Building social connectedness for older adults

Professor Christina Victor

Policy Context: A wide range of factors can generate or exacerbate feelings of loneliness, so the government wants social connectedness to be considered across its wider policymaking.

Findings: Different kinds of loneliness have different drivers. Some groups of older people are at higher risk of experiencing loneliness than others. Most older people experienced loneliness before old age, and they don't always experience it as negative.

Advice: Specify the type of loneliness you are targeting. Consider different interventions for different groups. Try building on the coping strategies that older people may have already developed.

Key research findings

Christina's research draws on longitudinal studies of ageing and large scale general surveys such as the BBC Loneliness Experiment. She has also studied specific groups of older people such as those with dementia and their carers.

> **There are different kinds of loneliness, with different drivers:**
> > social: dissatisfaction with quality, quantity or mode of social interactions
> > emotional: absence or loss of meaningful relationships, e.g. a spouse
> > existential: separateness from others, e.g. when facing bereavement, moving house or retiring
> > area-based: not feeling part of your community or trusting neighbours

> **Some groups of older adults are at a higher risk of experiencing loneliness.** These include those who are: from minority ethnic groups (besides Indian); living in a deprived area; widowed, living alone or experiencing physical and mental health problems; or caring for a person with a long-term condition.

> **Most older people arrive in old age having previously experienced loneliness.** Nearly three quarters of over 65s in the BBC study had experienced loneliness at earlier phases in their life. These people may have developed strategies for coping with loneliness.

> **Older people do not always see their loneliness as negative, especially if it's temporary.** Almost 50% of over 60s in the BBC study reported that loneliness could be positive, as did 16% of those who were often or always lonely. They said this was because loneliness gave them opportunities for personal growth, they enjoyed being alone and they knew the feeling would pass.

Policy advice

> **Distinguish between different types of loneliness when collecting data and evaluating.** Their drivers differ, so the effectiveness of various interventions will probably be different for each of them as well. For example, you can tackle social loneliness by supporting people to form social connections and integrate into communities, but this may not work for other types. Consider:
>> whether the loneliness is social, emotional, existential or area-based
>> the nature of loneliness, i.e. its duration, frequency, intensity, and whether it is chronic or transient
>> the stage of life it is experienced at

> **Be specific about the type of loneliness you want to tackle, because types have different impacts and may need different interventions.** For example, you may want to prevent loneliness, as opposed to reduce it in those already experiencing it. Or you may want to focus on long-term loneliness, because it is more likely to be experienced as negative. Or you may want to target loneliness in young people because it is more prevalent and they are less likely to have developed coping strategies.

> **When designing interventions for older adults, recognise their diversity.** Since individuals have different needs, interventions can be offered in a variety of ways to meet these needs: on-line and in-person, in groups or individually.

> **Consider building on the coping strategies that older people may have already developed.** Most of them will have experienced loneliness before old age, but interventions and policy rarely recognise or build upon this.

> **Explore whether tackling deprivation in an area reduces levels of loneliness.** This should happen in theory, as living in a deprived area has an independent effect on the likeliness of over 50s experiencing loneliness, but this has not been tested in practice.

> **Focus on social health and promoting social connections rather than emphasising loneliness or isolation.** Framing innovations in this positive way helps avoid the potential stigma associated with terms such as loneliness or isolation.

Work with me

Christina Victor is Professor of Gerontology and Public Health at Brunel University London. Her research focuses on loneliness, isolation and experiences of old age, particularly amongst minority communities and those with intellectual disabilities.

Contact Christina at christina.victor@brunel.ac.uk if you would like to learn more about her research, invite her to speak at your event, or collaborate with her on research or work to improve or evaluate policy relating to loneliness.