[SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes](https://www.scie.org.uk/publications/briefings/files/briefing39.pdf)

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This is one in a series of research briefings about preventive care and support for adults.

Prevention is broadly defined to include a wide range of services that:

* promote independence
* prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability
* delay the need for more costly and intensive services.

Preventive services represent a continuum of support ranging from the most intensive, 'tertiary services’ such as intermediate care or reablement, down to 'secondary’ or early intervention, and finally, 'primary prevention’ aimed at promoting wellbeing. Primary prevention is generally designed for people with few social care needs or symptoms of illness. The focus therefore is on maintaining independence and good health and promoting wellbeing. The range of these 'wellbeing’ interventions includes activities to reduce social isolation, practical help with tasks like shopping or gardening, universal healthy living advice, intergenerational activities and transport, and other ways of helping people get out and about.

Just as the range of wellbeing services is extensive, so too is the available literature examining how well they work. For this research briefing, the focus has been narrowed to the effectiveness and cost-effectiveness of services aimed at preventing social isolation and loneliness. Our review question was: 'To what extent does investment in services that prevent social isolation improve people’s wellbeing and reduce the need for ongoing care and support?’

While 'social isolation’ and 'loneliness’ are often used interchangeably, one paper examined the distinct meanings that people attach to each concept. 'Loneliness’ was reported as being a subjective, negative feeling associated with loss (e.g. loss of a partner or children relocating), while 'social isolation’ was described as imposed isolation from normal social networks caused by loss of mobility or deteriorating health. This briefing focuses on services aimed at reducing the effects of both loneliness and social isolation. Although the terms might have slightly different meanings, the experience of both is generally negative and the resulting impacts are undesirable at the individual, community and societal levels.

Key messages

* Older people are particularly vulnerable to social isolation or loneliness owing to loss of friends and family, mobility or income.
* Social isolation and loneliness impact upon individuals’ quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services.
* The interventions to tackle social isolation or loneliness include: befriending, mentoring, Community Navigators, social group schemes.
* People who use befriending or Community Navigator services reported that they were less lonely and socially isolated following the intervention.
* The outcomes from mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.
* Where longitudinal studies recorded survival rates, older people who were part of a social group intervention had a greater chance of survival than those who had not received such a service.
* Users report high satisfaction with services, benefiting from such interventions by increasing their social interaction and community involvement, taking up or going back to hobbies and participating in wider community activities.
* Users argued for flexibility and adaptation of services. One-to-one services could be more flexible, while enjoyment of group activities would be greater if these could be tailored to users’ preferences.
* When planning services to reduce social isolation or loneliness, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained.
* We need to invest in proven projects. Community Navigator interventions have been shown to be effective in identifying those individuals who are socially isolated. Befriending services can be effective in reducing depression and cost-effective.
* Research needs to be carried out on interventions that include different genders, populations and localities.
* There is an urgent need for more longitudinal, randomised controlled trials that incorporate standardised quality-of-life and cost measures.