



SUMMARY OF LITERATURE SOURCES FOR THE WELL-
BEING OLDER PEOPLE STRAND

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Andrews, G.J. et al. (2002) 'Assisting friendships, combating loneliness: users' views on a 'befriending' scheme', in *Ageing and Society* 23:349-362 (Abstract only)

This study examines the opinions of the users of a local home-visiting befriending service in the UK, where the befrienders are volunteers. Research revealed that positive opinions of the service predominated, and users placed a high value on the reliability of their befrienders. These friendships sometimes developed beyond the agreed rules and remits of the formal service, and incorporated various forms of supplementary assistance and social activities.

Cattan, M. et al. (2005) 'Preventing social isolation and loneliness among older people: a systematic review of health promotion', in *Ageing and Society*, Vol. 25, pp. 41-67

The rationale for this study was that the effectiveness of many interventions into reducing the social isolation of older people has been questioned because of a lack of evidence. The researchers carried out quantitative studies of health promotion interventions that targeted social isolation and loneliness of older people. Information about such studies was gathered from articles published between 1970 and 2002. Ten of the thirty interventions studied were seen as ineffective. The study suggests that educational and social activity group interventions that target specific groups can alleviate social isolation and loneliness among older people. The effectiveness of visiting and befriending schemes remains unclear.

Findlay, R. (2003) 'Interventions to reduce social isolation amongst older people: where is the evidence?', in *Ageing and Society* Vol. 23, No. 5, pp. 647-658 (Abstract only)

This article reviews the empirical literature published over the last 20 years on the effectiveness of interventions that target social isolation amongst older people. The results reveal that although numerous such interventions have been implemented worldwide, there is very little evidence to show that they work. It concludes that future intervention programmes aimed at reducing social isolation should have evaluation built into them at inception, and that the results of the evaluation studies, whether positive or negative, should be widely disseminated. Where possible, as a cost-effective measure, pilot or demonstration projects should precede these interventions.

Gattan, M. (2001) *Supporting older people to overcome social isolation and loneliness (executive summary)* Leeds Metropolitan University on Behalf of British Gas help the Aged Isolation Partnership Campaign, available at: http://www.helptheaged.org.uk/NR/rdonlyres/EB138522-B475-4898-AB1C-30D82C265CC4/0/supporting_older_people.pdf

This study involved interviews and focus group discussions with 170 older people, 23 project staff, and a survey of 139 projects and services in the north of England. The main finding of the research is that services and funding which aim to support isolated older people are often not providing what the older people themselves want.

The report lists the study's implications for projects seeking to reduce isolation. These are:

- The need for effective strategies for managing waiting lists, so that even if services cannot be offered immediately, older people are still offered some initial contact or support
- More creative ways of identifying isolated and lonely older people, especially those living in rural areas
- Training for project and service staff to counteract negative stereotypes and images of older people
- Proper resources for volunteer visiting schemes to provide social support and skill sharing for housebound older people
- Further evaluations into interventions, such as volunteer visiting schemes, that older people consider helpful but for which there is little research evidence.

Greaves, C.J. and Farbus, L. (2006) 'Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multidimensional study' in *Journal of the Royal Society for the Promotion of Health* Vol. 126, No. 3, pp.134-142 (Abstract only)

- Depression and social isolation affect one in seven people over the age of 65.
- Previous research indicates that interventions which promote active social contact, encourage creativity, and use mentoring are more likely to positively affect health and well-being.
- The purpose of this study was to evaluate a complex intervention for addressing social isolation in older people, embodying these principles: The Upstream Healthy Living Centre. Mentors delivered a series of individually-tailored activities, with support tailing off over time.
- It was an uncontrolled study, so conclusions must be made tentatively, but the data indicated a wide range of responses (both physical and emotional), including increased alertness, social activity, self-worth, optimism about life, and positive changes in health behaviour. Stronger, 'transformational' changes were reported by some participants. Individual tailoring seemed to be a key mediator of outcomes, as was overcoming barriers relating to transport and venues. Key processes underlying outcomes were the development of a positive group identity, and building of confidence/self-efficacy.

Joseph Rowntree Foundation (2000) *Meeting the needs of older Chinese people*, available at: www.jrf.org.uk//knowledge/findings/socialcare/pdf/920.pdf

This research is based on various methods of investigation (interviews, reviews, studies) in **1998-9**. It was found that many Chinese older people are isolated from both the Chinese community and mainstream society.

- The common causes of detachment from the mainstream community included: language barriers; insufficient knowledge of social and public services; lack of awareness of social rights; low expectations of their life in the UK; negative experience of retirement; poor mental and physical health; poor self-image.
- Factors leading to older people's detachment from the Chinese community included inadequate support from their family; low physical mobility; poor social networks.
- Focus groups (which involved professionals) suggest that services need to look at: increasing Chinese older people's participation in society; raising the visibility of their needs; improving access of services; raising their expectations of retirement and providing life-long learning opportunities.

Joseph Rowntree Foundation (2004) *Black and minority ethnic older people's views on research findings* www.jrf.org.uk/KNOWLEDGE/findings/socialcare/pdf/564.pdf

- This report argues that work by REU highlights the need to move beyond traditional research issues and move into ways of bringing change into practice.
- The impact of ageing (in terms of health and support needs) happens at a comparatively younger age among many minority communities.
- Black and minority ethnic older people are more likely to face a greater level of poverty, live in poorer quality housing, and have poorer access to benefits and pensions than 'white' older people.
- A consultation group raised various concerns including:
 - Access to majority services for black and ethnic minority ethnic older people remains problematic. Barriers include language issues, knowledge of what is available, and the attitudes and practices of service providers.
 - Older people felt that community based voluntary organisations were more likely to reflect their needs (though these organisations are the least financially secure)

Joseph Rowntree Foundation (2004) *Older people shaping policy and practice*, available at: www.jrf.org.uk/knowledge/findings/foundations/044.asp

- This report offers a summary of the main findings from the 18 completed projects of the Older People's Programme, which defines 'older people' as people who need 'that bit of help' as they get older.
- The report argues that much of policy and practice are still based on the assumption that older people are a 'burden'.
- Health and social care services are only a small part of the support that older people value, and only a small part of the experience of growing older.
- Older people are the biggest providers of support to other older people. Contrary to common perception, there is a great deal of evidence of support within communities, but these networks are often hidden and tenuous.
- Evidence from the different projects is that there is still a mismatch between what older people want and what policy and practice are delivering.
- The projects found older people frustrated about services and society, which they saw constantly defining them in terms of loss and risk management.
- Research found that many national and local stakeholders still see older people as the passive recipients of services.
- 'If only one message had to go out from this programme, it is that if programmes or strategies about older people do not have the fullest possible involvement of older people in their development they are very unlikely to stand the test of time.'

Joseph Rowntree Foundation (2004) *Building a good life for older people in local communities*, available at: <http://www.jrf.org.uk/knowledge/findings/socialcare/014.asp>

This report is about a study into the experience of ageing. It is concluded that there is considerable variation in the resources available to deal with the changes that accompany ageing. The study found that central to a 'good life' in old age is the value attached to inter-dependence: being part of a community where people care about and look out for each other; a determination 'not to be a burden', especially on close family; and an emphasis on mutual help and reciprocal relationships.

Joseph Rowntree Foundation (2005) *The older people's inquiry*, available at: www.jrf.org.uk/bookshop/ebooks/briefing03.pdf

A central message emerging from the JRF Older People's Programme was that older people valued support which enabled them to live in their own homes and have 'a life worth living'. This inquiry looked at what could be changed to support older people to live independently. Older people valued, but found very difficult to secure, 'that little bit of help' to enable them to 'retain choice, control and dignity in their lives'. While hours available from services such as Home Care have increased, the services are reaching fewer homes. The Inquiry Group looked at a wide range of possible approaches which were then ranked by older people to reflect their priorities, and a 'Baker's Dozen' identified (Handy Help; Welcome Home; Help at Home; Primary Night Care; Befriending Service; Soul Mates; Cinnamon Trust; Digging Deep; RISE [Reach the Isolated Elderly]; SMILE; Activity and Social Centre; Keeping in Touch; Supermarkets and Retail Stores – an ideal). The JRF strongly recommends that local and national areas should develop similar good practices.

McCrae, N. et al. (2005) 'They're all depressed, aren't they?' A qualitative study of social care workers and depression in older adults', in *Ageing and Mental Health* Vol. 9, No.6, pp. 508-516 (Abstract only)

The rationale behind this study was the fact that statutory and voluntary social services provide care and support for vast numbers of vulnerable older adults, yet little is known about how social care practitioners respond to depression in this high-risk population. A key message from social care practitioners interviewed (in South London) was that social causes of depression indicate a need for social interventions. While primary care was criticised for not taking depression seriously in older people, mental health services were generally praised. Expansion of social, recreational and psychological interventions was advocated.

Social Exclusion Unit (2006) *The Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA)*, available at: http://www.communities.gov.uk/pub/271/E21TheSocialExclusionofOlderPeopleSecondaryAnalysisoftheEnglishLongitudinalStudg_id1163271.pdf

- This study uses 2002-3 data from the ELSA – a large-scale survey of people aged 50 or over living in England
- 7 dimensions of social exclusion are constructed from the ELSA data:
 - Social relationships
 - Cultural and leisure activities
 - Civic activities
 - Basic services
 - Neighbourhood
 - Financial products
 - Material goods
- The study found that around half of older people are not excluded on any dimension, but 29% are excluded on one dimension, 13% on two dimensions, and 7% on three or more dimensions.
- There are 7 characteristics that are most strongly related to an older person experiencing multiple exclusion:
 - Age – 80 or over
 - Family type – living alone, no living children
 - Health - poor mental/physical health
 - Mobility – no access to a private car and never uses public transport
 - Housing tenure – rented accommodation
 - Income – low income, benefits as main source of income
 - Telephone – those without access to a telephone.
- Factors with the widest influence over the dimensions are (in descending order):
 - Depression
 - Poor health
 - Living alone
 - Membership of a non-white ethnic group
 - Renting accommodation
 - Not having access to a private car or van
 - Low income
 - Being female

Victor, C.R. et al. (2002) 'Has loneliness amongst older people increased? An investigation into variations between cohorts', in *Ageing and Society* Vol. 22, pp. 585- (Abstract only)

There is a widespread presumption that loneliness and isolation have become more prevalent in Britain in the period since WW2 as a result of the decline in multi-generation households and changes in family structure. This study sought to examine the accuracy of this stereotype by looking at three 'classic' social surveys undertaken in England between 1945 and 1960, and comparing it with contemporary data from a 1999 survey. The overall prevalence of reports of loneliness ranged from 5-9% and showed no increased loneliness rates for specific age or gender sub-groups. Reported loneliness amongst those living alone decreased from 32% in 1945 to 14% in 1999, while the percentages decreased for both those reporting that they were never lonely and those that said they were 'sometimes' lonely.

Victor, C. et al. (2005) 'The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain', in *Ageing and Society* Vol. 25 pp, 257-375 (Abstract only)

The researchers carried out interviews with older people living in their own homes, and used a conceptual model of vulnerability and protective factors derived from a model of depression. They propose that there are three loneliness pathways in later life: continuation of a long-established attribute; late-onset loneliness; decreasing loneliness. They suggest that policies and interventions

should reflect the variability of loneliness in later life, because undifferentiated responses may be neither appropriate nor effective.



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www.youngfoundation.org**