Department of Health & Social Care

Evidence Scope: Loneliness and Social Work

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1. Foreword - Mark Harvey and Fran Leddra, joint Chief Social Worker for Adults (England)

We are delighted to publish this Evidence Scope led by Research in Practice for Adults (RiPfA), following our commitment in the Government's 2018 Loneliness Strategy to look at the role of social workers in preventing and responding to people in our communities who are experiencing loneliness and isolation.

Loneliness is a universal human emotion that is both complex and unique to each individual and how we support people will therefore, vary according to an individual's circumstances and their needs and wishes. We particularly welcome the focus on evidence-based practice in this area and how, as social workers, we can use that to enhance our understanding and learning around the most effective ways to work with people and communities.

You will see throughout this document the emphasis on human relationships, the importance of conversations and taking time to understand every individual's different experience of loneliness. Social work is the leading profession in personalised support, getting alongside people when they need help and enabling people to connect to others in their communities. Addressing loneliness should not be seen as a 'quick fix,' but rather as something which all of us need to understand, prevent and respond to in a sensitive and informed way.

This evidence scope also highlights the importance of promoting social activities, engaging and working with partner agencies where necessary and the potential for technology, when used effectively, to alleviate loneliness. We very much hope social workers and other professionals will use this document to enhance their practice when working alongside people and communities.

Mark Harvey **&** **Fran Leddra**

2. Introduction

In October 2018, the Government released its cross-government strategy for tackling loneliness (DCMS, 2018). A connected society: A strategy for tackling loneliness – laying the foundations for change sets out three principal aims:

1. To improve the evidence base

2. To embed and create a lasting shift across government policy, and

3. To raise awareness in order to reduce stigma.

As part of the Chief Social Worker's commitment in the strategy, the Department of Health and Social Care (DHSC) is raising awareness across the sector of the need to support people at risk of chronic loneliness, including carers and older people.

The strategy contains a specific action for the Chief Social Worker:

> *'The Department of Health and Social Care will improve knowledge sharing among social workers through the Chief Social Worker for Adults and their sector networks. The aim will be to further develop social workers' ability to recognise those who may be experiencing loneliness and their knowledge of services or support to refer people on to. This will build on a commitment within the Carers Action Plan to improve support for carers through the Adult Principal Social Workers (PSW) Network. The PSW Network provides professional leadership and quality assurance for social work practice and supports local and regional integration, by explaining the critical contribution that social workers make.'* (DCMS, 2018: 33)

The strategy is informed by an overview of already existing evidence on loneliness. DHSC commissioned Research in Practice for Adults (RiPfA) to build on this by completing focused activity to identify research and evidence that supports good practice in the 'identification of loneliness' and 'effective interventions to prevent and reduce' loneliness in a social work context. This work included a literature review and survey of social work practitioners.

This report summarises the findings of this activity into key messages for the sector. It is hoped it will inform the development of resources to support improved practice. This will ensure social workers are addressing loneliness in their assessment and care planning and are referring into and helping to build community resources. The report also aims to help clarify social workers' role in social prescribing in the context of NHS England's recent announcement of 1,000 link workers (NHS England, 2019a; 2019b).

3. Methodology

A full research query and literature review was completed.

An open access online survey was designed and issued to social care practitioners across the country. In all, there were 116 responses; Table 1 shows a breakdown of respondents.

Survey respondents		**Respondents' organisation**	
Social workers	25%	Local authority	78%
Other social care practitioner	52%	Voluntary community and social enterprise	9%
Senior / Manager	23%	Private company	5%
		Other organisation	8%

Table 1: Online survey respondents and host organisations

4. Key messages

The activity identified six key themes to support the identification of loneliness and the development and delivery of interventions that prevent or reduce loneliness. Themes are interlinking and should not be perceived or addressed in isolation; rather, they should be thought of as parts of a jigsaw each contributing to a person-centred response to someone's individual circumstances.

The following sections summarise the research findings in relation to each of the six themes. They identify barriers and enabling factors, and make recommendations for further action.

I. Identifying loneliness

Headlines

- There is no clear and easy way to identify loneliness, but there are some 'characteristics' which make experience of loneliness more likely.

- There is a personal meaning to loneliness, and people experience it in different ways.

National policy documents and strategies consistently describe the range and depth of reasons and triggers for loneliness. These may be linked to infrastructure; a person may become lonely or isolated for numerous reasons, such as the way we work, shop and communicate, the structure of housing and transportation links or migration (DCMS, 2018), and to subjective and personal experiences that drive perception, in that it is important to remember that loneliness is subjective and the extent and ways in which it is felt will be individual to the person as will its impact on their wellbeing' (LGA, 2018).

The evidence for identifying groups of people or characteristics which indicate a greater risk of loneliness is mixed. Using data from the Community Life Survey, the Office for National Statistics (ONS) (2018) has identified the following profiles of people as being at particular risk from loneliness:

- widowed older homeowners living alone with long-term health conditions

- unmarried 'middle-agers' with long-term health conditions

- younger renters with little trust and sense of belonging to their area.

Mansfield et al (2019) finds, in a review of the evidence on loneliness across the life course, that most research is concentrated on loneliness in older adults. Hare Duke (2017)

notes that although loneliness is prevalent among adults with a range of mental health diagnoses, preliminary evidence suggests loneliness is not a symptom of mental health conditions themselves but is likely to be either a cause or a consequence of mental ill health. For some older people, loneliness might also be linked with suicidal thoughts and attempts (Heuser and Howe, 2019). Research by Ouellette and DiPlacido (2001), and a more recent study by Erozkan (2011), found that loneliness was negatively associated with a secure attachment style and securely attached individuals were less lonely than other individuals.

Other studies suggest some people are more ‘at risk’ of loneliness. These include people who are homeless (Sumerlin, 1995; Kidd, 2004), people living with a chronic mental health condition (Bradshaw and Haddock, 1998), older people experiencing depression and anxiety (Evans et al, 2019), people living with a chronic physical health condition (Hawkley et al, 2010), people living with Alzheimer’s (Balouch et al, 2019), older people who identify as lesbian, gay, or bisexual (Fish & Weis, 2019) and carers (eg, Roth et al, 2013; Fredman et al, 2010).

The ONS survey also identified that a large percentage of respondents who reported experiencing loneliness more often were living in the most deprived areas. This suggests that poverty is an associated risk factor for experiencing loneliness, which is consistent with the research literature (Eckhard, 2018).

However, some specific research projects reviewed through this project indicate difficulty in demonstrating associations and causal links between demographic characteristics, health and patterns of loneliness (Martina et al, 2018; Courtin and Knapp, 2017). There is also a sense that feelings of loneliness interact with different factors and characteristics, which means loneliness is not a static or predictive experience but one that can flex and change over time (Brittain et al, 2017).

Respondents from a variety of roles (see Table 1) provided their insights and experiences through the online survey. Responses suggest a range of professionals are involved in identifying and reducing or preventing loneliness. The majority of social care practitioners who responded to the survey used a large number of ‘signs’ to identify loneliness. ‘Limited social contact’ was the indicator used to identify loneliness most often, followed by ‘little community involvement’. Some respondents also used ‘self-neglect’ (68 per cent) and ‘substance misuse’ (46 per cent) to identify loneliness; however, further analysis suggests these two signs were used more commonly by managers than practitioners.

When asked whether the signs of loneliness vary by client group the overall response was 53 per cent ‘yes’ and 47 per cent ‘no’, but practitioners responded ‘yes’ more frequently (55 per cent) than managers (38 per cent).

Survey respondents also commented that signs vary by individual, emphasising the importance of taking a person-centred approach. Respondents noted that communicating

with and forming relationships with adults was a way of identifying loneliness, and that conversations can lead to self-identification of 'being lonely'.

An example of how – Tower Hamlets

Tower Hamlets Council recognises loneliness is a serious problem for people of all ages in the borough. Lead through the Public Health team, the Council commissioned two projects. One to understand a community perspective on loneliness – to capture views, perspectives and experiences of loneliness. The other was a specific project on reducing and preventing loneliness in care homes. At the heart of Tower Hamlets approach is the combination of working both strategically and alongside communities, creating a whole borough commitment to preventing and reducing loneliness. The Adult Social Care team are now working with a group of cross sector colleagues to develop a consistent tool for identifying loneliness across communities in the borough.

Recommendations

- Build social workers' understanding of what loneliness is and develop skills in person-centred ways of how to ask people if they feel lonely.
- Build on the ONS 'loneliness' measure to develop a tool for identifying loneliness.

II. Interventions – social activities

Headlines

- Where practitioners know about and are able to support access to a range of social groups and activities, they can work well for preventing and reducing loneliness.
- Availability and knowledge of community resources is key to preventing and reducing loneliness.

Recent research suggests that social activities can support people to feel less lonely. For example, a survey for the National Council for Voluntary Organisations found two-thirds of volunteers felt volunteering had helped them to feel less socially isolated (McGarvey et al, 2019), and a study of a 'community navigator' intervention for people with anxiety and depression (who were receiving secondary mental health services) indicates the potential to reduce loneliness and depression (Lloyd-Evans et al, 2018). A systematic review and meta-analysis of the effectiveness of befriending services identified that most trials showed improvement in symptoms associated with loneliness, but these associations did not always reach statistical significance (Siette et al, 2017).

Consistent with the other findings in this report, the evidence reiterates the importance of recognising individual variation. Research working with particular groups identifies a need to tailor responses, in particular across black and minority ethnic (BAME) communities, gender and class (Lewis and Cotterell, 2018; Kennedy et al, 2019), and people with intellectual difficulties (Petroutsou et al, 2018).

Social interaction and social support interventions can include bringing together people with a common experience, creating a sense of belonging and meaningful connection, as well as increasing the person's competence and perceived ability to cope (Berkman, 1985), or bringing people together to take part in meaningful activities that have a social context (Bragg and Atkins, 2016; Buck, 2016).

Research indicates that removing barriers to engagement with social activities is critical. Withall et al (2018) provide guidance for 'active ageing' community initiatives, highlighting the importance of effective recruitment strategies and tackling major barriers, including lack of motivation, low confidence and readiness to change. Other barriers can include transport issues, security concerns, cost, activity availability and lack of social support e.g. someone to go with.

These findings are supported by the online survey results. The majority of respondents found referral to social groups or activities had worked in preventing and reducing loneliness. Potential barriers to participation in social groups and activities reported through the survey include affordability/costs, practicalities around transport, and general confidence in attending. Suggestions for sustainable engagement included attending for the first time with a person, and then following up to see how they found it.

The importance of awareness and availability of community resources is reinforced by the survey responses, which identified community resources as one of the top factors in effectively supporting people experiencing loneliness (90 per cent of practitioners and 88 per cent of managers).

An example of how – Wigan Deal

Wigan Council adopted 'The Deal' in 2012. At the heart of The Deal is the idea of a new relationship between public services and citizens. This relationship is different to the traditional relationship between citizen and state in that it details an informal agreement between the council and everyone who lives or works in the borough to work together to create a better borough. From an adult social care perspective, the Deal describes a commitment to having different conversations with people, work together with community groups and organisations, and permission to innovate. Wigan Council implemented this by supporting large scale development of knowledge and awareness of communities, and by

providing social care practitioners permission to innovate and be creative to find solutions with people.

Recommendations

- Facilitate and support social workers to find out about what 'social activities' are available in their local area – including through the Building Connections Fund.
- Facilitate conversations with commissioners to develop a sufficient range of community social activities in the market.

III. Interventions – technology

Headline

- There is an opportunity for practitioners to make use of technology interventions for preventing and reducing loneliness.

Research evidence on the impact of technological and digital solutions to loneliness is mixed. In their longitudinal analysis of the relationship between purposes of internet use and wellbeing among older adults, Szabo et al (2019) found that social use indirectly impacted wellbeing via decreased loneliness and increased social engagement. Similarly, in a study of an online intervention for people with intellectual difficulties, analysis revealed benefits such as decreased loneliness, enhanced social networks, increased awareness, competence and autonomy, and increased participation (Asselt-Goverts et al, 2018). Czaja et al (2018) suggest that access to technology applications such as PRISM (Personal Reminder Information and Social Management system) may enhance social connectivity and reduce loneliness among older adults, and has the potential to change attitudes towards technology and increase technology self-efficacy.

However, in their extensive review Victor et al (2018) found there was a suggestion that some technology-based approaches are not suitable for everyone and could reinforce a sense of social isolation. And Chipps et al (2017) found only inconsistent and weak evidence on using e-Interventions for loneliness in older people.

Telephone interventions for loneliness also have mixed evidence to support their effectiveness. Preston and Moore (2019), in a quantitative study that asked both practitioners and older people about their experience in using telephone befriending and telephone helplines, found them suited to 'light-hearted companionship'. The lack of face-to-face interaction could make people feel comfortable, as could the relative anonymity. However the study also found that, for others (usually with more complex needs), their use

of the helpline could become repetitive, prolonged and sometimes inappropriate, and it did not adequately address their needs.

The online survey identified that technology interventions for loneliness were those used least often by respondents, although 45 per cent did have experience of them working. Technology interventions also had one of the highest numbers of respondents who had tried the intervention but found it did not work (as well as the highest proportion of respondents who had not tried the method at all). Some of the concerns raised included that age, language and finances can all be barriers to assistive technology. There were also concerns that technology cannot replace human contact.

An example of how – Southend on sea

The Chief Social Worker for Adults Annual Report 2018-19 shared part of Southend's Adult Social Care transformation programme, where they are looking to build on learning to use technology and digital inclusion differently. Loneliness impacts on people of all ages and situations. This video tells the story of Jacob and how working with Pepper the robot has encouraged him to communicate differently, develop relationships, and positively impact on the whole family

Recommendation

- Build social workers' understanding of where technology interventions work and build confidence to recommend and support their use alongside other interventions.

IV. Interventions – partnership working

Headlines

- Partnerships with professional across health and social care could be improved to reduce and prevent loneliness.

- A consistent approach to understanding and identifying loneliness should help to reduce stigma

The loneliness strategy (DCMS, 2018) is cross-departmental, recognising that loneliness does not discriminate or fit neatly into one area of practice. The importance of partnership working runs through the strategy at national, regional and local level. Sections of this report also describe the many different roles, across different organisations and sectors, in identifying and preventing or reducing loneliness. It follows, then, that an effective social work response to loneliness should be in partnership with others.

Relevant to this is NHS England's recent announcement (January 2019) that they plan to recruit 1,000 social prescribing 'link workers' as part of the NHS Long Term Plan (NHS England, 2019b; 2019c). Link workers will be able to offer people time to talk about what matters to them and support them to find suitable activities that are a better alternative to medication (NHS England, 2019b). Although there have been a number of studies evaluating social prescribing, methodological shortcomings and variation in social prescribing models mean it is difficult to reach a conclusion on its effectiveness in preventing or reducing loneliness (Bickerdike et al, 2017). However, this review has found evidence for some interventions reducing loneliness; arguably, if these types of intervention are made available to people by their link worker, then the initiative does have the potential to help counter loneliness.

Loneliness is 'deeply personal' (DCMS, 2018: 7), so where and how conversations about feelings of loneliness happen is important. Kharicha et al (2017) discovered that older people (aged 60 to 74) were unsure about loneliness being linked to primary care 'because it is not an illness' and that a good relationship was necessary to discuss sensitive issues like loneliness. Working in partnership together across a system helps reduce stigma around loneliness and facilitate open and consistent conversations.

The online survey found that a high proportion of respondents (21 per cent) had not tried interventions that involved 'raising awareness with partner agencies eg, GPs'. That category also the highest number of respondents (18 per cent) who had tried the intervention but found it did not work. However, one in five (21 per cent) respondents said they would be willing to try this.

An example of how – Southend on sea

The Chief Social Worker for Adults Annual Report 2018-19 shared Southend Adult Social Care's approach to preventative and strength based culture in practice. In order to do this they are taking an approach to staff leadership and activation across different staff groups and organisations. This has led to collaboration and development of Integrated Locality Teams, direct pathways between social work and primary care, and community hubs.

Recommendations

- Support social workers to collaborate with health professionals and organisations involved with social prescribing.

- Support a consistent approach to understanding and identifying loneliness across local partnerships

V. Interventions – relationships

Headline

- Building relationships is key to preventing and reducing loneliness and requires time.

Research findings consistently point to the importance of relationships and feelings of social connectedness and belonging in preventing and reducing loneliness. This is at all levels; Wang et al (2018) advocate the need to consider public understanding of 'the importance of nurturing social relationships, as the high prevalence of loneliness is not only an individual but necessarily also a community and societal level problem'. Gibney et al (2019), in an Irish study, also found that if an older person had difficulty accessing community factors (including transport, social services, and community activities) they were more likely to feel lonely.

Martina et al (2018), in their study on a friendship enrichment programme, describe the maintenance of friendships and the development of intimacy in one's friendships as advantageous for recovery from loneliness. O'Rourke et al (2018) completed a scoping review of interventions to address social connectedness and loneliness for older adults, and identified social contact as the most frequently conceptualised influencing factor targeted, both within and across intervention types. Other research (from a rural Irish case study) by Bantry-White et al (2018) indicates that loneliness interventions could consider mirroring the understandings of relationships within the traditional social context of the person or community being targeted. Another Irish study, Santini et al (2019) found people over the age of 50 with a strong social network, and who did not express feelings of loneliness, were less likely to perceive the ageing process as negative.

In their meta-analysis, Masi et al (2011) identified four primary loneliness-reduction strategies that yielded a significant effect on reducing loneliness (improving social skills; enhancing social support; increasing opportunities for social contact; and addressing maladaptive social cognition). They suggest that interventions that are qualitative in nature and which aim to reduce loneliness by increasing the ability for an individual to develop meaningful social interactions and relationships (rather than a quantitative goal of increasing the size of a person's social network, for example) are more effective in reducing loneliness. A key recommendation by Victor et al (2018) is the development of programmes to alleviate loneliness that emphasise meaningful relationships and improved social connections for those who are lonely or at risk of loneliness. Wiles et al (2019) found that a befriending service aimed at a culturally diverse group of older adults in New Zealand was effective because relationships between volunteer and older people went beyond the 'transactional' – instead, these relationships resembled genuine friendship, underpinned by mutual interests and reciprocity.

Not only is the development of a person's relationships important in a social or community context, but the relationship between a practitioner and the person they are seeking to support is significant for understanding, identifying and responding to loneliness. This was identified in the online survey as the second most important factor in ensuring that the support practitioners provide for people experiencing loneliness is effective. This was reiterated in respondents' comments. Respondents described communicating with, and forming relationships with, adults as a way of both identifying and preventing or reducing loneliness. This included having one-to-one conversations and spending time getting to know someone. Securing organisational culture and support for this was identified as a key factor in ensuring that support for people experiencing loneliness is effective.

An example of how – Haringey

A recent formative evaluation of Haringey's Local Area Coordination describes the relationships that Local Area Coordinators develop as providing the foundation of the work in three main ways: approachability, connectivity, and development. Part of the approach in Haringey is to embed this way of working into more mainstream practice. An example of how the question 'What does a good life look like?' as the starting point for health and social care interactions.

Recommendations

- Ensure social work practitioners are given time and skills to build relationships with people experiencing loneliness.
- Support organisations to create a culture where preventing and reducing loneliness is a priority.

VI. Interventions – being person-centred

Headline

- Person-centred approaches work best for preventing and reducing loneliness

'Loneliness is a personal experience and can mean different things to different people' (DCMS, 2018: 18); it has no universal meaning or solution. Victor et al's (2018) extensive overview of systematic reviews concluded that 'no one size fits all'. They recommend policymakers focus on developing person-centred and tailored loneliness interventions that are designed for the specific needs of a targeted population defined in terms of socio-demographic, vulnerability or types of loneliness. Programmes should be developed to alleviate loneliness across the life course.

Different people have different strategies to manage their experience of loneliness. These vary from prevention/action through to acceptance and endurance. There are distinct preferences either to cope alone or involve others; only those in the latter category are likely to engage with services and social activities. Older people who deal with their loneliness privately may find it difficult to articulate an inability to cope. Watson et al (2019), in a research review that considered loneliness in people experiencing mental health difficulties who live in supported housing, found a delicate balance between respecting privacy and alleviating loneliness. People may be cautious about re-connecting with other people due to previous traumatic experiences. Adopting the right approach is therefore critical for avoiding stigma or the reinforcement of marginalisation or isolation that loneliness, and perceptions of loneliness, can foster (Kharicha et al, 2018).

Interventions that include a psychological focus – which aim to understand what might underpin someone's experience of loneliness and work with them to look at underlying issues – have been successful. This includes a range of settings eg older adults living in care homes (Masi et al, 2011), military settings (Williams et al, 2004), and adult mental health (Heller et al, 1991). Research has also shown that providing a combination of social skills training and cognitive behavioural therapy (CBT) was more effective than either treatment alone (Glass et al, 1976; Rook and Peplau, 1982). Robertson (2019), reviewing the published literature on the psychological aspects of loneliness, argues that emotional and psychological interventions to address loneliness have received less attention in policy and practice than social interventions - and that psychological interventions hold great potential to be effective.

Evidence also suggests that working together with people to co-design or co-produce interventions can improve their effectiveness (Lloyd-Evans et al, 2018; Victor et al, 2018; Mooney et al, 2019). The online survey supports this. Respondents commented that signs of loneliness vary by personal circumstances and characteristics, and that the effectiveness of interventions varies by individual also. Respondents therefore take a person-centred approach.

An example of how – Tower Hamlets

In their work on loneliness Tower Hamlets commissioned a project which supported community members themselves to gather views, perspectives and experiences of loneliness across the borough. The purpose was to use the findings of engagement with the community to shape action by all involved in preventing or reducing loneliness. The full report identifies the range and diversity of experiences of one borough.

Recommendation

- Support social work practitioners to ensure interventions to identify, prevent or reduce loneliness consider and respond to individual characteristics and circumstances.

5. Conclusion

There is no universal definition or solution to loneliness. It is experienced differently by different people and requires an individual response across a range of sectors.

Awareness and availability of community resources, development of strong relationships around an individual and with practitioners, and enabling a person-centred approach appear to be most effective.

The opportunity to work in partnership with colleagues across primary care (GPs, social prescribing), commissioning, and the VCSE to support a coordinated approach to identifying and supporting people experiencing loneliness is identified through this evidence scope.

The key messages and recommendations are:

Theme	Headline	Recommendation
Identifying loneliness	There is no clear and easy way to identify loneliness, but there are some 'characteristics' which make experience of loneliness more likely. There is a personal meaning to loneliness, and people experience it in different ways.	Build social workers' understanding of what loneliness is and develop their skills in person-centred ways of how to ask people if they feel lonely. Build on the ONS 'loneliness' measure to develop a tool for identifying loneliness.
Social activities	Where practitioners know about and are able to support access a range of social groups and activities, they can work well for preventing and reducing loneliness. Availability and knowledge of community resources is key to preventing and reducing loneliness.	Facilitate and support social workers to find out about what 'social activities' are available in their local area – including through the Building Connections Fund. Facilitate conversations with commissioners to develop a sufficient range of community social activities in the market.

Theme	Headline	Recommendation
Technology	There is an opportunity for practitioners to make more / best use of technology interventions for preventing and reducing loneliness.	Build social workers' understanding of where technology interventions work and build confidence to recommend and support their use alongside other interventions.
Partnership working	Partnerships with professionals across health and social care could be improved to reduce and prevent loneliness. A consistent approach to understanding and identifying loneliness should help to reduce stigma.	Support social workers to collaborate with health professionals and organisations involved with social prescribing. Support a consistent approach to understanding and identifying loneliness across local partnerships.
Relationships	Building relationships is key to preventing and reducing loneliness, and this requires time.	Ensure social work practitioners are given time and skills to build relationships with people experiencing loneliness. Support organisations to create a culture where preventing and reducing loneliness is a priority.
Being person-centred	Person-centred approaches work best for preventing and reducing loneliness.	Support social work practitioners to ensure interventions to identify, prevent or reduce loneliness consider and respond to individual characteristics and circumstances.

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