; Kempton & Tomlin, 2014). Emotional loneliness, therefore, is best addressed by the adoption of a new confidant style relationship with a strong attachment, whereas social loneliness could be overcome by the strengthening of an individual’s social network. It should be apparent that these are two distinct forms of loneliness, and therefore loneliness interventions should be conscious of the type of loneliness being experienced (Dahlberg & McKee, 2014).

***Subdivision Two: State and Trait (or Chronic) Loneliness***

Those who encounter loneliness due to a change in circumstances are more likely to endure temporary or ‘state’ loneliness and this is much more mutable, being experienced by nearly everyone at some point, and is generally not regarded as problematic and passes with time (Bolton 2012). For example, many older people experience bereavement and this can be quite devastating at the time. However, one study estimates that a third of those rendered lonely by widowhood have overcome this within nine months (Bolton, 2012, citing De Jong Gierveld et al, 2011). Whilst widowed older adults’ social engagement may reduce immediately following bereavement, Isherwood et al (2012) found that social participation actually increased in the long term.

However, ‘trait’ or chronic loneliness is that which is experienced over a long period of time and it thought to be associated with personality traits such as shyness, neuroticism and social

withdrawal as well as a lack of trusting relationships (Heinrich & Gullone, 2006). Chronic loneliness may also be the result of the cumulative effect of traumatic incidents in one's life (Palgi et al, 2012). Those who grew up impoverished, who were subjected to alcohol abuse in their family upbringing or who were physically or sexually abused have been found to be more likely to feel lonely (Barrett & Mosca, 2012). As with the first subdivision, these findings should identify that there are differing needs within these two populations and therefore distinct responses may be required.

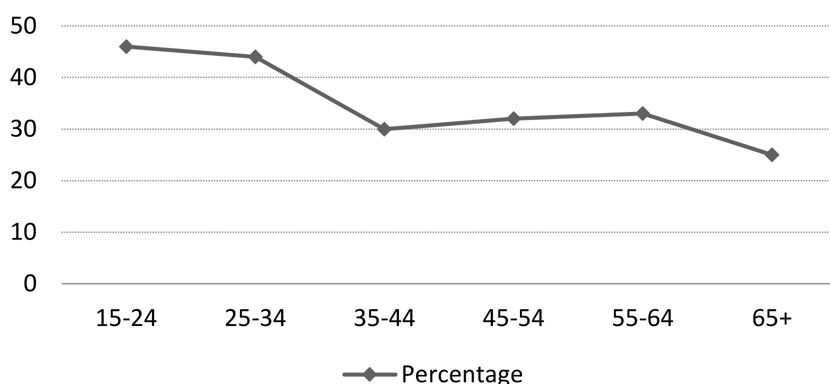
## Misconceptions

By now it should be apparent that a nuanced understanding of loneliness may be required in order to tackle its impact effectively in differing contexts. Furthermore, other commonly held views about loneliness require deeper understanding to avoid 'knee jerk' reactions to older people's situations. The four following misconceptions are not myths; in other words, each contains a truth. However, each requires some further elucidation so that those offering a service do not reduce their recipients to misunderstood stereotypes.

### *Misconception One: Older people are particularly lonely*

A survey carried out by Independent Age/Mori in 2005 (see *Figure 1*) found that fears about loneliness in later life reduced the older one was. For example 46% of those aged between 15 and 23 associated later life as being a time of loneliness compared with 25% of those aged 65 and over. In another survey, 61% of 18-34 year olds, 47% of 35-64 year olds and 33% of those 65+ called loneliness a serious problem for older people (Abramson & Silverstein, 2006). In fact, surveys reveal that these estimations do not correlate with the percentage of older adults who feel often or always lonely.

Figure 1: Fears about loneliness in later life by age group




*Source: Independent Age/Mori, 2005*

Two recent surveys of the wider literature estimate that between 6-13% (Davidson & Russell, 2014) and, within the Irish context, 7-14% (Scharf, 2015) feel always or often lonely (Davidson & Russell, 2014). Elsewhere summaries of longitudinal data in England produces figure around 8.5-9% of older adults feeling always of often lonely (Iparraguire, 2016; Beaumont, 2013). The table below produces a brief summary of studies over the last 15 years, which results in a similar figure to that outlined by Davidson & Russell and Scharf (see *Table 1*). There is a fairly consistent return of approximately 10% of the sample reporting feeling often or always lonely and, when feeling sometimes lonely is added, this reaches approximately 40%, with approximately three fifths of study samples identifying that they are rarely or never lonely. It is not hard to conclude, then, that the experience of loneliness is overestimated in later life.

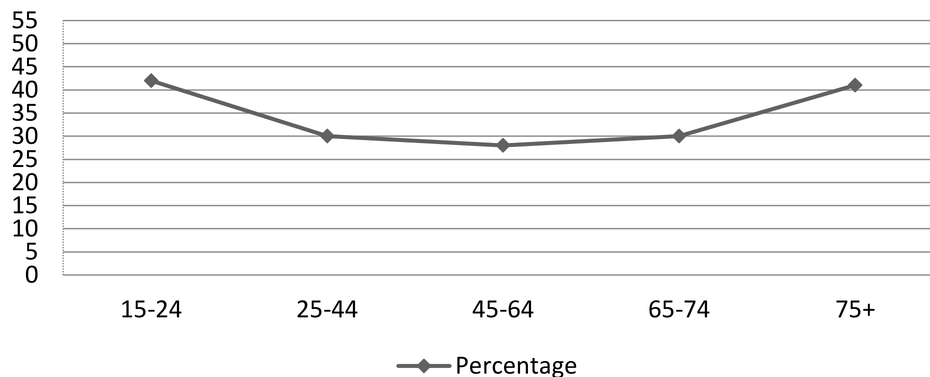
*Table 1: Summary of surveys of older people's loneliness in both UK and further afield*

| | **Often/ Always (%)** | **Sometimes/ Moderately (%)** | **Never/ Seldom (%)** |
|---|---|---|---|
| Wenger & Burholt (2004) | 9 | 29 | 63 |
| Victor et al (2005) | 7 | 31 | 61 |
| Steed et al (2007) | 7 | 32 | 62 |
| La Grow et al (2012) | 8 | 44 | 48 |
| Victor & Bowling (2012) | 9 | 30 | 61 |
| Nyqvist et al (2013) | 11 | 37 | 52 |
| Ferreira-Alves et al (2014) | 12 | 26 | 62 |

| Dahlberg & McKee (2014) | 8 | 38 | 54 |
|---|---|---|---|

In fact, those who have studied loneliness throughout the life course have concluded that loneliness in later life is second to adolescence in terms of the severity of the experience and that the life course experience of loneliness results in a U-shaped curve (Perlman & Landolt, 1999; Pinquart & Sorenson, 2001; Dykstra, 2009; Victor & Yang, 2012; see *Figure 2*).

*Figure 2: Prevalence of feeling lonely at least sometimes throughout the life course*




*Adapted from approximate average scores from Victor & Yang, 2012; Dykstra, 2009 and Perlman & Landolt, 1999*

However, it is important to identify that this minority experience of loneliness remains serious and devastating for those who endure it. There is also some data that supports the idea that loneliness continues to increase in the very old: one ONS survey found 17% of those over 80 often or always lonely (Beaumont, 2013)

***Misconception Two: Older people who live alone are lonely***

Whilst it has been stated that it is true that those who live on their own are more likely to be lonely, Victor et al (2009) identify that the majority of those in later life who live on their own are not lonely. Instead, these authors are interested in what it is that has resulted in an older person living on their own, noting that these factors may be especially pertinent when considering how someone has become lonely.

Moreover, these paths to living alone are important to distinguish as some are more likely to lead to loneliness than others. The three most common states reported in studies are those who

have been widowed, those separated or divorced and a third group who have been ever single or spent most of their adult life living on their own. One Belfast study identified that those who were divorced or separated were lonelier than those widowed (Boyle, 2010). Another for Age UK found that 63% of widowed feel lonely often or sometimes, compared with 51% of those separated or divorced (Davidson & Russell, 2014). Whilst there is variation there, data examined from the English Longitudinal Study on Ageing uncovered that those who are 'ever single' are much more likely to be hardly ever lonely than those separated/divorced or widowed, though they are only marginally less 'often lonely' than those separated divorced (see *Table 2*). Wenger et al (1996) have described the experience of loss through bereavement as leading to greater loneliness for those who go through it than for those who have always been single.

*Table 2: English Longitudinal Study of Ageing (ELSA, 2009/10)*

| Loneliness | Hardly Ever | Sometimes | Often |
|---|---|---|---|
| Ever Single | 57 | 30 | 13 |
| Separated/Divorced | 49 | 37 | 14 |
| Widowed | 38 | 41 | 22 |

There have been genuine concerns raised about the social lives of those who live alone. For example, one quarter of those aged 75+ and live alone do not see or speak with someone every day (Jopling, 2015, citing Williams et al, 2013). Those who live alone have less face to face contact with their children than it they were married and contact decreases based on the distance from parents (WRVS, 2012). Whilst solitude can be valuable (Storr, 1988), studies of solitary confinement have noted profound negative effects on mental health for those living in an entrapped, solitary state (Metzner & Fellner, 2010). This should be borne in mind regarding those whose mobility is severely restricted.

Considering all this, there may be a temptation to move an older person away from their solitary living arrangement due to perceived loneliness and yet long-time residence in one's own home in a familiar location may guard against loneliness (van den Berg et al, 2016). Moving to a new residential location may be isolating (Saito et al, 2012) and those who live in nursing or care homes are more likely to report loneliness (Davidson & Russell, 2014; Pinquart & Sorenson, 2001). Moving in with adult children may also precipitate negative outcomes, as

revealed by Kneale (2012) who states that those living with adult children are eight times more likely to feel excluded from social relationships. This kind of move has been described as "a last resort" (Fengler et al, 1983, p359; also see next section).

Additionally, the promotion of living alone as the predominant state for loneliness then may lead to an underestimation of loneliness within other living arrangements. Whilst it has been noted that marriage often acts as buffer against loneliness, this generalisation may underestimate or ignore a hidden loneliness that exists in marital relationships that are strained or unhappy. When expectations are not met in the marital loneliness, it is not surprising if loneliness (due to lack of trust, disappointment etc.) results (Stokes, 2016). Stokes' own study revealed that positive marital quality was negatively related to spouses' feeling of loneliness and that if one spouse reported loneliness, then the other was also likely to report this. This is important to note as for much of the 20th century in Ireland, adults were likely to perceive divorce as socially unacceptable (Kamiya et al, 2013) and this may then lead to loneliness being linked to (unhappy) marriage.

***Misconception Three: Families meet older people's social needs***

"I have no friends – they are all dead – at 83 what else can you expect?" (Respondent in Boyle,

Spouses, adult children and other family members are often incredibly valuable for individuals in later life. Immediate kin are desired for providing instrumental personal care, financial support and relied upon for critical decisions (Victor et al, 2009; Agneessens et al, 2006). However, whilst the loss of the spouse can lead to profound emotional loneliness, other family members are, perhaps surprisingly, less likely to compensate for feelings of loneliness. Instead, studies consistently show that it appears to be more the impact of friends and the wider social network that guard against this (Steed et al, 2007).

Non-kin relationships, are desired for informal, less burdensome relationships, conversation and comfort. Non-kin relationships are more satisfying because they are voluntary (Wenger, 1997) whereas kin relationships may be bound by obligation (Fiori et al, 2008). Friendships give stronger protection against subjective loneliness compared with having only access to kin and especially adult children (Nyqvist et al, 2013; Giles et al, 2005; Holmen & Furukawa, 2002; Pinquart & Sorenson, 2001). Social contact with non-kin has "a greater impact on mental well-being than their health status" for the 'oldest old' (Lloyd, 2008, p1). Those who are

dependent upon family for their social needs are more likely to cite loneliness that those more involved with non-kin (Kirkevold et al, 2013). A strained relationship with family is one of the strongest predictors of loneliness, particularly for those not married (Shiovitz-Ezra & Leitsch, 2010) and living with adult children is not usually desired and may not alleviate loneliness (Nyqvist et al, 2013; Sanchez Rodrigues et al, 2013; Wenger & Burholt, 2004).

The Joseph Rowntree Foundation note that older people value being able to get out and about and maintaining friendships as core goals in the ageing process (Katz et al, 2011). However, a recent survey in Belfast found that 43% of the sample had no contact with friends (Boyle, 2010) and a broader UK survey found that 12% of those aged 65 and over have no contact with friends (Davidson & Russell, 2014). One large challenge in this area, then, is that, as older people age, the chances that they will lose their peer group friends increases, leading to increasing feelings of loss in older age, what is sometimes called the "pain of survivorship" (Hagestad & Uhlenberg, 2006, p645, citing Bernie Neugarten). Peers of the same age are particularly valued as they often share the same outlook on the world (Routasalo et al, 2006). Davidson & Russell (2014) also note that intergenerational contact outside kin is low for older people. However, due to the benefits of non-kin contact, promoting and maintaining these relationships may be fundamental when considering how to address older people's loneliness.

***Misconception Four: Loneliness is tackled only by addressing loneliness head on***

As noted earlier, one recommendation from Masi et al's (2011) literature review was that maladaptive social cognition be addressed by interventions seeking to tackle loneliness. This may be useful, particularly for those who endure chronic loneliness. However, it also places the responsibility for addressing loneliness within the person who feels lonely rather than address the need for social structures or community resourcing to make adaptations.

Additionally, tackling loneliness head on is simply unappealing to older people, as well as probably anyone else. Admitting to loneliness means admitting to shame and failure (Stanley et al, 2010), as demonstrated by the findings that one third of respondents would feel embarrassed to admit they are lonely (Griffin, 2010). Talking about loneliness makes participants feel uncomfortable and guilty (Heenan, 2011). One study has found that 80% of over 85s have not told their children they are lonely (Kempton & Tomlin, 2014), whilst in another, 61% of all older people who are lonely have not disclosed this to their children (WRVS, 2012).

Group or individual activities based around the concept of loneliness, therefore, are unlikely to be successful. However, older people have also identified that they do not wish to join social activities with no clear focus (Kharachi et al, 2017). Instead, tackling loneliness by 'stealth' by linking older people to existing interests may be more attractive to potential participants. Examining the literature, it is clear that social groups do not have to have 'addressing loneliness' as an aim to be effective at countering this (Davidson & Russell, 2014).

**Policy directions in Northern Ireland**

Moving on to the Northern Irish context, it is important to give some sense of the political and social goals that exist in relation to older people's social lives and integration and, therefore, how loneliness may be addressed.

Over the last decade, there has been a shift in the recognition of the discrimination of those who are ageing to a place where the contribution of those in later life is increasingly valued (Murtagh, 2014). For example, Murtagh notes that, in 2004, none of the main political parties had policies on ageing. However, since 2011 there has been a Pensioners' Parliament at Stormont discussing the core issues relevant to older people. The Parliament contributes to research and has met MPs and Peers at the House of Commons (Age Sector Platform, 2016). Along with Age NI, they were instrumental in establishing the Commissioner for Older People in Northern Ireland. Older people's contribution to society in terms organisation leadership and involvement, childcare, continuing employment and in sharing of skills and expertise has been recognised by Stormont and their continuing involvement has been encouraged (OFMDFM, 2016).

There is impetus for Northern Ireland to become more 'age friendly' (OFMDFM, 2016), a concept that recognises the rights of every citizen and the diverse needs of differing ageing populations (Buffel, 2015). In Northern Ireland this means older people being valued and supported to live to their fullest potential, with their dignity and rights protected (Devine et al, 2014). WHO describes active ageing as the continued participation in social and civic life (Gray et al, 2014) and active engagement is regarded as one of the crucial factors of successful ageing (Grundy et al, 2007). One difficulty is ensuring that this active participation includes the 'oldest old' or those who are particularly frail, as well as those without adequate financial

resources to easily access social or cultural activities (Ni Lieme & Connolly, 2015). Addressing these populations in particular will be important in combating loneliness.

A core message from policy is that the home is increasingly regarded as the hub for health and social care (DHSSPSNI, 2011; Thompson, 2016). This is both attractive to those in charge of care budgets and to older people, who are more likely to wish to remain in their own homes as long as possible (NIHE, 2013). To support this new direction, policy documents such as *Caring for People Beyond Tomorrow* (DHSSPNI, 2005) and *Transforming Your Care* (DHSSPSNI, 2011) have proposed a shift of service provision from hospital to community services (Thompson, 2016) but this has not been entirely successful to date: proposed hospital and home closures have been met by public resistance, leading to U-turns from politicians. The recognition of older people remaining in their own homes is to be welcomed as long as there is continuing support for initiatives that will ensure they do not inadvertently become 'trapped' due to increasing difficulties with mobility or disability. The goal of the DHSSPSNI (2014) framework to support individuals and communities to retain control of their own lives in conjunction with health and social care services in order to tackle inequality, disadvantage and poverty reflects the desire to promote independent living with minimal interference. However, the policy should be monitored to ensure that there is not an undue burden on individuals and communities to address these matters without adequate support.

## Possible Pathways to Loneliness in Northern Ireland

There has been little explicit published research into interventions that may impact upon loneliness within Northern Ireland. However, when surveying the literature more broadly, some themes are apparent and three key considerations are set out below that may indicate greater vulnerability to loneliness.

### *Deprivation and disadvantage*

The experience of ageing in Northern Ireland may differ depending on where one is situated. Whilst life expectancy for males in this jurisdiction is just below 80 and just over 80 for females, those living in the 20% most deprived areas are 40% more likely to die before 75 (DHSSPSNI, 2011). Elsewhere, it has been suggested that the poorest old people are five times more likely to live in poor health than the richest (Dean, 2009). A survey of electoral wards in

NI reveals that longevity is broadly associated with greater affluence, reflecting that social inequalities lead to health inequalities: therefore there should be a "greater intensity of action for those with greater social, economic and health disadvantage" (DHSSPSNI, 2014, p40). Older adults living in the most socially deprived neighbourhoods in inner city Belfast are at greatest risk of social isolation (Greer et al, 2016) and Kamiya et al (2013) notes that those who have grown up with poor financial status more likely to be lonelier in later life.

In Belfast, vulnerability to loneliness is mapped by areas with higher percentage of populations aged 75 and older, single households, poor levels of education, low household income, lack of access to a car, area of social deprivation, individuals with poor health status, limited participation in social or leisure activities, and disengagement from digital technology (Greer et al, 2016). However, whilst areas with multiple deprivation are configured as being those with greater vulnerability to loneliness, there is little sense in the mapping exercise of the existing strengths within these neighbourhoods and communities. Poverty does not necessarily lead to social exclusion, depending upon the social and community networks that exist within areas of greater deprivation (DHSSPSNI, 2014).

Boyle's (2010) survey of older people from three wards in the wider Belfast area identified two categories of older people: those who are independent and positive and those who are becoming more dependent. This chimes with sociological theory derived from Richard Titmuss in the 1950s, who observed that older people consisted of one relatively affluent group, benefiting from private pensions, and a poorer group, attempting to subsist on inadequate state provision (Alcock, 2006). Disrupted employment patterns, limited opportunities and caring responsibilities during one's working lifetime has impact upon financial disparities in later life (Scharf, 2015). In Boyle's case it was observed that entry to the more dependent group tended to be via the "loss of a partner, declining health and mobility and the loss of other friends/family as they too age" (p29); though the loss of a partner was more commonly associated with loneliness than others. Decline in health and mobility was the most crucial factor cited in restricting people's movement and those with poorer health tended to report greater levels of loneliness. Boyle also noted that, whilst 70% of the study cohort felt they always had someone to talk to about day-to-day problems, 40% nonetheless found their circle of friends and acquaintances to be too limited.

*Gender*

Of those of poor financial status, this deprivation is more likely to impact females as they make up approximately two thirds of pensioners in the low income bracket in Northern Ireland (OFMDFM, 2013). Those aged over 80 in Belfast are twice as likely to be female and the 2011 census found older females were more likely to report poorer levels of health (Locus/Age NI, 2014). A number of studies elsewhere have highlighted that women are particularly vulnerable to loneliness in later life (Burholt & Scharf, 2014; Golden et al, 2009; Treacy et al, 2004).

Whilst women's longevity may partially explain the gendered nature of loneliness in later life (Devine et al, 2014), men are less likely to admit to and address loneliness and also engage in behaviours less likely to support health and longevity. At the same time, older women are more likely to engage in intimate social relationships than older men (Victor et al, 2009). Divorced or never married men are particularly likely to lack social contact in later life. Analysing data from the Republic of Ireland longitudinal study on ageing (TILDA), Santini et al (2014) concluded that spousal support was more central to men's emotional well-being and women's emotional well-being was mediated by greater support from a network of friends. Men are less likely to have a confiding relationship outside of their spouse. Poor relationship quality for men, then, is more likely to lead to loneliness.

Devine et al (2014) investigated the experiences of older men at risk of social exclusion in Belfast. Befriending in one's own home was seen as unattractive for this cohort. Men may be willing to join a group but moreso if they were introduced to it by a friend. However, informal spaces were valued: the pub was viewed as being ""may be the only place for men to have any social interaction" (p48). The authors concluded that feelings of usefulness were crucial for men and that services that allowed men a sense of control over their direction and purpose were important. Social organisations deliberately targeted at older people alone may be off putting to men, who may feel like they lack agency or autonomy in these approaches (Davidson & Russell, 2014).

*Rural living and transport*

Northern Ireland's demography with two large urban areas (Belfast and Derry) located within an otherwise rural context means that there are specific barriers that need to be addressed when considering loneliness. Rural communities may have been overlooked in studies on loneliness

and interventions in these contexts must take account of local need and distinctions (Heenan, 2011). Furthermore, one must take account of differences in rural experiences between those who are 'near-urban' and those located in more isolated spots (Walsh & Ward, 2013). These authors note that the closure of services in rural communities has a potential impact on social exclusion and isolation and lack of transport may be particularly keenly felt at times of ill health and incapacity.

> "My **friend** is the car that sits at the front door" (Respondent in Boyle, 2010, p20)

The car is often regarded as crucial in rural areas in terms of maintaining contacts and rural people are much more likely to report a lack of transport as a key concern (Walsh & Ward, 2013) and those who stop driving in Northern Ireland are particularly vulnerable to not only poor physical health but also mental ill health (Doebler, 2016). Doebler also notes that the car allows autonomy and gives access to social contacts beyond immediate neighbourhoods. For rural Irish participants, the car has been regarded as indispensable (Walsh et al, 2012). In Northern Ireland, the most common method of transportation by older people is by car (59%, OFMDFM, 2015) and less than 5% of journeys undertaken by those aged over 60 in Northern Ireland (2009-11) was by the public bus service (Locus/Age NI, 2014). Of those without access to a car, 67% experience some difficulties accessing services (Age UK/ILC-UK, 2014). Not having a car is "strongly linked to not having sufficient independent access to transport" in N Ireland (Doebler, 2016, p469). For those willing to use public transport, this is particularly limited in rural areas and has been described as coming to standstill at evenings and weekends (Ahern & Hine, 2012; Parry et al, 2004). Community transport services in Northern Ireland fill a gap somewhat, though it is troubling to note that funding for these services appears to be at risk (Fergus, 2016).

> "To a person who has difficulty walking longer distances or carrying heavy bags, it makes little difference if a shop is half a mile away and on top of a hill, in the city center of a nearby small town, or 50 miles away. Without access to an easy door-to-door mode of transport, the shop will be equally inaccessible to them in all three scenarios." (Doebler, 2016, 470)

Those living rurally are at risk of a 'double jeopardy' with the disadvantages of being located at a distance from service providers being amplified when health and mobility problems occur in later life (Warburton et al, 2016; DHSSPSNI, 2014). In Northern Ireland, the demography of rural locations has changed in recent years with a greater percentage of commuters to urban areas alongside ageing

residents whose children have gone elsewhere (Agri-food & Biosciences Institute, 2010). Older people, who are less likely to leave remote areas with which they have strong connections, have their remoteness increased as their locations become unfashionable and undesirable and, ultimately, lacking in public services. In these areas, venues commonly associated with rural social interactions in the past, such as the local Post Office, local shops and pubs are now disappearing (Walsh et al, 2012). Whilst some of these factors are strongly associated with social isolation rather than loneliness, caution must be paid so as not to assume that the latter will not result.

> "We have had things in the past that were useless. Somebody talking at you like you were a child" (Rural respondent on provision of formal social activities, Heenan, 2011, p482).

Heenan (2011) reports on a small scale community intervention in a rural context where older people were involved in creating and managing their own social programmes to address potential loneliness. Participants in this survey felt that the informal social interactions of the past were declining.

**Barriers to Social Engagement**

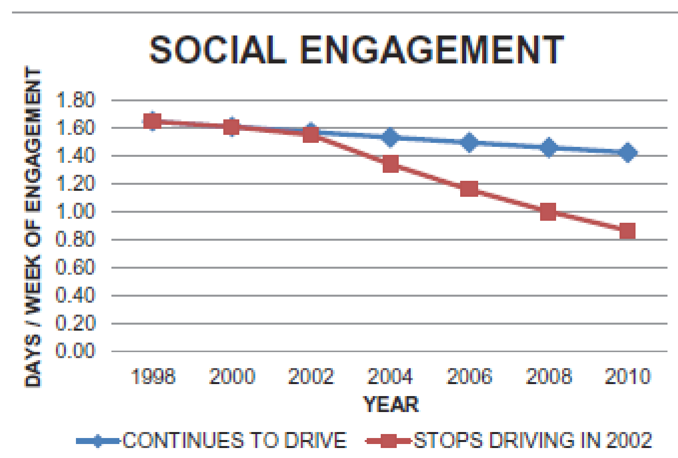
Service providers are concerned that hard to reach individuals have become effectively invisible (Walker et al, 2013). This section will briefly outline some issues that prevent older people's effective engagement. It is important to note that, whilst obstructions to engagement are sometimes regarded as self-inflicted, many of the concerns noted below are outside of individuals' control.

As has been highlighted above, illness and disability has been well recognised in the literature as barriers to participation (Liljas et al, 2017). Additionally, Goll et al (2015) found that older persons' anxieties about their health, for example, the potential to have a fall or inability to manage medication, limit social engagement.

Additionally, it has been noted that those living in rural areas face particular challenges due to the sparsity of services, low income and poor transport (Walker et al, 2013). In relation to this last point, wider literature has noted that lifestyle choices for many are unsustainable without access to a car (Curl et al, 2013) and stopping driving is recognised as a significant barrier to

social engagement. Curl et al report on near immediate declines in volunteering and paid employment for those who give up driving, whilst informal social engagement declines gradually, though significantly, over time (see *Figure 3*). Whilst driving cessation in itself is a barrier, older people may be more reluctant to drive at night and during bad weather (Adler & Rottunda, 2006) and therefore timings of opportunities for social engagement need to be sensitive to this. As well as transport, some older people may find community resources within walking distance hard to navigate due to poorly maintained pavements and pathways (Walker et al, 2013).

*Figure 3: Declines in social engagement over time for those who cease driving, as reported by Curl et al (2013)*




Having a lower income is a barrier to participation (Goll et al, 2015) and those with a lower socioeconomic status are less likely to have a supportive social network (Martire & Franks, 2014). Some social activities may be unappealing due to cost (Liljas et al, 2017; Rozanova et al, 2012), though cost is not the only concern. Reflecting socio-emotional selectivity and theory on compensation, older people may be more discerning about what they choose to do and therefore less tolerant of social activities that are viewed as peripheral to their needs (Goll et al, 2015; Walker et al, 2013). As has been noted above, males are more reluctant to join particular social groups that are populated mainly by women (Goll et al, 2015), which reflects the ongoing need to provide relevant services. Older people's well-being is not so much associated with any type of social engagement but only that which they choose freely and find meaningful (Rozanova et al, 2012). There is therefore a need to ensure that activities are relevant, accessible and affordable.

The impact of loss may prevent social engagement and not just in relation to bereavement or the loss of friends. A more complex understanding of this theme reveals that older people feel both the loss of status and role in later life and the perception that familiar social norms and communities are changing and becoming uncaring and unrecognisable (Goll et al, 2015; Walker et al, 2013; Rozanova et al, 2012). Changes in neighbourhoods, such as those described above in rural areas, which have been increasingly isolated due to families moving away or changing character due to commuting, lead to perceptions that the changing social environment has become hostile or alienating (Galenkamp & Deeg, 2016; Walker et al, 2013). Walker et al also identify that the impact of the loss of long-serving community organisations should not be underestimated. The loss of friends may also lead to a reluctance to begin or suspicion about new relationships with 'strangers' with associated fears around rejection and possible exploitation (Goll et al, 2015).

Additionally, for some the heavy burden of a caring responsibility leads to social isolation (Rozanova et al, 2012). Adequate signposting and advertising of relevant services is vital as older people have reported not knowing about social opportunities that may actually run in their neighbourhoods or communities (Goll et al, 2015).

**Discussion: What now can we do about loneliness?**

One of the concerns of policy makers and service providers regarding loneliness focuses upon which approach is most effective in addressing loneliness. As the above survey of theory and literature demonstrates, that depends on the types of loneliness that is experienced as well as the context in which it is located. In other words, it is hard to support the idea that there should be a 'one size fits all' response to loneliness (Jopling, 2015) and it has been pointed out that certain interventions will be effective with certain individuals at certain times, but not with others (Davidson & Russell, 2014). To exemplify, Masi et al (2011) conclude that cognitive approaches focusing upon individuals making psychological changes to their social perceptions are most effective. However, experts surveyed by Jopling (2015) suggested that approaches that were "framed not as loneliness solutions, but as holistic and person-centred services, aimed at promoting healthy and active ageing, building resilience and supporting independence" (p12) were most likely to be effective at tackling loneliness.

At first, these two findings appear contradictory. A more accurate interpretation would be that both approaches have some validity but depend on the type of loneliness being experienced. In the former, the cognitive approaches described may be more appropriate for ongoing chronic or 'trait' loneliness, whilst the latter supports the idea that much of the loneliness that is experienced is the result of the intrusion of external factors and changes on the individual's social support network. The highly stigmatised and unappealing nature of loneliness has been identified in this review and therefore these less explicit methods are often highly useful for organisations to consider when looking to effect change. The Campaign to End Loneliness (2016) has produced a useful graphic (see *Figure 4*) that highlights the impact of the differing intrinsic and extrinsic factors that inform vulnerability to loneliness.

What has recently been proposed by Age UK in England is that a guided conversation should be conducted with those identified as being vulnerable to loneliness, with the intention that older people would be able to propose or agree upon their own pathways out of loneliness as opposed to being directed, without much thought, to a specific well-intentioned general intervention (Mortimer, 2016; Jopling, 2015). The early findings of this approach show promise and is somewhat in line with what is already being suggested by research participants in Belfast. Boyle (2010) noted that interviewees wanted distinctive, individualised programmes that might be more appropriate than groups only aimed at older people and that specific interests that may be more intergenerational should be promoted. It is also clear that Age Partnership Belfast promotes the provision of community hubs and development of older people's groups within the city (Locus/Age NI, 2014).

"Without explicit targeting, loneliness initiatives will only serve people with a more naturally outgoing nature and those who may be more able to support themselves" (Jopling, 2015, p13)

*Figure 4: Reproduced from Campaign to End Loneliness' (2016) 'Hidden Citizens' report*

This does not mean that the differing approaches that are currently being used are without merit. Moreso, what is important is ensuring that those who are experiencing loneliness have some choice in how they may address their loneliness. An overarching challenge in relation to this, though, is how to ensure that those who are lonely are being reached (Jopling, 2015).

*Informal support and interventions*

One theme apparent in much of the literature is that older people want support in maintaining existing networks (Cattan, 2001). Social support has been described as the "natural counterpart" to loneliness (Tomako et al, 2006, p361) and the 'locally integrated support network' (Wenger, 1997) is probably the most successful in terms of avoiding loneliness (Gray, 2009). This network combines friends, family and neighbours, is associated with long-term residence in the individual's neighbourhood and contains some form of active community involvement, often a church. Involvement in church or a religious organisation remains the most popular activity with which those over 75 maintain participation, with Galenkamp & Deeg (2016) noting that, in contrast to other social provisions, religious involvement tends to be an area where participation continues unabated despite declines in physical health.

Martire & Franks (2014) note that, increasingly, those entering later life today are less likely to life with a spouse or have an adult child live nearby. Therefore, those with close relationships from a wider and more diverse social network may be afforded better protection against adversity in later life. Having positive social relationships helps motivate older people

to engage with leisure activities that promote both better physical and mental health (Chang et al, 2014, Rozanova et al, 2012).

De Jong Gierveld et al have highlighted that supporting and maintaining existing relationships is as crucial an intervention as introducing ways to foster new connections or working on enhancing people's cognitive thinking around social connections (cited by Jopling, 2015). It has also been clearly argued in this review that chosen non-kin relationships and friendships remain of great importance in later life, when there may be undue focus on familial connections only. It may be useful then to introduce interventions built around new networks only when other possibilities with existing support structures have been exhausted.

If interventions are to be introduced, group based approaches should be purposeful, not just advertised as 'social contact' (especially for men), rather there should be consideration to how they may be based around shared and intergenerational interests (Kharachi et al, 2017; Jopling, 2015). If befriending schemes are to be promoted, then serious consideration needs to be given to how individuals are matched and introduced. Befriending has been criticised as doing little to change the disadvantaged situation of the recipient of the service (Devine et al, 2014, reflecting on Dean & Goddard, 1998) and participants have reflected uncertainty over the motivation of volunteers (Kharachi et al, 2017). However, a recent Irish intervention programme states that this method can be effective in reducing loneliness (Lawlor et al, 2014).

"I think I know why I feel alone and isolated. I think I know, I don't need someone to tell me." (Female respondent, Kharachi et al, 2017, p7)

Whilst older people are often keen for state services to look after their health, they are much more wary about their involvement in responding to social needs (Walker et al, 2013). However, the same authors note that many of the services that are adopted and enjoyed by older people, including day centres and community transport schemes, are funded through this way. Nevertheless, this highlights a potential stigma that reveals a reluctance to self-report a need for social engagement, as opposed to an illness or medical complaint. Therefore, a gentle persistence with respectful, trust building and preferably face-to-face contact is vital for those community organisations or service providers who want to ensure relevant and meaningful methods of social engagement (Liljas et al, 2017; Walker et al, 2013). Additionally, the authors believe that older people value interventions and opportunities for socialisation that seem

familiar and in keeping with their needs and community. Within Northern Ireland, addressing this may need particular sensitivity.

*Reciprocal experiences*

Older people's experience of loneliness should not be seen as inevitable or irrevocable (Warburton et al, 2016). Findings from studies on bereavement highlight that initial poor impacts on well-being, including loneliness, reduce over time (Stone et al, 2013; Bolton, 2012). In fact, bereavement and loss of social network often act as cruel prompts to volunteer to take part in a new social activity (Ni Lieme & Connolly, 2015). This is additionally beneficial as it helps give a purpose or sense of usefulness and an ability to engage in a reciprocal relationship (Davidson & Russell, 2014). Furthermore, reciprocity is a key concern for older people when receiving social support (Cattan et al, 2005). In other words, interventions and activities should take account on whether what is happening is something that is being 'done' to the person or whether there is an interplay that allows the participant some sense of autonomy and opportunity to give to others.

For those whose network shrinks due to physical health declines, issues with mobility and decreased car usage, local neighbourhoods become an increasingly important social space, where informal interactions take on an amplified meaning (Gardner, 2011). Gardner describes interactions in these places as accessible, playful, unassuming and yet also purposeful and powerful, as older people may retain a lot of ownership in both what and how something is communicated.

The needs of differing populations of older people should not be ignored. Much has been highlighted on how those with declining health and mobility may be more vulnerable than other older people but distinct groups need recognising too. For example, LGBT older people both report higher levels of loneliness than others (Hughes, 2016, citing Fokkema & Kuyper, 2009). The needs of ethnic minority elders in Northern Ireland also should be recognised.

*Who addresses loneliness?*

When an older person cannot easily access the appropriate support for themselves and require external assistance, extra support may be required. The transitions of later life, including bereavement, health decline and decreasing mobility, are those which may compromise gateways to these informal routes of support that compensate for what is lost (see Baltes &

Baltes, 1990). While it is recognised that budget restraints may not allow every service to feasibly be provided, what is to be prioritised, and who takes responsibility, can be prickly questions in a time of austerity (Ni Lieme & Connolly, 2015). Asking this may reveal that there is an increasing reliance on informal, voluntary and community resources, which may be difficult to sustain. Warburton et al (2016) express concern that this approach increasingly individualises risk; in other words, leaving the responsibility for addressing one's own needs or deficits with the individual. As has been argued, the deficits in individuals' social connections are not solely their own responsibility and therefore there remains a need for policy makers and service providers to ensure appropriate accessibility. It may even be that avenues to loneliness are not being addressed early enough: Davidson & Russell (2014) recommend that policies and concepts to tackle social exclusion in later life be brought forward into middle age, in order to prevent this exclusion occurring.

One positive example of co-production between service providers and older people may be achieved through the positive outcomes of age friendliness in Belfast and Derry's participation in WHO Healthy Cities Network (DHSSPSNI, 2014). WHO regard active ageing as being about 'optimising' opportunities for participation and therefore recognising that there may be limitations to access (Ni Lieme & Connolly, 2015): ensuring that matters relating to accessibility, then, are crucial for policy makers. As has been noted in this review, transport and technology have important roles to play in enabling accessibility to social networks and services and therefore their vital role should not be underestimated (Jopling, 2015). Jopling describes these as 'gateway services'. As statistical data note that car driving declines in later life, consideration should be given to what services are within walking distances from people's home (Ni Lieme & Connolly, 2015) as well as improving public and rural transport schemes. However, in relation to community resources near to home, funding cuts is having a knock on effect for service delivery by voluntary organisations and other services, such as libraries, that help with social embeddedness and address loneliness (Mortimer, 2016). Without caution and thought, social exclusion may result.

This sense of exclusion may be very keenly felt in a society that is constantly changing. As older people's non-kin networks begin to erode in later life, there are challenges to developing the much favoured

> Social exclusion "involves the lack or denial of resources, rights, good and services and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas" (Levitas et al, 2007, cited by Scharf, 2015, p116).

intergenerational links, which are regarded as being limited (Kempton & Tomlin, 2014). In one UK study involving over 1,000 adults aged 16 or over, over 60% of all adults agreed with the statement “Outside of their families, a natural part of the ageing process is for older people to become disengaged from younger people” and also “Outside of their families, it becomes harder for older people as they age to relate to younger people” (Lloyd, 2008). These messages are striking and possibly disheartening and appear to indicate that there is work to do to ‘shore up’ the societal backdrop with which older people’s sense of dislocation may be connected.

**Concluding Message**

Although there is still work to do, the idea that communities and other agencies are capable of responding to the needs of lonely older people has been identified in the surveys carried out in both Northern Ireland and the UK and which have been alluded to in this overview. If individuals can maintain attachment to existing groups or be integrated into groups that may have a wide age range but which focus on the topic of interest, then these will be more attractive for those who are lonely. If not, then, the promotion of person-centred targeted interventions, which take account of individual need and ability, much like those piloted by Age UK, appear to be the best preferred option when considering loneliness and social inclusion. These methods are less likely to specifically address loneliness in a conceptual sense, which is repeatedly found in the literature to be unappealing to most individuals, but they may be quite time intensive and are somewhat reliant on either responsive existing social networks or accessible community resources. As such, it remains important to consider the availability of ‘gateway’ initiatives such as transport, particularly in the wider rural context of Northern Ireland. The accessibility of these groups to those whose mobility or independence is compromised may be the issue that needs addressed by policy makers rather than the development of specific older adult services.

# 5. **Findings.**

This report represents the findings of a service evaluation conducted through a collaboration between Engage with Age and Queen's University, Belfast. Four key themes were identified in the evaluation: enablers to participation in Hub projects, barriers to participation, alternatives to the Hub projects, and sustainability. An overview of these key findings is presented below, supported by selected participant quotations.

## 5.1 Enablers to Participation

Engage with Age undertakes a wide range of work with older people, many of whom are actively engaged with their communities. The HOPE project specifically worked with older people who were, or were at risk of becoming, socially excluded or experiencing loneliness or isolation. The programme presented opportunities to become more involved in activities which interest them, increase their social contacts and increase their overall well-being. The beginning of this journey is primarily started through referrals from doctors, social workers or family members, who see, first hand, the impact of social isolation on their relative. Development officers and older people themselves identified highlighted key factors which facilitated engagement in a Hub project, these can be referred to as factors which promote an older person 'getting there', and factors which facilitate that older person 'staying there'.

### *5.1.1 Getting older people to attend the Hub*

Pivotal role of the Development Officer

At the beginning of the relationship with HOPE, a referred person is linked with a Development Officer (DO) who conducts one-to-one meetings with them. The goal of these meetings is to assess the type of activities the older person is interested in, what their particular, and often complex needs are, and to identify a Hub that might suit them. The process of one-to-one meetings with the DO appeared to be pivotal in this process.

*'Personal contact is essential, you meet your clients, know what their needs are' DO 2*

*'The difference is talking to them and inviting them along, instead of getting a leaflet through the door saying' hey, there's something on'' DO 1*

Many participants had disengaged from social activities for some time prior to the referral to HOPE project. Often a lack of confidence and ambiguity about getting involved meant that the process of encouraging the older person to take part in HOPE involved building a relationship, gaining trust and working through resistance to change. Prior to their engagement with HOPE, many participants identified a loss or change in their lives which left them isolated and often reluctant to engage.

*'After my wife had died, I didn't want to do anything, and it was my daughter came and [said] 'you have to get out Dad, you haven't seen anybody in three weeks and you're sitting here and it's making you worse' OP-M*

This personal contact was highlighted as being essential to encouraging people to join groups, particularly if they have been alone or isolated for some time.

<u>Investment of time</u>

Engaging with and motivating many of the older people to get involved required a considerable investment in time from the DO. For example one DO identified four individual visits to the older person, before he or she considered visiting a Hub.

*'With the right approach and a bit of encouragement, sometimes it can take maybe three of four visits, and talking things through and the person decides 'maybe I will give it a go' and it's always worth the effort to stick with the person' DO1*

A number of involved participants discussed the persistence of the DO as being the primary reason they became involved in the Hubs. This often followed a staged approach. One-to-one visits often took place in a person's home, then moved to outside the home. Taking individuals out for a coffee, often helped to overcome a long established barrier in actually getting isolated older people to leave their home. Older people themselves have identified this persistence as a key factor in attendance.

*'It was all her! [points at Fold worker, laughs]. She'd known I hadn't been seeing anyone, and when the Hub was up running, she had passed my name on to [DO], and I'd got a phone*

*call then, and then a visit, and then I was being tortured to go to this (laughs), and look at me now, on the committee and everything!' FG-M*

### ***5.1.2 Encouraging older people to stay at the Hub***

Making connections within the Hub

Whilst personal connection was seen as key area in enabling and encouraging participation, it was also crucial that personal contact and welcome was an intrinsic part of the overall running of the Hub projects. This was identified as a key factor in retaining members within a Hub. Hubs which had the most success in maintaining membership placed significant emphasis on personal contact for participant recruitment and maintenance.
Hubs took a range of approaches to increase numbers and welcome participants. For many participants, knowing a person, or people in an existing Hub was the primary reason they chose to attend in the first instance.

'*I know for me, it was knowing people already' FG-M*

*'I had been thinking about going along, because I knew a few who went and they always were saying how good it was. But when I decided to go, I phoned one of my friends who was already going for a few weeks and asked her to meet me so we could go in together. And think if she hadn't been going that week, I don't know if I would have gone either' FG-F*

For this reason, one Hub encouraged 'bring a friend' sessions, in which existing members were encouraged to bring someone for a showcase of the types of activities on offer within their HOPE hub, and through this, increase membership.
Hubs which did not use personal contact to recruit participants did not have the same successes as those that did. One committee member discussed the difficulties with increasing membership, despite having put efforts and funds into advertising events, only finding new membership coming when someone was asked to attend personally.

*'We had tried everything. Every event on the notice board, we made fliers and [name] and I went round every single door in the Fold and put them through the post box, and it made no difference. But if you were sitting talking to someone…like I was saying to my sister about*

*a trip and suddenly she's all 'can I go to that?' and I'm saying to her, 'sure yes, do you never see the list on the wall there?' OP-F*

Where a person did not have an existing contact in a Hub, efforts were made to create welcome and comfort for a new attender. Hub committees created volunteer roles for participants specifically focussed on welcome and integration for new members.

*'So, they wanted someone just to be at the door when new people came in, get their name, make sure they have a place to sit, introduce them to the ones they are sitting with. When we go on trips, I went up and down the bus, talking to people, bringing them out of themselves' OP-M*

Developing personal contacts and relationships was also seen as an advantage of attendance at the Hubs.

*It's the people you meet. It doesn't matter what you do that week. Doesn't matter if it's knitting or a bus trip, the important thing is having a friend to sit beside, get out of your flat, and talk to someone. That's the big difference' OP-F*

<u>Consideration of Gender Differences</u>

Men often identified themselves as 'not being natural joiners', suggesting that they needed additional support in joining a Hub. Many male participants emphasised the importance of personal invitation or knowing someone already in attendance as a key factor in attending and getting involved a Hub.

*'FG-M: Now, you see here in our Fold, the committee's all women, and the ones making the teas and coffees and doing the announcements is all women, so for the men, we're thinking 'well that's all for women, sure they won't even do things we want to do, you know?'*
*I: So how do you fix that? More men on the committee?*
*FG-M: Well, there's the thing! We need more men on the committee, but how do you get men on the committee, if they don't join up in the first place?*
*I: Well, what about you? How did you join up?*

*FG-M: Well, I'd a friend went, and he went because his wife went, so for men, you need to know there's another man there who you can sit with and stop all these'uns (gestures to women) just doing knitting every week (laughs)'*

*'For me, it was the other guys here, pestering me to come down, because they knew I was getting lonely. And I'm so glad I did. It's not good for a person to spend all day, every day by themselves' OP-M*

Contributing to the activities within the Hub

Whilst there was a general sense that relationships within the Hub were more important than the activities on offer, several participants talked about the value of having roles and responsibilities within the Hubs. This increased their sense of belonging. Contribution was deemed to be an important factor in promoting high quality experiences within the Hub.

*'Well, I got thrown in [to the committee]. A few members had left, and they needed some more in, so she [points at another focus group member] told me 'you're up! We need you!', and that was that. Now I had never imagined doing anything like that, but I'll tell you, I'm so glad I did. It gives you such a lift, to be organising things, and then see everyone enjoying it' FG-F*

## 5.2 Barriers to attendance at and participation in the Hub

A number of barriers to participation have also been identified, these can be divided into factors relating to the older person themselves and factors relating to the HOPE project.

### *4.2.1 Characteristics of the Older Person.*

Consistently throughout this service evaluations DO and participants framed non-participation as a personal choice. Often this was understood as people putting up 'excuses' for non-attendance.

Personal choice

*'They'll give a list of reasons, 'I've no car; I'm not well; I've no clothes to wear; I've no friends there', and I can take each excuse and tell them 'awk, we'll pick you up; Sure what you're*

*wearing is great; sure, you know me, don't you', and they'll still go 'no, no, it's not for me. It's just excuses. You have to keep at them' DO2*

*'It's just some people are not joiners. They are just shy of going places'* FG-M

What was framed by some as 'excuses' was also understood in terms of long-term personality traits and lifestyle choices. In one focus group, a discussion regarding non-joiners exemplified the varying opinions.

*'FG-M: But you have those, and they never were joiners in their life, and you can't force them. Everyone in the Fold has the information, and if they want to come, they'll come'*

*FG-F1: But, what about the ones who sit in their rooms all day, and never see anyone. That's not healthy either.*

*FG-F2: We can't force anyone to come to…*

*FG-F1: I'm not saying force anyone, but if [DO2] hadn't kept at me, and got you [points] to come for me, I would still be sitting in my room now*

*FG-M: But for the ones that never come out, and we don't know them, how do we get them down here. You can't just knock someone's door and if they say no, drag them down*

*FG-F1: I know, I know, I know. It's just there's that many people in this building who never come out, and it can't be good for them'*

<u>Personal characteristics of older people</u>

Given their experience in engaging over 200 participants in Hub activities, and with long-term experience as community workers, the two DO's were in an excellent position to identify reasons why older people might not engage in social activities. Both DOs highlighted a number of factors which typically inhibited engagement in social activities, these included: an older person's low mood, low motivation and poor mental health. Additionally, the impact of low literacy and numeracy levels among some of the target population was highlighted, with a consequence concern around leafleting as a recruitment method.

'*Leaflets are fine to remind a person of what you have told them, but I don't think that works; community development by mailshot. And you might send a flyer out to them which you think is nice and attractive and glossy and well worded and good sized lettering and everything, but a person's ability to understand – what's this that's been sent to me and who is sending it? So that is an example of where follow-up is needed' DO1*

*'I would have got leaflets through the door plenty of times, but it wasn't til the visits started, and he [DO] asked me to come down one day, that I ever did anything' OP-M*

***5.2.2 Relationships within the Hub:***

In addition to factors relating to the individual, interpersonal factors also impacted the uptake of Hub activities and the particular dynamics within a Hub influenced sustained attendance. While existing Hubs members often made efforts to include new-comers, issues were identified around people feeling isolated within Hubs.

*'There are groups within groups, of friends, and that is natural, for ones who have been going for a long time, but for a newcomer, it might be hard to break into that' DO1*

*'I went to a few, and I was introduced to all the ladies at the table and they said hello, and then went on talking to each other, and not me. But they all knew each other. And if nobody talks to you, a person feels lonely, and moves away, and maybe doesn't come back' OP-F*

In this context, social isolation and loneliness are viewed as different things. It is apparent that an objective increase in social contacts did not necessarily equate to a decrease in subjective feelings of loneliness.

The HOPE project did not have a specific cross-community aim, although many of the Hubs themselves took pride in the fact that their groups had a cross-community element, and to a very large extent there were no so sectarian issues identified. Only one participant, however, identified feeling excluded for being perceived to be from the 'other side', in a group which was in a single community area.

<u>Timing</u>

The importance of the timing in identifying and approaching potential participants was emphasised, with early intervention seen as more likely to lead to a positive outcome. This was deemed to be particularly relevant for those people with complex needs.

*'There really is a small window to get people for this sort of thing. They need to be reasonably healthy and in reasonably good emotional states. But sometimes, I think the referrals just come too late, and the needs are too complex and the issues are too great for a group like this to work for some people' DO1*

## 5.3 Alternatives to the Hub projects. One-to-one befriending

A recurrent theme throughout this evaluation was that many older people, despite encouragement, would not engage in group activities but welcomed individual befriending-type engagement. Having a pathway to a befriending option appears to be a key factor in sustaining connection with some socially isolated individuals. A person-centred approach is a key aspect of the ethos of Engage with Age and many of these individuals perceived their link with the DO as fundamental to their well-being. For many older people who were referred to the project, the process of one-to-one meetings with the DO, became an end themselves. For these older people, social isolation was ameliorated in part by the one-to-one meetings with the DO. The older person did not wish to move beyond this to group activities.

*'DO was my friend, she was like a sister to me, and now she won't be coming round, and it makes me think how lonely I'll be again, and life's hardly even worth living when it's like that' OP-F*

*'I really will miss him (DO) being around. He would have dropped in on his way home from work, and we would have had a chat. He still gives me a ring every so often, but he's moved on now, he'll have a new job, so I'll miss his visits' OP-M*

The strong attachments expressed here highlight the need for clear structures around this 'befriending role' with guidance on boundaries, on the process of disengaging from one-to-one meetings, and on offering alternative befriending opportunities.

Moreover, the DO were themselves very cognisant of the importance of these relationships, and took their responsibilities in this regard very seriously, investing considerable time and emotional energy in this role.

*'It's the ones who didn't go to groups at all I worry about. Even if the Hub stops, they all had a chance to make friends, and go have a coffee together. But the ones who never went to the Hubs, they won't have any new friends, or anyone new to talk to, and that's not good to think about' DO2*

*'When you talk to them and talk to them, and bring them to the Hubs and they say 'no, I just want to the one-to-ones', and you know you might be the only person to darken their door in a fortnight, you can't say no to that. You know how lonely they are, and you can't say 'no,*

*you're off my list. So you keep going, but you're that busy, you are visiting after work, and at the weekends and it does take a lot out of you' DO2*

*'Now breaking off [from one-to-ones] was hard, unless…if you were to do it again, you were to give it a structured timescale of eight weeks, twelve weeks, whatever and you'd have a step for them to do [i.e. befriending]. Because then you'd just drop them, and I couldn't do that. I was bringing them out for coffee, out for lunch, just to get them out, to get them active, so I don't know…I don't know if I'd do one-to-ones again' DO2*

### 5.4 Sustainability

One aim of the HOPE project is to support the wider establishment of Hubs, beyond the six initially established in the project, and to build capacity among those involved, seeking to ensure that the Hubs continue after completion of the HOPE project. This service evaluation identified factors which appeared to promote sustainability and factors which appeared to mitigate against it. These will be addressed in turn.

#### *5.4.1. Promoting sustainability.*

Timing: building sustainability from the outset.

As noted, the HOPE project was funded from 2012-2016, with a key aim, particularly in the last year, to establish independent Hubs. Thus preparing for disengagement from the HOPE project and moving to an independent status as early as possible was considered crucial. In promoting sustainability, and in partnership with the Hub membership, the HOPE project set out an action plan to promote the Hubs continuing existence. This action plan facilitated active engagement with the issue of sustainability up to one year before the HOPE project ended.

One example was given of an all-male Hub which appeared to be successful at maintaining their Hub after the support from HOPE had ended and had initiated plans early in the life of the group to ensure sustainability:

' FG-M: *DO2 had been always saying, 'I'll only be here for so long, so you need to think about what happens after I'm away', and she'd organised us into a proper committee and helped us with the Constitution and everything we needed. But then we all had this weekend coming up clear, so I'd thought, if she's away soon, we would need to see if we can organise*

*anything at all. So we got together and decided we'd all head up the Coast on the train. Stick a couple of quid in for lunch, meet at a certain time, try not to lose anyone…(laughs). And we did it, and rang her from the train and I think she was jealous she was missing out (laughs). So, next time we saw her, she said 'great, so now youse organise the next thing', and from there we did bits and bits more til she was just coming and taking part, we were doing all the phoning, booking everything.*

For groups that responded less positively to the plan ahead for disengagement, they have reported a 'steep learning curve' with, for example, committee members admitting to feeling less confident and hopeful in sustaining the Hub.

*'Well, planning is definitely harder now. DO2 always had lots of ideas and knew lots of different things going on in the area, so every week was interesting. .... so I hope people don't get bored now' Female, interview.*

Training: building sustainability through developing skills and knowledge.

A key element of the sustainability action plan was the need to increase the knowledge and skills of member to be self-managing. To this end the DOs facilitated training in setting up and running a Hub. The training programme included information on: committee structures and governance; applying for grants; tips on running activity programmes; and resources and equipment that Engage with Age has to lend to groups. Feedback from these sessions was very positive, and individual Hub members described ways in which they made use of this training.

Strong leadership

Six of the seven Hubs continue to operate after the end of the HOPE programme. Hubs which continued to work successfully had a number of common elements: strong leadership, with one or two clearly identified people to take charge of organising committee meetings, planning activities, raising funds and other essential tasks. Such groups appear to have established mechanisms and structures which insured the continuation of the Hub, creating constitutions, applying for funding themselves, and continuing the Hub after disengagement from the Development Officers.

#### ***5.4.2. Barriers to sustainability.***

Although the majority of Hub projects have been maintained and are now self-managed, the service evaluation identified key factors which the DO and Hub members felt made sustainability less likely.

The Danger of Dependency

One of the key strengths of having the organisational link with Engage with Age as the organisation who host the HOPE project was in information sharing, and maintaining links to other groups and activities. Thus, whilst the DO involvement was seen as a central strength of the HOPE project. While the majority of Hubs are now independent and sustainable, it appeared Hub groups risked developing dependency on the DO:

*'Well, you saw today, DO1 was able to tell us all about this Young at Heart thing next week, so we can organise going to that, but what happens when he's away. All these events could be going on, and we don't know, so we'll be missing everything' FG-M*

Whilst existing relationships between Hubs, and shared contact details were considered important, perhaps due to a lack of confidence, or a lack of leadership, participants felt that without the Development Officer, this connection would be lost.

*'We would have met up with one of the other Hubs every so often. They'd invite us to their things, and we'd invite them to ours, but without DO2 phoning and finding out what is going on, we'll lose that link. Which is sad because there were some really lovely ladies in that other Fold' OP-F*

Funding Issues

The scheduled end of funding after five years of the HOPE project was considered a significant concern for many of the Hub members. Each Hub was fully funded through the HOPE project, which included paying for all activities, including transport, food and materials. This allowed people to attend Hubs that were not in their immediate area, and to go on trips to places of interest, and take part in a wide range of activities. With the ending of the HOPE project, this funding came to an end; Hubs are now significantly more limited in what they can offer. For those who have been involved for the duration of HOPE, this was highlighted as a factor which required considerable readjustment.

'*So we've been continuing, we still have our committee and we still have the Thursday meetings, and we do bingo and a quiz, and we collect two pound off the door, and two pound*

*for a ballot, and we save that up and organise wee trips, but now we can subsidise the ones that have paid in, but the ones who don't, they have to pay full price, and there's a lot don't like that at all. So you'd hear them saying 'well, it was free before', but it can't be now. So the trips used to be a good way to get people involved, but when it's not free, you don't get as many show up, so you can't get people in that way anymore' OP-F*

Funding was also a concern when participants discussed recruitment and expansion of Hubs, as a major means of gaining people's interest was through occasional 'big events'.

'*The bus trips are always the big ones. Everybody wants to go on the bus trips. You've a day out, you get your lunch, you get to some part of the country you've never seen before, and it's all free. So, that's always a big one for getting people in. They come to the bus trips, and you can say to them, 'well, next week, we're doing such-and-such' and it mightn't be as exciting as the bus trips, but they've come, they've had a nice day, and they might have made a new friend, so then you'll get some come back the next week. So, it was always a great way of getting new ones in. So, I'd worry now that we won't have the money for the bus trips, and the numbers will just get smaller' OP-F*

## 6. Discussion and recommendations

The overall aims and objectives of the HOPE project were to facilitate:

- Increased confidence through participation in community activities resulting in better access to improved social networks and relationships.
- Improved quality of life and sense of well-being due to planning and taking part in meaningful and fulfilling activities.

This current service evaluation, utilised in the conjunction with the ongoing formative evaluations of the HOPE project (REF), indicated that the HOPE project, did achieve its aims. A consistent message across all participants engaged in this service evaluation was that attendance at the Hubs facilitated improved social contacts and networks, with a positive impact on the quality of life and overall wellbeing of members. HOPE offered a successful social participation project which met its overall aims of increasing confidence and skills through increasing participation in community projects, and creating space for managing and planning these groups. This is in keeping with the World Health Organisation (WHO) model of active ageing, which promotes continued participation in social and civic life (Gray et al, 2014). Moreover, active engagement is regarded as one of the crucial factors of successful ageing (Grundy et al, 2007). Opportunities were provided for training and capacity building in creation of committees and the sustainability of various Hubs. Older people took on leadership roles, perhaps reflecting the societal shift in discrimination of those who are ageing to a recognition of their contribution to society (Murtagh, 2014). Those members who became involved in the committee and planning events appeared to gain the most benefit, in terms of social engagement and confidence building.

Prior to their engagement with HOPE, many participants identified a loss or change in their lives which left them isolated and often reluctant to engage. The loss of friends has been found to lead to a reluctance to begin new relationships with ‘strangers’ with associated fears around rejection and possible exploitation (Goll et al, 2015). In this context, a number of Hub members identified the persistence of the DO as being the primary reason they became involved in the Hubs. The particular role of one-to-one sessions for participants, who self-identified as lacking confidence and inhabiting limited social networks, was lauded as a benefit of the project. The empirical research highlights the potential stigma in self-reporting the need for social engagement, as opposed to an illness or medical complaint. Thus, sensitive and persistence trust building and preferably face-to-face contact has been found to be vital for those

community organisations or service providers who want to ensure relevant and meaningful methods of social engagement (Liljas et al, 2017; Walker et al, 2013). Within the HOPE project there was also a subgroup of older people for whom the one-to-one sessions became an end in themselves. This alternative to group based was important as older people's well-being is not so much associated with any type of social engagement but only that which they choose freely and find meaningful (Rozanova et al, 2012).

In keeping with the current policy directives and empirically based best practice guidance, in order to address loneliness, groups should consider the distinct needs of each individual and tailor programmes or services that might suit them. As with other members of society, it is important that older people have choice in what they do, have access, where possible, to their friends and have relationships where they are able to give as well as receive support. In light of these directives, and reflecting on the findings from this service evaluation it is hoped that the following recommendations can inform future projects which aim to alleviate social isolation, through person-centred, relationship-based interventions.

1. **The importance of relationship-based interventions.**

The most important enablers to participation were in human personal contact. Beginning with one-to-one visits with the DO participants were invited to take part in a Hub, often after some weeks of encouragement and work with a socially isolated person. Whilst, the notion that some people (particularly men) are just 'not joiners' was common, with repeated visits, and persistence by DO significant numbers of people who would not see themselves as 'joiners' did begin to attend and take part in Hubs. Moreover, the most successful Hubs focussed on welcoming new members, introducing them to other group members, seeking to ensure that they felt comfortable and included.

**Recommendation:** ensure that person-centred engagements underpin the planning and development of services.

2. **The importance of investing time in the initial stages of engaging an older person**.

As noted, often the initial response to the DO seeking to engage the older person was one of resistance or ambiguity about attending groups. This was often understood to relate to a lack

of confidence or response to personal loss and change. Gaining trust and working through resistance to change took a significant investment in time.

**Recommendation;** ensure significant time is invested in developing the relationships with the beneficiaries of any programme.

3. **The importance of working in partnership with older people**

In this process the nature of engagement of the DO appeared to be key. Interviews with the DO highlighted the partnership approaches they adopted with each older person, being seen to go the 'extra mile' and facilitating a 'user-led' service. Older people clearly indicated a sense of feeling valued and a sense in which their personal needs were considered paramount. AS noted, the 'one size fits all' response to loneliness has been found to be ineffective (Jopling, 2015), certain interventions will be effective with certain individuals at certain times, but not with others (Davidson & Russell, 2014).

**Recommendation:** Ensure that beneficiaries have authentic ownership of the programmes, from having a leading voice in planning services through delivery and evaluation.

4. **Dual pathways to individual befriending, or to engagement in groups and social activities.**

Despite the evident skill, motivation and persistence of the DO, for some older people, one-to-one interventions appeared to be more suited to their needs. This was often understood to result from a long term lifestyle pattern of social isolation, a lack of confidence, or complex personal or healthcare issues. It is therefore suggested that one-to-one interventions be considered as an alternative to group-based activities and that there is system of interchange between them.

Age UK in England suggests that a guided conversation should be conducted with those identified as being vulnerable to loneliness, with the intention that older people would be able to propose or agree upon their own pathways out of loneliness as opposed to being directed, without much thought, to a specific well-intentioned general intervention (Mortimer, 2016; Jopling, 2015).

Facilitating this dual pathway requires clear guidelines around the befriending activities which determines the nature and boundaries of this professional role. If befriending schemes are to be promoted, consideration needs to be given to how individuals are matched and introduced (Devine et al. 2014). Moreover, 'befrienders' would benefit from support structures as they are often dealing with difficult and perhaps emotive issues which arise in the lives of the older people.

**Recommendation:** promote dual pathways to engagement that includes one-to-one befriending and group-based social activities, with the possibility of older people movng between these options. Furthermore, to include clear guidance and journeys to social engagement around the 'befriending role', with support for staff or volunteers engaged in the befriending process.

### 5. Factors which promote sustainability

Sustainability was a key goal of the HOPE project. The majority of the Hubs have continued to run, with the support of HOPE project, who provided training and leadership opportunities to ensure that participants had the necessary skills to continue the work. Hubs which continued to work successfully appeared to have strong internal leadership, with one or two clearly identified people to take charge of organising committee meetings, planning activities and raising funds. Preparing for disengagement from the HOPE project and moving to an independent status as early as possible was considered crucial as was motivating Hub participants to believe they can successfully run their own Hubs.

**Recommendation:** Ensure sustainability is a founding principle of all work with groups, and invest time motivating groups to instil confidence in their ability and belief in running their own groups.

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