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SOCIAL WORK



"It's The People You Meet"

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

Abridged Report

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This is an abridged version of the study produced by Queen's University Belfast and Engage with Age.

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Introduction

The life expectancy of our society is increasing. 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, increasing 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 is defined as a discrepancy between one's emotional and/ or social needs and wants and the reality of their social experience (Kileen, 1998), whilst social isolation refers to the actual measure of an individual's connections within their community.

Engage with Age (EWA), is a community development charity that works with older people, and among its priorities is combating social isolation and loneliness amongst older people.

A key project in achieving this aim has been the HOPE programme (2012-2017) which developed Hubs for Older People's Engagement (HOPE) targeting less active older people at risk of social isolation, enabling them to gain improved confidence, health and wellbeing through reconnecting them with their community. An evaluation of the first three years of the project concluded that the project was meeting its overall objectives and was proactive in the prevention of social isolation.

In furthering the key aims of the HOPE project and the ongoing work of EWA, this final study, presented as a service evaluation, was commissioned from Queen's University, Belfast, to explore the factors which impacted on the engagement with support services from the perspective of older people who have experienced loneliness or isolation, and also front line staff. 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



Aims and objectives of this study project

The overarching aim of this study was 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. The specific objectives of the study were as follows:

- Provide a summary of existing literature in order to identify key learning and examples of good practice.
- Explore the perceptions of staff working in frontline services of HOPE.
- Explore the perceptions of older people who use the services through individual interviews and focus groups.

Evaluation Team

The Evaluation Team consisted of Dr Lorna Montgomery, Queen's University, Belfast, School of Social Sciences, Education and Social Work, who was the Principal Investigator on this project, Dr Caoimhe Ni Dhonaill research assistant, Queen's University, Belfast, School of Social Sciences, Education and Social Work, Dr Robert Hagan, Keele University, who completed the literature review, and Eamon Quinn, Director of Engage with Age.



Methodology

The qualitative methodology included the following components:

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

Ethical Considerations

Informed consent is key to undertaking ethical interviews and focus groups, and the aims and use of the study was fully explained in advance of interviews and data collection.

Participants were ensured confidentiality of all information provided, and were also assured that any cited comments would not be attributed to a particular individual.

As 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.



Older people and loneliness: Issues for Northern Ireland

Loneliness: What we know

There are many definitions offered by academics, though one we have used by Killeen (1998), which summarises the key aspects of loneliness well. Killeen's definition states that loneliness is "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 factors 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; and difficulties in completing daily tasks.

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). 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. 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). The loneliness experience is highly idiosyncratic and that what works for one individual may not be sufficient for someone else.

***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, 2014, p1765)***

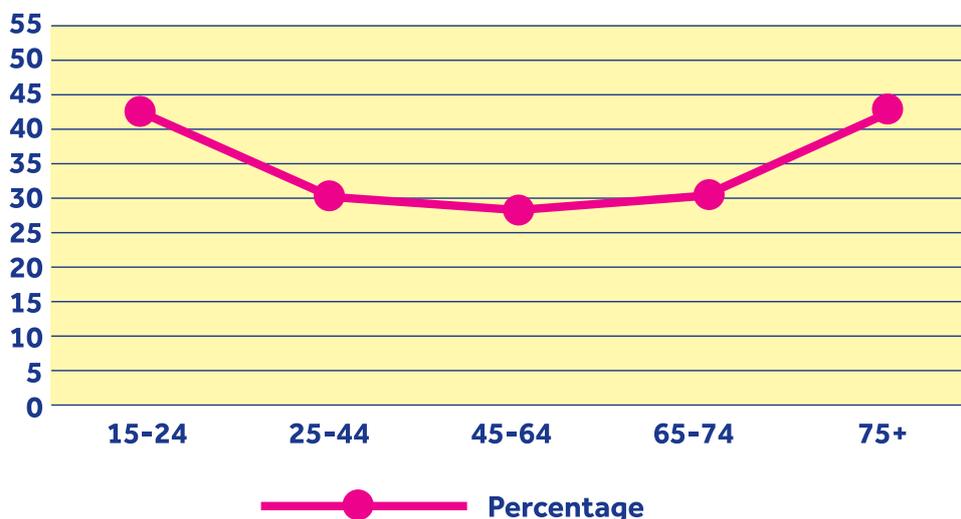
Misconceptions

A nuanced understanding of loneliness may be required in order to tackle its impact effectively in differing contexts. 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

The large range of surveys and studies does not provide a consistent observation that the experience of loneliness is increased in later life. 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 (Perlman & Landolt, 1999; Pinquart & Sorenson, 2001; Dykstra, 2009; Victor & Yang, 2012; see Figure 1).

Figure 1: 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 for older people remains serious and devastating for those who endure it.

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, and that solitude can be valuable (Storr, 1988).

Research does however raise concerns about older people who live alone and who also experience loneliness. For example, one quarter of those aged 75+ and who live alone do not see or speak with someone every day (Jopling, 2015, citing Williams et al, 2013), they have less face to face contact with their children, and contact with children decreases based on the distance from parents (WRVS, 2012). Studies of solitary confinement have noted there can be profound negative effects on mental health for those living in an entrapped, solitary state (Metzner & Fellner, 2010) which could be the case for those whose mobility is severely restricted.

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, and this kind of move has been described as "a last resort" (Fengler et al, 1983, p359; also see next section).

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, 2010, p38)

Spouses, adult children and other family members are often incredibly valuable for individuals in later life. However, whilst the loss of the spouse can lead to profound emotional loneliness, other family members are less likely

to compensate for feelings of loneliness. 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).

The Joseph Rowntree Foundation notes 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). 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, 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).

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

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

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. In 2011 the Commissioner for Older People in Northern Ireland was established. Older people's various contributions to society has been recognised by Stormont, and there is impetus for Northern Ireland to become more 'age friendly' (OFMDFM, 2016).

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). 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.

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, some themes are apparent from existing literature and three key considerations arise.

Deprivation and disadvantage

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, 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 existing social and community networks (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. 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).

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).

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 more so 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).

Rural living and transport

"My friend is the car that sits at the front door."

(Respondent in Boyle, 2010, p20)

Several 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.

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). 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. 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).

"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, p470)

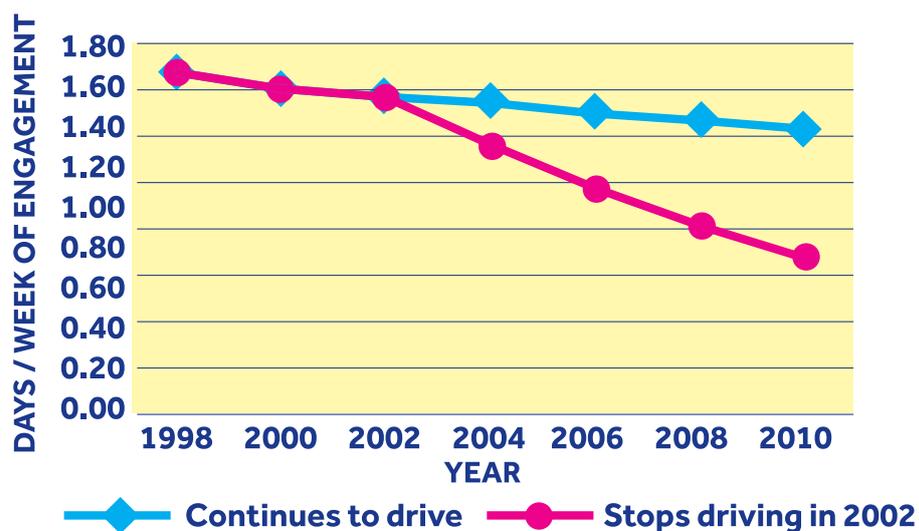
Barriers to Social Engagement

Service providers are concerned that hard to reach individuals have become effectively invisible (Walker et al, 2013).

Illness and disability have 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.

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. 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 2: 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).

Other barriers can include: social activities may be unappealing due to cost (Liljas et al, 2017; Rozanova et al, 2012); 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); and 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.

There are 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).

Discussion: What now can we do about loneliness?

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). Masi et al (2011) concludes focusing upon individuals making psychological changes is most effective, while Jopling (2015) suggests approaches that were "framed not as loneliness solutions, but as holistic and person-centred".

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). 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.

"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)

Informal support and interventions

One theme apparent in much of the literature is that older people want support in maintaining existing networks (Cattan, 2001) that combine friends, family and neighbours. This is associated with long-term residence in the individual's neighbourhood. Involvement in church or a religious organisation remains the most popular activity (Galenkamp and Deeg 2016) and 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 live 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. 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. If befriending schemes are to be

"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)

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).

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).

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.

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, extra support may be required. 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. Ensuring accessibility to social resources, therefore, is a crucial matter for policy makers.

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).

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.

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.



Findings: Views of Older People and Front Line staff

This report represents the findings of a service evaluation conducted through a collaboration between Engage with Age and Queen's University, Belfast. The service evaluation focused on factors that impact on engagement with services from the perspective of older people who have experienced isolation and loneliness, and from front line workers. The HOPE programme engaged older people through seven "Hubs", which were structured groups of older people that were established alongside supported housing centres in Belfast.

In this part of the study, interviews are published and anonymised in accordance with ethics standards. Comments made by female participants are identified with the letter "PF" following the quotation. Comments made by male participants are identified with the letter "PM" following the quotation. Comments made by the Development Officers that worked on the HOPE programme are identified by the letters "DO" after the quotation.

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.



Enablers to Participation

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 process of one-to-one meetings with the DO appeared to be pivotal in this process and the nature of the personal contact was of paramount importance.

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

'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

'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".' PM

This personal contact was highlighted as essential.

Investment of time

Engaging with and motivating many of the older people to get involved required a considerable investment in time from the DO.

'With the right approach and a bit of encouragement, sometimes it can take maybe three or 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.' DO

A number of involved participants discussed the persistence of the DO as being the primary reason they became involved in the Hubs.

'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!' PM

Encouraging older people to stay at the Hub

Making connections within the Hub

Whilst personal connection was seen as a 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 Hubs. 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 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.' PF



For this reason, one Hub encouraged 'bring a friend' sessions. Hubs which did not use personal contact to recruit participants did not have the same success in building up numbers as those that did.

'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?"' PF

Where a person did not have an existing contact in a Hub, efforts were made to create welcome and comfort for a new attender. 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.' PF

Consideration of Gender Differences

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 initial attendance and getting involved a Hub.

'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).' PM

'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.' PM

Contributing to the activities within the Hub

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.

'It gives you such a lift, to be organising things, and then see everyone enjoying it.' PF

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.

Characteristics of the Older Person

Consistently throughout this service evaluation DO and participants framed non-participation as a personal choice. However, often this was understood by others 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."' DO

'It's just some people are not joiners. They are just shy of going places.' PM

Moreover, those 'excuses' were also understood in terms of long-term personality traits and lifestyle choices. In one focus group, a conversation regarding non-joiners exemplified the varying opinions.

'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.' PM

'But, what about the ones who sit in their rooms all day, and never see anyone. That's not healthy either... We can't force anyone to come... 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.' PF

'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.' PM

'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.' PF

Personal characteristics of older people

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.

'Leaflets are fine to remind a person of what you have told them, but I don't think that works; community development by mailshot.' DO

'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.' PM

Relationships within the Hub

While existing Hubs members often made efforts to include new-comers, issues were identified around people feeling isolated within Hubs.

'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.' PF

Timing

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.' DO



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.

Moreover, the DOs 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.' DO

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.



Promoting sustainability

Timing: building sustainability from the outset

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:

'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... 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).' PM

For groups that responded less positively to the plan ahead for disengagement, they have reported a 'steep learning curve' with committee members admitting to feeling less confident and hopeful in sustaining the Hub even though six of the seven hubs have continued their activities after the end of the programme.



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.

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

While most of the 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.' PM

Funding Issues

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.' PF

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.... 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.' PF

Discussion and Recommendations

This service evaluation, utilised in the conjunction with the ongoing evaluations of the HOPE project, indicated that HOPE 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).

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 persistent 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 activity 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, as a result of 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

The nature of engagement of the DO is 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 to 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 moving 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 and the majority of the Hubs have continued to run, after the HOPE project. Hubs which continued 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.



Conclusion

The findings and recommendations of this study are intended to inform future service delivery in this area for Engage with Age and other service commissioners and delivery organisations.

Acknowledgement

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About Engage with Age

Engage with Age has the vision of older people in Belfast living their lives to the full potential and engaging with their communities and neighbourhoods.

Engage with Age's mission is to work with others creating opportunities for older people to engage with their communities, enjoy life, be healthy, and influence the future of their communities and neighbourhoods.



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