

# Are Services and Activities for Socially Isolated and Lonely Older People Accessible, Equitable, and Inclusive?

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## Abstract

*This article presents findings from a survey and interviews undertaken as part of a study whose purpose was to explore the appropriateness and accessibility of activities intended to alleviate social isolation and loneliness among older people. The findings suggest that access to services and activities targeting social isolation and loneliness among older people is variable. Activities were often not tailored to the needs of those who were most lonely and isolated. Older people were rarely involved in developing or evaluating programmes intended for the socially isolated and lonely. The implications are discussed in relation to current policy and practice.*

## Keywords

Loneliness, isolation, older people, service provision, user participation, programme development, social inclusion, interviews, survey

## Introduction

In recent years the importance of promoting older people's health and well-being has increasingly been recognised in Government policy and strategy documents (Department of Health, 1999a; Department of Health, 1999b; Department of Health, 2001; Department of Health, 2003). The National Service Framework for Older People (Department of Health, 2001) highlights the need to implement interventions that improve health at population level, such as educational activities, creative and social initiatives.

Social isolation and loneliness have long been perceived as problems of later life, even though the majority of older people do not consider themselves lonely (Townsend, 1957; Tornstam, 1995; Victor *et al.* 2005). Loneliness, however, does increase with age, but this is thought to be related to changes in living arrangements, partner status, and subjective health among people aged 80 or over (Tijhuis *et al.*

1999). It has been suggested that social support research could provide the basis for interventions intended to alleviate loneliness. Social support is said to be the opposite notion of loneliness and defined as a person's real or perceived benefits of interacting with others (Andersson, 1998). The absence of social isolation and loneliness is likely to be a desirable state that older people would wish to maintain. Social isolation is therefore a factor in social exclusion, and health inequalities.

Government policy is beginning to reflect social science evidence that reduced social contact, loneliness and isolation reduce older people's quality of life and life satisfaction (Bowling, 1993; Farquhar, 1995; Wenger *et al.* 1996; Scharf *et al.* 2003). A key principle in Government policy is the emphasis on user involvement and widening participation to ensure needs led and acceptable services (Carter and Beresford, 2000). Older people are perceived as invaluable sources of

knowledge regarding the effectiveness and appropriateness of local services (Department of Health, 2003).

A wide range of community based services and activities have evolved to combat the 'negative' experiences of social isolation and loneliness in later life. The appropriateness and accessibility of most interventions intended to alleviate social isolation and loneliness among older people, however, have remained unclear. The purpose of this study was therefore to:

- Identify the different types of local community-based activities and services being provided to alleviate social isolation and loneliness.
- Identify the rationale, or the evidence of good practice used by practitioners to justify the activities they organise for older people.
- Investigate how socially isolated and/or lonely older people are identified and recruited to projects.
- Explore the involvement of older people in the planning process.

The study took place in 1998-99 within the geographical area of the former Northern and Yorkshire Regional Health Authority in England and was part of a larger study that set out to investigate to what extent health promotion interventions targeting social isolation and loneliness among older people are evidence based (Cattan *et al.* 2003; Cattan *et al.* 2005). We report here on a survey of health promotion activities for older people and case study interviews with project staff in selected projects, and discuss the findings in relation to the widening participation agenda.

## Methods

### *The survey*

We undertook a cross-sectional survey to provide a snapshot of health promotion activities for older people at a given time

(Babbie, 1998). The results from an initial questionnaire sent to the Health Education Authority, the Health Education Board for Scotland and 130 health promotion departments in the United Kingdom (UK) identified the target population as voluntary organisations working directly or indirectly with older people, health promotion departments and a range of local and regional services directed at older people (see Figure 1).

### *Sampling strategy*

Snowball sampling was used to reach as many of the relevant organisations and services in the Northern and Yorkshire region as possible. This non-probability sampling technique involves collecting data from known contacts and asking these individuals to either provide information about others so that further data can be collected or, as in this case, to send the questionnaire on to other relevant organisations (Babbie, 1998).

### *Eligibility criteria*

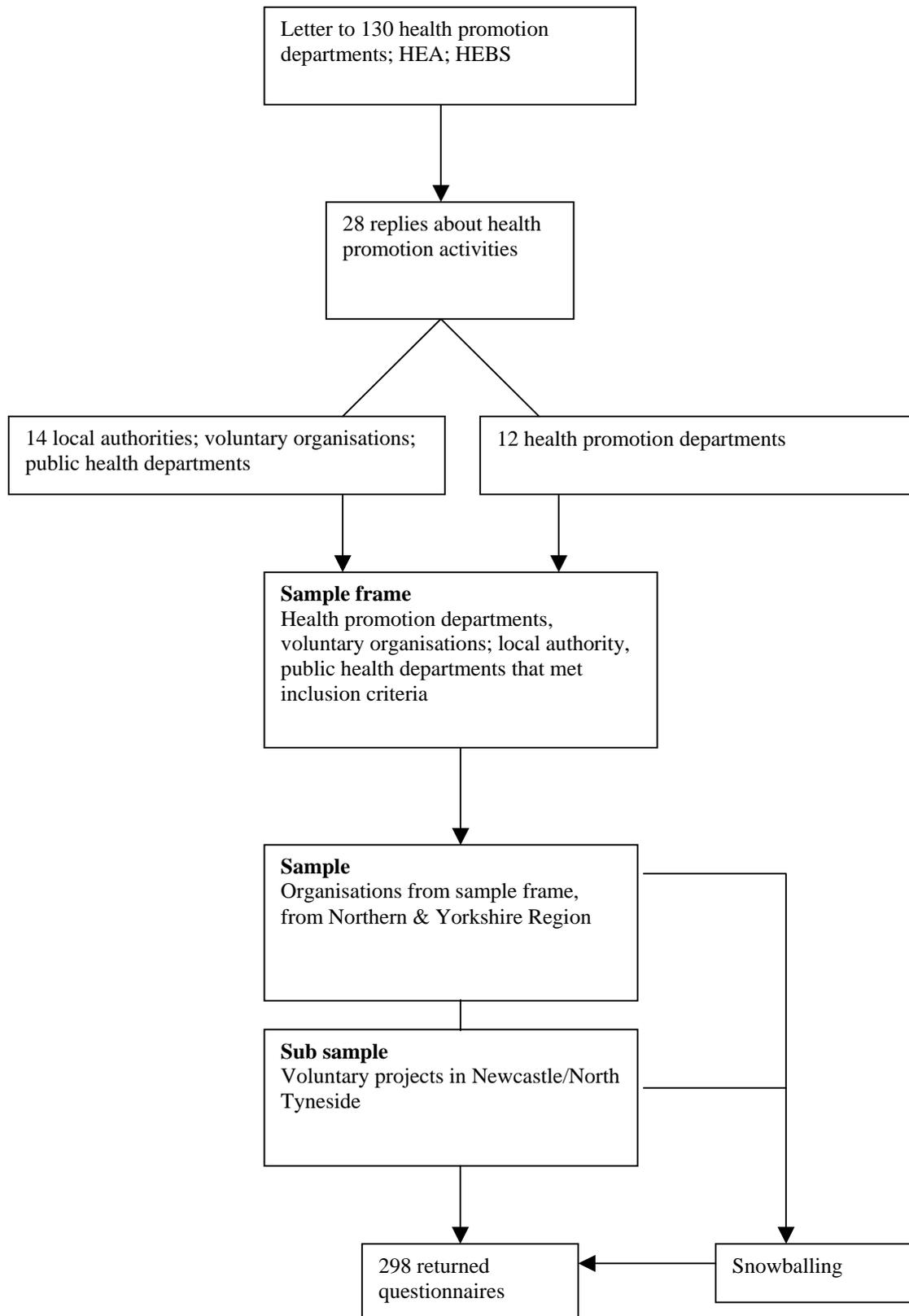
The organisations included in the analysis had to meet the following criteria:

- They had knowledge of or provided relevant activities or services.
- The activities or projects were based in the community and intended for older people living in their own homes.
- The activities or projects could be defined as health promotion interventions targeting social isolation and loneliness.

### *Data collection method*

Postal surveys are effective methods of reaching a large number of projects over a wide geographical area and at low cost (Babbie, 1998; Oppenheim, 2000). The questionnaire focused on the aims and objectives, description, methods, location, intended target group, level and source of funding of the activity, and levels of evaluation and monitoring for each project or activity.

**Figure 1: Sampling strategy**



*Data management and analysis*

Data from questionnaires were entered on a Microsoft Access database. Multiple-choice questions were pre-coded and the codes were entered directly. Replies to open questions were analysed through content analysis to form initial categories. The categories were defined in line with the categories identified in an earlier systematic review (Cattan *et al.* 2005) and additional categories included appropriately. These were coded numerically and entered on the database. Replies that did not fit into the main categories were entered as text. Simple quantitative data analysis was facilitated by SPSS statistical software.

*Case studies*

The questionnaire included a question on whether or not respondents would be willing to provide further information in an interview. Twelve projects were selected purposively using the following categories identified through the survey:

- Befriending
- Carer support
- Social support/companionship
- Provision (and preparation) of low-cost meals/lunch club/drop-in coffee shop
- Social activities
- Advice and information
- Physical activity
- Transport
- Education and training

Semi-structured face to face (7/12) or telephone (5/12) interviews were conducted with staff in each of the 12 projects using the questions in Box 1. In addition, information was obtained from documents and written records where these were made available. Confidentiality was assured and interviewees were given the opportunity to have anything further clarified about the study.

Immediately after each interview, observations or particular points from the interview were recorded.

**Box 1: Interview topics**

- Are activities and services intended to prevent and/or alleviate social isolation and loneliness among older people planned and developed for 'at risk' groups or for older people at large?
- Is there a difference between the intended target group and the current users/participants?
- What evidence or rationale is used to establish activities and projects for socially isolated and lonely older people?
- At what levels are older people involved in planning, implementing and evaluating the activities?
- What activities are planned and implemented to alleviate social isolation and loneliness among older people?
- What criteria are used to include or exclude clients or participants?
- How is 'effectiveness' measured or demonstrated?
- Is there a link between funding level/source and evaluation?

*Analysis*

'Framework Analysis' is considered a practical and effective way of handling complex qualitative data. The approach uses a matrix to order, synthesise and summarise data for the purpose of abstraction and interpretation, and follows five key steps: familiarisation, identifying a thematic framework, indexing and coding, charting and rearranging the data according to themes, mapping, interpretation and synthesis of the findings (Ritchie and Lewis, 2003).

Key themes were developed on the basis of the research questions and themes that

emerged from the interviews. Under each theme, sub-headings were formulated around groups of questions and the themes that had evolved from these. Replies from each interview were summarised under these sub-headings to enable case by theme and theme-by-theme comparison.

#### *Study quality*

Reliability and validity were addressed by piloting the questionnaire (face validity), and by comparing the replies to identical questions in the case study interviews and the postal questionnaire (test-retest). In addition, verbal interview responses were compared with written records where they were available. Respondent validation was used to compare interviewees' and interviewer's interpretation of the interview by sending transcribed interview texts and summary project descriptions to the interviewees for comments and feedback (Babbie, 1998; Richie and Lewis, 2003). Amendments were marked in the transcripts. In addition, all known voluntary and community groups working with older people in Newcastle and North Tyneside were sampled directly to ascertain whether projects had been missed in response to the initial letter.

#### **Findings**

A total of 298 organisations met the inclusion criteria for the study of which 139 responded.

#### *Activities*

The survey identified a wide range of activities and services provided for older people to alleviate social isolation and loneliness (see Table 1). Many projects provided more than one activity. Although 'befriending' and 'social support' were often linked, they were identified as two categories because home visiting could occur without social support and social support could take place outside the home. Social activities and home visiting were the most frequently listed activities to alleviate isolation and loneliness.

The interviews with project staff illustrated that social activities were often linked to other activities such as exercise or the provision of a healthy meal. In addition, transport, which could be part of the main activity or be provided for special occasions, was often mentioned as a social activity in itself. This was illustrated by a comment from one project coordinator:

*The evening transport has been an unexpected bonus. That's where people chat, make friends, a spin-off being that they keep in contact outside the project. I've heard people say "Drop me off last".*

(Case study 4)

Interestingly, one to one support was provided both systematically through home visits and *ad hoc* on a needs basis for and among older people participating in groups. Older people have confirmed that this type of intermittent, informal support is a common and regular occurrence in social activity groups (Cattan *et al.* 2003).

#### *Target group and participants*

Seventy five per cent of the respondents in the survey specified that their aim was to reduce social isolation and loneliness, provide social support, and/or provide social activities. In terms of the target group this was expressed as older people who were 'socially isolated', 'lonely', 'housebound' or 'living alone', suggesting that activities and services were planned for 'at risk' groups rather than for older people *per se*. However, the analysis of the case studies showed that although the aims and objectives tended to be specific regarding the alleviation of loneliness and/or social isolation, the description of the intended participants by interviewees was more general than specific.

**Table 1: Range and frequency of activities listed**

Activities	Numbers providing activity (139 responses)	Projects that ran activity (%)	Proportion of total activity (%)	Category
Social activities	57	41	18	Group
Befriending/home visiting	37	27	12	One to one
Support/friendship/companionship	37	27	12	One to one
Low-cost meal/lunch club/drop-in coffee shop	26	19	8	Group
Advice/information	25	18	8	One to one
Exercise/physical activity	24	17	7	Group
Carer support	21	15	7	One to one
Transport	16	12	5	One to one; (group)
Day care provision	14	10	4	Group
Advocacy/campaigning	13	9	4	One to one; Group; Whole community
Practical assistance	12	9	4	One to one
Education/training	11	8	3	Group
Reminiscence	5	4	2	One to one
Other	18	13**	6	Group
<b>Total</b>	<b>316*</b>		<b>100</b>	

\* Total number of activities provided; some projects provided more than one activity

\*\* Percentage of projects that ran each of the different activities

The anomaly between aims and practice was reflected in recruitment and in participation. Projects tended to use conventional channels of recruitment, such as posters and leaflets, notices in the local free press, or referrals from health and social services or other voluntary organisations. Few projects had any form of guidance or strategy for identifying whether or not individuals were representative of the intended target group. Typically this meant that anyone who self-referred or was referred by a professional was termed 'representative'. Some interviewees raised concerns regarding this approach, suggesting that there was a tendency for a small group of middle-class, reasonably fit, vocal people to dominate certain services and activities. In other

words, there was a risk that the actual intended target group (socially isolated, lonely) was not reached and therefore not given an opportunity to participate.

In addition, projects did not seem to have policies or guidelines on how to deal with 'dormant' or infrequent users. Waiting lists often evolved without the means to control them, although in some cases they were used strategically to ensure that a limited service, such as counselling, or painting and decorating, was fully occupied. This did mean, however, that projects claimed to be functioning at the limit of their capacity, whether or not participants were representative of the intended target group, and whether or not those who had been

recruited were 'active' or 'dormant' participants.

### *The role of volunteers*

Although a large proportion of schemes had paid staff, either directly for the purpose of the identified activity, or indirectly through staff time from the hosting organisation, most projects were heavily dependent on volunteers. The recruitment of volunteers was a serious limiting factor for many projects. This was illustrated by one project coordinator:

*Our project is used to full capacity as far as the number of available volunteers is concerned. However, the funding would provide for more volunteers. We have no problems getting clients, only enough volunteers!*

(Case study 3)

The shortage of volunteers could provide a serious limitation on the number of older people who are able to participate in activities, thus potentially discriminating further against those most in need.

### *Rationale for establishing and continuing activities*

Projects had been established for a variety of reasons, but mainly as a result of 'top-down' initiatives rather than as a consequence of older people's involvement. The main reasons given were professional judgement, changes in Government policy, funding, published evidence, and lastly as a result of older people initiating the project. The case study interviews suggested that most projects were established as a practical response to professional concerns and identification of need, such as having a large proportion of older people in the local population. Long-term experience and in-depth knowledge of a geographical area were also used to develop projects. A project manager described it thus:

*We built on our combined experience and knowledge of the local community. You could call it a well-based gut feeling.*

(Case study 5)

In two cases, older people had initiated the idea for the project. In one instance, a local older people's campaigning group approached another voluntary organisation to take action. In the second case, a committee of older people framed their proposal around local authority funding being available, and the 'success' of similar schemes in the region.

In rural areas a change in Government transport policy in the late 1980s and early 1990s, and the simultaneous shift to community care had been a trigger for voluntary organisations to develop transport services in order to prevent social isolation. The rationale was that older people formed the largest proportion of those utilising community care, but were also the least likely to drive or own cars. Whilst some of these factors are changing, our interviews in 2001 (Cattan, 2002) suggest that there remains a substantial group of isolated older people in rural areas.

Funding opportunities were mentioned as drivers for project development, but not as the main trigger. In other words, activities tended not to be created in direct response to the availability of funds, but developed and brought to fruition when funding, together with other factors such as Government strategy, published evidence, acknowledged need, individual 'champions' and additional resources, were in place. There were, however, several examples of projects where small-scale activities were developed within an existing budget and funding was therefore neither a driver nor a trigger. At the opposite end of the spectrum, a large corporate organisation was looking for opportunities to spend its 'community chest', and consequently the funding was both the driver and the trigger.

The rationale for continuing projects was mostly based on observation, monitoring of output (as required by funders), and user satisfaction surveys. Whilst rural transport projects had not initially consulted with older people regarding the need for such schemes,

the increasing demand on the services was taken as a demonstration that the project was justified and needed. The numbers 'voting with their feet' and regularly attending activities was also used by other projects as a rationale for further funding.

The main justifications for retaining project activities were based on observed or anecdotal changes among participating older people. Changes that interviewees credited to the projects included improvements and increases in social contacts, development of friendships, extended social networks outside the project, improved confidence and consequently decreased social isolation and loneliness following significant life events. This was illustrated by one project coordinator:

*The project helps to build confidence. They come to one thing and before you know it, they are going to more and more other activities outside the project. There is not enough credit given to this.*

(Case study 8)

Volunteers in befriending schemes, who were often older people themselves, were perceived to benefit in similar ways as their 'clients'. Older volunteers' ability to empathise with the experiences and feelings of those they visited was stated a strength of the project. Professionals' perceptions of the benefits of project activities were also used to justify continued support for such projects. In some cases, this was particularly emphasised because of close collaborative ties with social services or primary health care.

A final argument that was used to justify continued funding of specific project activities, such as home visiting services, was cost saving in terms of prevention. Interviewees noted that only a small number of their users ended up in local authority care. Of those who did, many died shortly after, with the inference being that the services and activities provided by the project (jointly with other schemes) enabled older people to stay in their own homes

longer than if the services had not been provided.

Among the projects we interviewed, published research evidence was used opportunistically rather than systematically to justify the development of an activity. Evidence was applied when it was readily accessible through non-academic literature in plain English.

#### *The purpose of evaluation and user consultation*

Of the 139 projects responding to the survey, 70 per cent had conducted some form of evaluation, review, audit, or monitoring, while the remainder had not. The most common evaluation type was monitoring of output, followed by user satisfaction surveys. This uncertainty of what constitutes 'evaluation' was reflected in the case-study interviews. Three quarters of the interviewees claimed to have conducted some form of evaluation. The evaluation ranged, however, from a structured impact and process evaluation by an external researcher, to user satisfaction surveys and output (performance) monitoring. Approximately 20 per cent of those funded by local and health authorities, and charitable trusts had not conducted any form of evaluation. Although the majority of those that did not conduct any evaluation were small scale activities or one off tasks, some had larger annual budgets of up to £60,000.

The interviews revealed that evaluation was conducted for a variety of reasons. At one end of the spectrum, monitoring of output, such as the number of users, was imposed by the funders. Where this occurred the requested data was not questioned and evaluation was mostly viewed as a necessary burden rather than a useful tool. Most projects also conducted opportunistic user satisfaction surveys. There was a striking contrast between those projects where monitoring was imposed and those that had more control over their evaluation. Projects that had some level of control had a critical

approach to monitoring and also tended to test and conduct more complex forms of evaluation. In other words, they were clearer about, or at least questioned, the purpose of data collection, and they were prepared to test different evaluation methods to demonstrate the effectiveness of their activities. In such projects older people were more likely to be active participants than simply passive 'evaluation subjects'.

The basis for proposing and implementing changes to project activities seemed, in most cases, to rest on variable user consultation, professional judgement of 'need', and available funding. As with evaluation, there were marked differences in how involvement and consultation were implemented. This became apparent when 'participation' was mapped against a typology of community participation (See Figure 2) based on Brager and Specht's 'spectrum of participation' (1973), which illustrates the participative interaction between a 'community' and an 'organisation'.

What is broadly termed 'consultation' therefore has several meanings. At one end of the spectrum, users have no voice in how the project is developed, planned or implemented. Their only choice is whether or not to participate. At the next stage, *ad hoc* discussions may take place or the odd user satisfaction survey distributed. Further along the spectrum, regular formal meetings with users take place where plans are presented and discussed. Often informal discussions and user satisfaction surveys also take place, although it was not clear how much these were taken into account.

At the opposite end of the spectrum, projects explore and apply more imaginative approaches to consultation with users and other relevant bodies. Project staff perceive their main role to be that of advisors, process facilitators, networkers and fundraisers. They also recognise some of the difficulties in seriously engaging users in planning activities. As one project coordinator explained:

*We have tried to involve users in planning, but not very well. Maybe we'll do it more successfully in the future. As the group developed the people peaked [were open to discussion and change], but we didn't recognise it and the point passed.*

(Case study 12)

In some cases, tokenistic consultation was considered to be undermining with users who were felt to be at a particular disadvantage in their ability to engage in any meaningful way, for example very frail housebound older people. In these cases, users were not dismissed as passive recipients, but their views and feelings about the service were sought intermittently through informal or indirect channels. User involvement in both planning and evaluation of activities varied therefore considerably both in quality and quantity.

## Discussion

The purpose of this study was to identify the range of activities provided for socially isolated and lonely older people, explore the basis and rationale for developing such projects and activities, and investigate the varying levels of older people's participation and involvement in the development and implementation of such initiatives. The main findings were:

- The anomaly between the intended target group and the actual participants.
- The lack of clarity of older people's needs and desires.
- The wide spectrum of user involvement and consultation.

### *Strengths and weaknesses of methods*

The research was limited to services and activities in the North of England. The results may therefore not have been applicable to other areas. However, the initial brief survey of health promotion projects across the UK suggested that our findings are generalisable providing that social and cultural factors are taken into account in other geographical areas.

**Figure 2: A spectrum of participation (adapted from Brager and Specht 1973)**

Degree	Participant's action	Illustrative mode	Projects targeting social isolation/loneliness
 Low	None	Users receive the service but are told nothing.	N/A
	Receives information	The project plans an activity, and informs users about it. Users are expected to comply.	A befriending scheme is planned, referring agencies are informed, clients are informed and accept or reject what is offered.
	Is consulted	The project aims to promote an activity and develop support for acceptance of the planned activity.	Based on 'need' an exercise group is established, and promoted through channels most likely to encourage older people to attend. Older people 'vote with their feet'.
	Advises	The project presents a plan for an activity and invites questions from the users. It is prepared to modify the planned activity if necessary.	Activity plans are presented to annual patient consultation meetings, patients' views are taken into account when finalising plans.
	Plans jointly	The project presents a tentative plan for an activity to the users, subject to change and invites recommendations from all those affected.	Cooking club holds occasional meetings after sessions to get users' views, and bi-annual meetings with all those involved to discuss plans.
	Has delegated authority	The project identifies and presents a problem to the users, defines the limits and asks the users to make a series of decisions to be embodied in an acceptable plan/activity.	Staff reports to committee for two-way discussion. Older people are in majority on committee. Public meetings, workshops are held, a discussion document is circulated. Questionnaires are distributed through local press. Staff see themselves as facilitators and sign-posters. Older people are considered to have control.
	High	Has control	The project asks the users to identify problems and to make key decisions regarding goals and means. The project helps users to achieve their own goals.

The advantages of postal questionnaires need to be weighed against the drawbacks (Oppenheim, 2000; Boynton, 2004). The findings showed an even spread across the main voluntary organisations, health promotion departments and statutory community services.

In qualitative research the interview dialogue may introduce inaccuracies or bias (for example, the Hawthorne effect) (Kaufman, 1994; Silverman, 2001), and there is risk of

researcher bias in the analysis (Ritchie and Lewis, 2003). Emerging themes and categories were therefore discussed with the project advisory team in relation to theory and other research.

*The anomaly between the intended target group and the actual participants*

The findings from the survey and interviews with project staff suggest that community based activities intended to alleviate social isolation and loneliness among older people

mostly provide activities for a generic group of older people rather than a specific group, or those 'most in need'. There was evidence of reluctance to set criteria that might exclude potential users or participants. Even projects where the intended target group was quite specific, such as housebound older people, seemed disinclined to turn anyone away, despite an awareness that this could lead to the people needing the service most potentially not being able to access it. Only where a limited service was provided, such as painting and decorating, were the housebound given priority, but this did not exclude other categories of older people. Our systematic review showed that interventions targeting specific groups, such as older women, carers, older people in retirement homes, or with mental health problems are effective (Cattan *et al.* 2005). Stevens and colleagues (2001) qualified this by stating that because widowhood and living alone are known risk factors for loneliness, educational programmes developed specifically for women are more likely to be effective than programmes aimed at older people at large.

As our study did not set out to investigate why project activities were developed for older people *per se* rather than for 'at risk' groups, it is only possible to speculate about some of the likely reasons for this lack of targeting. It may be that community projects base their activities to alleviate social isolation and loneliness on a community development approach, where communities are empowered to identify their own health needs and take action to meet such needs (Barnes and Walker, 1996; Davies, 1999). Under such circumstances, anyone who identifies themselves as requiring the service, or agrees to be referred by a professional should be accepted by the service. If this was the case it would be quite difficult to determine if the participants or users were representative of the intended target group, as indeed was suggested by some of the interviewees.

On the other hand, by being inclusive rather than exclusive, projects may justify their own existence simply by increasing the numbers of users. By demonstrating the need for their activity through the numbers of older people on their records, projects might in return expect the 'reward' of further funds to continue the activity. This 'desire for reciprocity', or egotistical motivation, could also in part explain interviewees' strong emphasis on the provision of services for socially isolated and lonely older people throughout the interviews (Hupsey, 1998). The 'desire for reciprocity' would also help to explain the notion of the inevitability of waiting lists and working at or beyond their capacity. Although waiting lists were not always formally established, the interviews showed that in order to meet the expectations of the funding bodies, the 'numbers game' had become a means to an end in itself. The consequence of this could be that the very people who need the service most are barred from participating in activities because they lack the opportunities, resources, confidence or skills to enable them to access community services (Blackburn, 1999; Walker, 1999). There was an indication that older people who were 'in the know' through word of mouth, or by being cared for by professionals who had long-standing links with projects were more likely to be offered access to activities than those who did not, without necessarily being most in need.

The survey findings reinforced this observation when project aims and objectives were compared with current activities. The comparison indicated that activities might evolve over time from the original objectives to meet the needs of those older people who participate in activities, rather than the needs of the originally intended target group. Research suggests that disempowered communities are socially isolated and less likely to access services and activities than middle-class people with more resources and in better health (Davies, 1999; Purdy and Banks, 1999). If this was the case it would indicate that older people who are

more active, confident with better social networks are gaining access to project activities to the detriment of the intended target group, in other words those who are most lonely and isolated.

An unexpected finding was the lack of strategic planning for reaching socially isolated and/or lonely older people. Publicity and information tended to be directed at a generic older population and through conventional well-established routes, rather than considering the points and times where and when socially isolated older people were most likely to be able to access the information. This could also favour older people who are fit, active, vociferous, and not necessarily isolated or lonely. Interviews with older people suggest that this may indeed be the case (Cattan, 2002).

#### *The lack of clarity about older people's needs and desires*

If projects aimed their activities at older people *per se*, it is probably not surprising that they also provided broad-based multiple activities for isolated older people. In many cases, far from providing a broad, but specific, service to meet the needs of isolated and lonely older people, projects were providing 'cover-all' services and activities because of the lack of clarity of older people's needs and desires. While older people interviewed as part of this study indicated that being socially isolated and being lonely might require different interventions, many activities seemed to be built on professional assumptions of what older people want, and a duplication of traditional services, such as day centres. Interviewees often expressed resignation to either making do with activities they did not enjoy, or to becoming isolated (Cattan, 2002; Cattan *et al.* 2003). Barnes and Walker, (1996) argue that increasing user influence and empowering user participation does not necessitate the disempowerment of workers. On the contrary, they suggest that a reciprocal relationship of trust can be used to improve services.

Our systematic review (Cattan *et al.* 2005) suggested that group interventions with a focused educational input or providing specific targeted support activities are effective. In practice, it would seem that social support and information giving are perceived as integral parts of interventions targeting social isolation and loneliness. Even befriending and home visiting schemes in our survey tended to be concerned solely with social support rather than with developing coping strategies for living alone.

#### *The wide spectrum of user involvement and consultation*

There has been considerable discussion of the appropriateness of evaluation methods for voluntary organisations in voluntary sector research (Boyd *et al.* 2001; Sefton and Richardson, 2001; Wainwright, 2001). Boyd and colleagues (2001) suggest that evaluation should be based on five principles: the pursuit of improvement, the meaningful involvement of those who are affected, the use of systems thinking by engaging whole networks of stakeholders, the facilitation of critical thinking, anti-oppressive practice, and the use of a wide variety of methods to improve flexibility and responsiveness. The authors identify three forms of evaluation in the voluntary sector: goal-based evaluation, stakeholder evaluation, and organisational evaluation. Although our survey identified a small number of projects that fell into these categories and had evaluated their activities creatively and on a regular basis, the majority of projects relied on output monitoring or user satisfaction surveys. Although user satisfaction surveys have some value, they are insufficient to demonstrate how effective the activity is (Sefton and Richardson, 2001). However, user satisfaction may be an important factor in determining the likelihood of users remaining with a project, which in turn could have an impact on the potential change in levels of social isolation and loneliness. But, it is also possible that an older person might enjoy an activity without the activity having

any effect on social isolation or loneliness, or worse, causing harm by isolating the person further. Our survey showed that day centres and home visiting schemes providing social support are a common and popular means of tackling social isolation and loneliness. However, despite the demands for 'evidence-based practice' there is a lack of rigorous evaluation of these services. A small-scale local survey suggested that a day centre, depending on the activities it provides, may have a range of benefits for *some* older people (Thewlis, 2001).

Some project staff suggested that older people would drop out if the activity was not right. We found that this was not necessarily the case (Cattan, 2002). Without purposeful evaluation, which could demonstrate the value of activities for socially isolated and lonely older people, inappropriate practice can continue without being questioned. Older people making do with activities that do not meet their needs because of the lack of suitable activities demonstrates a void in evaluation and user consultation.

The terms 'user involvement', 'consultation', and 'participation' are often interpreted in different ways (Brager and Specht, 1973; Robson et al. 2003). Despite many interviewees claiming that older people were consulted and 'involved', this study suggests that older people are rarely involved in planning, developing or evaluating activities or services intended to alleviate social isolation and loneliness. Older people desire to remain independent and retain a sense of personal value, through, for example, reciprocity (Krause, 1997). Despite a known association between loneliness and personal control (Peplau et al. 1982; Peplau et al. 1982) many projects in our survey delivered services and activities *at* older people, rather than enabling them to gain a sense of control, or recognising the value of reciprocity within the activity. This almost flies in the face of adherence to the principles of equity and participation claimed by many voluntary organisations. The value of being able to

provide as well as receive support was emphasised on numerous occasions by older interviewees (Cattan et al. 2003). Research has shown that the notion of reciprocity, which may be linked to shared age and culture, is associated with social support in alleviating social isolation and loneliness (Minkler, 1981; Vinokur-Kaplan et al. 1981; Hupsey, 1998). While older people said that the patronising attitudes of some day centre staff encouraged helplessness and older people adopting negative stereotypes of 'old age' (Cattan, 2002), some projects indicated that activities had not changed significantly in the 25 years or so since they were established. This may provide some explanation to why professional control continues to be embedded in many project activities.

Participation and consultation are at the core of the World Health Organisation's manifesto for primary health care and health promotion (World Health Organisation, 1985), and are basic principles of much community development and voluntary sector activity. Our systematic review has shown that interventions that enable some level of participant and/or facilitator (as opposed to researcher) control, or consult with the intended target group before the intervention are effective (Cattan et al. 2005). Whilst most of the projects claimed to adhere to the principles of empowerment, participation and consultation, our study suggests that in many cases only superficial consultation takes place with older people. However, it should be noted that although not all older people wish to be involved at all stages of programme planning, they do want to be given an opportunity to be involved (Thewlis, 2001; Cattan and Ingold, 2003). It has been reported that the two key components of successful involvement of older people are 'access' and 'support' (Carter and Beresford, 2000). The study concluded that there were several models of user involvement, such as advocacy and information, user panels and forums, consultation, user/pensioner groups, user led

services, networks and campaigning groups. Each type of group may therefore be equally valuable with different strengths and weaknesses.

## Conclusion

In conclusion, this study indicated that access to services and activities intended to alleviate social isolation and loneliness among older people is variable and in many cases inequitable. Activities often seemed to be tailored to participants' demands and expectations, rather than to the needs of those who were most lonely and isolated. Many projects consulted older people superficially, and provided activities, which did not necessarily meet their actual needs and expectations. Older people were rarely meaningfully involved in identifying, planning, implementing, or evaluating programmes intended for those who are socially isolated and/or lonely. Future programme development will need to consider how to ensure that the needs of socially isolated and lonely older people are met equitably and acceptably.

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