Discussion paper
One-to-one befriending programmes for older people

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Introduction

Loneliness and isolation have been identified as key issues for older people, as they can be a major cause of unhappiness and can contribute towards depression and mental illness (Andrews et al., 2003). Befriending programmes have been used as one of a range of initiatives to help combat loneliness and social isolation among older people. This Discussion Paper highlights key issues related to one-to-one befriending programmes. It then presents eight case studies of alternative modules developed across the world, in order to highlight the potential that different models can bring.

Loneliness and isolation

The terms 'loneliness' and 'social isolation' are often used interchangeably; however, these terms do not mean the same thing. Burholt (2011) provides useful definitions, and outlines the distinction between these two concepts:

- *Loneliness* is a subjective measure of unwelcome feelings or perceptions that are associated with a lack of contact with other people.
- *Social isolation*: a more objective concept; a continuum ranging from absence of contact with other people (social isolation) to high levels of social contact or participation.

Based on these definitions, it is therefore possible to feel socially isolated, but not feel lonely, and vice versa. Older people are particularly vulnerable to social isolation and loneliness as a result of the loss of friends and family, mobility or income (SCIE, 2012).

Effects of loneliness/isolation on health

Social isolation and loneliness can have a detrimental effect on health and wellbeing. Life satisfaction and psychological wellbeing are influenced by the levels of social activity and contact, especially among older people (Andrews et al., 2003, p. 349). Even when someone has strong family connections and regular contact with their relatives, social interactions with non-family members are also important for an older person's subjective sense of wellbeing and happiness.

Research studies have shown that being lonely or isolated can impact on physical health (SCIE, 2012). In the recent AgeUK Evidence Review on Loneliness, Davidson and Rossall (2014) outline how chronic feelings of loneliness can result in deterioration of health and well-being, and a shorter lifespan. In particular, they highlight the physical that feeling lonely has been shown to increase blood pressure and the risk of cardiovascular diseases. Other negative effects include weakening of the immune system, impairment of sleep quality (which has a negative effect on memory), and a rise in the risk of developing Alzheimer's disease.

Interventions to counteract loneliness
Davidson and Rossall (2014) outlines a four-way classification of interventions to counteract loneliness for older people within the United Kingdom (UK). These can be classified as attempts to:
1) improve social skills
2) enhance social support
3) increase opportunities for social interaction
4) address maladaptive social cognition (which can be defined as behaviour that is counter-productive or interferes with everyday living).

Research by Masi et al. (2011) suggests that there are some interventions within all four of these categories can be effective at reducing loneliness. However, those interventions that attempt to change maladaptive social cognition are the most effective.

Nevertheless, Davidson and Rossall (2014) feel that studies of interventions for older people living within the UK generally focus on increasing opportunities for *social interaction*. They suggest that this may be because these are the easiest and most cost-effective to implement (for reaching a larger number of people). Davidson and Rossall also argue that that there is a lack of robust and reliable evidence on the evaluation of services for older people.

Befriending
The Mentoring and Befriending Foundation provides the following definition of befriending:

> *A voluntary, mutually beneficial and purposeful relationship in which an individual gives time to support another to enable them to make changes in their life.*
> (http://www.mandbf.org/mbf-membership/what-is-mentoring-and-befriending)

Befriending schemes are used widely to offer companionship and emotional support to people, including lonely and/or socially isolated older people. There are different types of befriending activities, and so the type of befriending varies across service providers and across the needs of the service user:
- Whilst befriending services can be group-based, they are usually perceived as being on a one-to-one basis. This discussion paper focuses on one-to-one activities.
- Services can be delivered face-to-face, or at a distance.
- Befriending can be offered as a stand-alone service, or it can be part of package of services.
- Befrienders can be volunteers or paid.
- Services can focus on people living in their own homes (community settings), or on those living in residential care or nursing homes (residential settings).

One-to-one befriending services
In most cases, befriending is a one-to-one activity, and involves befrienders visiting people in their own homes in order to provide emotional support, with an emphasis on listening skills. This activity is often referred to as 'home visiting' in American literature. Such service help maintain mental health and prevent mental deterioration (Andrews et al., 2003, p. 350).

For many, but not all, schemes, the focus is on companionship. For example, the Volunteer Now One-to-one Befriending Service involves a volunteer visiting an older person in their own home on a regular basis to provide company and have a chat.   However, befriending services may also involve providing transport, and/or picking up medication or shopping. Instead of a face-to-face visit, distance befriending services involve contact by telephone, or on the internet (e-befriending).

Befriending can be an activity in itself, or it can be seen as the start of a process to give someone the support and confidence to re-engage with community networks. Within some services, befriending is ongoing, whilst for others, it is offered for a fixed time. For example, Good Morning Belfast's befriending service comprises six sessions.

In their evaluation of telephone befriending (telefriending) services, Cattan et al. (2009) highlighted general issues relating to the word 'befriending'. For many of the older people, the phrase was patronising and stigmatising, as it suggested that their relationship with the befriender was one sided. Thus, many project co-ordinators chose not to use this term.

Chal (2004, p. 43) highlights five key factors in an effective befriending scheme: Reliability, Compatibility, Intimacy, Reciprocity and Support from the befriender. In general terms, the word 'befriending' implies the act of creating a friendship, which, by definition, is a reciprocal relationship which has a positive effect on both parties. Therefore, some befrienders acknowledge that they also receive social support from a befriending scheme (for example, Chal (2004)), and so research has started to explore the importance of befriending to the befriender. Chal also highlights the problems when boundaries become blurred between the two people involved, for example, if a befriender is asked to undertake tasks that they do not want to do.

Telephone befriending (telefriending)
Cattan et al. (2009) evaluated the AGE UK/Zurich Community Trust telephone befriending service 'Call in Time'. Within these eight schemes, a volunteer makes weekly phone calls to an assigned older person who is vulnerable, isolated or lonely. In this way, the telephone as a specific tool for befriending. The overall evaluation of this service was positive, as the older people said they valued the ability to talk, listen and share information with another human being who they felt they could trust and rely.

It is important to note that the 'Call in Time' service comprised eight telephone befriending services, each with a slightly different focus. While most of these were set up to provide companionship, others were organised as an emergency response service. Therefore, some of these services were more focused on providing a means of support in specific times of need, rather than providing ongoing contact. Some of the projects also involved face-to-face visits, as many participants said they would like to meet their befriender. Other projects evolved into 'telephone clubs', which encouraged peer-to-peer support. In that

model, all participants were encouraged to make telephone calls to others, as well as receive them.

Email/Internet befriending (e-befriending)
e-befriending involves making contact with others via the internet (for example, email). For example, Deafblind NI provides an e-befriending service whereby adults with combined sight and hearing loss are paired up with a volunteer, with whom they exchange frequent emails. The service is intended to reduce isolation through frequent contact with a befriender. The Pocklington Trust provide a similar service and highlight the additional benefit of both users being able to improve their IT skills as a result of regular use of the computer, internet and screen readers.

Such e-befriending schemes have a different focus than those schemes that provide IT tuition for older people in online applications such as e-mail, social networking and online video calls. The aim of those classes is to facilitate online communication with *existing* friends and family as a way of reducing loneliness and social isolation.

A less technologically-based form of distance befriending involves communicating by letter. For example, a small pilot project of Befrienders Highland Limited for people in the Scottish Highlands with mental health needs offered befriending services via telephone, email or letter. Such distance befriending has the potential to reach people in more remote and isolated areas, as well as those who find it difficult to leave their homes and/or cope with meeting people face to face (Gordon and Mason, 2005).

International variations
Previous research (as highlighted by Grenade and Boldy, 2008) suggest that particular countries focus on specific types of services. For example, computer or teleconference-based programes were popular within the United States of America, whilst in Canada, there was more focus on community-based support services, or services that target specific at-risk groups. Community-based support groups were also widely used in Australia, although teleconference and other telephone-based services were popular. However, these findings were based on a report published in 2002, and so these patterns may have changed.

Effectiveness of befriending
One-to-one befriending has been shown to reduce loneliness, and has a modestly significant effect on depressive symptoms (SCIE, 2012). For many users of these services, befriending is seen positively, and helps counteract the worst aspects of social isolation and exclusion (Cattan *et al.*, 2009). These types of contact are especially welcomed by people who are frail and housebound (SCIE, 2012).

Conversely, research evidence has indicated that social group activities with a creative, therapeutic or discussion-based focus may be more effective (SCIE, 2012). Dean and Goodlad (1998) carried out a survey of 234 organisations across the UK who offer befriending. They concluded that befriending is not a radical solution to social exclusion; in particular, it does not aim to address the root causes of disadvantage.

Useful evidence reviews

There are many useful evidence reviews, which systematically review interventions and services targeting social isolation or loneliness in older people. Key examples include:

Cattan, M., White, M., Bond, J. & Learmouth, A. 2005, "Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions", *Ageing & Society,* vol. 25, no. 1, pp. 41-67

Collins, Emma, 2014, *Preventing social isolation and loneliness in older people*, IRISS Insight 25, Glasgow: Institute for Research and Innovation in Social Services (IRISS) http://www.iriss.org.uk/sites/default/files/iriss-insights-25.pdf

Davidson, Susan & Rossall, Phil, 2014, *Age UK Evidence Review on Loneliness*, London: Age UK http://www.ageuk.org.uk/documents/en-gb/for-professionals/research/age%20uk%20evidence%20review%20on%20loneliness%20july%202014.pdf?dtrk=true

Dickens, A., Richards, S., Greaves, C. & Campbell, J. 2011, "Interventions targeting social isolation in older people: a systematic review", *BMC Public Health,* vol. 11, no. 1, pp. 647

Hagan, R., Manktelow, R., Taylor, B.J. & Mallett, J. 2014, "Reducing loneliness amongst older people: a systematic search and narrative review", *Aging & Mental Health,* vol. 18, no. 6, pp. 683-693

Befriending schemes: case studies

In the following section, case studies are provided of alternative approaches/models to befriending across the world.

Case study 1: Peer visiting programme, Ireland

Brian Lawlor and colleagues (2014) evaluated a peer visiting programme for community dwelling older adults in Ireland who are lonely. This study acknowledged previous evaluations of befriending schemes (for example, Cattan et al., 2005 and Dickens et al., 2011) which found group-based activities to be more effective in counteracting loneliness than one-to-one befriending schemes. However, there is a lack of evidence relating to home visiting schemes for older people who are lonely, and where the befrienders are their peers (which usually means that both people are of a similar age).

This project included a Randomized Controlled Trial of a volunteer intervention for older people who experience loneliness. Each person receiving this intervention (the 'participant') was matched with a volunteer, who visited them for an hour once a week for ten weeks over a three month period. The volunteer was aged 55 years or over, and the participant was aged 60 years or over. 100 participants took part: 49 participants were matched to a volunteer (the 'intervention' group), whilst 51 were not (the 'control' group).

The initial aim of these visits was to develop a rapport with the participant. However, the volunteer also encouraged the participant to identify a social connection they would like to make and that would be sustainable beyond the time limits of the study.

The authors concluded that for an older people living at home, a brief intervention of home visiting from someone of a similar age was shown to be a feasible method of reducing loneliness. This is the first time such an intervention was shown to be beneficial within a randomised control trial. Different types of loneliness were measured throughout the project. Both the total loneliness and emotional loneliness mean scores were lower in the intervention group after one and three months. The mean score for social loneliness was lower in the intervention group at three months.

The qualitative element of the project showed that both the participants and volunteers much enjoyed the visits and benefitted from the interaction. However, the volunteers suggested that the aim of identifying a sustainable social connection was challenging. For example, while several participants joined local clubs as a result of motivation and encouragement from their volunteer, these were not necessarily sustained once the visits from the volunteer stopped.   The most common social connection established was the friendship with their volunteer.

Lawlor and colleagues concluded that the intervention is low cost and could be incorporated into existing support services or non-government organisations caring for older adults.

The authors note that this project is similar to Butler, S. 2006, "Evaluating the Senior Companion Program: A Mixed Methods Approach", *Journal of Geronotological Social Work*, vol. 47, pp. 45-70

Case study 2: Intergenerational practice, Philadelphia and Northern Ireland

The aim of the Intergenerational Center at Temple University, Philadelphia focuses on creating healthy communities in which individuals of all ages are valued and work together to enhance the quality of life for all. In this way, older adults and youth can act as resources to each other and their communities. Their website advertises a range of paid and volunteer opportunities to work with children, families, and older adults.

The individual projects involve people from all generations. For some of these projects, young people provide care and support to older people. For example, *Project Shine* focuses on helping immigrant elders prepare for citizenship, work, acquire health literacy skills, and engage in meaningful civic roles – see http://projectshine.org/

Time Out is a model intergenerational respite and home support programe in which college students provide quality, low cost services to families caring for the frail elderly. The students are trained to provide caring companionship and supervision while creating a safe and stimulating environment for the frail elderly. See http://templeigc.org/time-out-respite-program

Alternatively, two programmes (*Grandma's Kids* and *Family Friends*) tap into the potential of older adults being an underutilised resource for young people. They can offer time, knowledge and experience to help children and youth develop the skills they need to succeed. Through these programmes, older adults serve in a variety of roles designed to increase early literacy, promote positive youth development, combat childhood obesity, and enhance the maths and science skills of school pupils. See http://templeigc.org/supporting-children-youth

More locally, Linking Generations Northern Ireland (http://www.centreforip.org.uk/northern-ireland) takes an intergenerational approach to addressing social issues, such as social isolation, digital inclusion, community safety and peacebuilding. Thus, they provide structured opportunities to bring different generations together, to improve understanding and increase mutual support.

One relevant example is a partnership between Fermanagh District Council's Community Services Department and Killyfoyle and District Community Association. An intergenerational project was developed as a tool to bring people together for the purpose of tackling social isolation across the generations. A similar project within Belfast linked Good Morning Colin and Saints Youth Club (Linking Generations, nd).

These programmes do not take the form of what is generally seen as a befriending scheme, not least because they are unlikely to involve activities in the older person's own home. Nevertheless, the intergenerational approach provides a useful lens to explore possibilities for follow-on work.

Case study 3: Addressing cultural difference, New Zealand

Chal (2004) undertook a multi-methods review of befriending schemes in New Zealand. This involved an audit of existing services, as well as interviews with service users, befrienders, relatives / friends and service coordinators/managers. Three types of activities were identified:

- Daycentre, which are church or community based, and provide groups of older people activities at a community location.
- Care calling, which involves one-to-one phone contact with a befriender, within the older person's home
- Visiting, which involves one-to-one personal visit from a befriender to the older person's home

Cultural sensitivities were highlighted within this report. Five Mäori service providers took part in the research, and all of these adhered to a *Kaupapa Mäori* worldview, that is, their organisational structure included Mäori cultural practices, and so they operated in a 'natural Mäori' way (p. 92). Therefore, Mäori cultural practices and values shape all interactions between providers and the older person. This was seen as vital, as such cultural familiarity enables service users to warm easily to the services being offered.

The report highlighted that within Mäori society, *Kaumatua* (elder men) and *Kuia* (elder women) have an elevated level of *mana* (status). They are acknowledged as invaluable human resources because of their *whakapapa* (genealogical ties), age, wisdom, knowledge and *te reo Mäori* (language). Service providers also ensured that cultural practices of *Manaaki* (Care), Aroha (Respect and Love), *Mana Tangata* (Individual status) and *Tautoko* (Support) are accorded to all *Kaumatua* and *Kuia*. Some of the services were operated on a pan tribal basis, whilst others focused on a particular tribe.

Chal's report highlights the importance of developing culturally-specific services, and how specific philosophies can shape individual services.

Case study 4: Hubs for Older People's Engagement (HOPE), Belfast

Engage with Age is a community development partnership of organisations which came together in 2000 to work in South, East Belfast and Castlereagh to combat social isolation and loneliness among older people and to promote health and wellbeing – see http://www.engagewithage.org

One of their activities is the HOPE project - Hubs for Older People's Engagement. The aim of work is to reach out, identify and target less active older people aged 55 years or over at risk of social isolation, with a view to enabling them improve their confidence, health and wellbeing by reconnecting them with their community.

An innovative aspect to this project is its partnership with three Housing Associations (Trinity, Clanmil and Fold). Local hubs are created to support the engagement of older people in six local communities. The hubs provide a range of activities in sheltered housing schemes and in other locations, to encourage isolated older people to get involved.

Volunteers provide one-to-one support, with the aim of overcoming a loss of confidence, and providing the encouragement to try new activities. Thus, the benefits of the HOPE project reflect those of many befriending schemes, that is, to reduce isolation, increase confidence, improve social networks and friendship, enhance quality of life, health and well-being. One additional aspect of HOPE's work is building relationships between Housing Association residents, staff and local community by sharing resources and shared activities.

Key characteristics of the HOPE project are that older people are given the potential to get out, and given the choice of what activities they want to do. Importantly, the volunteers provide support, and so this is not seen as a befriending service.

Case study 5: Enhanced befriending, Tower Hamlets

Tower Hamlets Friends and Neighbours (THFN) published a very useful report in 2012 which raises key issues about befriending, how its impact can be measured, how it has changed over time, and the implications for the future of befriending. It highlights the traditional view of befriending being about 'a nice cup of tea and a chat for a little old lady' (p. 19). However, THFN have developed 'enhanced befriending', which go beyond this small local model of befriending.

At the heart of THFN's services are regular home visits. In addition to this, is phone support, especially at times of crisis. Also services include providing information about services and benefits, support on accessing health and social care services, advocacy and enabling self-advocacy, escorted group and one-to-one outings and events, and home-based activities (for example, reflexology, seated exercise and reminiscence).

The THFN report reflected on how services have varied over the years as they have adapted to changing circumstances and needs. For example, in previous years, the organisation had its own minibus for group outings. However, service users are not less mobile, and do not wish or are able to participate in all-day group outings. Instead, one-to-one escorted trips are the norm (for example, to parks, shops, museums or cafes). Indeed, the report suggests that many people are referred to THFN for this facility alone. Activities offered at home are also more common.

Some service users see the services as providing more than companionship, for example, by helping with shopping or filling out forms. These services had often been provided previously by other social care organisations.

THFN involve both paid and volunteer befrienders. They found that volunteer befrienders generally wish to visit only one person at any time, and stay with the organisation for 12-18 months. Thus, the organisation would not have the capacity or longevity to meet users' needs.

Case study 6: Circle

Circle is a membership-based service open to anyone over the age of 50, supporting individuals and communities to lead the lives they want to lead – see http://www.circlecentral.com/. The service supports members across four areas of their lives: social activity, practical tasks, tailored learning and appropriate health and wellbeing services. Members contact their Circle (telephone, email or speak directly) to request support, to book themselves onto a learning or social event, to suggest new ideas or services, to lead or host an event or to be part of their community.

Circles are set up in local communities, and may encompass a rural county such as Suffolk, a city like Nottingham or an inner city area like Southwark in London.

Each Circle is set up as its own Community Interest Company and each Circle is run as a social enterprise. These social enterprises receive investment from local organisations, mainly Local Councils and Housing Associations.

This project is not a traditional befriending programme. Nevertheless, it has similar aims of tackling and preventing social isolation, in this case by connecting members with shared values and interests with each other. It could be said that members self-refer themselves. Importantly, people have to pay to use this scheme, generally £30 per year.

Case study 7: Befriending in residential homes

The Together but Alone report produced by the Relatives & Residents Association (R&RA) in 2010 highlighted how isolated older people in care homes. This report revealed that in excess of 10 000 individuals in care homes in England may be isolated, having virtually no contact with family or friends, while many others have family at all. Leading on from that report came a small pilot project involving volunteer befriending in residential homes. Due to problems in recruiting suitable volunteers, the project involved health and social care students who were already linked with the care homes through their further education college programme.

In her article, Judy Downey outlines the need to define and address a range of issues. This working out the roles and responsibilities of the participating care home staff and the project officer, as well as establishing reliable lines of communication between the project officer and care home staff (who didn't have email or phone extensions).

This pilot project involved the students visiting individual residents for one hour per week, for eight weeks. Residents reported appreciating the opportunity to talk about a range of issues important to them, including loss, bereavement and loneliness. One important issue for this project is that finding out about a resident's life story was an essential part of understanding the resident as a person.

More locally, befriending within residential homes is provided by organisations such as Action for Hearing Loss, who provide one-to-one befriending for older people aged 55 years or over with hearing loss.

Case study 8: Animal-Assisted Therapy, Missouri

Banks et al. (2008) undertook research in three long term residential homes in Missouri. This project built on previous research suggesting that animal-assisted therapy (AAT) or 'pet therapy' was useful in decreasing loneliness. This project involved the use of robotic dogs, which have been used as pets in some countries, and in Japan in particular, where lifestyles make it difficult to keep a living dog.

In this study, the researchers undertook a randomised control trial to compare the ability of a living dog (Dog) and a robotic dog (AIBO) to treat loneliness in elderly patients living in a residential home. These groups received weekly visits lasting 30 minutes for eight weeks. Sessions took place in the resident's room and involved the resident sitting in his/her chair or upright in bed with the dog or AIBO next to them. AIBO was kept stationary in its recharging cradle next to the resident, but not allowed to walk about. This robotic dog had hearing and communication capabilities. A third group (the 'control' group) did not receive any pet therapy.

The results showed that in comparison with the control group who did not receive pet therapy, both the Dog and AIBO groups had statistically significant improvements in their levels of loneliness. There was no statistically significant difference between the effect of the living dog and the robotic dog.

Some of the residents and staff were initially reluctant to engage with the AIBO, although this dissipated in time. The authors highlighted that the robotic dog was not used to its full capacity: it was not allowed to walk about, and voice and face recognition programmes were not utilised. If these capabilities were activated, the effectiveness of the robotic dog may have been enhanced. Thus, the authors conclude that robotic dogs may be an option in those situations where keeping live animals is not feasible.

References

Andrews, G.J., Gavin, N., Begley, S. & Brodie, D. 2003, "Assisting friendships, combating loneliness: users' views on a 'befriending' scheme", *Ageing & Society,* vol. 23, no. 03, pp. 349-362

Banks, M.R., Willoughby, L.M. & Banks, W.A. 2008, "Animal-Assisted Therapy and Loneliness in Nursing Homes: Use of Robotic versus Living Dogs", *Journal of the American Medical Directors Association*, vol. 9, no. 3, pp. 173–177

Burholt, V. 2011, "Loneliness of older men and women in rural areas of the UK" in *Safeguarding the Convoy. A call to action from the Campaign to End Loneliness*, ed. Campaign to End Loneliness, Campaign to End Loneliness, Abingdon, pp. 35-39

Cattan, M., Kime, N. & Bagnall, A. 2009, *Low-level support for socially isolated older people. An evaluation of telephone Befriending*, Help the Aged, London

Cattan, M., White, M., Bond, J. & Learmouth, A. 2005, "Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions", *Ageing & Society,* vol. 25, no. 1, pp. 41-67

Chal, J. 2004, *An evaluation of befriending services in New Zealand. Final report*, Ministry of Health, Wellington, New Zealand https://www.health.govt.nz/system/files/documents/pages/an-evaluation-of-befriending-services.pdf

Collins, E. 2014, *Preventing social isolation and loneliness in older people*, IRISS Insight 25, Institute for Research and Innovation in Social Services (IRISS), Glasgow http://www.iriss.org.uk/sites/default/files/iriss-insights-25.pdf

Davidson, S. & Rossall, P. 2014, *AGEUK Evidence Review on Loneliness*, AgeUK, London http://www.ageuk.org.uk/documents/en-gb/for-professionals/research/age%20uk%20evidence%20review%20on%20loneliness%20july%202014.pdf?dtrk=true

Dean, J. & Goodlad, R. 1998, *The role and impact of befriending*, Joseph Rowntree Foundation, York

Dickens, A., Richards, S., Greaves, C. & Campbell, J. 2011, "Interventions targeting social isolation in older people: a systematic review", *BMC Public Health,* vol. 11, no. 1, pp. 647

Downey, J. 2011 "Befriending in care homes— the results of a pilot study", *Nursing & Residential Care,* August 2011, vol. 13, no. 8, pp. 395-397 http://www.magonlinelibrary.com/doi/full/10.12968/nrec.2011.13.8.395

Gordon, J. & Mason, A. 2005, *Befriending at a distance: A research evaluation of a PILOT distance befriending service for adults with mental health needs*, University of Stirlin, Stirling http://www.mandbf.org/wp-content/uploads/2011/05/FINAL-REPORT-REVISION-feb21.doc

Grenade, L. & Boldy, D. 2008, "Social isolation and loneliness among older people: issues and future challenges in community and residential settings ", *Australian Health Review,* vol. 32, no. 3, pp. 468-478

Hagan, R., Manktelow, R., Taylor, B.J. & Mallett, J. 2014, "Reducing loneliness amongst older people: a systematic search and narrative review", *Aging & Mental Health,* vol. 18, no. 6, pp. 683-693

Lawlor, B., Golden, J., Walsh, C., Conroy, R., Holfeld, E. & Tobin, M. 2014, *Only the Lonely: a randomized controlled trial of a volunteer visiting programme for older people experiencing loneliness*, Age Friendly Ireland, Dublin

Masi, C.M., Chen, H., Hawkley, L.C. & Cacioppo, J.T. 2011, "A Meta-Analysis of Interventions to Reduce Loneliness", *Personality and Social Psychology Review,* vol. 15, no. 3, pp. 219-266

Relatives and Residents Association (R&RA) 2010, *Together But Alone. Isolated Older People in Care*, R&RA, London http://www.vai.org.uk/wp-content/uploads/2010/11/R-RA-TOGETHER-BUT-ALONE-REPORT.pdf

Social Care Institute for Excellence (SCIE) 2012, *Preventing loneliness and social isolation among older people*, Social Care Institute for Excellence (SCIE), London

Tower Hamlets Friends and Neighbours (THFN), 2012, *More than just tea and a chat. Our experience of befriending*, THFN, London http://www.befriending.co.uk/assets/downloads/publications/THFN%20Befriending%20Report.pdf

ARK Ageing Programme

The ARK Ageing Programme is a resource within ARK to support engagement between the age and academic sectors. We do this by encouraging and facilitating the production of research that will support lobbying and advocacy, and the sophisticated use of information and evidence by the age sector. In addition, we aim to embed ageing research within Queen's University Belfast and Ulster University.

This programme of work will transfer existing knowledge between the academic, policy and voluntary and community sectors, as well as identify and fill key research and information gaps. These activities will be wide ranging, such as:
- recording public attitudes to ageing issues,
- undertaking secondary analysis of key datasets,
- holding research seminars and policy round tables on key issues identified by the age sector,
- running research workshops for the voluntary and community sectors,

Funded by The Atlantic Philanthropies, as well as Queen's University Belfast and Ulster University, this programme of work will run from October 2013 to December 2016.

For more information, visit www.ark.ac.uk/ageing or find us on Facebook

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