# The Silver Line: Tackling Loneliness in Older People

## Evaluation Research Report

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with

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# Acknowledgements

# The research team

**Professor Stephen Moore** is Professor of Healthcare Policy in the Faculty of Medical Science. Stephen led the evaluation team and has an established publication record of books and journal articles in England and Italy over the last 20 years. He has led a wide range of applied research projects, and evaluations. He is currently coordinating a European Commissioned cross-European evaluation of the impact of new technology on the lives of older people with mild cognitive impairment/dementia.

**Dr Claire Preston** is a Research Fellow in the Faculty of Medical Science. Beyond the evaluation of The Silver Line, Claire's work with Professor Moore includes a recently completed evaluation of a dementia buddies scheme in Essex and research on an EC cross-European evaluation of the impact of new technology on older people with mild cognitive impairment/dementia. Claire finished her PhD on online participation by older and disabled people in social policymaking in 2013. Her research interest focuses on the interface between technology and the lives of older people.

**Dr Sanna Markkanen** contributed to the evaluation as a Research Fellow in the Faculty of Medical Science, from January to August 2015. Sanna has over seven years of project-based research experience in the UK and Australia. She has extensive experience of impact evaluation and outcomes measurement.

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# Executive summary

## The Silver Line

Dame Esther Rantzen founded The Silver Line, conceiving of it as an umbrella service, linking older people, via one memorable number, to the many other existing services for older people in Britain.

The Silver Line consists of:

- **The Silver Line Helpline:** a 24-hour, seven-days-a-week Helpline that is free to callers. Helpline staff take a deliberately friendly approach, offering callers information, advice, referrals to other organisations and, importantly, the chance for an informal chat.
- **Silver Line Friends**: explicitly offers callers the chance to be matched to a volunteer Friend who calls them every week at an agreed time.
- **The Wellbeing Service**: callers who have asked for a Friend but are waiting for an appropriate volunteer can receive regular, friendly calls from staff in the interim.

The Silver Line also offers the Silver Letters service, Caller Care and Silver Circles which involve smaller numbers of callers and do not form part of this evaluation.

## The context: the health and social care of an ageing population

Loneliness has been demonstrated to be higher among older people than among the population in general. One of the key factors predisposing people to loneliness, which is also more common among older people, is living alone and approximately half of all people in the UK aged 75 or more live on their own.

For many older people, living alone is the result of widowhood and the practical challenges of living alone are exacerbated by grief, bereavement and the sudden loss of an intimate relationship.  The prevalence of widowhood increases with age, and in the oldest age group (85 and over), nearly half of men and four out of five women are widowed.

In recent years, research has established causal links between social isolation, loneliness and physical and mental health. Challenging loneliness and social isolation may lead to less demand on health and social services.

## Understanding loneliness and social isolation

The terms loneliness and social isolation are often used interchangeably, however they refer to very different situations. Social isolation is a lack of social contact caused by an absence of relationships with family or friends and disengagement from the wider community. Loneliness, on the other hand, is a *feeling* of isolation, arising from dissatisfaction with the quantity or quality of one's existing relationships.

It is important to realise that loneliness is a complex and multi-faceted phenomenon. When people say that they 'feel lonely', it can mean quite different things to them, varying in frequency, intensity and duration. For some, it occurs for a brief period while they recreate a social network; for others, it may last many years. Furthermore, the causes of loneliness can vary, as can the context in which it

is experienced. The variety in the experience of loneliness and the complexity of its causes makes tackling it difficult: one solution may work far better than another, depending on the nature of the loneliness in question.

## The evaluation

In order to maximise the rigour of the evaluation within the time and resources available, the evaluation focused on the following sets of questions:

   a) Who is the Silver Line reaching?
   b) Why do people use The Silver Line and does it suit their needs?
   c) Is there a measurable change in loneliness associated with sustained use of the Silver Line?
   d) The Silver Line volunteers: demographic profile, motivations and feelings about their role?
   e) The Silver Line staff: demographic and career profile and feelings about their work?

The Silver Line evaluation by researchers at Anglia Ruskin University is the most extensive academic study undertaken in Britain on the use of phone lines to combat loneliness. This evaluation does not, however, directly compare The Silver Line with other organisations offering similar services.

It uses a mixed-methods research approach, combining large-scale surveys with in-depth interviews and focus groups. The combination of qualitative and quantitative approaches provides more comprehensive evidence than using either approach alone.  The data from the large-scale telephone survey was subjected to rigorous statistical analysis and the results are statistically significant.

## Who is the Silver Line reaching?

A higher number of women than men use The Silver Line. Around seven in ten callers to The Silver Line are women, disproportionately high in terms of the gender balance of the population over 65. The largest single age group among Wellbeing and Friends callers is 80-89 year olds and, compared to the general population, the proportion of 70-79 year olds calling The Silver Line is notably large.

People who contact The Silver Line are more than twice as likely to live alone as those of similar age and gender in the general population. Nine out of ten Wellbeing and Friends callers report living alone, compared to less than half of people of the same age and gender in the wider population, 90 percent of Helpline callers in our survey live alone. Most Silver Line callers have little contact or no contact with friends and family each week. Among the Helpline callers we surveyed, one fifth had no contact with friends or family in the week preceding the survey.

People who use the Wellbeing and Friends services are markedly lonelier than their contemporaries. On a scale of 3 to 9, respondents to the Wellbeing and Friends survey scored 7.26 on average, compared to a score of 4.34 among the wider population of the same age and gender. They are also about six times more likely to report feeling lonely 'often' than among the wider population of the same age and gender.

Silver Line callers tend to be affected by a complex of mutually reinforcing problems: loneliness, socially isolation, disability, poor physical and mental health and low enjoyment of life. Not

surprisingly, the people using the Wellbeing and Friends service are more likely to have low enjoyment of life than the comparable population.

The research concludes that The Silver Line is successful in accessing the loneliest and most socially isolated people. The fact that The Silver Line is reaching people who face these problems puts it in a position to help people address them. Also, since the problems are inter-linked, impact on any one has the potential to have knock-on effects on the others.

## Why do people use the Silver Line services and does it suit their needs?

The reasons people gave for using The Silver Line include being housebound, or having a disability; losing friends and family due to death; the closing of services which provided an opportunity for companionship and a sense of dislocation from the local community as it has changed over time.

Callers want a very wide variety of interactions with staff and volunteers, ranging from 'everyday' companionship, where the caller simply wants little more than a chat or even to flirt, through to support for mild to severe mental health problems.

The Silver Line staff are adept at recognising the diverse circumstances and needs of callers and responding in an appropriate manner. Where the situation is particularly challenging and complex and/or callers' needs go beyond loneliness, or consist of particularly entrenched loneliness, The Silver Line is best suited as a supplement or guide to other services rather than being a substitute for them.

## Changes in loneliness associated with sustained use of the Silver Line Wellbeing and Friends services

The evaluation measured the change in loneliness of Wellbeing and Friends callers over time, comparing the loneliness scores of 244 people who use the Wellbeing and Friends services on two occasions six months apart.

The statistical analysis shows that *overall*, the severity of loneliness fell from Wave 1 to Wave 2 and that, after six months, more people were in the category of the least lonely and fewer in the highest category of the most lonely. Specifically the proportion of callers recording the lowest score (the least lonely) rose threefold, while the proportion of those recording the highest score (the most lonely) fell by four percentage points

However, to complicate matters, although overall callers' scores fell, some individuals actually experienced a rise in loneliness, some stayed the same and some felt less lonely.  Indeed, rather than there being a simple reduction in callers' loneliness, the research showed a *flow of people* between high, medium and low levels of loneliness. This may be, in part, because The Silver Line's suitability to answering loneliness varies according to the nature and context of that loneliness.

Wellbeing and Friends callers were compared to a 'control group' of people in the general population. The researchers found a very small, but statistically significant fall in Wellbeing and Friends callers' loneliness compared to this group.

The researchers stress that measuring loneliness is a complex activity which, despite employing the most widely used international measure, is still open to interpretation.

## The Silver Line volunteers

The people who volunteer as Silver Line Friends are likely to be women, to be of above average education and aged between 50 and 74 years old. Over 75 percent have volunteered before in some capacity. Silver Line volunteers are not a representative cross-section of society. This can present a challenge, as many callers would like a person with similar life experiences to themselves.

The volunteers are extremely positive about their volunteering and have a clear idea of what is required of them by The Silver Line in providing a friend to callers. This attitude can bridge the gap between the backgrounds of the volunteers and callers.

The Silver Line addresses the issue of differences in the profiles of volunteers and callers very seriously and engages in a careful matching process to ensure compatibility but this is time consuming and, in the meantime, paid staff make weekly calls to those waiting to be matched.

## The Silver Line staff

The employment experience of the staff is highly relevant to the emotional and caring demands of the work, with around one third of staff having previously worked in the care sector and one fifth having worked in nursing or other clinical employment. In addition, 80 percent of staff also say they have other previous relevant experience which they bring to their work at The Silver Line.

Staff are highly committed to their work with almost all employees reporting being satisfied or highly satisfied with their work. Staff commonly spoke of their pride in their work in interviews and discussions. Staff are almost unanimous in seeing their task as being friendly to callers and helping them feel less lonely.

Although staff gain considerable satisfaction from their work, they can also find it challenging, with two thirds of staff agreeing that some calls upset them, particularly because they recognise the limits of what they can achieve over the phone.

This links with the fact that staff sometimes feel frustrated in the limitations of what they can achieve when dealing with more challenging calls, often when there appears to be an element of mental health issues involved.

Finally, staff feel that the lack of adequate provision of services for older people contributes to callers needs and limits what The Silver Line can do to meet them. Specifically, it hinders the ability of Helpline staff to provide callers with useful referrals to other services.

The researchers conclude that staff working for The Silver Line are outstanding in their commitment to the service and provide a caring and sympathetic service, which is appreciated by callers.

# Recommendations

As a result of this evaluation, the researchers recommend that the Silver Line considers:

- **Categorising callers and providing a differentiated service**
  The Silver Line takes an inclusive, responsive and flexible approach to combating loneliness among callers whose needs differ in intensity and nature. We recommend categorising callers, in terms of their needs, giving callers with more entrenched loneliness the option of receiving an increased frequency of phone calls.

- **Defining the parameters of what The Silver Line services can achieve**
  The Silver Line's inclusive approach attracts a number of callers with complex and interlinked needs. In view of this, The Silver Line should take particular care to ensure staff and callers are aware of the parameters of the service that it is able to offer.

- **Striking the balance between time and quality in matching callers to Friends**
  It is evident that the Silver Line takes time and care in matching callers to volunteer Friends. Further streamlining of the matching process will minimise the negative impacts of taking time, while retaining quality.

- **Widening volunteer recruitment**
  The Silver Line succeeds in attracting large numbers of volunteers but we recommend launching an initiative to recruit male volunteers and those with backgrounds and life experience that match callers more closely.

- **Attracting greater numbers of male callers**
  As with many services, men are under-represented among callers to the Silver Line. We recommend focusing on strategies which target men in particular, when recruiting Helpline callers to the Silver Line Friends service. This may require a nuanced approach that takes full account of any reluctance to admit to lacking close companionship.

- **Retaining high levels of staff and volunteer satisfaction as the service expands**
  The way in which The Silver Line senior staff and trustees have demonstrated the value they place on the work of the staff and volunteers is commendable and should be maintained as The Silver Line grows.

- **Enacting further independent evaluation**
  A longer-term study should be undertaken to track regular users of The Silver Line, comparing different intensities of intervention and gathering data on the impact on health and wellbeing.

# 1 Introduction

The Silver Line is a national confidential phone service for older people, offering them information advice and friendship to combat loneliness. Since its national launch in November 2013, it has received 585,000 calls, now amounting to around 1,200 calls a day[1]. This level of take-up suggests The Silver Line is tapping into a reservoir of need among older people for the support it is offering. To understand more about that need, the people who feel it, and the degree to which The Silver Line is able to address it, researchers from Anglia Ruskin University's Faculty of Medical Science carried out an independent evaluation of the service between May 2014 and October 2015. This report details the process of the evaluation and its findings.

The evaluation was timed to respond to the launch of The Silver Line as a nationwide service in November 2013. This followed a pilot of The Silver Line, which ran in parts of the UK for a year from November 2012. During this period, the Centre for Social Justice conducted a three-month qualitative evaluation of the pilot service[2]. This larger-scale evaluation of the nationwide service builds on the pilot evaluation. Its bigger scope reflects the expansion and development of The Silver Line service since the pilot stage. The research design not only includes qualitative elements, such as interviews and focus groups, but supplements these with quantitative methods, comprising several large-scale surveys of callers, volunteers and staff. It is the first evaluation of a phone service for older people in the UK of this sort which has succeeded in gathering data from a sufficiently large number of callers to enable detailed quantitative analysis.

## 1.1 The Silver Line service

The Silver Line centres around a 24-hour, seven-days-a-week Helpline that is free to callers. Helpline staff take a deliberately friendly approach, offering callers information, advice, referrals to other organisations and, importantly, the chance for an informal chat. A key aspect is the Silver Line Friends service, which gives callers the option of being matched with a volunteer friend, who phones at a mutually convenient time every week.

Dame Esther Rantzen founded The Silver Line, conceiving of it as an umbrella service, linking older people, via one memorable number, to the many other existing services for older people in Britain. The idea drew partly on her experience as founder of the children's helpline ChildLine in 1986. It also grew out of Esther Rantzen's personal experience of being bereaved and living alone, which sharpened her awareness of the loneliness and isolation blighting the lives of many older people. When she wrote about this in 2011, she was struck by the huge response from people who shared her experience. This led to the development of plans for The Silver Line, culminating in early 2012 in an initial grant of £50,000 seed money from the Department of Health. Sophie Andrews, formerly chair of the Samaritans, was appointed CEO in September 2012. In November 2012, she led the launch of a Silver Line pilot, funded by Comic Relief and covering the North West, the North East, Jersey and the Isle of Man. An evaluation of the pilot[3] informed The Silver Line's subsequent development and helped secure a £5m grant from the Big Lottery Fund. This facilitated the

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[1] These were the latest figures from The Silver Line at the time of writing (September 2015)
[2] The Centre for Social Justice, 2013
[3] ibid

expansion of The Silver Line into a nationwide service in November 2013. The Silver Line continued to grow and refine its service, receiving a second £5m grant from the Big Lottery Fund in 2015.

The Silver Line has three key functions[4]:

- A signposting service to link older people into the many and varied services that exist around the country
- A friendship service to combat loneliness
- A means of empowering those who may be suffering abuse and neglect and, if appropriate, transferring them to specialist services

These functions are delivered via the following services:

- The Helpline
- Silver Line Friends
- KIT calls
- Caller Care
- Silver Circles
- Silver Letters and Silver Line Post
- Silver Forums

## The Helpline

Callers who dial The Silver Line number get through to the Helpline, where staff, who have had specialist training and background checks, answer their call. These staff are employed by two separate partner organisations: Fylde Coast Medical Services (FCMS); and Age Scotland. Age Scotland provides the Helpline service for calls originating in Scotland between 8am and 8pm, Monday to Friday. At periods outside these times, FCMS answers calls from Scotland and, in addition, delivers the service 24 hours a day and seven days a week across the rest of Britain.

Helpline staff provide callers with advice, information and support, referring them to other services, where appropriate. Staff are encouraged to take a chatty and informal approach. This contrasts with the more formulaic approach which can come with the use of standard scripts or prescribed routes through decision making. Where appropriate, the Helpline staff also tell callers about other services which The Silver Line offers, such as Silver Line Friends. If a caller does decide to access one of the other services, this does not exclude them from also continuing to call the Helpline and many people do indeed access more than one Silver Line service. A number of people also call the Helpline regularly and individuals who access the service particularly frequently may be given "call plans" to help keep overall demand within manageable limits.

The Helpline is a confidential service, so demographic and personal details of Helpline callers are not automatically and systematically recorded in all cases. This enables callers who prefer to remain anonymous or to protect their privacy to do so. As a result, use of the Helpline is expressed in terms of the total number of calls received rather than the number of callers (as above on page 16).

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[4] The Charity Commission, Available at:
http://apps.charitycommission.gov.uk/showcharity/registerofcharities/RegisterHomePage.aspx (Accessed 23/09/15)

## Silver Line Friends

Silver Line Friends service is a key part of The Silver Line, explicitly offering callers the chance to be matched to a volunteer Friend who calls them every week at an agreed time. The Silver Line Friends service is offered to callers who are identified as lonely or isolated and suited to a phone-based service (people who are hard of hearing, for example, may be offered access to Silver Letters as an alternative). Individuals can also be referred direct to Silver Line Friends from outside agencies or by friends or family. Callers who have asked for a Friend but are waiting for a match can receive Keeping in Touch calls in the interim (see below). Once a match is made, in order to protect both parties, Friends are not permitted to give each other their full names, exchange addresses or arrange to meet in person. If they do wish to send each other letters or cards, they can do this via the Silver Post (see below). Volunteer managers support callers and volunteers, checking that the pairing is working for both parties. Volunteers are also paired with other volunteers so they can provide additional support to each other. At the time of writing, there were nine volunteer managers, and nearly 2,400 matches had been made between volunteers and callers (including those which were ultimately unsuccessful). Compared to some other parts of the service, Silver Line Friends has the benefit of relatively low running costs, once callers have been matched to a volunteer.

## Wellbeing, Keeping in Touch (KIT) and Caller Care

The Wellbeing team assesses the needs of callers who have requested a Friend or access to another part of the service, such as Silver Letters or Circles. This assessment process helps ensure a suitable match is made, in the case of Silver Line Friends and, more generally, helps The Silver Line offer people appropriate support. The team also provides specialist support for people with complex or emotionally challenging needs, this is termed Caller Care.

While callers[5] are waiting to be assessed and matched to a Friend or other service, they are offered the option of receiving periodic calls from The Silver Line staff. Regular calls of this type are termed Keeping in Touch calls and are made by wellbeing staff at The Silver Line head office, as well as specially trained staff at FCMS and Age Scotland.

## Silver Circles

Silver Circles consist of regular telephone conference calls among groups of around six people. Groups are formed around a common interest, such as gardening, sports or history. There are currently 9 Silver Circles.

## Silver Letters and Silver Post

Silver Letters offers an alternative pen-pal type friendship service, using the post; at the time of writing 35 people were matched for Letter friendship. Letters are sent via The Silver Line for safeguarding reasons. Silver Post is an add-on service to Silver Friends which enables Friends to exchange cards or letters via The Silver Line.

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[5] This report refers to people who use The Silver Line services in general as 'callers'. However, a key difference between callers using the Helpline and those in Wellbeing and Friends is that in the former case, they make calls *to* The Silver Line, whereas in the latter, they receive calls *from* The Silver Line. People can be in both categories simultaneously, however. For this reason we use 'callers' as a generic terms and specify which service we are referring to where necessary.

### Silver Forums

The Silver Line offers access to participation in online forums through the social networking site Gransnet. People who want to join the forums can follow a link on The Silver Line website, which takes them to branded Silver Line pages within Gransnet. The Silver Line does not currently gather data on how many of their callers access this online service.

## 1.2 Context

The Silver Line operates at the juncture of three inter-connected trends in the UK: an ageing population, rising costs of health and social care, and an increasing reliance on volunteers to fill the gaps left by cuts in government spending on health and social care.

### The ageing population

In recent decades, two significant demographic trends have altered the make-up of the UK's population. These include the ageing of the population as a whole, and ageing within the older population itself.

Older people are now the fastest growing age group in Britain, already outnumbering young people under the age of 16. Over the 25 years from 1985 to 2010, the median age of the UK population increased from 35.4 years to 39.7 years. During the same time period, the number of older people aged 65 and over increased by 1.7 million to 17 percent of the total population. The fastest population increases have been among those aged 85 and over, whose share of the total population grew from 1 per cent (690,000) in 1985 to 2 per cent (1.4 million) in 2010[6].

These trends are expected to continue over the coming decades as the 'baby boomers' grow older and people continue to live longer. By 2035, people aged 65 and over are projected to account for 23 per cent of the total population, with 3.5 million people aged 85 and over[7].

### The impacts of an ageing population on health and social care

Population ageing has major social and economic consequences. Although many older people are able to support themselves financially and continue to make important contributions to younger generations, the burden of non-communicable disease and disability increases with age, exerting fiscal pressures on the national health service (NHS) and support systems for older people[8].

As the population ages, the number of older people with chronic conditions and (often multiple) disabilities is likely to increase[9]. As a result, there are many more frail older people who require either health or social care or, very often, both[10]. Overstretched services are expected to struggle to provide the required extra care, with two-thirds of all health resources already devoted to older

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[6] ONS, 2012a
[7] ibid
[8] Banks et al, 2014; Newall et al, 2015
[9] Blood, 2013
[10] The King's Fund, 2014

people and social care services facing a funding crisis[11]. This presents challenges to the public sector in terms of service provision and highlights the need for new approaches to the delivery of care.

Increased demand for health and social care is, in many instances, an unavoidable consequence of the natural ageing process. In recent years, however, research has established causal links between social isolation, loneliness and physical and mental health and wellbeing (see chapter 3 for a fuller review of this research). These developments have improved understanding of the economic and social cost of poor social support networks and socialising opportunities in older age. This, in turn, has led to increased recognition of the role that low-cost preventive efforts focused on social factors can play in reducing the uptake and costs of health care services[12].

**The role of volunteering**

In this context, volunteering is seen as an important contributor to the health and social care of older people, particularly if volunteers are themselves older people, so that their participation has the potential not only to benefit them personally but also their peers.

What those benefits might consist of is a debated point. There has been a proliferation of research into the possible health and wellbeing effects of volunteering, particularly among older volunteers[13]. However, a recent systematic review and meta-analysis of such research cautions that while observational evidence suggests volunteering may benefit mental health and survival, the causal mechanisms remain unclear[14].

The route by which volunteering might address social isolation, in particular, is more obvious and, indeed, a recent study shows that voluntary work is a predictor of social connectedness in older people[15]. So, when older people volunteer in interventions designed to address social isolation and loneliness among their own age group, both parties in the exchange stand to benefit.

The Silver Line Friends service, which entails matching callers seeking friendship with volunteers, many of whom are older people themselves, is one example of an intervention which has the capacity to tap into this kind of virtuous circle of benefits.

## 1.3 Loneliness and social isolation

Targeting loneliness and the associated issue of social isolation are key to The Silver Line's services. Not only is social isolation closely related to loneliness but it is recognised, too, as a risk factor for abuse[16], which The Silver Line also seeks to identify and address. Loneliness and social isolation are distinct but related concepts. Loneliness is subjective, consisting of a negative feeling arising out of a perceived lack in the quantity or quality of relationships. The negative nature of this response to feeling alone contrasts with the more positive associations of solitude, where being alone may be savoured. Isolation, on the other hand, is objective and defined by the absence of contacts with individuals or communities. It is evidenced, for example, in poor social networks, living alone and

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[11] McNeil and Hunter, 2014

[12] Banks et al 2014; Cattan et al, 2011; Dickens et al, 2011; Newall et al, 2015

[13] for example von Bonsdorff and Ratanen, 2010; Connolly and O'Shea, 2015; Greenfiled and Marks, 2004: Nazroo and Matthews, 2012

[14] Jenkinson et al, 2013

[15] Toepoel, 2012

[16] See for example Lachs and Pillemer, 2004

inadequate transport links. A more detailed description of these two concepts and their relationship to other factors such as age, gender and health is contained in Chapter 3.

## 1.4 Evaluation design and research questions

The evaluation was conducted by a highly experienced research team from Anglia Ruskin University, supported by a statistician. The study took a mixed-methods approach combining several large scale surveys with in-depth qualitative interviews and focus groups (see page 23 for full details of the research methods).

In order to maximise the rigour of the evaluation within the time and resources available, it focused on the following sets of questions:

1. The people who use The Silver Line
    f) What are the characteristics of people who use The Silver Line services, in respect of age, gender and health?
    g) Is The Silver Line reaching lonely and isolated people and those with low enjoyment of life?

2. The reasons people use Silver Line services
    a) Why do people use the Helpline and Wellbeing and Friends services and what do they use them for?
    b) How suitable are The Silver Line services for meeting these needs?

3. Measurable change in loneliness among people using The Silver Line Wellbeing and Friends services
    a) Do levels of loneliness change, over a six-month period, among people who use the Wellbeing and Friends Services?
    b) How does this variation in loneliness compare to the change in loneliness over time in the general population of older people?

4. The Silver Line volunteers
    a) What are the demographic characteristics and motivations of Silver line volunteers?
    b) How do volunteers perceive and feel about their work?
    c) Do volunteers and the people they befriend differ in ways that matter to their relationship?

5. The Silver Line staff
    a) What is the demographic and career profile of Silver Line Helpline staff?
    b) How do Helpline and Head Office staff perceive and feel about their work?

## 1.5 Structure of the report

This chapter has introduced the evaluation and its wider context. Chapter 2 covers the methods we used in the evaluation in more detail. Further detail still of the methods and their execution is given in the Appendices. Chapter 3 contains a review of the concept of loneliness and its association with social isolation. It covers the causes and measurement of loneliness, its relationship to age, gender

and health, and the interventions which are taken to address it. These first three chapters, therefore, cover the backdrop to the evaluation and the questions it focuses on. The final six chapters turn to the findings of the evaluation. Chapter 4 describes what our research reveals about the kind of people who call The Silver Line - their age, gender, levels of loneliness, health and enjoyment of life. It compares the resultant picture of Silver Line callers to the general population of older people, pointing out the ways in which Silver Line callers resemble and differ from their contemporaries. Chapter 5 looks at why people call The Silver Line, covering both the background circumstances which lead them to call and identifying the emotional and psychological needs behind their calls. It then assesses how well suited The Silver Line is to addressing those needs. Chapter 6 details the result of our measurement of the change in loneliness among people who use the Wellbeing and Friends services for a period of six months, comparing this to the change in loneliness over time of the general population of older people. The Silver Line's services are only made possible by the staff and volunteers who make up their workforce. Chapters 7 and 8 therefore cover these two groups of people, reporting on the results of the surveys and interviews we carried out to gather their views on the callers, and their experience of working for The Silver Line. Chapter 9 draws together the findings detailed in the five preceding chapters, forming some overall conclusions and recommendations.

# 2 The evaluation design

The evaluation took a mixed-methods approach. This allows the insights made possible by in-depth conversation in interviews and focus groups to complement the scientific rigour afforded by large-scale surveys. Combining qualitative and quantitative approaches thereby provides more comprehensive evidence than using either approach alone[17]. The evaluation comprised the following research methods:

- Literature review and documentary research
- In-depth semi-structured interviews with key informants (6 participants)
- Surveys
  - Scoping study
  - Two-wave Wellbeing and Friends Survey (Wave 1, n=400; Wave 2, n=251)
  - Isolation Survey (n=534)
  - Volunteers Survey (n=450)
  - Helpline staff Survey (n=66)

- One focus group with Silver Line head office staff (6 participants) and three focus groups with FCMS Helpline advisers (7 participants in total)
- In-depth semi-structured Interviews with people who use The Silver Line services (n=42)

Full ethical approval was granted by Anglia Ruskin University's ethics committee prior to the start of the research. In line with this, all members of the research team were subject to background checks.

## 2.1 Literature review

We undertook a detailed review of relevant academic studies, covering loneliness, isolation, the health impacts of both of these phenomena and also other evaluations of comparable phone-based helplines. This literature review was updated throughout the evaluation to incorporate knowledge from the latest research.

## 2.2 Interviews with key informants

The evaluation began with an interview with Esther Rantzen and two interviews with key members of The Silver Line management team.  We also later conducted an interview with two senior managers from FCMS. These interviews enabled us to gain an understanding of Silver Line's values, mission and processes.  The interviews also informed later aspects of the data gathering, including the surveys and focus groups.

## 2.3 Surveys

### The scoping study

In June-July 2014, we arranged for Helpline staff to carry out an initial scoping study on our behalf. It was designed to give an overview of how callers are using the service, what they value about it and, in the case of dissatisfied callers, why the service has failed to meet their requirements.  This was to

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[17] Creswell and Plano-Clark, 2010

help us understand what people are actually using the service for - information which was important for subsequent aspects of the study design. During the five-week period of the study, Helpline staff asked the scoping questions in the course of 3,167 phone calls to the Helpline.

## Wellbeing and friends survey

The Wellbeing and Friends Survey comprised two waves: Wave 1 of the Wellbeing and Friends Survey ran from 10 November to 12 December, 2014 and generated 400 full responses. Wave 2 ran from 11-26 May, 2015 and generated 251 full responses.

The purpose of the Wellbeing and Friends Survey was to

- Identify some key characteristics of people using the Wellbeing and Friends services and compare them with older people in general. These characteristics comprise: age, gender, levels of loneliness, social isolation, enjoyment of life and self-assessed health
- Measure any change in loneliness, among individuals using the Wellbeing and Friends services, between two points in time, six-months apart. These two points were Wave 1 and Wave 2 of the Wellbeing and Friends Survey.
- Compare the change in loneliness between Waves 1 and 2 of the Wellbeing and Friends Survey to change in loneliness over time among older people in general.

We used the exact same measures to assess loneliness, enjoyment of life and health as are used in the English Longitudinal Study of Ageing (ELSA). This enabled comparison of the characteristics of Silver Line callers with the general population of older people.  ESLA is a national survey of older people which has been carried out every other year since 2002. Data from over 10,000 individuals are included in each of the latest waves.

The Wellbeing and Friends Survey assessed loneliness by the three questions which form the UCLA-3 Loneliness index and one question directly on loneliness. The UCLA-3 instrument is well-documented and widely used[18]. The single item question enabled further comparison with ELSA. The enjoyment of life question used four validated items from the 'pleasure' sub-set of the Quality of Life in the Third Age (CASP-19) questionnaire[19]. The health questions consisted of two frequently-used measures of self-reported health.

Having designed the survey, we trained a team of Silver Line staff to administer it via telephone, using the online survey tool, Survey Monkey. As the survey was administered, we carried out spot checks to ensure it was being conducted in way we required.

## Isolation survey

The Isolation Survey collected information on living alone and levels of social contact among Helpline callers to determine Silver Line callers' social isolation and risk of loneliness. We designed the survey and it was then administered over the phone by staff at FCMS and Age Scotland, who we had trained. The survey was carried out over a period of one week in mid-February 2015. There were 534 responses.

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[18] For more detail on the UCLA-3, see: chapter 6 of this report, the appendices; and Hughes et al, 2004
[19] For more detail on CASP-19, see Hyde et al, 2003

**Volunteers survey**

The Volunteers Survey was carried out over a four-week period in February-March, 2014, using Survey Monkey. Invitations to participate were sent by email to all active volunteers who had registered with The Silver Line and successfully completed the required background checks. We received a total of 450 usable responses from the 771 individuals invited to participate (58 percent response rate).

The survey included a set of questions covering the following areas:

- the volunteers' demographic profile
- the reasons they give for volunteering
- perceptions of their role
- how they feel about their role
- previous volunteering experience.

**The Helpline staff survey**

The Helpline Staff Survey was carried out during October-November, 2014, using online survey software Survey Monkey. All paid staff who work with The Silver Line Service at FCMS and Age Scotland were sent an e-mail invitation with a link to the survey, inviting them to participate. We received a total of 66 responses, 54 of which were complete (44 percent response rate). 12 of the full responses came from Age Scotland staff (100 percent response rate) and 42 from FCMS staff (38 percent response rate).

The survey included a set of questions covering the following areas:

- the staff's demographic and professional background
- staff perceptions of their role
- staff perceptions of the degree of control and influence they have over different aspects of their work
- job satisfaction
- stress at work.

## 2.4 Qualitative interviews

In April and May 2015, we conducted 42 in-depth semi-structured interviews with individuals who use The Silver Line services. The interviewees fell into three groups: frequent callers to the Helpline; people waiting to be matched to a Friend and in receipt of KIT calls; and people who had a Friend. Some people were using more than one service at the time.

During the interviews, we asked participants questions covering the following areas:

- Their impressions about the aspects of the service they were using (Helpline/KIT/Friends)
- How they felt about the service being over the phone, rather than face to face
- Why they were interested in having a friend (applies to people in KIT) or not interested (applies to some frequent callers to the Helpline)

- A few background questions to ascertain their health, their level of loneliness and/or social isolation, whether they were living alone and in what kind of setting
- What other services they were in contact with.

## 2.5 Focus groups

We conducted one focus group with Silver Line staff at the London head office and three smaller focus groups with Helpline advisers at the FCMS offices. The focus group with The Silver Line staff at the London head office involved six participants from the Wellbeing/KIT/Caller Care and Friends services. The focus groups with Helpline advisers each involved two to three participants who answer Helpline calls and/or make KIT calls.

The purpose of the focus groups was twofold. Firstly, to ask people who have first-hand experience of handling calls about their views on the type of person who calls The Silver Line and the reasons for their calls - why they call The Silver Line and what they seem to want from the calls. Secondly, to ask people who work with and directly for The Silver Line about how their experience of doing so - the rewards and challenges of the job, the kind of person who it suits.

# 3  Loneliness and social isolation

## 3.1 Defining loneliness and social isolation

The two terms most frequently employed in discussion about the lack of social engagement are loneliness and social isolation. Social isolation is a lack of social contact caused by an absence of relationships with family or friends and disengagement from the wider community[20]. Loneliness, on the other hand, is a *feeling* of isolation, arising from dissatisfaction with the quantity or quality of one's existing relationships[21].

Unlike social isolation, which can be objectively measured and voluntarily imposed, loneliness is a subjective experience and always involuntary – some can live solitary lives and yet not feel lonely, while others may experience loneliness in spite of extensive social networks[22].

## 3.2 Measuring loneliness

Everyone's experience of loneliness is different and this makes it a challenging topic to research and to provide clear evidence on the best way to tackle it. Furthermore, those who are lonely are often embarrassed to admit it, believing that it reflects upon their personal qualities[23]. In a survey by the Mental Health Foundation, one in three (30 percent) people said they would be embarrassed to admit to feeling lonely, with the proportion being higher among younger people (42 percent, compared to 30 percent of those aged 35-54 and 23 percent of those over 55)[24]. Gender differences in the respondents' willingness to admit and report their feelings may artificially inflate the gap between the reported levels of loneliness among men and women[25].

In order to provide an objective and comparable evaluation, the researchers have therefore chosen the most widely used, international instrument to measure loneliness; the University of California, Los Angeles (UCLA) Loneliness Scale.  The revised three-item version developed by Hughes and others is widely acknowledged to be convenient, reliable and highly suitable for use in telephone interviews and large-scale surveys, as used in this evaluation[26]. Despite these advantages, the UCLA-3 scale does suffer the drawbacks of attempting to quantify the subjective and culturally variable[27] emotion that is loneliness. The UCLA-3 is also confined to the single dimension 'frequency of feeling', as opposed to duration and intensity, for example.

## 3.3 Why are people lonely?

There are numerous explanations for loneliness, so for ease of understanding, it is useful to place them into four very broad categories: relationship expectations, social networks, dispositional factors, trigger factors. These categories are, to some extent, overlapping and may be mutually

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[20] Dykstra, 2009; Van Tilburg, 1998
[21] Perlman and Peplau 1981; Peplau and Perlman, 1982
[22] Coyle and Dugan, 2012; Dickens et al, 2011
[23] Griffin, 2010
[24] Griffin, 2010
[25] Dahlberg, 2015; Fokkema et al, 2012:; Pinquart and  Sörensen, 2001; Savikko et al, 2005; Victor et al, 2005; Victor and Yang, 2012
[26] Hughes et al, 2004; Dahlberg and McKee, 2014. More detail on the items included in UCLA-3 is available on page 53 of this report.
[27] For the cultural variations on loneliness, see for example Fokkema et al, 2012; Rokach and Neto, 2005

reinforcing.  It is important to remember that many of the factors that are believed to 'explain' loneliness are strongly inter-related[28], and the nature of the causal relationship between these characteristics and loneliness has not been clearly established[29].

## Relationship expectations

Individually held relationship standards are an important factor influencing our likelihood of experiencing loneliness. Loneliness arises from the mismatch between the reality and our wishes and expectations regarding the quantity and quality of our social relationships. Personal preferences, expectations and desires in regard to social relationships play a significant role; the higher these expectations, the more likely it is for them to not be met, resulting in feelings of loneliness[30].

## Social networks

Social network characteristics, such as being unmarried, living alone, and not having children have all been associated with higher rates of loneliness[31]. The risk of loneliness resulting from small social networks and the absence of a martial partner is believed to be greater for men than women, largely because women tend to be more adept at maintaining contact with friends, neighbours and kin[32]. The quality of our social relationships, however, is also important[33]. Unsympathetic or insensitive behaviour from close social contacts, especially spouse or partner, increases rather than decreases the risk of loneliness[34].

## Dispositional factors

The list of dispositional factors associated with higher rates of loneliness includes personal characteristics such as poor self-esteem and poor social skills[35], as well as external factors that may be at least partially beyond the control of the individual. Some, such as poor health, disability and lack of financial resources, are widely believed to increase the risk of loneliness. Others, such as adverse childhood experiences, are more difficult to collect information on but have been associated with higher levels of loneliness among middle-aged and older adults in some fairly recent, more specialised, studies[36].

## Trigger factors

People, particularly as they age, often live through significant life changes which may trigger loneliness.  Some studies have collected information on individuals' feelings of loneliness over a longer period of time and sought to identify events or incidents that have been followed by changes

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[28] Victor et al, 2005

[29] Dahlberg et al, 2015

[30] Dykstra, 2009

[31] Dahlberg et al, 2014 and 2015; De Jong Gierveld and Tilburg, 2010; Dykstra , 2009; Fokkema et al, 2012; Nicolaisen and Thorsen, 2014; Pinquart and Sörensen, 2001; Routasalo et al, 2006; Victor et al, 2005; Victor and Bowling, 2012; Victor and Yang, 2012

[32] Dahlberg and McKee, 2014; Dahlberg et al, 2015; De Jong Gierveld and Tilburg, 2010; Penning and Wu, 2014; Nicolaisen and Thorsen, 2014

[33] Cacioppo and Cacioppo, 2015; Hughes et al, 2004; Pikhartova et al, 2015; Pinquart and Sörensen, 2001

[34] Liu and Rook, 2013

[35] Dykstra, 2009; Rokach and Neto, 2005

[36] Nicolaisen and Thorsen, 2014

in feelings of loneliness. The most significant loneliness 'triggers' identified in these longitudinal studies include changes in marital status, marital or family conflict, worsening health, and changes in social networks or social activity[37].

These 'triggers' do not necessarily result in loneliness – they simply increase the probability of becoming lonely. The ability to avoid loneliness when faced with one of the 'triggers', such as widowhood or loss of friends or family, may be more difficult for people who are already at heightened risk of loneliness as a result of poor health or limited financial resources, for example.

## 3.4 Loneliness and social isolation among older people

Severe loneliness is found to affect approximately 9 percent of the UK population aged 65 and over, with a further 30 percent feeling lonely "sometimes"[38]. This is higher than estimated levels of loneliness among other age groups apart from under 25s[39].

Although loneliness and social isolation are neither an inevitable part of old age nor exclusive to older adults, many key determinants of loneliness and social isolation are directly related to  life course transitions that are more common in later phases of life.  These include living alone, decreased mobility, deteriorating health, and the death of a partner and peers[40].

Older people are more likely than working-aged adults to suffer from poor health and disability. In 2009, 66 percent of adults aged 75 and over reported a long-standing illness or disability, compared to approximately 30 percent of adults overall[41]. Mobility and sensory restrictions associated with disability and chronic illness can reduce opportunities for social participation and ability to communicate with others, restricting participation in social activities, and hindering ability to maintain existing social contacts, or meet new people[42]. Needing help or care can lead to withdrawal from friends and strain the relationship with family caregivers, causing loneliness among older people in poor health[43]. The negative impact of poor health on social relationships is often exacerbated by the lack of financial resources, which would enable the use of paid care services, private transport and a broader range of commercial social opportunities and activities[44].

Studies have repeatedly shown higher levels of loneliness among older people with depression, mobility problems and mobility reduction[45].

Living alone, another key factor predisposing people to loneliness, is also more common among older people: approximately half of all people in the UK aged 75 or more live on their own[46]. For

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[37] Marital status, see Cacioppo and Cacioppo, 2014; Dahlberg et al, 2015; Dykstra, 2005; Heikkinen and Kauppinen, 2011; Nicolaisen and Thorsen, 2014; Victor and Bowling, 2012. Marital or family conflict, see Liu and Rook, 2013. Health, see Dahlberg et al, 2015; Korporaal et al, 2008; Savikko et al, 2005; Victor and Bowling, 2012. Changes in social network or activity, see Dahlberg et al, 2015; Nicolaisen and Thorsen, 2014; Victor and Bowling, 2012

[38] Fokkema et al, 2012; Nicolaisen and Thorsen, 2014; Steptoe et al, 2013; Pikhartova et al, 2014; Victor et al, 2012

[39] Dykstra et al., 2005; Nicolaisen and Thorsen, 2014; Victor and Yang, 2012

[40] Dahlberg et al, 2015; De Jong Gierveld and Tilburg, 2010; Dykstra, 2009; Fokkema et al, 2012; Griffin, 2010; Korporaal et al, 2008; Penninx et al, 1999; Savikko et al, 2005

[41] ONS, 2011

[42] Hawkley et al., 2008; Perissinotto et al., 2012; Newall et al, 2015; Nicolaisen and Thorsen, 2014

[43] Pinquart and Sörensen, 2001

[44] ibid

[45] Dahlberg et al, 2014; Fokkema et al, 2012

[46] ONS, 2012b

many older people, living alone is the result of widowhood and the practical challenges of living alone are exacerbated by grief, bereavement and the sudden loss of an intimate relationship. The prevalence of widowhood increases with age, and in the oldest age group (85 and over), nearly half of men and four out of five women are widowed.

Widowhood, especially recent widowhood, has been linked to increased loneliness among both men and women in the older age groups,[47] with a Norwegian research study finding widowed persons more than twice as likely to identify themselves as lonely, compared to married people[48]. Interestingly, the negative effect of widowhood on loneliness tends to be greater for men than women,[49] and may be linked to men's tendency to rely more exclusively on their life partner for emotional support and women's tendency to have more social contacts and more close friends who can help them keep active and to provide support to help mitigate the negative effects of widowhood[50]. However, in absolute number terms, lonely women significantly outnumber lonely men.

Not having a very close partner can cause a particular sense of loneliness at times, such as public holidays, when casual or unsolicited contact (such as a phone call) may be regarded less appropriate (for example on a traditional family occasion such as Christmas Day). In one, well-known study, over half of those who felt lonely stated that this was felt most acutely at specific times, especially during the evenings , weekends  and public holidays[51].

Some studies reveal elevated levels of severe loneliness among the oldest old (people aged 80 or over[52]), with nearly half of this age group reporting feeling lonely often, or some of the time[53]. These higher rates of loneliness among the oldest old are likely to be linked to the high prevalence of widowhood, as well as declining mobility among this age group. This may contribute to the greater apparent incidence of loneliness among older women.

Indeed, gender differences in reported levels of loneliness might have less to do with gender *per se* and more with longer life expectancy among women and the associated greater prevalence of poor health, low income, shrinking social networks and widowhood[54]. The current policy emphasis on the benefits of 'ageing in place' may also increase the risk of social isolation and loneliness among these 'older old' people in the future[55].

## 3.5 Chronic and transitory loneliness

Loneliness can be either transitory or 'chronic' in nature[56]. Transitory, or 'situational', loneliness arises from changes in an individual's circumstances that *temporarily* deplete the amount or quality of social contact available for them. This can happen as a result of various life events, such as

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[47] Cacioppo and Cacioppo, 2014; Dahlberg et al, 2014 and 2015; Dugan and  Kivett, 1994; Dykstra and De Jong Gierveld, 2004; Heikkinen and Kauppinen, 2011; Nicolaisen and Thorsen, 2014; Victor et al, 2012
[48] Nicolaisen and Thorsen, 2014
[49] Dahlberg, 2015; Nicolaisen and Thorsen, 2014
[50] Dahlberg et al, 2015; Dykstra and  Fokkema, 2007; Nicolaisen and Thorsen, 2014; Victor et al, 2006
[51] Victor et al, 2005
[52] Dykstra, 2009; Dahlberg et al, 2015; De Jong Gierveld et al, 2009; ONS, 2013
[53] ONS, 2013 (Summary on Loneliness)
[54] Dahlberg, 2015; Fokkema et al, 2012
[55] Coyle and Dugan, 2012
[56] Pinquart and Sörensen, 2001

relationship breakdown, bereavement (where there is still a strong social network) or a move to a new area. Transitory loneliness is experienced by most people at some point in their lives and is typically short-lived, as the sense of loneliness prompts a person to seek out more social contacts, to the extent that is possible[57].

In some instances, however, loneliness continues over a prolonged period of time and begins to affect an individual's social outlook and behaviour. The negative feelings associated with loneliness – stress, anxiety, fear of negative evaluation and diminished self-esteem – can make lonely people more likely to withdraw from engaging with others and less likely to seek emotional support. Over time, a lonely individual may begin to perceive social encounters as threatening, eliciting behaviour from others to confirm their negative expectations. This forms a vicious cycle, making it increasingly difficult to establish new social relationships to alleviate the situation. As a result, loneliness can become a 'chronic' condition, intensifying in nature and eventually leading to social isolation[58].

The risk of loneliness becoming a chronic condition is believed to be greater among older people than other age groups. Older people who become lonely following the death of their partner have a heightened risk of becoming chronically lonely, as prospects of change for the better in the future may be regarded less likely than is the case among younger adults in similar circumstances[59].

## 3.6 Loneliness, social isolation and health

Various studies in the UK and other countries demonstrate an association between loneliness and social isolation and the health and quality of life of older people[60]. The link between loneliness and isolation and morbidity and mortality is well demonstrated: a meta-analysis of 148 studies, indicates that individuals followed for an average of 7 ½ years had a 50 percent increased likelihood of survival if they had 'adequate' rather than 'poor' or 'insufficient' social relationships[61]. This finding remains consistent across age, sex, initial health status, cause of death and follow up period. An update of this review also finds no difference between objective and subjective social isolation on risk for mortality, concluding that both are comparable to other major risk factors for mortality[62]. Two other recent studies, based on the ELSA[63] survey data, find social isolation to be significantly associated with mortality, independent of demographic characteristics or baseline health[64]. Several other recent studies focusing on older people also find strong links between loneliness, and mortality[65]. Loneliness can have a profound impact on wider quality of life, as well as mental and physical health[66]. The feelings, such as anxiety and stress, which characterise chronic loneliness, are shown to be central to the mechanism driving these negative health outcomes[67].

When it comes to the relationship between more specific health conditions and loneliness and isolation, there is an accumulation of recent evidence around heart and circulatory conditions, in

[57] Masi et al, 2011

[58] Hawkley and Cacioppo, 2010

[59] Nicolaisen and Thorsen, 2014

[60] For example Hawton et al., 2010; Routsalo et al, 2009; Liu and Guo, 2007; Savikko et al., 2005; Windle and Woods, 2004

[61] Holdt-Lunstad et al 2010

[62] Holdt-Lundstad et al 2015

[63] English Longitudinal Study of Ageing (see page 21)

[64] Raffnson et al 2015, Steptoe et al 2013

[65] Dragest et al., 2012; Luo el al., 2012; Perisinotto et al., 2012; Patterson and Veenstra, 2010

[66] Coyle and Dugan, 2012; Holt-Lunstad et al, 2010

[67] Hawkley and Caccioppo, 2010

particular. Loneliness is shown to be an independent predictor of increased blood pressure in middle-aged and older adults[68]; increased vascular resistance in young adults[69]; age-related increases in blood pressure[70]; and increased risk of incident coronary heart disease in women[71]. Social isolation is also associated with increases in blood pressure[72].

These health risks entail obvious financial implications to health and social care provision[73]. Being lonely has been associated with more frequent use of GP services, higher odds of re-hospitalisation and longer hospital stays among older people[74]. Lonely older people are more likely to enter care than their less lonely peers[75], although this may be linked to health differences[76] and the absence of a co-resident caregiver, the presence of which would enable independent living for longer[77]. Overall, such evidence has led to the assertion that addressing social issues such as loneliness and social isolation may "prove to be one of the most cost-effective strategies that a health care system could adopt"[78].

## 3.7 The strengths and weaknesses of different interventions

Services aimed at reducing loneliness and social isolation among older people can take many different forms[79]. A typical way to classify these interventions is based on their format (one-to-one interventions, group services and wider community engagement) and medium of delivery (face-to-face, telephone, internet).

Interventions can also vary in terms of accessibility and duration of the programme, frequency of contact and the duration of each session.  An intervention can be open to all, limited to a certain number of people (in which case, other interested parties may be placed on a waiting list), or have specific target client group (such as those living in rural areas, people with mobility problems, recently bereaved etc.).

Many different combinations of  format, duration, method of delivery and activity focus are possible, although some activities, such as taking a walk, only work in person (face-to-face) and some others, such as befriending, typically require a longer-term commitment. Telephone or internet based services are highly flexible, though may lack the intensity of face-to-face interaction.

### Face-to-face and group interventions

One-to-one mentoring interventions have been shown to increase the degree of social participation among older people at risk of social exclusion. In one evaluation of a programme that sought to support older people's participation and re-engagement in community-based activities, significant

[68] Hawkley et al, 2010, Hawkley et al, 2006
[69] Hawkley et al 2003
[70] Cacioppo et al 2002
[71] Thurston and Kubzansky, 2009
[72] Shankar et al 2011
[73] Newall et al, 2015, Cattan et al, 2011; Dickens et al, 2011
[74] Newall et al, 2015; Pitkala et al, 2009
[75] Russell et al, 1997
[76] Newall et al, 2015
[77] Penning and Wu, 2014
[78] Valtora and Hanratty, 2012 p. 521 cited in Newall et al, 2015, page 2
[79] For example, see Cattan et al, 2005; Cohen-Mansfield and Perach, 2015; Coyle and Dugan, 2012; Masi et al, 2011; Windle and Coomber, 2011

improvements were recorded in the participants' mental health status (depression) and "a positive trend" towards improvement in physical health was also detected[80].

In addition to reducing loneliness, group activities have been associated with reduced depression, improved self-esteem, increased social contacts, improvements in subjective health (and consequent reductions in use of health care services) and lower mortality[81]. The socially-grounded nature and inclusion of a broad cross-section of the public in community-based interventions is believed to further enhance their efficiency. For example, positive outcomes may not just include factors directly linked to the activity or attention of the group leader but may consist of knock-on effects, such as confidence from participation in group activities. Such confidence can encourage a previously lonely person to form social contacts with group members outside the group and to take up to other social opportunities[82].

Although effective in easing loneliness and social isolation, group interventions and mentoring programmes seeking to encourage active social participation away from home are not always feasible or appropriate. For frail older people, people in rural areas with limited access to public transport, and individuals with severe mobility restrictions, organised transport is often essential to facilitate wider community engagement and to enable participation in group activities[83]. To overcome these difficulties, some pilot programmes have provided transport to the venue by minibus, and some services use volunteer drivers to transport older people from their homes to the meeting venues and back[84].  However these are expensive options and may be complex to organise. For physically frail and housebound older people, one-to-one interventions delivered in the participants' own homes may be more suitable,[85] but they make high demands on volunteers.

A particularly highly-valued aspect of befriending is that the befriender, who is typically a volunteer, chooses to spend time with the person they befriend, rather than being under a professional or family obligation to do so[86]. The participants of one UK-based, local befriending service reported feeling a friendly reciprocity, characteristic of 'real' friendship. The reported downside of befriender services delivering home visits is that they are fairly labour-intensive, time-consuming, and require a significant input from the volunteers. As a result, most befriending services offer a weekly or a fortnightly visit, which may not be sufficient to make a considerable difference to the service recipients' lives[87]. Befriending programmes can also be fairly inflexible, with a volunteer befriender typically visiting at a predetermined time and day[88].

Unfortunately, systematically collected quantitative evidence on the benefits of befriending and other one-to-one interventions is less readily available. This is largely because the majority of these types of services are small-scale operations delivered by volunteers, and often lack the resources to

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[80] Dickens et al, 2011
[81] Cattan et al, 2005; Pitkala et al, 2009; Savikko et al, 2010
[82] Caserta and Lund, 1996; Contact the Elderly, 2008
[83] Greaves and Farbus, 2006
[84] Contact the Elderly, 2008; Pitkala et al, 2009; Savikko et al, 2010
[85] Butler, 2008
[86] Cattan et al, 2011; Dean and Goodlad, 1998
[87] Andrews et al., 2003; MacIntyre et al., 1999
[88] Butler, 2006

build in a systematic and well-designed quantitative outcome analysis from the inception of the service[89].

## Telephone-based interventions

Telephone based interventions have the potential to address several of the key challenges of alternatives. For example, the access problems associated with face-to-face group services, and the restricted availability caused by the time and cost considerations of befriending. Many different types of interventions are already being delivered via telephone. These include Community Navigator/Gatekeeper programmes, teleconferencing discussion groups and befriending services[90].

A previous evaluation of the 'Call in Time' Programme suggests that telephone befriending is capable of delivering many of the same benefits as face-to-face support, such as increased confidence and self-respect, and improved self-assessed quality of life. Feelings of a 'genuine' friendship between a person who is befriended and their volunteer friend, and enjoyment of the 'reciprocal' nature of the conversation, were also reported as part of the same evaluation[91].

The medium of the telephone is also found to have several distinct advantages:

- The telephone removes the need for physical proximity, and can be used to provide socialising opportunities to housebound individuals and people in geographically isolated areas, where face-to-face befriending may not be an option[92]
- The telephone promotes anonymity[93] and hence may lower the threshold of getting in contact with a service[94]
- Telephone-based services can be more flexible, and provide a sense of security to older people living alone[95]
- The telephone is convenient. A telephone group concept allows the participants to have a form of social contact in an undemanding way, in their own environment and without needing to make any effort to 'dress up'[96]. This can be a major benefit for people with disfiguring disabilities and low self-esteem, as well as those who find it difficult to take care of their appearance.

The fact that telephone-based services do not require any travel or special equipment can also make it easier for service users with mobility problems and those living in isolated areas to 'give something back' by becoming a volunteer befriender themselves[97]. This could be a significant benefit for many organisations, as difficulties in recruiting volunteers constitute an ongoing struggle for many service providers[98]. In future, the lower cost associated with befriending services that rely on technology, including but not restricted to, telephone may become an increasingly important consideration[99].

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[89] Windle et al, 2011
[90] Cattan et al, 2009 and 2011; Findlay, 2003; Windle et al, 2011
[91] Cattan et al., 2010; Cattan et al., 2011
[92] Cattan, 2011; Cohen-Mansfield and Perach, 2015; Contact the Elderly, 2008; Findlay, 2003
[93] Findlay, 2003
[94] The Centre for Social Justice, 2013
[95] Cattan et al. 2011
[96] Contact the Elderly, 2008
[97] Contact the Elderly, 2008
[98] Dean and Goodlad, 1998
[99] Cattan et al. 2011

Having many different types of services helps cater for different types of need, but it poses some challenges in creating a comprehensive evidence base of what works for whom, and why[100]. Where evaluations of interventions have been undertaken, many show potential in alleviating loneliness effectively and efficiently. However, it is obvious that one size does not fit all, and some interventions may only work in a certain kind of environment or for a specific sub-population of older people[101]. The greatest benefit can be attained when a person is matched well with a service that addresses the causes of their loneliness, and which is best-suited to their specific circumstances.

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[100] Windle and Coomber, 2011
[101] Cohen-Mansfield and Perach, 2015

# 4  The people who use The Silver Line

The focus of this chapter is on the characteristics of people who use The Silver Line. In order to fulfil its aims, The Silver Line needs to reach lonely and socially isolated people. Establishing whether it is achieving this is, therefore, an important first step in evaluating the service. We surveyed people who use the Helpline and people who use the Wellbeing and Friends services, asking questions on their age, gender and health and applying well-recognised means of assessing their loneliness, isolation and wellbeing.

This chapter covers:

- The characteristics of people who use The Silver Line, in respect of age, gender
- Isolation, loneliness and wellbeing among people who use The Silver Line
- Health long-standing illness and disability among Wellbeing and Friends callers

It draws on:

- Isolation Survey (covering 534 Helpline callers)
- Wave 1 of the Wellbeing and Friends Survey (covering 400 individuals)
- Our analysis of data from ELSA (the English Longitudinal Study of Ageing)

## 4.1 Characteristics of people who use The Silver Line: age and gender

The Silver Line itself records details of callers in the Wellbeing and Friends service, including contact details, age and gender. However in the case of the Helpline, establishing the age and gender of callers is more difficult since it is a confidential service. Callers are not obliged to disclose their name or other personal details in order to use the service. Our Isolation Survey and Wellbeing and Friends Surveys systematically recorded these details also collecting other information in the process.

More women than men use The Silver Line, and the degree to which women outnumber men is greater in The Silver Line than in the older population as a whole. Women are overrepresented among both people using the Helpline and Wellbeing and Friends[102], accounting for 69 percent of helpline callers and 73 percent of Wellbeing and Friends callers, compared to 53 percent of the overall older population aged 50 or over[103].

The gender distribution among people using The Silver Line and the overall older population in England and Wales is illustrated in figure 1 (below).

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[102] From this point in this chapter, all references to people using the Helpline and Wellbeing and Friends should be taken to mean those people we surveyed, rather than *all* callers.

[103] We know that the Wellbeing and Friends Survey is representative of overall callers in terms of gender (women account for 72 percent of Wellbeing and Friends callers), we cannot be sure if this is the case for the Isolation Survey. It is possible that women are simply more likely to agree to participate in the survey, although the representativeness of the Wellbeing and Friends Survey would suggest that this is unlikely.

**Figure 1: Gender distribution: comparison of Helpline callers, Wellbeing and Friends callers, and older people overall[104]**



| | Male | Female |
|---|---|---|
| Helpline callers (Isolation Survey) | 31% | 69% |
| Wellbeing and Friends service callers (W&F Survey, Wave 1) | 26% | 73% |
| Older people in England and Wales (ONS, 2011) | 47% | 53% |
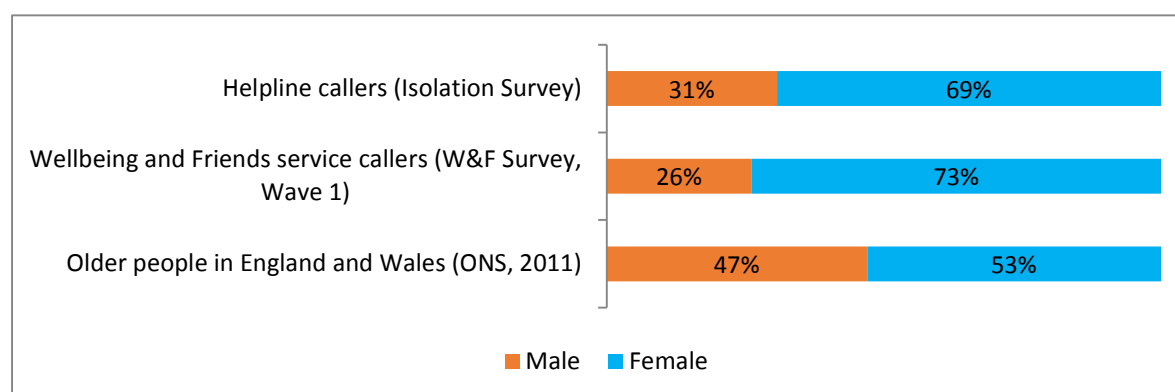
The over-representation of women in both services may be linked to more marked social needs or a greater propensity for women to acknowledge their loneliness and therefore seek solutions to it. It may also be attributable to greater sociability and, in particular, more habitual use of the phone for chatting[105]. As one Helpline adviser comments:

> *"I think women are more used to sort of… they may have had children, they've been a part of mothers groups, had more of a social network than maybe the chaps have done. So, a chap in his late eighties finds it very difficult to sort of chat as much… Sometimes they'll say, 'Well, I don't know what to talk about', and I say, 'Well, say that at the beginning. Say, you don't really know what to talk about'." (Helpline adviser, focus group)*

Other studies have highlighted the difficulties in providing services for lonely older men in particular[106]. The under-representation of men among people who use The Silver Line is therefore problematic in this regard. However, other aspects of our research indicate that The Silver Line brings some particular benefits to the men it is reaching, specifically by providing them with a forum which can be conducive to acknowledging their social needs (see page 47).

As for the age of people who use The Silver Line, the 70-79 year-old age group is over-represented and the 50-59 year-old age group, under-represented, compared to the overall population (see figure 2, below). Helpline callers tend to be younger than Wellbeing and Friends callers: the largest single age group among the Helpline callers is 60-69 year olds; the largest single age group among Wellbeing and Friends callers is 80-89 year olds.

The relative popularity of the Wellbeing and Friends services among older age-groups may be related to the shrinking of social networks and declining health as people age, but it could reflect an increased tendency to live alone and a consequent lack of daily interaction with a co-resident.

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[104] Statistics for older people overall are from ONS, 2011 census, Available at: http://www.ons.gov.uk/ons/rel/census/2011-census/population-and-household-estimates-for-england-and-wales/index.html (Accessed 07/09/15)
[105] See section 3.4 for discussion of gender differences in the experience of loneliness
[106] For example, see Beach and Bamford, 2014

**Figure 2**: **Age distribution: comparison of Helpline callers, Wellbeing and Friends callers, and older people overall[107]**



| Age group | | | | | |
|---|---|---|---|---|---|
| | 50-59 | 60-69 | 70-79 | 80-89 | 90 or over |
| Helpline callers (Isolation Survey) | 10% | 37% | 31% | 14% | 5% |
| Wellbeing and Friends callers (W&F Survey, Wave 1) | 5% | 24% | 29% | 34% | 9% |
| Older people in England and Wales (ONS, 2011) | 35% | 31% | 20% | 11% | 2% |
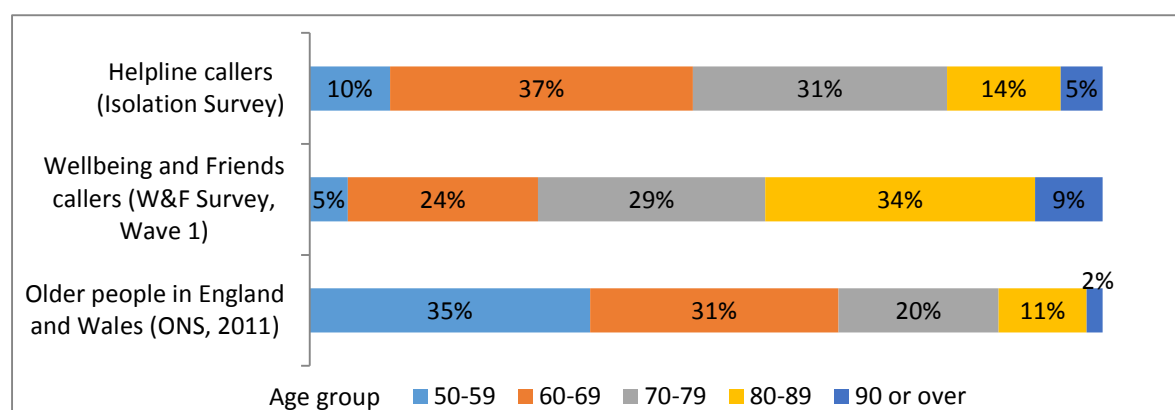
Age and gender matter in understanding how likely people are to be lonely and isolated. Other studies show that older people are more prone to loneliness than working age people, and that men and women experience and respond to loneliness differently[108]. Social isolation, too, is more common among older people. Loneliness and social isolation are also interlinked, so impacts on one condition may well feed through to the other. Having established the age and gender profile of callers, we therefore took this into account where possible when making comparisons about other factors, such as isolation and loneliness (see page 81 for description of how this was done).

## 4.2 Isolation, loneliness and wellbeing among people who use The Silver Line

### Isolation

Living alone and having little contact with other people are common measures of social isolation. Living alone is also known to pre-dispose people to loneliness[109]. Our research shows that people who use The Silver Line are more than twice as likely to live alone as those in a sample of the general older population, matched by age and gender[110]. Nine out of 10 (90 percent) Wellbeing and Friends callers report living alone, compared to around four out of ten (41 percent) of older people, matched by age and gender. The survey of Helpline callers also shows that 90 percent live alone. The degree to which living alone is disproportionate among Silver Line callers compared to their contemporaries is higher among younger age groups.

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[107] We know that the Wellbeing and Friends Survey is representative of people who use these services overall in regard to age categories and gender, and roughly representative in regard to the percentage share of each age category. We cannot be sure how representative the Isolation Survey sample is of all Helpline callers, but have no reason to suspect its representativeness in regard to age and gender would not be comparable to the Wellbeing and Friends Survey.
[108] See section 3.4
[109] See section 3.4
[110] See page 81 for description of how this and other matched samples were formed.

**Figure 3: Percentage of people living alone by age group: comparison of Wellbeing and Friends callers and sample of general population of older people matched by age and gender**



Legend:
- Wellbeing and Friends callers (W&F Survey, Wave 1)
- ELSA (Wave 5, matched sample)

| Age group | W&F callers | ELSA |
|---|---|---|
| 50-59 | 79% | 16% |
| 60-69 | 86% | 22% |
| 70-79 | 91% | 30% |
| 80-89 | 93% | 56% |
| 90 or over | 91% | 82% |
| Total | 90% | 41% |
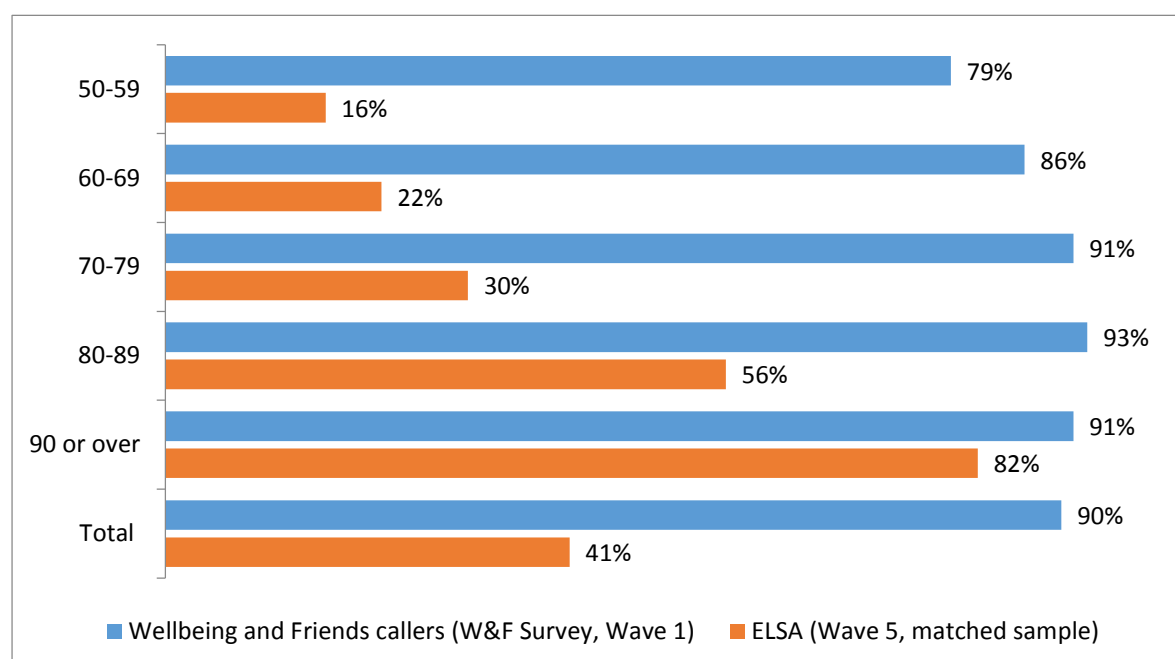
On the other measure of isolation, the frequency of social contact, our research shows that most Silver Line callers have little contact or no contact with friends and family each week. Among the Helpline callers we surveyed, one fifth (21 percent) had no contact with friends or family in the week preceding the survey, almost half had contact one to three times (46 percent) and only one third (33 percent) had contact more than three times[111].

Living alone is associated with this lack of social contact. A greater proportion of callers who live alone reported having had no contact at all with friends or family in the past week than those who did not live alone (22 percent of those living alone, compared to 9 percent among respondents who do not live alone).

**Figure 4: Helpline callers contact with friends and family in the past week by whether live alone: percentage in each category of contact frequency**



| | None | 1-3 times | More than three times |
|---|---|---|---|
| Living alone | 22% | 48% | 30% |
| Not living alone | 9% | 31% | 59% |

Number of times in contact in past week: None / 1-3 times / More than three times
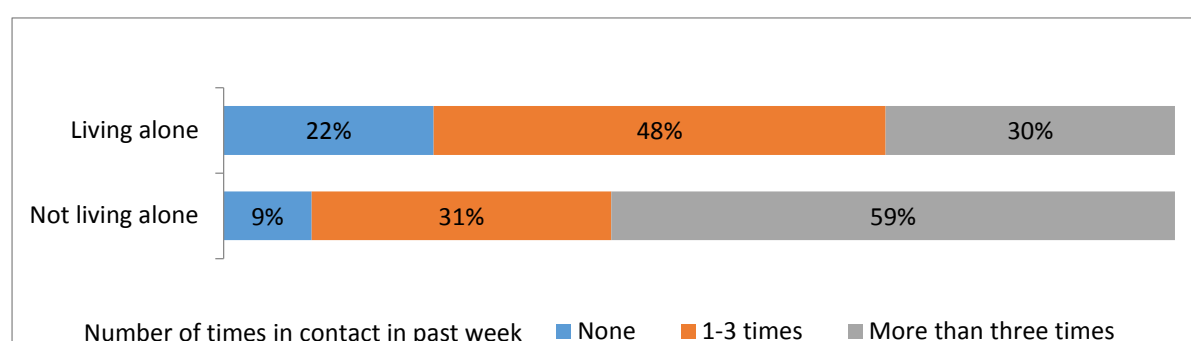
Source: Isolation Survey

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[111] We have not provided a direct comparison of these figures and the general population as questions about levels of contact tend to vary widely and/or consist of more questions than our survey could practically include

## Loneliness

People who use the Wellbeing and Friends services are markedly lonelier than their contemporaries, our analysis shows. We use a widely-applied and respected measures of loneliness - the UCLA-3 Loneliness scale[112]. This three-question index does not mention loneliness directly, but comprises questions asking how often the respondents feel 'isolated', 'left out', and 'lacking companionship'. For each question, respondents select an answer from the following options: 'hardly ever', 'some of the time', 'often'. They score a '1' for 'hardly ever'; '2' for 'some of the time'; and '3' for 'often'. To register a score, respondents have to answer all three questions. Possible scores therefore range from 3 (least lonely) to 9 (most lonely).

According to this measure, the average loneliness index score among respondents to the Wellbeing and Friends Survey was 7.26. This compares to an average loneliness index score of 4.34 among a matched sample from ELSA. So, the average Silver Line survey respondents' loneliness score is over one and half times that of their contemporaries.

The proportions of people who get the various possible scores is also remarkably different between Wellbeing and Friends callers and those people in the matched sample. While over one third of Wellbeing and Friends callers register the highest loneliness score of '9', less than one in 20 of the matched population gets this score. For the lowest score of '3', the picture reverses. Nearly half of all those in the matched sample score '3', whereas with The Silver Line, the figure is less than one in 20.

**Figure 5: Spread of Wellbeing and Friends callers registering scores 3-9 on UCLA-3 Loneliness Index, compared to sample of general population of older people matched by age and gender**
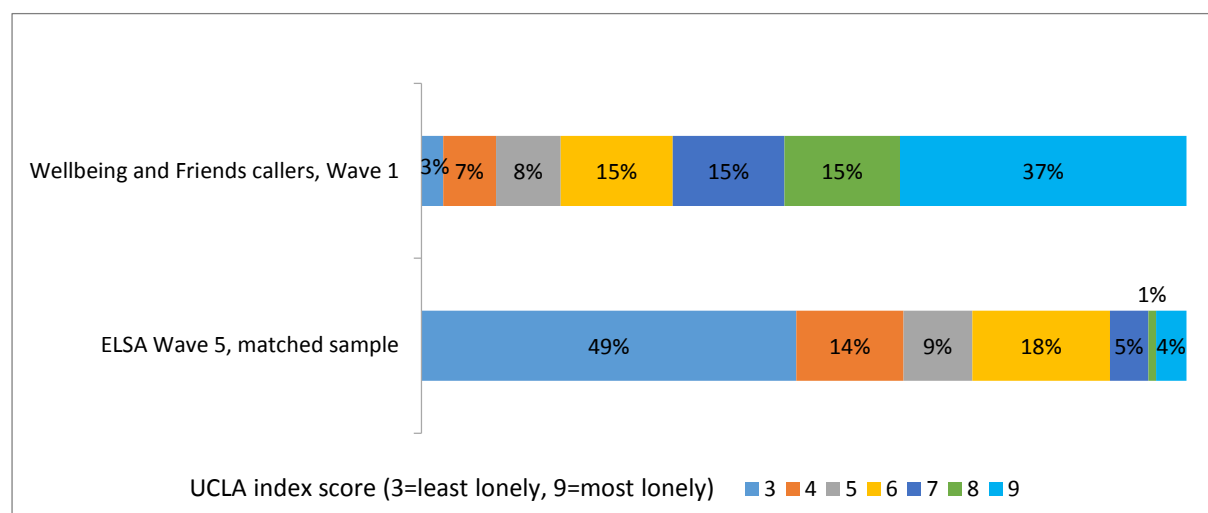


We also evaluate loneliness using a single item measure of loneliness, which asks 'How often do you feel lonely?' and gives three options in response: 'often' 'some of the time' 'hardly ever'. This also yields remarkable differences between the loneliness of Wellbeing and Friends callers and the comparable population. The Wellbeing and Friends Survey shows that nearly two thirds (62 percent) of respondents feel lonely 'often', and only six percent 'hardly ever'. This figure far exceeds the one

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[112] For more detail on the loneliness questions used in the Wellbeing and Friends Survey, and the methods used to analyse the data, see chapter 6 and the appendices of this report.

in ten (10 percent) of people who feel lonely 'often' in the matched sample[113]. It also exceeds the figure of 9 percent of people who were found to feel lonely 'always' or 'often' in another major UK study using a very similar single-item question[114].

**Figure 6: Distribution of Wellbeing and Friends callers by how frequently they feel lonely, compared to sample of general older people matched by age and gender**
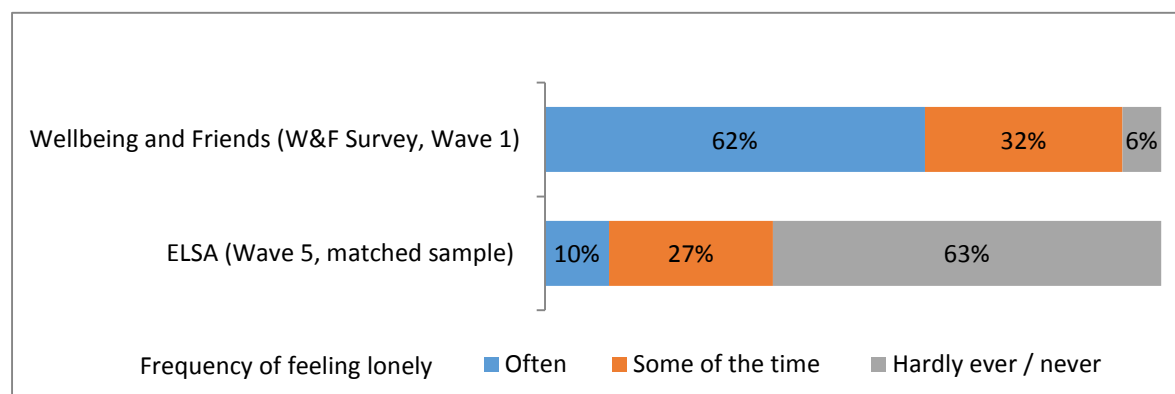


A higher prevalence of loneliness among people who use the Wellbeing and Friends services is not altogether surprising given that requesting a Silver Line Friend is itself an acknowledgement of loneliness. However the degree to which these callers are lonelier and lonely more often than their contemporaries is remarkable and does suggest that the Wellbeing and Friends service is succeeding in reaching lonely older people. As for Helpline callers, the high proportion of these individuals who live alone indicates that they are also likely to be lonelier than average, since living alone is a known determinant of loneliness.

## Wellbeing: enjoyment of life

We find that Wellbeing and Friends Survey respondents enjoy life less often than their contemporaries. We use a sub-section of a well-recognised and validated method of measuring wellbeing, the CASP-19[115], to establish this. It consists of four questions which ask respondents how often they: 1) enjoy the things they do; 2) enjoy being in the company of others; 3) look back on their life with a sense of happiness; and 4) feel full of energy. On all four questions, a higher percentage of Wellbeing and Friends Survey respondents answer 'never or not often', compared to the matched sample.

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[113] ELSA asks the same question but gives the option of 'hardly ever or never' rather than just 'hardly ever', which is the option we used in the Wellbeing and Friends survey
[114] Victor et al 2012
[115] Hyde et al, 2003

**Figure 7: Spread in rates of enjoyment of life among Wellbeing and Friends callers, compared to sample of general population of older people matched by age and gender**
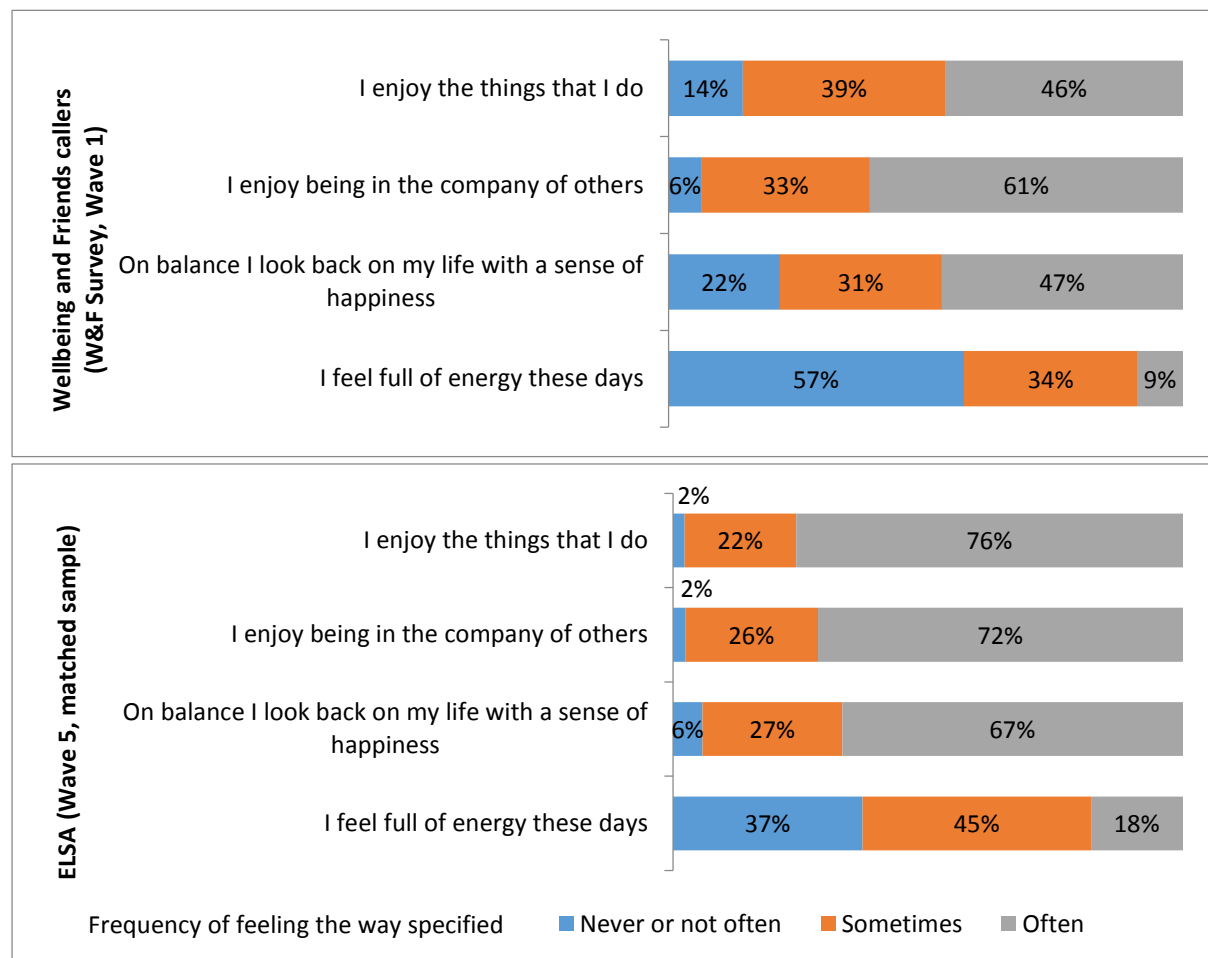


**4.3 Health, long-standing illness and disability among Wellbeing and Friends callers**

Our research shows that more people who use Wellbeing and Friends are in poor health and have a long-standing illness or disability, than those in the matched sample of the general older population (see figures 8 and 9, below).

**Figure 8: Spread of self-reported health status among Wellbeing and Friends callers, compared to a sample of older people matched by age and gender**
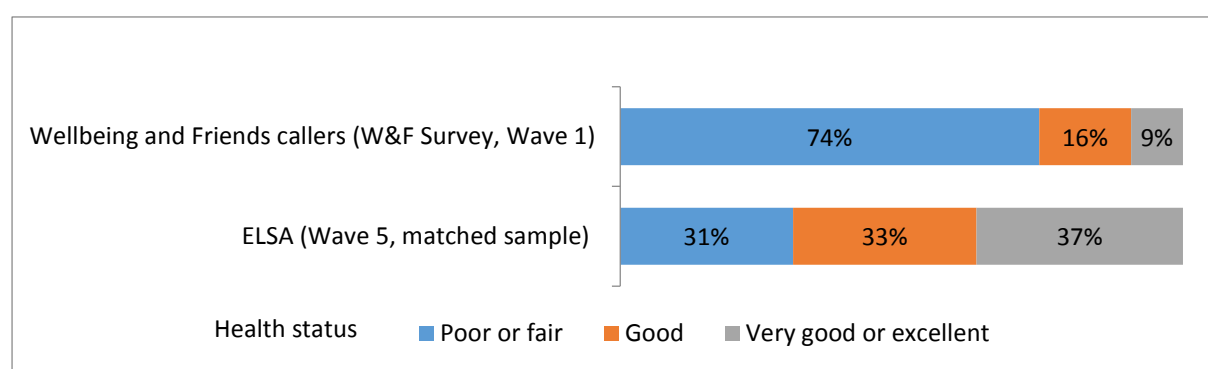
Nearly three quarters of respondents to the Wellbeing and Friends Survey (Wave 1) say they are in poor health, compared to about one third of their contemporaries in the general population. Similarly, over 80 percent of Wellbeing and Friends Survey respondents say they have a long-standing illness or disability, while the figure in the comparable population is around only 60 percent.

**Figure 9: Presence of long-standing illness, disability or infirmity among Wellbeing and Friends callers, compared to sample of general population older people matched by age and gender**
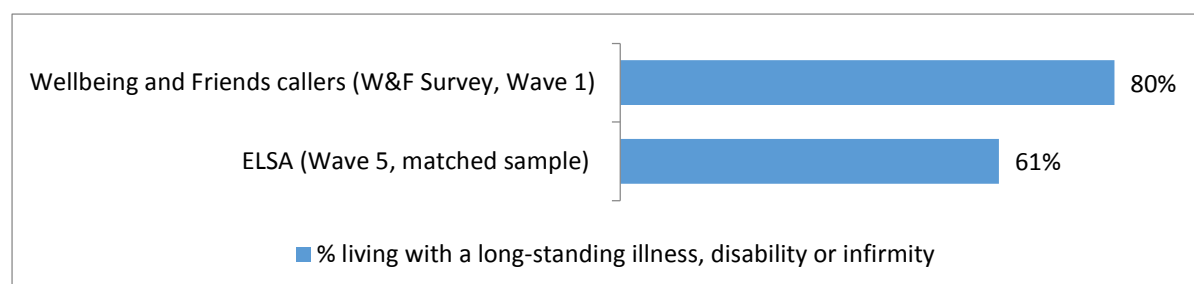


These findings likely reflect the limits that poor health and disability place on alternative opportunities for social interaction, making a phone-based service particularly appealing under these circumstances. Other studies corroborate this explanation by showing that poor health, disability and chronic illness reduce mobility and increase the risk of social isolation and loneliness[116]. Our qualitative research also picked up on this feature of The Silver Line appealing to people who are housebound due to ill health or disability (see section 5.2). Furthermore, various other aspects of our research point to the prevalence of mental health problems among callers (see pages 47-48 and pages 70-72).

## 4.4 Conclusions

Our surveys and analysis looking at who uses The Silver Line shows the following:

- More women than men use The Silver Line, and the degree to which women outnumber men is greater in The Silver Line than in the older population as a whole. Around seven in 10 callers to The Silver Line are women, whereas just over half the general population of older people are women
- Helpline callers tend to be younger than Wellbeing and Friends callers: the largest single age group among the Helpline callers is 60-69 year olds; the largest single age group among Wellbeing and Friends callers is 80-89 year olds. Compared to the general population, the proportion of 70-79 year olds calling The Silver Line is notably large
- Measuring loneliness using the UCLA-3 index shows the average loneliness score among respondents to the Wellbeing and Friends Survey is 7.26. This compares to an average loneliness index score of 4.34 among a matched sample from ELSA. The index goes from 3 (least lonely) to 9 (most lonely)
- The proportions of people who get the various possible index scores also differs notably between Wellbeing and Friends callers and those people in the matched sample. Over one third of Wellbeing and Friends callers register the highest loneliness score of '9', whereas

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[116] Dugan and Kivett, 1994; Korporaal et al, 2008; Penninx et al, 1999; Savikko et al, 2005

less than one in 20 of the matched population gets this score. Conversely, nearly half of all those in the matched sample score '3', whereas with The Silver Line, the figure is less than one in 20

- People using the Wellbeing and Friends service are about six times more likely to report feeling lonely often than among a matched sample of older people
- Around nine in 10 Silver Line callers live alone, whereas the figure is four out of 10 in a matched sample of older people
- People using the Wellbeing and Friends service are more likely to have low enjoyment of life than the comparable population
- Many studies show that loneliness, socially isolation and low wellbeing are associated with poor health and disability and, our analysis corroborates this, showing that Wellbeing and Friends callers are particularly likely to be in poor health and have a long-standing illness or disability
- It seems that Silver Line callers face a difficulty which is a common feature of disadvantage. Many are affected not just by one problem but by a complex of mutually reinforcing problems: loneliness, socially isolation, disability, poor physical and mental health and low enjoyment of life
- The fact that The Silver Line is reaching people who face these problems puts it in a position to help people address them. Also, since the problems are inter-linked, impact on any one has the potential to have knock on effects on the others.

# 5 The reasons people use Silver Line services

This chapter details what our analysis shows about why callers use The Silver Line services and what they use them for. Building on this, it also includes an assessment of how well suited particular aspects of the service are to meeting particular needs. The chapter covers use of the Helpline and the Wellbeing and Friends services. The lines between these services are blurred: people often use the services simultaneously, or move in and out of them; they also cite similar types of reasons for using both services.

This chapter starts with a brief overview of how the relevant services are structured. It then covers:

- why people use The Silver Line: background circumstances
- what people use The Silver Line for: the emotional/psychological needs of callers
- the benefits and limits of the Helpline, and Wellbeing and Friends Service[117] in meeting the needs of callers

It draws on:

- The focus groups with Head Office staff and Helpline staff at FCMS
- The 42 in-depth semi-structured Interviews with regular callers to the Helpline, people receiving KIT calls and people matched with a Friend

In regard to use of the Helpline, this chapter focuses on regular callers, rather than people who call just once. This is both for practical reasons and is a response to our preliminary research. The practical reason is that the Helpline is confidential, so the names and details of callers are not routinely collected. We felt it was impractical and would often be unethical for Helpline advisers to ask people calling for the first time for contact details. (We needed contact details to request an interview.) However, staff could ask this of regular callers.

Our preliminary research indicated that while people do undoubtedly use the Helpline for information and advice, they are often also using it as a pretext for social contact. Our scoping study found that in calls to The Silver Line[118], there was a marked preference for "talking things over", as opposed to seeking information or advice. Key informants also told us in early interviews about the phenomenon of 'buried loneliness', whereby someone calls seemingly for information or advice but is motivated by loneliness. The pilot study also mentioned this phenomenon[119]. We were keen to investigate, therefore, whether it was loneliness and/or other kinds of support which were behind these type of calls; interviewing regular callers to the Helpline, as well as Helpline staff, was a good way of achieving this.

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[117] Within the Wellbeing service, we are just taking account of the KIT calls here, not other parts of this service, such as Caller Care

[118] See appendix 1 for a description of what the scoping study entailed. It surveyed calls rather than callers so we cannot access caller-based data from this source

[119] The Centre for Social Justice, 2013, page 10

## 5.1 Overview of the structure of services

Helpline staff offer any caller who expresses interest, or who they think might be interested, the option of having a Silver Line Friend. When a caller asks to join the service, the staff begin the process of finding a suitable volunteer Friend for that caller. In the meantime, the caller starts receiving weekly Keeping in Touch (KIT) calls from Silver Line staff. KIT calls are a key function of the Wellbeing Service[120].

**Figure 10: Addressing callers' needs via the Helpline and Wellbeing and Friends services**
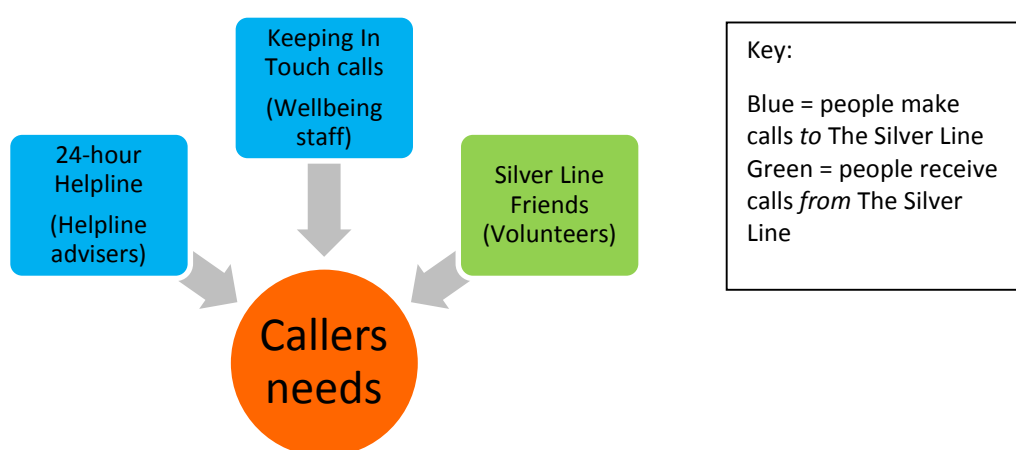


Matching callers with volunteer Friends is a process which, during this evaluation, typically took a few months. On some occasions, the match does not work and so the caller returns to the Wellbeing service, while a new match is found. Callers may therefore move in and out of Wellbeing and the Friends Services. The way in which the two services overlap in practical terms, plus the change in mind-set associated with becoming a 'call taker' means it makes sense to combine callers who receive KIT calls and callers who have been matched with a Friend into one category at various points in the evaluation.

## 5.2 Why regular callers use The Silver Line: background circumstances

In our interviews, callers responded in various ways to questions we asked about why they use The Silver Line and what they use it for. Some people told us about their background circumstances – the death of a spouse, being housebound and so on. Others talked about their feelings, saying the service cheers them up when they are down or in need of company, or simply, that they are lonely. We therefore divided the kinds of responses into two categories: background circumstances and emotional/psychological needs. That is not to imply that the two are unconnected: needs stem from circumstances and vice-versa. Also, many people talked to us about both needs and circumstances. So, this division is about presenting the information in an understandable way, rather than being a hard and fast separation of reasons into distinct categories.

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[120] For more detail on all The Silver Line services, see pages 14-16

## Being housebound

People often reference being housebound due to ill-health or disability. They frequently mention mobility issues and, often, visual impairment. One caller with multiple sclerosis (MS) says, "I feel like a prisoner in my own home." Another describes how her eyesight problems have been gradually restricting the number and variety of things she can do, as well as eroding her self-confidence about going out. One man with serious health problems talks of leaving the house only to go to hospital. This reason for using The Silver Line tallies with our survey findings, which show that people who use The Silver Line are disproportionately likely to suffer ill health and disability (see pages 39-40).

## Friends and family lost or unavailable

Our surveys show that people who use The Silver Line are more likely to live alone than their contemporaries, (see pages 35-36). Our interviews and focus groups build on this finding, showing that people use The Silver Line because friends or family have died, moved away or are unavailable. Many callers mention that their spouse or partner has died, and even though this may have occurred years ago, they still feel lonely as a result. One woman, waiting to be matched with a Friend, describes life without her husband:

> *"He was absolutely lovely, a one-off. I miss him a lot. Many is the day I sit and cry and it's not getting any better. You are very much on your own. At certain time of the day, you feel really bad." (Woman receiving KIT calls, interview)*

One common trajectory into social isolation comes from spending years caring for a spouse who is ill. People lose touch with friends during this process, so that when their spouse dies, they are left feeling particularly alone. While neighbours and acquaintances may provide opportunities for social interaction, many callers feel that there is nobody around they can trust and open up to, and many avoid bringing up personal worries or problems for fear of being regarded as "moany", or as "bothering" or "boring" those around them. Younger widowers, in particular, say that few of their friends or acquaintances have had the same experience of bereavement and so fail to fully understand their situation.

Another frequent theme is that friends and family are busy with their own lives. One person receiving KIT calls says she wants a Friend for the "advantage of having someone who really wants to speak to me, that isn't in a hurry or dashing off". Some people also talk of family conflict leading to them feeling lonely.

## Loss of sources of social interaction

Callers also talk about loss of the sources of social interaction. The caller with MS describes how she used to be collected by mini-bus to go to a support group once a week but that this service has now closed. She says was "quite upset" when this happened, as she was "really enjoying it". Another person talks about how, for many years, she used to be part of a women's guild but that membership of the guild dwindled and it closed down, taking with it an important source her social life. One woman says that her husband was in the RAF and that at that time she had "a lot of service friends. It felt like one big family". After her husband died, she relocated and made new friends with a group of women she played golf with – "the gang" – but she says all of them have now died.  Other callers mention the loss of friendship with colleagues when they retired.

**Lack of social interaction from local community**

Some callers describe a lack of support from the community. One woman says "society hasn't got time for you". Another says that "people in my road don't talk to each other". One man says, "If I go out in the street and say good morning to people, they turn their head".

One woman says she lives in a small village and that when she moved there 27 years ago, it was "absolute heaven, such a nice community, everybody knew everybody". Since then it has changed a lot, she says, and there are "now a lot of young families and working aged people who are never there and who are too busy and don't want to get to know their neighbours". Other people also mention that they live in a rural location and that this limits their access to contact with others.

## 5.3 What people use The Silver Line for: callers needs

This section covers what callers want from The Silver Line. We heard about these 'caller needs' by interviewing the callers themselves and asking them questions about why they call The Silver Line and what they hope to get from the service. The staff who answer and make calls also told us in focus groups about their perceptions of what people want from the service.

### 'Everyday' companionship

Some regular callers just want an opportunity for 'everyday' chat, the company of people to joke or "natter" with.

> *"They want somebody on the end of the phone, you find it most days, they want somebody at the end of a phone who will have a quick chat and it doesn't get emotional…they tend to be quite… 'What shall I make for my tea?' and everything like that, 'What's on telly, what shall I watch?'" (Helpline adviser, focus group)*

> *"Some of the callers we have just want a bit of banter, a bit of flirtation" (Head office staff, focus group)*

One woman getting KIT calls says she wants a "gentleman friend" and describes how she "used to flirt with all the boys". Several people mention laughter in describing why they enjoy Silver Line services. Sharing interests is also important. Gardening, pets, grandchildren and life in the past are all popular conversation topics. Helpline staff talk about a particular type of call they get when the football results come in on Saturday nights

> *"We get a lot of older men ringing up… 'Have you got the results there?' and discussing the football… So, I've had to learn all about it." (Helpline adviser, focus group)*

Some people in KIT enjoy the variety in people who call them. One woman says that the people who call are "usually very pleasant and interesting". She goes on to say that she has some friends with a lot of problems who call her to discuss them and that this gets her down, whereas the KIT callers, "never say anything to distress you. It is very supportive". People seem to enjoy the companionship of KIT calls, which comes without some of the downsides that can accompany closer relationships.

## In-depth friendship

The search for in-depth friendship often leads callers to Friends services. One woman talks happily about having "proper conversations" with her Friend. Another talks about her Friend being "a real friend and an important part of my life".  One woman says of her Friend, "I can tell she is genuine". Bereavement is often the reason for seeking alternative sources of close relations. One man who asked for a woman Friend because he was missing his wife says he feels he can talk her about his feelings more easily than he can to his male friends. "If I felt down, I'd tell her," he says.

Being able to relate to a Friend because of shared experience or attitudes is a theme among people who value these more in-depth relationships. One woman talks about how her Friend has also lost her husband and her children have moved away. "She is like me," she says, adding, "She makes me laugh at things you may find it hard to laugh about." Another woman, who says she and her Friend have "hit it off", illustrates this by saying they "have got very friendly and exchanged a lot of views". A person in KIT talks about wanting a Friend so they can "discuss politics and ideas".

## Arms' length confidante

Helpline staff describe how some callers seem to value the anonymity of The Silver Line as an opportunity to open up and talk about difficult subjects. Sometimes it's not so much anonymity as the arm's length nature of a phone conversation which seems to enable this kind of unburdening.

> *"I had one gentleman and he started to talk about his wife and how much he missed her and how difficult it had been to get on with her at times and he was talking about some really gentle moments that he'd had and he was crying and he said, 'I'm sorry I've never told anybody this before'." (Helpline adviser, focus group)*

Those with or waiting for a Friend also like the idea of having someone non-judgmental to confide in. One caller says her Friend "doesn't disapprove of anything. She doesn't criticise". The fact that the Friend doesn't know their other friends or family is also important. One woman describes how she can tell her Silver Line Friend, "things deep inside, things I wouldn't tell other people". She gives the example of talking about her alcoholic and abusive ex-husband. In this context, she is reassured by the fact her Friend is someone "who wouldn't know me if I saw them in the street". As a result, she says, she can "tell them anything and know it isn't going anywhere". Another caller who gets KIT calls says that she has "some friends who also live in the village, but I don't really like talking to them about family issues". However, she does feel able to talk to the KIT callers about these issues. Another woman says: "It's lovely to talk to someone outside the family. In fact, that is the key thing."

For one woman in KIT, the freedom to open up comes from not seeing the person she is talking to.

> *"If you are not seeing someone, you are not seeing the reaction. You may be more guarded if you could see them. If they were looking grave in response to what you were saying, you would try to put it right. You are more responsible for their reaction." (Woman in KIT, interview)*

For another caller, not *being seen* has the advantage of not being judged on appearances. He describes himself as "a bit untidy these days" and goes on to explain that he has various medical conditions with visible consequences.

For some callers, access to a person they feel they can confide in may facilitate disclosure about a situation or experience which they feel unable to talk to others about and which requires specialist support. The referral, information and advice functions of The Silver Line should be very useful at point (this study did not include an independent evaluation of these functions, however).

## Buried loneliness

One phenomenon Helpline staff told us about is callers, often men, who ostensibly calls for advice or information but who also seem to value having a longer conversation. Under these circumstances, they say, it can take a while to work out "the real reason" for a call.

> "This gentleman, he was really quiet and shy and said, 'I don't know what to talk about'. I said, 'Don't worry, I can talk!'. He just laughed and that was it, you know, you just get going." (Helpline advise, focus group)

Helpline staff also mention callers, who essentially seem to want company, presenting themselves in a rather aggressive way. This kind of negative behaviour is recognised in studies on loneliness to be a feature of what is termed the 'self-reinforcing loneliness loop'[121].

> "I'd say everybody that phones is lonely and sometimes they can have a different way of sort of expressing it you know? It might be sort of like initially picking a fight with you on the phone, which is their way of saying that I'm lonely." (Helpline adviser, focus group)

## Support associated with mild to severe mental health problems

It is clear from the focus groups we held with Helpline staff that a large number of callers have mental health problems, ranging from mild depression to more severe conditions.

> "How many of our callers say, 'I want to die, I don't want to live like this'? They are just worn out, they've just had enough. They say, 'I've just had enough now, I don't want to carry on'… They've got such a poor quality of life. They can't even walk to the door, they're relying on carers, who are on such low wages and aren't very well trained, who haven't got time for them." (Helpline adviser, focus group)

Helpline staff say they notice a peak in calls when specialist mental health phone lines close at night. They also say that mental health helplines refer callers to them. If the staff judge that the person calling is in crisis or requires specialist support, they are trained to take appropriate action. But, staff say, callers with mental health problems often simply want the reassurance that comes from someone to talk to – in other words, people with mental health problems may also be lonely.

> "I think we're just, sort of, like maintenance really. You know, we're not medically trained but we're just sort of there to talk to." (Helpline adviser, focus group)

This view is corroborated by callers who say that one reason they like the informal nature of The Silver Line compared to specialist services.

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[121] See Hawkley and Cacioppo, 2010

> *"You can call even when it's not an emergency. You can have a more friendly, open conversation" (Regular Helpline caller, interview)*

Having lifelong mental health problems leaves some people particularly isolated when close family members die. One Helpline adviser mentions a caller who has had schizophrenia for many years and became particularly lonely when the family members he lived with passed away.

At the less severe end of the mental health spectrum, people also say they call when they are feeling anxious, particularly lonely, or "down in the dumps". Feeling especially lonely or down is often associated with missing a spouse, particularly on anniversaries or birthdays.

> *"I call them because I feel miserable and they chat me out of it." (Regular Helpline caller, interview)*

> *"Some advisers help me calm down when I'm anxious." (Regular Helpline caller, interview)*

Other people talk about calling because they can't sleep. This type of caller particularly appreciates the fact that the Helpline is open 24/7.

> *"You just know that there is always someone there at the other end of the phone." (Regular Helpline caller, interview)*

## Guardianship

Those receiving KIT calls, in particular, appreciate having someone to watch out for them. They talk gratefully of having someone "phone to check how I'm going" or "to see if I am still alive". This phenomenon is also mentioned by staff who make the KIT calls, who describe a type of person that really appreciates a phone call:

> *"They might not want to get into a long phone call but they very much appreciate just having someone contacting them and asking how they are. Literally a two-minute phone call." (Head office staff, focus group)*

Another member of staff concurs, adding that callers like to know "someone is thinking about them, they are on someone's radar". Reassurance of worth is also part of the appeal here. Callers value the experience of having someone call them rather than vice-versa – being a 'call taker' as well as a 'call maker'. One caller says she can call her daughter if she feels a strong need to talk to someone but that "receiving a call is a different matter". Another woman says getting calls makes her feel "that I'm not being forgotten".

## 5.4 The suitability of The Silver Line services to meeting caller needs

The question of how suitable The Silver Line services are can be broken down into two issues: firstly, the medium – being a phone-based service entails particular advantages and disadvantages; secondly, The Silver Line stands out from alternatives for being particularly flexible and friendly, this is an advantage in particular circumstances.

## The medium

Being able to access The Silver Line's services by phone is evidently a welcome option in certain circumstances, as many of our interviewees testified. Those who find it difficult to get out to access support services or meet people, perhaps due to mobility problems, visual impairment or other disabilities and illness, are likely to benefit from phone-based services[122]. The same is true for people who live in remote areas, who have inadequate transport links or who are financially constrained. People who fear being judged on appearances may also prefer to avoid face-to-face contact.

Running support and befriending services over the phone also entails benefits for the service provider. On the whole, phone-based services are likely to be able to support more people at relatively lower financial and organisational costs per head than comparable face-to-face services.

The main downside is that a phone-based service can be less informative than face-to-face alternatives, due to the lack of visual clues. Some people may also be unaccustomed to chatting on the phone. One man we interviewed told us, for example, that it was his wife who had always been the one to chat on the phone. Such views might help explain the relatively low numbers of men who use The Silver Line (see section 4.1). However, the arms' length nature of a phone conversation can encourage the sharing of confidences and, in some cases, may enable greater intimacy.

## Friendliness, befriending and loneliness

A defining feature of The Silver Line is its friendliness. The friendly, flexible nature of the Helpline and the more explicit befriending of the Friends service bring various advantages. As the previous section (5.3) shows, many caller needs are about a desire for supportive social relations.

One of The Silver Line's stated functions is to provide a friendship service to combat loneliness: loneliness being a feeling of isolation, arising from dissatisfaction with the quantity or quality of one's existing relationships[123]. Our research shows that many callers are using The Silver Line to address their loneliness and that it is not just people in the Friends service who are doing this.

People call the Helpline just for a chat, or because they are lonely but find it difficult to acknowledge that need. People receiving KIT calls value the regular social contact these bring. The friendly and informal manner of the Helpline and Wellbeing staff clearly facilitates using The Silver Line in this way. The need for a confidante is also a type of loneliness – manifesting in a lack of a particular kind of relationship. The support that people with mental health problems are seeking from The Silver Line can also be about loneliness. The need for guardianship is, in part, a kind of loneliness. However, for many of these types of need, and particularly in regards to guardianship and support associated with mental health problems, the need encompasses but often goes beyond loneliness. The advice, information and referral functions of The Silver Line can help in these situations but sometimes longer-term, highly specialist support and/or face-to-face services are required to thoroughly address the issues. In such cases, The Silver Line is a good supplement but not a substitute for those services. (This point also comes through in the staff focus groups, see pages 71-72)

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[122] Other studies have also shown this to be the case, see Section 3.7
[123] Perlman and Peplau 1981; Peplau and Perlman, 1982

**Table 1: Suitability of Silver Line services to identified categories of need**

| Type of need | Helpline | KIT calls | Friends |
|---|---|---|---|
| 'Everyday' companionship | Suitable. Works best for people who are used, or can get used, to chatting on the phone | | |
| In-depth friendship | Not suitable as no guarantee same person will answer phone if call more than once | Not suitable as no guarantee same member of staff calls each time | Suitable if volunteer wants same but may be limited if closeness requires face-to-face contact |
| Arms'-length confidante | Suitable if want anonymity. May facilitate disclosure of problems which can be addressed through advice/referral functions | Suitable as phone enables access to confidante outside social network and may facilitate disclosure | Suitable if well-matched and want confidante outside social network. |
| Buried loneliness | Suitable because Helpline can be a pretext for broaching issues of loneliness. Phone adds anonymity | Not applicable as services not provided unless someone asks for a Friend, thereby revealing their loneliness | |
| Support associated with mild to severe mental health problems | Suitable if needs are mild or for 24/7, non-specialist support and/or referral to other services. If needs acute or complex, not a substitute for specialist services | Suitable if needs are mild. If needs acute or complex, should only supplement specialist services | Suitable only if needs are mild and volunteer happy to fulfil listening/supporting role. Not a substitute for specialist services |
| Guardianship | Suitable only in passive sense of 'knowing someone is there' to call but drawback is that person in need has to initiate call and may not be able to in times of crisis | Phone enables regular contact for those who don't want, or can't access, face-to-face services. Facilitates support outside family network, so avoids fear of seeming vulnerable or a burden. Good if family not be available or appropriate to fulfil this role. But fully-informed guardianship requires seeing a person, in their own home. Phone-based support and friendship supplement not a substitute for face-to-face guardianship | |

## 5.5 Conclusions

We find that people regularly call[124] the Helpline and/or use the Wellbeing and Friends services because of background circumstances that mean they lack sufficient or suitable social support. These circumstances are:

- Being housebound
- Friends and family have been lost or are unavailable
- Loss of sources of friendship – institutions, groups and services
- Lack of friendship from local community

Callers use the Helpline and the Wellbeing and Friends services to address various emotional and psychological needs, some of which stem from the circumstances listed above and some from other facets of their lives. People may have one or many of these needs. They are the need for:

- 'Everyday' companionship
- In-depth friendship
- Arms' length confidante
- Buried loneliness
- Support associated with mild to severe mental health problems
- Guardianship

The Helpline and Wellbeing and Friends services appear to be particularly well suited to meeting some of these needs. Specifically the need for:

- 'Everyday' companionship
- Arms' length confidante
- Buried loneliness

Its suitability for the other categories of need is more contingent, depending on the nature and extent of the support needed. In cases of more complex and acute need, The Silver Line is best suited as a supplement to other services.

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[124] This evaluation does not cover what *callers* say about the needs they are addressing when they use *only* the Helpline and *only* on one occasion. It does, however, address what *Helpline advisers* say about callers in general, including this category of caller

# 6 Changes in loneliness among people using Wellbeing and Friends services

A central question for this evaluation is whether there is a measurable change in loneliness associated with sustained use of The Silver Line. This chapter reports on our analysis of loneliness among people who use the Wellbeing and Friends services over six months. The measure we apply is the UCLA-3, which is a validated and widely used gauge of an individual's loneliness. It consists of three questions (see next page). We asked people who use Wellbeing and Friends these three questions, and then six months' later, we went back to the same people and asked them the same questions a second time. We compare each individual's answers from the first wave of questioning with those from the second wave.

This chapter explains the way in which we measure loneliness. It then:

- Details the change in the loneliness of people who use the Wellbeing and Friends service between Wave 1 and Wave 2 of the Wellbeing and Friends Survey
- Compares this change in loneliness with the change in loneliness over time in the general population of older people

It draws on

- Waves 1 and 2 of the Wellbeing and Friends Survey
- A data set taken from ELSA to match (by age and gender) the Wellbeing and Friends data set

This chapter covers use of the Wellbeing and Friends service and not use of the Helpline. The most usual route into the Wellbeing and Friends service is by the caller requesting a Silver Line Friend, although in a minority of cases, people are referred into the service but, in these cases too, they will have agreed to take up the referral. The service therefore addresses an explicit desire for friendship or befriending in the form of regular calls *from* The Silver Line *to* the caller.

While a caller is waiting for The Silver Line to find them a suitable Friend, they are offered regular Keeping in Touch calls (see page 15). Once they have been matched to a Friend, the volunteer Friend calls the individual on a weekly basis at a mutually agreed time. Calls last as long as both parties are happy to talk but the guideline for volunteers is that they last for a minimum of 30 minutes and it is unusual for them to continue for more than an hour. For safeguarding reasons, Friends are not allowed to share addresses or contact details, or meet up in person. The process of matching can take months, so people may receive KIT calls over a long period. For the purpose of investigating whether there is a measurable change in loneliness among people who use Wellbeing and Friends, we treat people who are waiting for a Friend and those with a Friend as one group.

## 6.1 Measuring loneliness in Waves 1 and 2 of the Wellbeing and Friends Survey

Quantifying loneliness is a process that faces many challenges, not least the difficulty in measuring a subjective and highly variable emotion (see chapter 3). The measure of loneliness we use in this analysis is the UCLA-3, since this is a validated and well-recognised scale. It also has the advantage of

avoiding explicit use of the word 'lonely', so as to minimise any effects that the stigma of loneliness might have on responses.

The UCLA-3 Loneliness Index comprises three questions:

- How often do you feel you lack companionship?
- How often do you feel left out?
- How often do you feel isolated from others?

For each question, respondents select an answer from the following, scoring 1, 2, 3 respectively, depending on their response:

- Often (score 3)
- Some of the time (score 2)
- Hardly ever (score 1)

Respondents must answer all three questions to register an index score. The total score, therefore, runs from a possible of '3' to '9', where a '3' consists of a 'Hardly ever' response to all three questions and a '9' consists of an 'Often' response to all three questions.

Our evaluation asked the UCLA-3 questions to the same people in two waves, which were six months apart. We compared their answers in Wave 1 with their answers in Wave 2 to measure any change in their index score over the time period while they were using the Wellbeing services.

Out of the 400 Wave 1 respondents, 251 (63 percent) were still involved with The Silver Line Wellbeing and Friends service and agreed to be surveyed again. The reasons that people dropped out during the observation period could not be not systematically recorded, but anecdotal evidence from staff responsible for the Wellbeing and Friends service suggests a variety of reasons, including hospitalisation, move to a residential care home or in with family, and deterioration in cognitive abilities deemed to be severe enough to question their ability to give informed consent. Anecdotal evidence from Silver Line staff suggests that a number of the callers who participated in Wave 1 of the survey had opted out of the Wellbeing and Friends service but continued to use the Helpline, while some others had left the service altogether.

In terms of age and gender composition, the sample did not change notably. The relative share of women and people in the oldest age group (90-99 years of age) declined slightly, possibly due to the greater propensity of the 'oldest old' to drop out from the service due to health-related reasons or following a move to a residential care facility.

## 6.2 Changes in loneliness between Wave 1 and Wave 2 of the Wellbeing and Friends Survey

This section is based on data for people who answered all loneliness index questions in both Wave 1 and Wave 2 of the Wellbeing and Friends Survey (n=244). Our analysis shows that levels of loneliness fell from Wave 1 to Wave 2. In Wave 1, just two percent of people scored a '3' on the index (the lowest loneliness score), whereas in Wave 2, this proportion had trebled to six percent. Conversely, in Wave 1, nearly four in ten (38 percent) scored '9' (the highest loneliness score), whereas in Wave 2, this proportion had fallen to just over one third (34 percent).

**Figure 11: Distribution of callers' index scores in Wave 1 and Wave 2 of Wellbeing and Friends Survey (UCLA-3 scores, range from 3 to 9)**
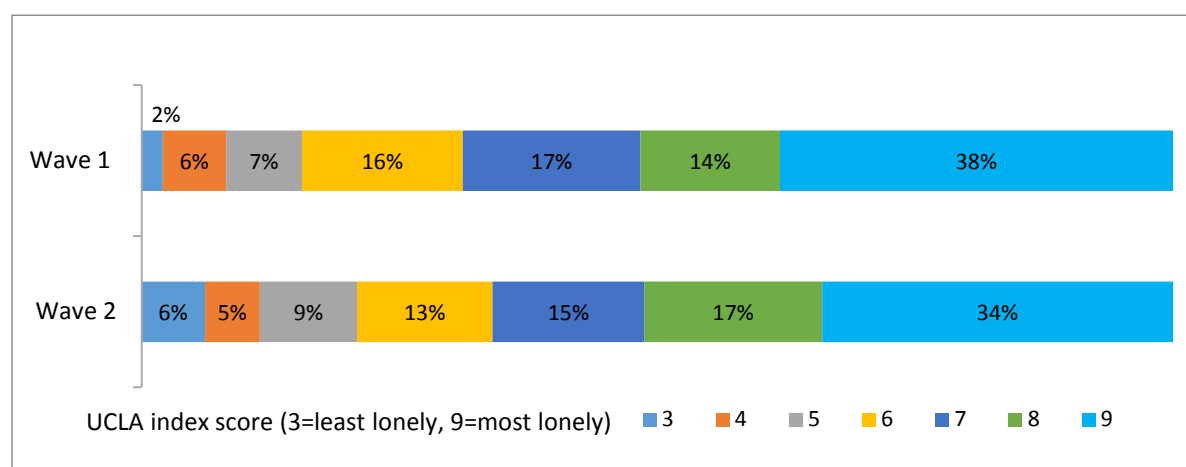


Further evidence of the fall in loneliness among respondents between Waves 1 and 2 of the survey comes from considering the average index score. In Wave 1 of the survey, the average (or mean) index score for all respondents[125] was 7.33, whereas in Wave 2, this figure had fallen to 7.12.

There are three directions in which the scores of individuals varied between the two waves: stayed the same (stable loneliness), went down (reduced loneliness), rose (increased loneliness). Our findings show that most callers' loneliness scores remained stable between the two waves, and a larger proportion of callers' scores fell than rose.

**Figure 12: Proportion of Wellbeing and Friends callers whose loneliness remained stable, fell or increased from Wave 1 to 2 of the survey**
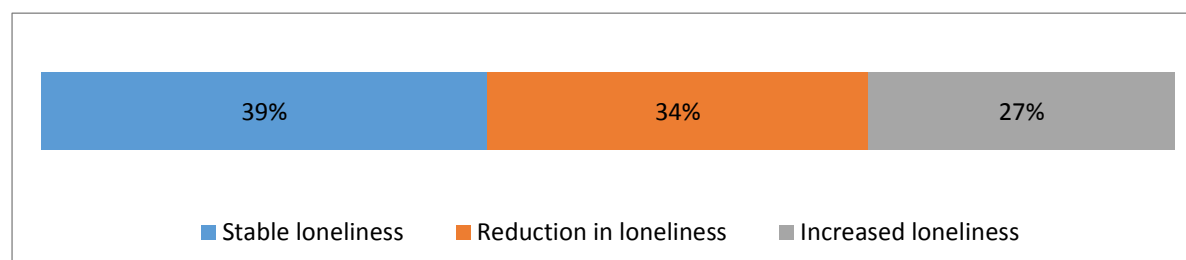


In each of these categories, the loneliness level of individuals could have started out high or low and, where it did move, move by a little or a lot. We therefore did some further analysis to determine the detail of individual movements up or down the loneliness index, or the lack of movement (stability). This analysis established, firstly, that among those whose loneliness did change, the shift was usually only by one or two points (see figure 25, appendix 2). Secondly, it established that most of the stability in loneliness was accounted for by people at the higher end of the loneliness scale staying where they were (particularly those scoring 9 on the index). This is unsurprising given other research which shows that severe loneliness may well also be chronic (ie, long lasting) and that, in this case, a negative cycle of behaviour may set in that is hard to break[126]. However, as figure 12 shows, overall

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[125] Those who completed the loneliness index for both waves
[126] See section 3.5

it was clear that a majority of individuals did experience a change in their loneliness scores but that reductions in loneliness were largely offset by increases (see figure 26, Appendix 2).

These findings complement the identification of caller needs, discussed in Chapter 5. Insofar as The Silver Line might be affecting callers' loneliness, it would be reasonable to suggest that the people who experience a reduction in loneliness are likely to have the kinds of needs which the Wellbeing and Friends service is most suited to meeting – that is, the need for 'everyday' companionship, and/or arms' length confidante. Further research, involving interviewing people grouped on the basis of the direction of change in their loneliness would help establish if this were the case.

## 6.3 Comparison between Wellbeing and Friends Survey and ELSA

In final stage of this analysis, we evaluate the changes in loneliness in the Wellbeing and Friends Survey, in view of the way loneliness varies over time in the general population. We do this by comparing the difference in the change in loneliness scores among those using The Silver Line, to a group not using The Silver Line[127].

We use ELSA data as a point of comparison. Among the various data ELSA collects is information on loneliness, which it gathers using the same measure as our research - the UCLA-3 index of loneliness. As with our survey, ELSA asks the same people the same questions in different waves and compares their answers.

Although ELSA data is collected every two years and our data was collected at a six monthly interval, we reasoned that this would still be a useful point of comparison because the proportion of people in the older population who are classified as lonely has been steady for around the past 40 years, so its variation over lesser time intervals was also likely to be fairly stable. When we looked at the latest available ELSA data, this was indeed the case, over a two-year period. Given this situation, any change in loneliness levels among Silver Line callers over a much shorter period, just six months, would be noteworthy.

We use the statistical technique called 'difference-in-differences' to compare the difference in loneliness levels among The Silver Line callers between the two waves with the difference in loneliness levels among ELSA respondents between two waves (see appendix 2 for more details). This method estimates how much of the change in loneliness among Silver Line callers might be associated with use of The Silver Line, as opposed to with other unidentified variables. It works by discounting from The Silver Line callers' change in loneliness any change in loneliness that the ELSA data suggests might be expected over time in a general population. The unit of comparison is the mean (or average) change in the UCLA-3 scores between each wave of the survey.

The group from ELSA was matched to The Silver Line group by age and gender.  The mean UCLA-3 scores for the ELSA group rose from 4.32 in the first wave, to 4.39 in the second. For the Wellbeing and Friends Survey, the mean scores started higher and fell, rather than rose: from 7.32 in the first wave to 7.11 in the second. The difference in differences is therefore 0.27, as table 2 (below) shows. This difference is statistically significant (P=0.008). However, the magnitude of the difference, at

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[127] We cannot be sure that all respondents in our ELSA sample were not using The Silver Line but it seems likely that if any were, the numbers were too small to detract from the results. Fieldwork for Wave 6 of ELSA was conducted between May 2012 and June 2103 and The Silver Line pilot was launched in confined geographical locations at the end of 2012.

0.27, is very small given the dimensions of the loneliness index (from '3' to '9'). Figure 13 illustrates this information in graphic form, including confidence limits.

**Table 2: Estimates of respondents' mean UCLA-3 scores at the two waves of the ELSA Survey and Wellbeing and Friends Survey**

| Variable | ELSA | | | Wellbeing and Friends | | | Difference in differences: Wellbeing - ELSA |
|---|---|---|---|---|---|---|---|
| | Earlier wave (EE) | Later wave (EL) | Difference (EL) – (EE) | Earlier wave (WE) | Later wave (WL) | Difference (WL) – (WE) | |
| UCLA-3 | 4.316 | 4.387 | 0.071 | 7.316 | 7.114 | -0.202 | -0.272 |

**Figure 13: Comparison of the UCLA-3 Loneliness Index score and 95 percent confidence limits in the two waves of the ELSA survey and Wellbeing and Friends Survey**
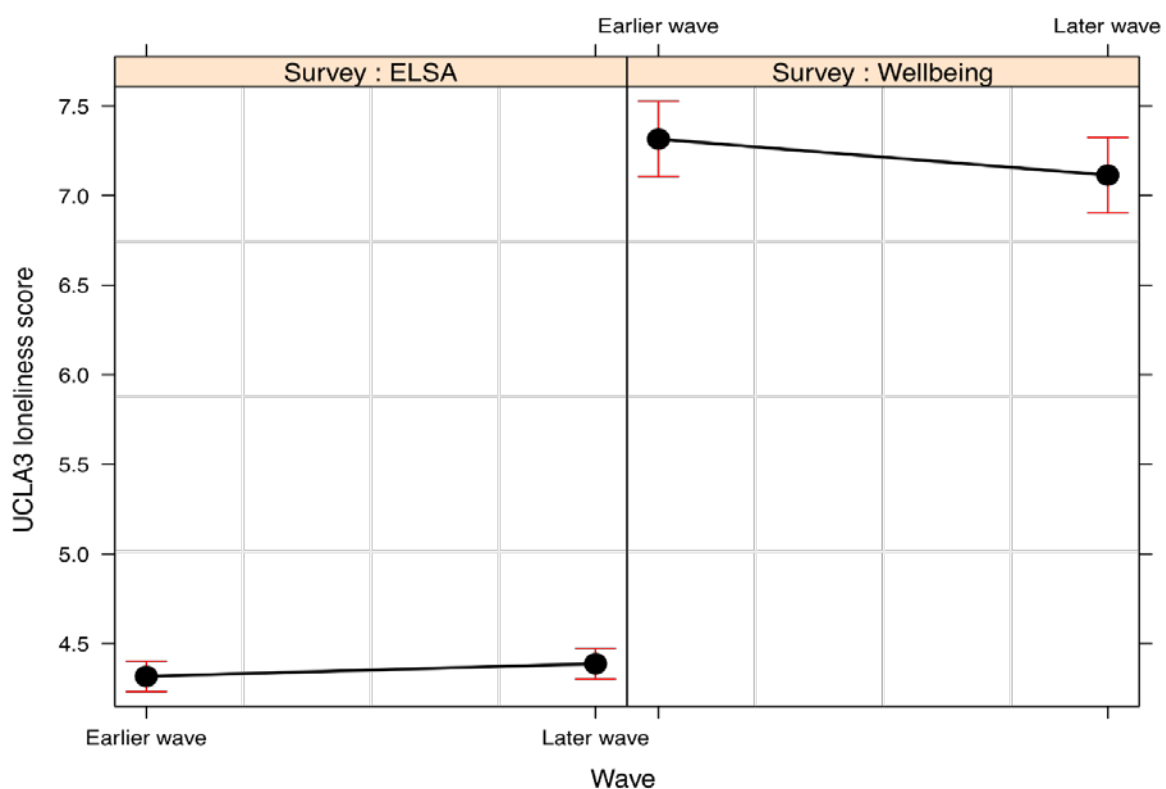


Overall, our two-wave survey demonstrates that use of The Silver Line is associated with a very small fall in loneliness, as measured by the UCLA-3, over a six-month period. The evaluation of the change as 'very small' is in relation to the dimensions of the loneliness scale. It also takes into account the change in loneliness over time of the general population of older people, as measured by ELSA. It may be that had we measured loneliness over an interval of one year, we would have found a more impressive change. A longer study would also enable a closer comparison with ELSA data.

## 6.4 Conclusions

We measured loneliness among people who use the Wellbeing and Friends services at the beginning and end of six month period, using the UCLA-3 index of loneliness. We refer to these two measurements as Wave 1 and Wave 2 of the Wellbeing and Friends Survey. We evaluate the change in loneliness in the two waves of our survey against the change in loneliness over time among the general population of older people. To do this, we use data from the English Longitudinal Study of Ageing (ELSA). We find that:

- Most survey respondents' loneliness scores either rose or fell between the two waves of the Wellbeing and Friends Survey but, overall, the numbers experiencing a reduction in loneliness were only just outweighed by those experiencing an increase.
- Around one third of respondents' scores remained stable and those registering the highest score (index score of 9) accounted for most of this stability
- Between Wave 1 and Wave 2, there is a threefold increase in the proportion of people who score the lowest index score (the least lonely) and a four percentage point decrease in the proportion of people who register the highest score (the most lonely)
- The average score on the loneliness index of all respondents falls by a very small margin from Wave 1 to Wave 2
- Among a comparable population of older people not using The Silver Line, loneliness rises by an even smaller margin over a two year period
- Overall, our two-wave survey demonstrates that use of the Wellbeing and Friends service is associated with a statistically significant but very small fall in loneliness, as measured by the UCLA-3, over a six-month period

These findings should be considered in light of the limits that any quantification of subjectively felt emotions faces. We are satisfied that the UCLA-3 is the best available measure for the surveys and analysis we conducted. It is validated and widely applied and so, in common with the best quantitative measures, it enables systematic comparison across different studies of loneliness. However there are obvious constraints on the degree to which three survey questions can yield a deep understanding of an emotion as subjective and variable as loneliness (see sections 3.2).

# 7 Volunteering with The Silver Line

The Silver Line volunteers constitute a crucial part of The Silver Line service. Most volunteers are volunteer Friends and it is this role which is the focus here.

This chapter covers:

- The demographic profile of Silver Line volunteer Friends
- The reasons people give for volunteering as a Friend
- How volunteers perceive their role
- How volunteers feel about their work
- Differences between volunteers and callers and the importance of matching

 It draws on:

- the 450-participant Volunteers' Survey
- the focus group with Head Office staff, including those who recruit and match volunteers
- the 42 in-depth interviews with callers

## 7.1 The demographic profile of The Silver Line volunteer Friends

The Volunteers Survey shows that most volunteers are well-educated but economically inactive, are women, and are aged between 50 and 74 years old. At the time of the Volunteers Survey (February to March, 2015), there were 771 people actively volunteering for The Silver Line[128]. Of these, 450 volunteers (58 percent) submitted a usable response to the online survey. Nearly nine out of 10 volunteers who responded (87 percent) are female, 13 percent are male. The largest single age group of volunteers is 50-64 years old (39 percent), followed by 65-74 years old (30 percent).

**Figure 14: Age and gender distribution of Silver Line volunteer Friends**
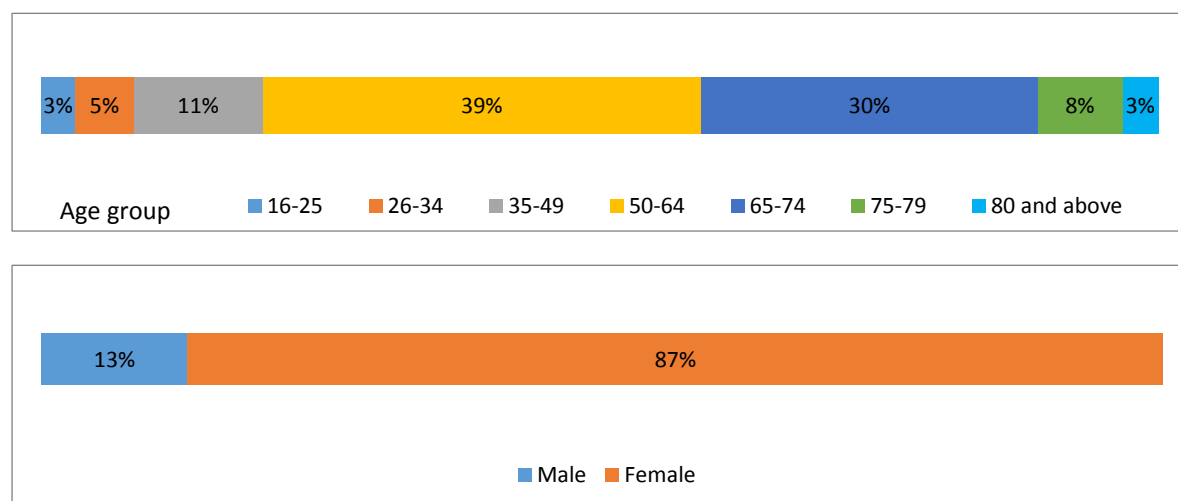


Source: Volunteers Survey. These percentages are based on the number of volunteers who disclosed their age and gender (n=438)

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[128] This was the figure given to us by The Silver Line at the time of the survey

More than half volunteers (55 percent) are Christian, although around one third (31 percent) have no religion. The volunteers are notably highly educated, with nearly half (48 percent) having a degree or equivalent. Just over half (56 percent) are economically inactive, although about one in ten (11 percent) are self-employed and just under one third (30 percent) in employment. The largest proportion of volunteers (24 percent) lives in the South East, followed by the North West (12 percent) and the South West (11 percent).

During the Head Office Staff Focus Group, staff said they perceive that the predominant volunteer group comprises "fairly well-educated women of retirement age". However there was also some agreement that younger volunteers and male volunteers are joining The Silver Line in increasing numbers (the focus group took place on 6 May 2015). One member of staff suggests that the influx of younger volunteers (people in their 20s and 30s) might be due in part to the use of the staff's own networks to spread the word about volunteer opportunities. Studies on how people are recruited to volunteering support this idea: they show that hearing about a volunteering opportunity from someone you know is a key factor in the decision to take up that opportunity[129].

The survey also shows that Silver Line volunteers have often volunteered before. Over three quarters (78 percent) of respondents have taken part in other volunteering activity. However, most respondents (71 percent) have not volunteered for another organisation specifically helping older people. The finding that volunteers have often volunteered before and, in this sense, are 'habitual volunteers' fits with other research that claims social context is an important factor in making sense of why people volunteer[130]. The decision to volunteer reflects factors such as an individual's social network, aspects of their identity, beliefs and social status, as well as more practical factors such as having spare time.

## 7.2 The reasons people give for volunteering for The Silver Line

We asked volunteers about their reasons for volunteering and their accounts can be divided into:

- Humanitarian-type reasons based around helping older people and/or making the world a better place
- Reasons more oriented to personal reward, such as using existing skills and having a sense of purpose

Our survey included a question which asks respondents to select as many statements as they feel apply from a list of reasons for choosing to volunteer (see figure 15). They were able to select as many options as they wanted. The average number of reasons selected was five. So although we group responses into 'types' below, people often selected options from both categories[131].

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[129] Paik and Navarre-Jackson, 2011, Musick and Wilson, 2008
[130] Musik and Wilson, 2008
[131] This corroborates other studies, which also find that volunteers act from a mix of motive types (Hustinix et al, 2010, Yeung, 2004).

**Figure 15: Percentage of volunteers who selected statements shown in response to question about why they chose to volunteer with The Silver Line (selecting more than one statement allowed)**

| Statement | Percentage |
|---|---|
| I wanted to provide older people with friendship | 86% |
| I felt that older people in our society need company | 78% |
| I had spare time to do it | 56% |
| I thought it would give me a chance to use my existing skills | 54% |
| It's part of my philosophy of life to help people | 50% |
| The cause is really important to me | 46% |
| Loneliness in old age is something that affects people close to me | 40% |
| I thought it would provide me with a sense of purpose | 37% |
| I felt there was no support for older people being provided elsewhere | 25% |
| It's part of my religious belief to help people | 9% |
| I thought it would give me a chance to learn new skills | 8% |
| I wanted to meet people | 4% |
| It helps me get on in my career | 2% |

## Humanitarian type responses

The option 'I wanted to provide older people with friendship' attracted the largest number of respondents and next most popular was 'I felt that older people in society need company'. Many people (71 percent) chose both of these. Other popular options in this vein are: 'It is part of my philosophy of life to help people' and 'The cause is really important to me'. However, only a small minority (9 percent) chose the option 'It's part of my religious belief to help people', this was despite the fact that two thirds of respondents say they have a religion.

All these options are expressions of a belief in the value of helping others, or of making the world a better place. This concurs with other studies of older volunteers which show that helping others is a key motivation[132]

## Ego-focused responses

This kind of reason is characterised by reference to more ego-focused, intrinsic rewards of volunteering. Such reasons are also popular among Silver Line volunteers, albeit slightly less so and more unevenly so than the Humanitarian type. Options in this category include 'I thought it would give me a chance to use my existing skills' (chosen by 54 percent of respondents) and 'I thought it

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[132] Musik and Wilson, 2008, Okun, 1994

would provide me with a sense of purpose' (chosen by 37 percent of respondents). However, some of the options which most explicitly reflect a career or capacity-building approach to volunteering attracted very low numbers of respondents. For example, 'It helps me get on in my career' (2 percent) and 'I thought it would give me a chance to learn new skills' (8 percent). On the question of whether volunteers are motivated by personal desire for friendship, it is relevant to note that the option 'I wanted to meet people' was chosen by just 4 percent of respondents.

## 7.3 How volunteers perceive their role

The survey gave respondents a list of statements about their work, asking whether they agree or disagree with them. Each response was recorded on a five-point scale from strongly agree to strongly disagree.

**Figure 16: Volunteers' responses to statements about their role: rates of agreement with each statement**
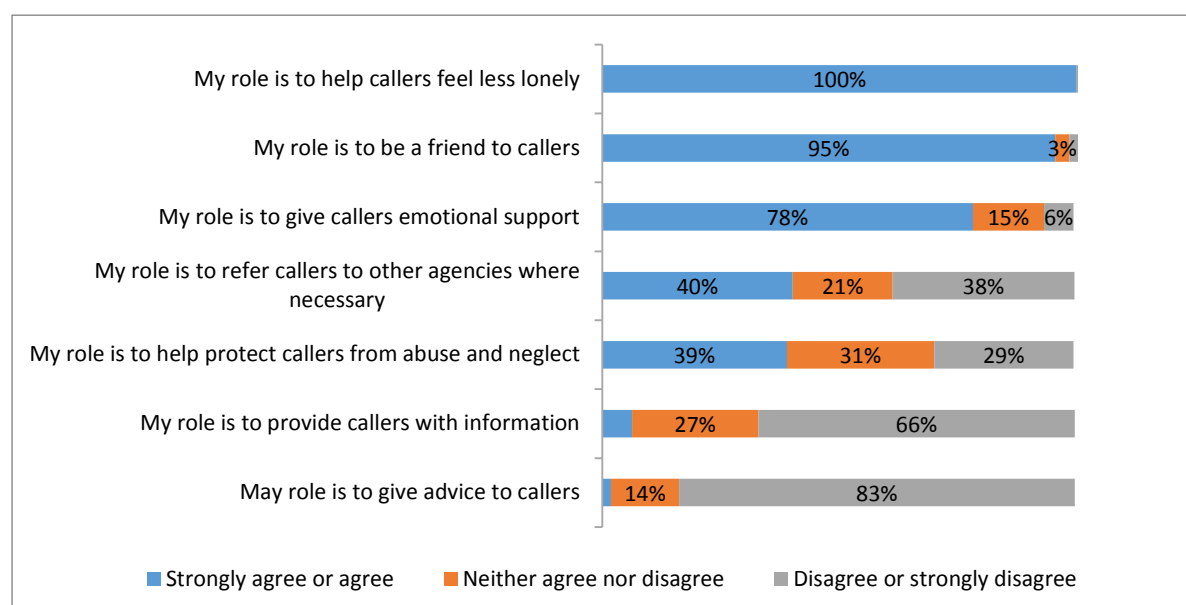


Percentages calculated based on the number of people who answered the question. Each statement analysed separately due to a different number of recorded responses.

Almost all respondents strongly agree or agree with the statements that their role is to help callers feel less lonely (100 percent) and to be a friend to callers (95 percent), and a large majority agree or strongly agree it is to give emotional support (78 percent).

This question also contributes to understanding the nature of the relationship volunteers are offering their Friend and the degree to which 'help' is part of that offering. As illustrated, five percentage points more volunteers strongly agree or agree that their role is to help callers feel less lonely than those who feel it is to be a friend to callers (100 percent compared to 95 percent). But if we look at just the 'strongly agree' category, the gap between reducing loneliness and being a friend widens to 12 percentage points (87 percent compared to 75 percent). It is relevant, here, to reiterate the point made in section 7.2, above: just four percent of respondents choose the option 'I wanted to meet people' as a reason for volunteering for The Silver Line. Taken together, these findings suggest volunteers are offering a benevolent type of friendship, perhaps better termed befriending.

## 7.4 How volunteers feel about their work

The survey shows that just over two thirds (69 percent) of volunteers intend to continue volunteering for The Silver Line for more than a year. The vast majority (96 percent) of respondents answered 'Yes' to the question 'Do you intend to continue volunteering for The Silver Line'? Only two respondents (0.5 percent) answered 'No'. Most respondents to the survey were also not new to the role: over two thirds (68 percent) had been volunteering for The Silver Line for more than 6 months when they answered the survey.

Most respondents appear to be satisfied with their work (see figure 17). The survey presented them with statements about their work, and asked their opinion on a five point scale from strongly agree to strongly disagree.

**Figure 17: Volunteers' responses to statements on rewards and challenges of work: rates of agreement with each statement**
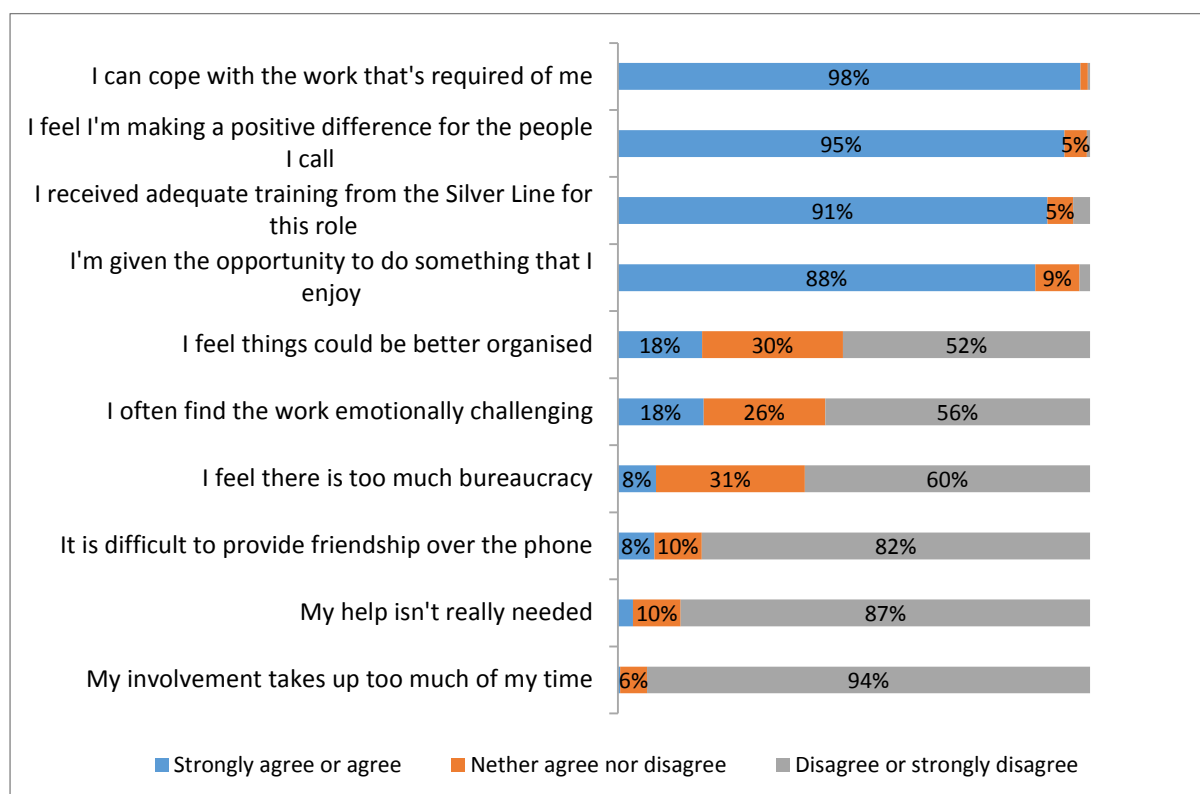


Percentages calculated based on the number of people who answered the question. Each statement analysed separately due to a different number of recorded responses.

In general, large majorities of volunteers agree with the statements which express satisfaction and disagree with those which express dissatisfaction. In particular, over nine in 10 strongly agree or agree that they feel they make a difference to the people that they call. This demonstrates a high sense of achievement.

The responses to questions on organisation and bureaucracy are, however, more equivocal. Just under one third 'neither agree nor disagree' that there is too much bureaucracy and that things could be better organised. Further analysis shows there is some variation in assessment of The Silver Line's organisation, according to people's previous experience of volunteering. Those with less

experience tend to be less critical. One in five of those with experience strongly agree or agree that things could be better organised, whereas among those with less experience, the proportion who think things could be better organised halves. However, the pattern does not hold if the previous experience is specifically with older people.

Another area of possible concern is how emotionally challenging volunteers find the work. Volunteers are paired with other volunteers so that they can support one another. Nonetheless, almost one in five (18 percent) strongly agree or agree that they often find the work emotionally challenging, and just over one quarter (26 percent) neither agree nor disagree. Finally, given that volunteers want to feel that they are helping others, two small but noteworthy instances of uncertainly about value added are relevant: around one in ten are unsure whether their efforts are appreciated by the organisation (12 percent) and that their help is really needed (10 percent).

## 7.5 Relevant differences between volunteers and callers

We wanted to know whether volunteers and the people they befriend differ in ways that matter to their relationship. Our analysis shows that there are two relevant areas where callers and volunteers can differ: in background and expectations. Volunteers tend not to be a representative cross-section of society. Silver Line volunteers are the same kind of people who volunteer generally: most are well-educated, middle-aged, and women[133].

At The Silver Line, this presents challenges in regard to the likelihood of volunteers and callers having similar life experiences. Helpline advisers told us in focus groups that some callers say they want Friends to be what they call "ordinary people". When we put this issue to the Head Office staff focus group, there was some discussion about what "ordinary people" means. One member of staff explains what they think callers mean:

> *"They want to talk to someone who's got married, had children…they are not a college lecturer or solicitor… they've just worked in Sainsbury's all their working life, had a couple of kids, got a couple of grandchildren… but those people are a bit thin on the ground volunteer wise because they are too busy looking after their own family. Chances are they've got a mother of their own whose got dementia or a father that's wheelchair bound…and they are looking after them so they can't necessarily volunteer." (Head Office staff, focus group)*

Although clearly a barrier to some matches, a lack of similarity in life experiences need not preclude them working: it's potential to do so depends on the kind of relationship sought and the priorities of those seeking it. This is where the second area of difference between callers and volunteers comes in – the difference in expectations.

The Volunteers Survey suggests that most volunteers are offering a benevolent, befriending type of relationship (see section 7.3). But there is also evidence that a minority of volunteers are looking for friendship themselves. Among reasons people say they volunteer, a few select wanting to meet people themselves. When volunteers explain their reasons for volunteering in their own words, this kind of reason also comes up: one volunteer says "I enjoy meeting people and know what it is like to

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[133] Drever, 2010, Kitchen, 2009, Low et al., 2007

feel lonely"; another says, "I have experience of being lonely myself so I wanted to help others in the same position.".

The analysis of interviews with callers, meanwhile, identifies various types of need on the part of callers. Of these, it is the need for 'in-depth friendship' which is most at risk from differences between callers and volunteers. Callers who value this kind of relationship often mention the importance of their Silver Line Friend having shared experiences, such as the same job or being widowed. They also often use the word "real" in describing the friendship. One caller, who says the calls with her Friend are "brilliant", goes on to say:

> *"If I met her in real life I'd make friends. We have in-depth conversations, nothing contrived. Of course it is contrived but the bottom line is it does feel real." (Woman talking about her volunteer Friend, interview)*

Our research shows that The Silver Line takes time and care in matching callers to volunteer Friends. While this means that some people get impatient with the extended wait to be matched, others appreciate the better quality of the resultant pairing. One woman talks gratefully about how well she gets on with her Friend, commenting, "They must have put a lot of time into matching us." She says she and her Friend are a similar age, their husbands did the same job and they share interests. As a result, she says, "We always have something to talk about."

Similarly when the match doesn't work, callers often blame a lack of things in common. One woman whose match failed says that they she and her Friend "never really had a proper conversation" for this reason. A man from Glasgow says his friendship is struggling because his Friend can't understand his accent and is much younger than him.

## 7.6 Conclusions

- Most Silver Line volunteers are women and the largest single age group is 50-64 year olds. Over half volunteers describe themselves as Christians, and just under a half are educated to degree level or equivalent
- Over three quarters have volunteered before though many not in an organisation specifically helping older people
- Over eight in ten volunteers include among their reasons for volunteering: wanting to provide older people with friendship and feeling older people need company. Relatively self-oriented reasons for volunteering are slightly less popular, but those which attract most respondents are: using existing skills and having a sense of purpose
- Volunteers agree universally with the statement that their role is to help callers feel less lonely and almost all agree with the idea that their role is to be a friend to callers. Over three quarters also see part of their role as providing emotional support
- Volunteers exhibit a marked sense of achievement. Over nine in 10 strongly agree or agree that the feel they make a positive difference to the people they call
- Almost all volunteers say they intend to continue volunteering, and over two thirds say they intend to do so for more than one year.  They agree almost unanimously that they can cope with work that is required of them, although about one in five agree they often find the work emotionally challenging.

- Any dissatisfaction volunteers feel tends to be in regards to the organisation and bureaucracy of The Silver Line. The survey also indicates that there is room for making a small minority of volunteers feel more needed and appreciated
- Like most volunteers, Silver Line volunteers are not a representative cross-section of society. This can impact on callers who would prefer a Friend who has a lot in common with them but whose life experiences are rather different from those of a 'typical' volunteer
- Most volunteers seem to be offering a benevolent type of friendship that is best described as befriending. A desire by callers for an in-depth friendship, dependent on a mutuality of intent to be 'real friends', faces a challenge under these circumstances
- The Silver Line addresses such challenges through its careful matching process but this is time consuming and meanwhile paid staff make weekly calls to those waiting to be matched

# 8  Working with The Silver Line

This chapter describes what Silver Line staff told us in surveys and focus groups about their work. It covers how they see their role, the satisfaction they get from their work and the rewards and challenges it presents.

Staff at FCMS and Age Scotland deliver the Helpline service, and are paid and recruited by these two organisations. In both instances, the staff who have been allocated to The Silver Line Helpline are exclusively dedicated to that service. Head Office staff make Wellbeing calls with assistance from FCMS and Age Scotland. Head Office staff also deliver the Caller Care service and are responsible for recruiting, training and matching volunteers.

This chapter covers:

- The demographic and career profile of Helpline staff
- How Helpline staff perceive their role
- Staff satisfaction with work and training
- Rewards and challenges of the job

It draws on:

- The Helpline Staff Survey (54 responses)
- The focus groups with Helpline staff based at FCMS
- The interview with FCMS Helpline managers
- The focus group with Head Office staff

## 8.1 The demographic and career profile of Helpline Staff

The age and gender distribution of Silver Line Helpline staff based at FCMS and Age Scotland are shown in figure 18 (below). The majority of the staff are aged 40-59, with 50-59 being the single largest age group. Around eight in ten staff are female[134].

**Figure 18: Age and gender distribution of Silver Line Helpline advisers**



| 4% | 18% | 10% | 29% | 31% | 6% | 2% |

Age group  ■ 16-19  ■ 20-29  ■ 30-39  ■ 40-49  ■ 50-59  ■ 60-64  ■ 65 and above

| 18% | 82% |

■ Male  ■ Female
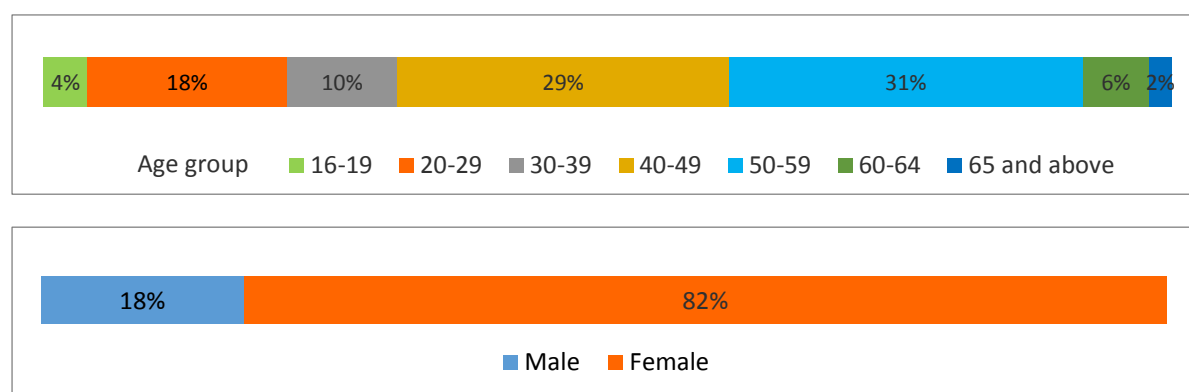
Source: Helpline Staff Survey

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[134] These percentages are based on the number of staff who disclosed age (n= 51) and gender (n=50)

The Helpline Staff Survey included a question on the staff's previous work experience. The respondents were shown a list of professions and asked to state whether they had previously worked in those roles. Figure 19 (below) shows the proportion of staff with experience from certain fields.

**Figure 19: Previous work experience of Helpline Advisers**



Source: Helpline Staff Survey

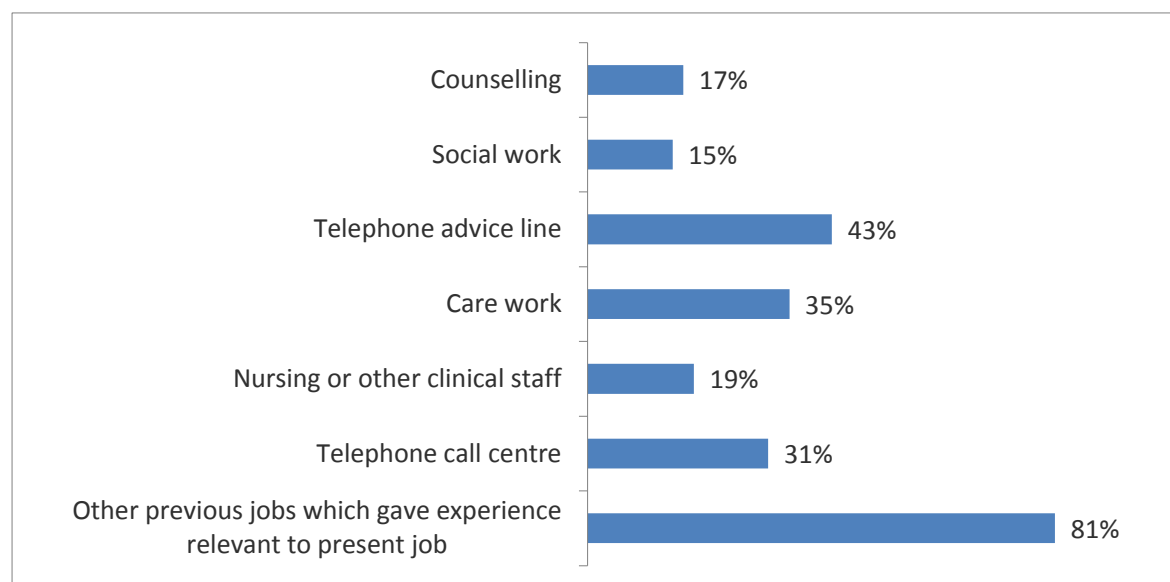As shown in figure 19, close to a half of The Silver Line staff (43 percent of all respondents) have previous experience of working in telephone advice lines. Around a third of the respondents have previously worked in care work (35 per cent) or telephone call centre (31 percent), and just under a fifth (19 percent) have worked in nursing or other clinical job.

Four out of five respondents mentioned having other experience that they feel is relevant to their current role as a Silver Line adviser. As a response to a follow-up question asking for more detail, the respondents listed a variety of both public and private sector customer service positions and support roles, previous employment in the educational sector, and a range of jobs involving extensive contact with older people, vulnerable people and people with mental health problems. Several of the responses also mentioned unpaid roles, such as 'daughter', 'mother' and 'foster carer'. Some respondents stated having gained useful experience by looking after an older family member.

## 8.2 How Helpline staff perceive their role

To assess how Silver Line staff perceive their role, the survey presented respondents with a list of statements about their work and asked how strongly they agree or disagree with these statements.

As figure 20 (see next page) shows, The Silver Line advisers have a fairly unanimous understanding of their role. The vast majority of respondents agree or strongly agree with the statements given. All respondents agree or strongly agree that their role is to be friendly to callers, and to refer them to other agencies where necessary. Nearly all (98 percent) agree or strongly agree that their role is to help the callers feel less lonely, and to provide them with information.

**Figure 20: Percentage of Helpline staff who strongly agree or agree with statements about role**
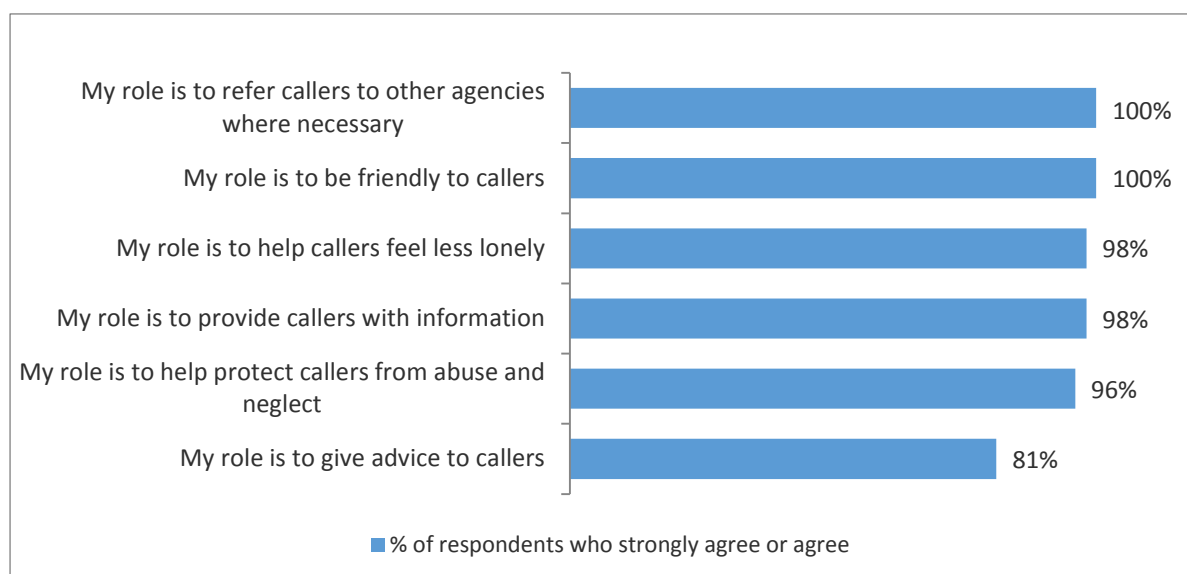


Source: Helpline Staff Survey

Agreement was relatively lower (81 percent) with the statement "My role is to give advice to callers." This may reflect an attitude among staff that it is important to be flexible in handling calls, and that while a caller may appear to want advice, they may also be motivated by a less explicit need, for example, for companionship.
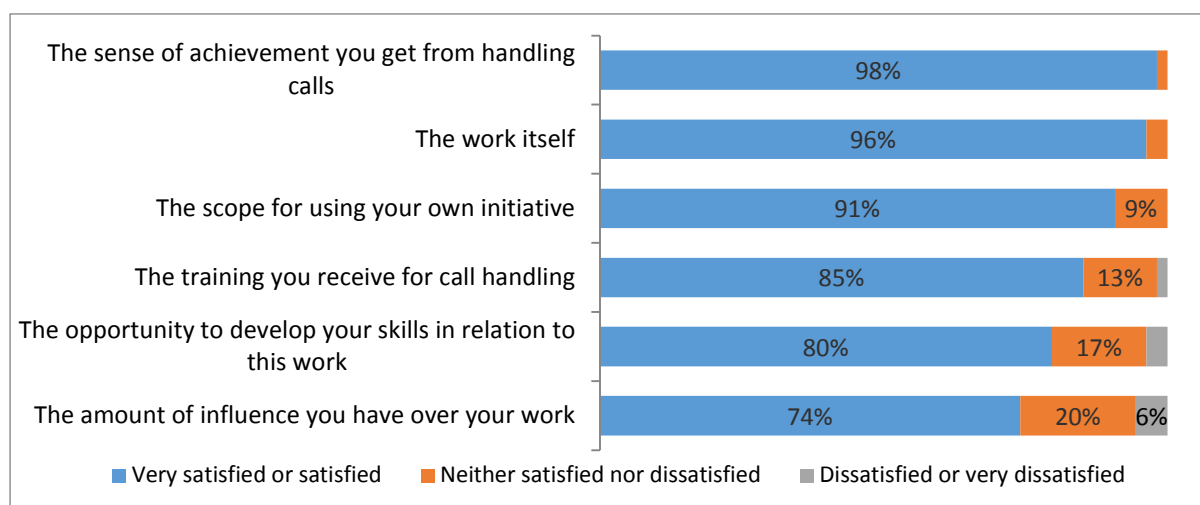
The focus groups with Helpline staff and interviews with managers reinforce this point. Managers stress that the requirements for Helpline staff differ from those in call centre jobs. At the Helpline, there is less emphasis on standard procedure, process, or outcomes. Instead, each call is different and the advisers need to 'think on their feet': to engage the caller in a conversation, find out why they are calling and what they need, and then adjust their responses accordingly. As one of the FCMS managers puts it:

> *"Your first call could be somebody who's suicidal and you have to talk to them. The next one could have mental health issues and you are trying to help them there. The next one might want to talk about Coronation Street or the weather … there isn't always a process. You need to be comfortable that you can kind of follow your own guidelines and take somebody through a call but not necessarily have a set outcome." (Helpline manager, interview)*

## 8.3 Staff satisfaction with work and training

The Helpline Staff Survey sought to assess how satisfied the Helpline staff are with selected aspects of their work. It presented respondents with a list of different aspects of their job and asked them to select their response on a five-point scale, ranging from 'very satisfied' to 'very dissatisfied'. As figure 21 shows, overall job satisfaction is very high among The Silver Line advisers, with almost all respondents feeling satisfied or very satisfied with the sense of achievement from handling calls and from the work itself.

**Figure 21: Helpline staff's responses to statement about work satisfaction: rates of agreement**



Source: Helpline Staff Survey

The comments in surveys and focus groups with Helpline and Head Office staff further illustrate this sense of achievement and the satisfaction that goes with it.

> *"This job is very worthwhile and regardless of its occasionally repetitive nature, I think it fills a massive need for the callers and it gives a great sense of achievement." (Helpline adviser, comment in Staff Survey)*

> *"Over the years that we've been working, it's been really nice to see sort of certain people change and really come out of themselves" (Helpline adviser, focus group)*

Head office staff also talk about the boost they get when callers and volunteers praise the service. Some also mention, in particular, the satisfaction they have got from being with The Silver Line since its inception and not only witnessing but also contributing to its expansion. Job satisfaction among The Silver Line staff compares well with the national averages, as figure 22 shows.

**Figure 22**: **Percentage of respondents who are very satisfied or satisfied with aspects of work: Helpline advisers compared to national average (taken from WERS[135])**



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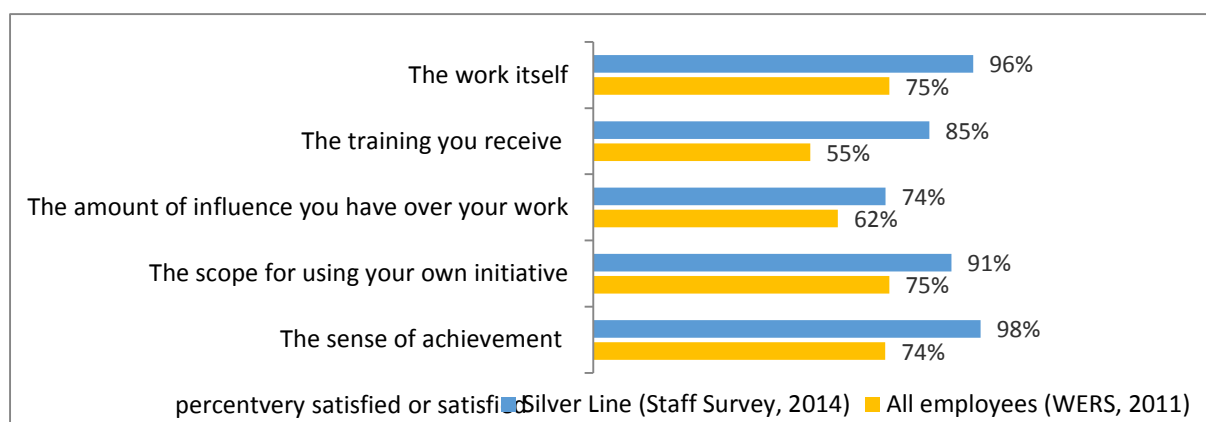
[135] Work Employment Relations Study 2011, covers England and Wales. Available at: https://www.gov.uk/government/publications/the-2011-workplace-employment-relations-study-wers (Accessed 24/09/15)

## Satisfaction with training

In regard to training, Silver Line advisers are relatively less satisfied than with other aspects of their work (although the same is also true at a national level). In the case of The Silver Line, comments from Helpline staff indicate that their reservations about the adequacy of training are linked to the number of callers with mental health problems (as discussed in section 5.3). Some staff feel they are not equipped to help as effectively as they would like.

> *"We are becoming a favourite with a lot of folk who have real mental health/anxiety/depression/ suicide problems because we engage them in conversation and act as a 'comfort blanket'. It can be very testing and an emotional roller coaster … at busy times I find it hard to go straight from one call to another." (Helpline adviser, focus group)*

> *"I really enjoy my work but I need extra training dealing with the mental health aspect of some calls." (Helpline adviser, Staff Survey)*

The Silver Line managers we spoke to said that when the service was first set up, they did not expect such high demand from callers with mental health needs. Part of the explanation for this is likely to be the recent cuts in funding for mental health services[136]. Staff also said that they have been addressing the need for additional training in this area:

> *"We didn't really have anything around mental health because we didn't realise it would be such an issue for us to deal with. Since then, we've developed…some of our staff that have worked in mental health and have a background and training. So, we approached [head office] and said could we use our experience and pull a bit of training together, which is what we're doing at the moment" (Helpline manager, interview)*

## 8.4 Rewards and challenges of the job

While our research shows that Silver Line staff derive a great deal of satisfaction from their work, it also shows that they can find it challenging. The survey asked staff to respond to a series of statements about their work. The results are shown in figure 23, below.

**Figure 23: Helpline staff's responses to statements about challenges of the job: rates of agreement**



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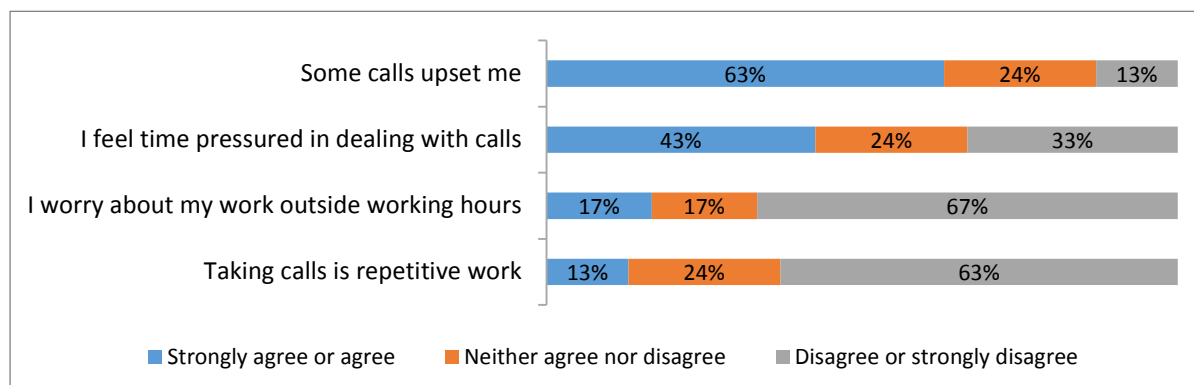
[136] There has been an 8.25 percent real terms reduction in mental health funding over last 5 years (*Community Care,* May 2015, quoting figures from 43 trusts)

Nearly two thirds (63 percent) of respondents strongly agree or agree that some calls upset them and 43 percent that they feel time pressure in dealing with the calls. Conversely, around two thirds disagree or strongly disagree that they worry about work or that their work is repetitive. These findings are presented in figure 23 (above).The upsetting nature of calls was also evident in focus groups with Helpline and Head Office staff.

> *"Sometimes you're  sat thinking, God did I answer that last one right because should I have… oh gosh, could I have done something different or could I have said something else? (Helpline adviser, focus group)*

> *"The issues that people phone up with and the mental health problems, the suicide… it isn't all fluffy and nice … it is the lonely old man that's sat living with no fire on because he can't afford to put it on, crying because his wife's no longer with him and you've got to be prepared to deal with that." (Helpline manager, interview)*

> *"Probably when most people start they have a caller who has them in tears in the first week, not because the caller is awful but because of their story." (Head Office staff, focus group)*

Despite being emotionally affected by some of the calls, the survey suggests worrying about work outside working hours, is not common. Helpline staff mention some of their coping mechanisms in the focus groups.

> *"I have come off the phone… oh, I just want to  go round and make this lady a cup of tea and sit with them for three hours … and it does get to you a little bit but I think, you have to just think, well I've done my job, I've done what I can, she's going to ring back … I'm in focus now that's it and just let it go over your head, otherwise … " (Helpline adviser, focus group)*

It is also clear from focus groups with Helpline and Head Office staff that the satisfaction with the work and sense of achievement also offset the challenges it presents.

> *"I regularly, at least twice a week, stand on the train platform, looking at everybody on the train platform and they all look so miserable, you know, stressed and I'm like, 'I like my job, I'm quite enjoying it actually'." (Head Office staff, focus group)*

## Working within the parameters of what can be achieved

As well as finding calls generally upsetting, Helpline and Head Office staff also talk of the difficulties associated with recognising the limits of what they can achieve over the phone.

> *"Sometimes when you talk to these callers and they've got all sorts of things going on in their lives and there is a limit, a barrier to what we can do. That can feel frustrating sometimes. I'm not saying that's enough to make me want to leave the job but for me that is a frustration sometimes, because you really feel the boundaries. You have to remind yourself of the boundaries and what the remit of the charity, sort of, is." (Head Office staff, focus group)*

In this context, staff frequently refer to the paucity of state service provision.

*"That's the worst thing for me – that I find difficult to cope with on a personal level, when someone says to me – well my carer comes in and they are only here for half an hour and they can't do anything, they can't cook anything and then they don't see anybody for four hours and you think, 'How? In this day and age, can that be possible?' …And you just want to go and be with them and do what they need doing and just spend that hour or two that might make a little bit of difference." (Helpline adviser, focus group)*

*"There was a lady today who's got very bad memory issues … she can remember so little that she's in a state of anxiety all the time and really somebody, probably from social services, should be stepping in and looking after her more… We know that but we can't do anything further about it. All we can do is try and calm her down, reassure her… that's where talking seems like it's not enough really." (Helpline adviser, focus group)*

*"If a caller comes in and they want to lead the conversation down a route of, 'I am going to open up to you and I'm going to tell you everything' and, really, this is better heard by a therapist but perhaps they are not getting access to a therapist. Then you have to be very aware of your boundaries, I think, to be responsible as a charity because you do not know what you are saying to them that might unravel something for them, that they don't have the support around them at home." (Head Office staff, focus group)*

Referring callers to other services is one of The Silver Line's main functions and one which Helpline staff recognise as a key part of their role (see section 8.2). Staff say, however, that there can be a lack of suitable services to refer callers to, due to funding cuts, especially if the caller is based in a rural area. At other times, it is not a lack of services which is holding the caller back but a lack of self-confidence, which hampers their ability to take the step of phoning the service. In these cases, staff say they need to offer gentle and sympathetic encouragement, in addition to a referral phone number:

*"There's that whole thing about whether somebody's got the, sort of, inner strength to attempt to solve their problem themselves. But then they can keep phoning back, you know, and we can keep trying, can't we?" (Helpline adviser, focus group)*

## 8.5 Conclusions

- The Helpline Staff Survey finds that most Helpline staff are aged 40-59, and around eight in ten are women
- Working on advice lines and working in care are the most common areas of previous experience among respondents to the Helpline Staff Survey. Staff also mention a wide range of other relevant experience
- Respondents agree almost unanimously that their role includes being friendly to callers, helping them tackle their loneliness and referring them to other services
- From our research, it is clear that staff see the ability to be open and flexible in handing calls as key to their role. Their approach is not formulaic or systems-led and, in this regard, differs markedly from the work of staff in most call centres
- Satisfaction levels among staff are high and exceed national norms. Helpline staff are particularly satisfied with the work itself, the scope for using their own initiative and the

sense of achievement they derive from their work. Head Office staff also gain satisfaction from feeling that their work is worthwhile and, in addition, from having participated in the growth and development of The Silver Line

- Our research highlights a concern among some staff that they need more training to manage the unforeseen number of calls they get from people with mental health problems
- Most Helpline staff find calls upsetting at times, although the sense that their work is worthwhile helps them cope. The proportion of Helpline staff who agree that they worry about work outside hours is relatively low, perhaps reflecting their relevant prior work experience
- Our research evidences a feeling among staff that there are limits to the difference they can make to the lives of people who call The Silver Line. This can be a source of frustration but also serves as a helpful reminder in setting expectations and boundaries
- Staff tell us that a lack of adequate provision of services for older people contributes to callers needs and limits what The Silver Line can do to meet them. Specifically, it hinders the ability of Helpline staff to provide callers with useful referrals to other services

# 9   Conclusions and recommendations

This is a mixed methods evaluation comprising several large-scale surveys as well as focus groups and interviews. It sought the views and opinions of Silver Line managers, staff, volunteers and callers.

Each chapter (from chapter 4 onwards) tackles one of our five research question areas:

- The people who use The Silver Line
- The reasons people use Silver Line services
- Measurable change in loneliness among people using the Wellbeing and Friends services
- The Silver Line volunteers
- Silver Line staff

## 9.1 Conclusions

The conclusions to these chapters address the detailed research questions in each area. The purpose of this section, therefore, is not simply to list the chapter findings once more but to revisit them in order to bring together common themes from across the chapters.

This process enables us to make the following concluding observations, as a result of our research:

**Who The Silver Line is reaching**

- The Silver Line is reaching older people who are disproportionately lonely and socially isolated and have low enjoyment of life. They are also more likely than their contemporaries to have poor health and suffer from a longstanding illness or disability
- Previous studies and our own research suggest these factors are interlinked and mutually reinforcing: for example, loneliness feeds into and emerges from ill-health; living alone or being housebound is associated with feeling alone; loneliness and depression often go hand in hand, as do depression and low enjoyment of life. This experience of multiple and interlinked problems is a common feature of disadvantage and defines many callers' lives
- Our qualitative research corroborates this impression. Interviews with callers and focus groups with staff demonstrate that many of those using The Silver Line are housebound due to poor health or disabilities and many have mental health problems. Bereavement is frequently mentioned among callers' problems and is similarly inter-linked with other difficulties they face

**What people are using The Silver Line for**

- Loneliness stands out as a major reason for using The Silver Line. Loneliness is defined as a feeling of isolation, arising from dissatisfaction with the quantity or quality of one's existing relationships.[137] Although loneliness is a single word, it encompasses a multifarious phenomenon. Judging from what callers and staff tell us, the nature of callers' loneliness differs, as does its context

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[137] Perlman and Peplau 1981; Peplau and Perlman, 1982

- We find people use The Silver Line when they have a need for any or all of the following: 'everyday' companionship, in-depth friendship, an arms' length confidante; to address buried loneliness; guardianship; support associated with mild to severe mental health problems. These needs all encompass loneliness, but may go beyond it. For example, there may also be a need for face-to-face contact or long-term specialist support if the callers' problems are to be addressed fully
- Our interviews and focus groups with staff and callers demonstrate a widespread opinion that cuts to other services are exacerbating callers' needs
- In addition to callers using The Silver Line for the purposes we identify, our research also shows that they use The Silver Line for information, advice, referrals and to disclose abuse and neglect. The Silver Line collects data recording its performance against these functions but an independent evaluation of this data was beyond the scope of our research

## How suitable The Silver Line is for addressing callers' needs

- The suitability of The Silver Line to address the needs we identify depends on: the degree to which loneliness is part of the need; the ability for a relative newcomer in the callers' life to address the need; the pros and cons of the phone as a mode of communication under these circumstances
- In addition to providing friendship as a response to loneliness, The Silver Line is also well suited to delivering emotional support in many forms, including sympathy, reassurance, encouragement, and a welcoming response
- We find The Silver Line is best suited to addressing a need for: 'everyday' companionship, an arms' length confidante and dealing with buried loneliness
- The suitability of The Silver Line to address the other needs we identify is more contingent. Some callers' needs require long-term, highly specialist support and/or face-to-face contact to be thoroughly addressed. In these cases, The Silver Line is best thought of a supplement, rather than a substitute for other forms of support
- Many staff recognise these limits to The Silver Line services. Some staff tell us these limits can be a source of frustration to them but they also say they serve as a helpful reminder in setting expectations and boundaries
- Levels of satisfaction are remarkably high among staff and two thirds of volunteers say they intend to stay in their post for at least one year. A satisfied and stable workforce is clearly an asset to the smooth and continued operation of The Silver Line

## Use of The Silver Line and diminishing loneliness

- We find that average loneliness, as measured by the UCLA-3, diminished by a statistically significant but very small margin among Wellbeing and Friends callers over the course of six months. Our evaluation of the change as 'very small' reflects its size relative to the dimensions of the UCLA-3 scale. It also reflects our estimation that average loneliness among a comparable sample of the general population rises very slightly over time
- The split in the proportions of people recording the various possible scores on the UCLA-3 index reflects this fall in Silver Line callers' average loneliness over the six months. The proportion recording the lowest score (the least lonely) rose threefold. The proportion of those recording the highest score (the most lonely) fell by four percentage points

- This analysis should be understood in the context of the drawbacks of attempting to measure loneliness. We are satisfied that the UCLA-3 is the best available measure for the analysis we conducted and, in common with other good quantitative measures, it enables comparison across studies. However quantitative measures are, by their nature, limited when it comes to understanding complex and multi-dimensional phenomena
- Other aspects of this evaluation demonstrate a widespread belief among staff and volunteers that The Silver Line is effective in tackling loneliness. Staff show a remarkably high sense of achievement in their work. Coupled with their almost unanimous agreement that their role is to help callers feel less lonely, this suggests that staff believe their work is effective in tackling loneliness. This impression was corroborated in staff focus groups, where staff talked about their feelings that their work is worthwhile. Volunteers agree almost unanimously that they feel they are making a positive difference to the people they call
- The fact that The Silver Line attracts and retains many callers with markedly high levels of loneliness suggests that those callers are turning to The Silver Line as a way of addressing this issue. Many of the callers we interviewed also describe how much they enjoy their calls and the needs those calls answer, in particular, a desire for companionship of varying sorts

## 9.2 Recommendations

In view of these conclusions and our findings in general, we recommend the following:

### Categorising callers and providing a differentiated service

The Silver Line has taken a robust and honest approach to combating loneliness, offering anyone who wishes to receive phone calls a weekly call from a volunteer or member of staff. The underlying belief is that this will measurably decrease the loneliness of those who receive such phone calls. However, depending on the nature and context of the callers' loneliness, one phone call each week might have limited impact. Callers whose loneliness is more entrenched may well benefit from increased telephone calls each week or, possibly, a link to other organisations offering home visits and support.

We recommend that The Silver Line consider some form of categorisation of caller, in terms of their needs, giving callers with more entrenched loneliness the option of receiving an increase in the frequency of phone calls.

### Defining the parameters of what The Silver Line services can achieve

The Silver Line should be as clear as possible with staff and callers about what its services can and cannot offer. This is particularly important given the number of callers who have complex and inter-linked needs. Loneliness is often part of the problem in these complex cases and our research suggests that The Silver Line is well-equipped to provide a supportive role in this respect. But disentangling one need from many is challenging. One benefit of the inter-linked nature of callers' problems is that where The Silver Line can isolate and tackle particular needs, there is potential for positive knock-on effects on other problems. The Silver Line's referral, advice and information functions are also potentially very useful in these complex cases but referral may be hampered by a lack of suitable and available services.

We recommend that both staff and callers should be made aware of the parameters of the service that The Silver Line is able to offer.

## Striking the balance between time and quality in matching callers to Friends

It is evident that The Silver Line takes time and care in matching callers to volunteer Friends. While this means that some callers get impatient with the extended wait to be matched, others appreciate the better quality of the resultant pairing. However, taking time in matching not only risks the ire of callers and volunteers, it also entails financial and organisational costs. While callers are waiting to be matched, they receive KIT calls, which are made by paid staff, rather than volunteers. The Silver Line is working on streamlining the matching process, as well as the process of recruiting and training volunteers.

We recommend that process of streamlining the matching of appropriate volunteers with callers be seen as a priority.

## Widening volunteer recruitment

The Silver Line has not had the difficulties in attracting volunteers that comparable services have faced[138]. This puts it at an advantage in delivering the Silver Line Friends service. However, The Silver Line's volunteers are not a representative cross-section of society (a statement which is also true of volunteers in general). Our research suggests that Silver Line callers would benefit if there were more volunteers from groups that are currently under-represented among Silver Line volunteers, in particular, men and individuals with backgrounds and life experience that match those of callers more closely.

We recommend an initiative to recruit male volunteers and those with backgrounds and life experience that match callers more closely

## Attracting greater numbers of male callers

Men are under-represented among Silver Line callers, in particular among people using the Wellbeing and Friends services. Our research corroborates other studies in indicating that this may in part be due to a male tendency to 'bury' loneliness. It would appear that a considerable number of men using the Helpline Service would actually benefit from the Wellbeing and Friend's service, but do not request this service as they do not wish to admit to being lonely.

We recommend that The Silver Line focus on strategies which target men in particular, when it recruits Helpline callers to the Friends services. This may require a nuanced approach that takes full account of any reluctance to admit to lacking close companionship.

## Retaining high levels of staff and volunteer satisfaction as the service expands

Staff who took part in the Head Office focus group clearly appreciate participating actively in the development of The Silver Line, feeling that managers listen to and act on their suggestions. Although the Helpline is outsourced, staff at FCMS also evidently feel part of The Silver Line project. Such feelings were also demonstrated in the high levels of staff and volunteer satisfaction in our

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[138] Mountain et al, 2014

surveys. As the service expands, and the limits of inclusivity are tested, managers should work to retain these positive attitudes.

We commend the way in which The Silver Line senior staff and trustees have demonstrated the value they place on the work of the staff and volunteers. We recommend that such demonstrations of value and inclusivity are maintained as The Silver Line grows.

## Further independent evaluation

This evaluation has focused on a limited number of issues within the very broad activities and objectives of The Silver Line. In particular, in the survey of longer term callers, it has provided two snapshots of limited changes over a six month period. In the longer term it is important for The Silver Line to demonstrate its impact on the wider health and wellbeing of regular callers, with the consequent savings to the NHS and Social Care. The evaluation has also been unable to determine what the impact of an increased number of phone calls could achieve for those with entrenched loneliness.

We recommend a longer term study to track regular users of The Silver Line, comparing different intensities of intervention and gathering data on the impact on health and wellbeing.

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# Appendix 1 Methods: further details

This appendix gives further details about the quantitative and qualitative methods we used, including the process of recruiting participants and gathering data. We used Excel, SPSS and the computer program R[139] to analyse the quantitative data, and Nvivo for the qualitative analysis.

## Qualitative interviews

The interviews took place in a room set aside for exclusive use by the ARU researchers at The Silver Line's London offices, so as to protect the confidentiality of participants. For the same reasons, the researchers did not record the interviews but instead took detailed notes during them. The analysis was carried out using specialist software, designed to help identify common themes cutting across the various interviews and collate illustrative quotes.

The research team chose the telephone as a medium for the interviews for the following reasons:

- Telephone interviews seemed a natural choice given that The Silver Line is itself a phone service. It also meant that participants would be relatively comfortable and accustomed to the medium
- It enabled the involvement of participants from a wide geographical and those who might face mobility or other issues accessing face-to-face interviews
- Phone interviews are recognised as protecting anonymity and being well-suited to discussing sensitive or stigmatised issues, such as loneliness

Participants were recruited in the natural course of The Silver Line's processes. On the interview days, Silver Line staff asked people who called the Helpline and were known to be regular callers whether they would like to participate in an interview. A similar process was used to recruit people receiving KIT and Friends calls. Staff then passed phone numbers of would-be participants to the researchers, who called them, explained the research and interview process and ensured that individuals were able to give informed consent, before conducting the interviews.

## Scoping study

Helpline staff asked the scoping questions in the course of normal call handing. This took place during 3,167 phone calls, and a total of 583 answers were given to the open-ended questions. In 558 calls, the caller provided an open-ended answer to the final question 'Do you find anything else good about it'. In 16 calls a verbal response was given to elaborate why the caller had not found the service useful. The exact questions in the scoping study are shown in figure 24, below.

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[139] R Development Core Team, 2015

**Figure 24: The scoping study question format**
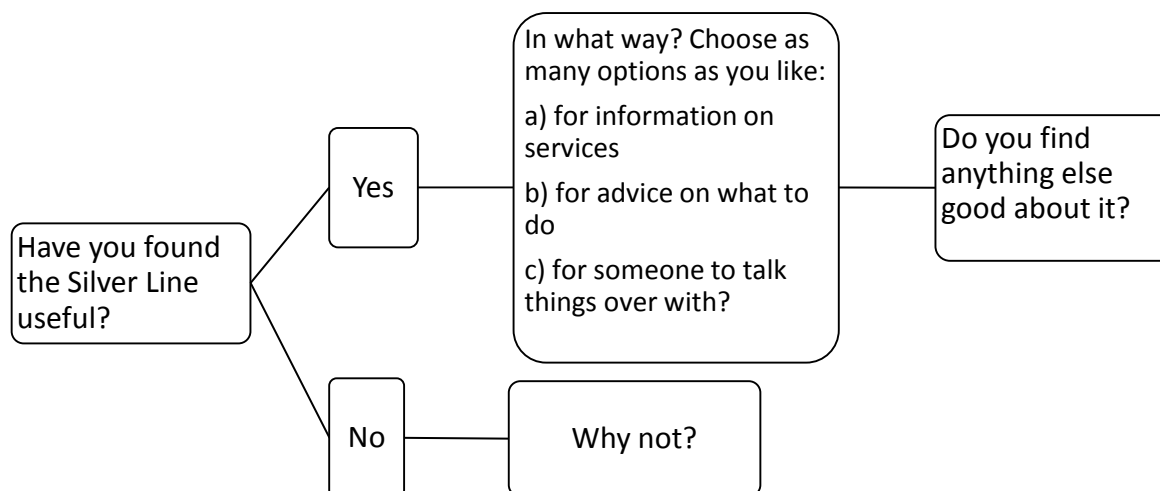


The questions were phrased in this way to enable the identification of people who call The Silver Line ostensibly for advice but who are also motivated by loneliness. The idea that callers might be doing this came both from interviews with management and from the study of The Silver Line pilot (see page 42).  The benefits of this approach to questions on issues that may carry stigma or are regarded as 'shameful' or 'embarrassing' has been demonstrated elsewhere.[140]

Helpline staff recorded all responses, including the open-ended answers, in writing. They wrote down open-ended answers using either the first or the third person. As a result, some answers reflect the callers' point of view, while others record the questioner's interpretation. In the absence of a caller identification system (the Helpline is confidential and anonymous), repeat callers were not easily identified. As a result, repeat callers may have been asked to give feedback on more than one occasion, resulting in duplicate entries from a single caller. For both these reasons, we do not present this information as a survey, but as a scoping study.

## Isolation survey

To acquire a sample which was representative of the range of calls to the Helpline over time, FCMS and Age Scotland staff administered the questionnaire to callers at regular intervals during every shift in both locations.   As the survey was anonymous, before administering the questionnaire, each caller was asked if they had already replied to the questionnaire.  Those who said they had already been asked these questions, those who seemed confused, and those who could not remember were all excluded.

There were 534 responses, exceeding the target of 500. 461 of these responses came from callers based in England and 73 from callers in Scotland, Wales and Northern Ireland.

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[140] For example, see Beach and Bamford, 2014

The exact questions were:

Do you live alone?

(a) yes
(b) no

How many times in the past week have you had contact with friends or family?

(a) none
(b) 1-3 times
(c) more than 3 times

The staff who administered the survey filled in a questionnaire in paper format for each caller. The completed survey questionnaires were marked with the shift and location, and sent to the ARU research team.

## Wellbeing and friends survey

The survey included a set of questions covering the following areas:

- service users' demographic background
- living situation
- experience of loneliness
- enjoyment of life
- health and illness

In addition to the above, information on respondents' location and how they had been in contact with The Silver Line was obtained from administrative records and inserted in each survey response.

Administering the survey involved reading out each question and all answer options to the respondent, who then selected the options that best described their feelings, opinions or experiences.  The survey questions were carefully selected to enable comparison with ELSA. The loneliness index we use is the UCLA-3, which is composed of three questions 'How often do you feel you lack companionship', 'How often do you feel left out' and 'How often do you feel isolated from others'. Each item is measured on a 3-point Likert scale ranging from hardly ever/never, some of the time, and often, and resulting in a theoretical range of 3-9, with a higher score indicating greater loneliness. The enjoyment of life questions are a sub-section of the CASP-19. The selection of these specific items was informed by the findings of a recent research study, which demonstrates strong association between the incidence of coronary heart disease and stroke and well-being measured using these specific items.[141]

We decided to confine the coverage of this survey to people who use Wellbeing and Friends services for two reasons:

- The Helpline service is anonymous and confidential so staff do not systematically ask callers for their name or contact details. The Silver Line only systematically collects and

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[141] Steptoe et al., 2014

holds callers' contact details if they join the Wellbeing and Friends service because this service necessitates regular contact *from* The Silver Line *to* the caller. Access to callers' contact details was necessary to carry out the two waves of the Wellbeing and Friends survey, since this tracked particular individuals.

- Helpline callers can approach the service on their own terms, whenever they wish to talk to someone or need advice or information on services. Individuals' frequency of contact with the service is not recorded. Had we included Helpline callers in the Wellbeing and Friends survey, the sample might have included callers whose contact with The Silver Line is infrequent. By restricting the sample to callers who receive weekly calls from their volunteer friends or Silver Line staff, we know that the sample consisted only of respondents who are in contact with The Silver Line *at least* once a week (some may have more frequent contact if they also use the Helpline in addition to their weekly KIT or Friendship calls).

A unique Charity Log ID number was recorded in the survey response for each participant. This ID number was linked to the respondents' contact details in a secure system used by The Silver Line, and enabled the same service users to be contacted for the second wave of the survey, six months later. The Silver Line staff had access to the respondents' personal details but not their survey responses. The ARU research team had access to the survey responses but not the respondents' contact details. The ARU research team used the Charity Log ID solely as a case identifier to match each participant's responses from the two waves for analysis.

**ELSA matched data sets**

To make comparisons with the ELSA data, we developed three separate matched sub-samples from ELSA Waves 5 (2010/11) and Wave 6 (2012/13). The first matched by age and gender to the Isolation Survey, the second to Wave 1 of the Wellbeing and Friends survey, and the third to Waves 1 and 2 combined.

The combined Wave 5 and Wave 6 of the ELSA survey provided a data set with 8999 cases. Starting with the 8999 cases and excluding the respondents who did not complete the survey for both waves 5 and 6 or had not reached age 50 at Wave 5 leaves 8856 cases. Missing responses to some survey questions meant that not all the valid respondents were included in analyses. To match the proportions in the age group by sex combinations in the Isolation survey, the stratified random sample of the ELSA data set had 1570 cases (matched sample 1). To match to the Friends and Wellbeing survey Wave 1 data set, the sample of the ELSA data set had 1192 cases (matched sample 2). To match to Waves 1 and 2 combined, the sample of the ELSA data set had 1776 cases (matched sample 3).

# Appendix 2  Findings: further details

**Change in loneliness between Wave 1 and Wave 2 of the Wellbeing and Friends (W&F) Survey**

**Figure 25: Change in loneliness score from Wave 1 to Wave 2 of Wellbeing and Friends survey by number of callers registering change**
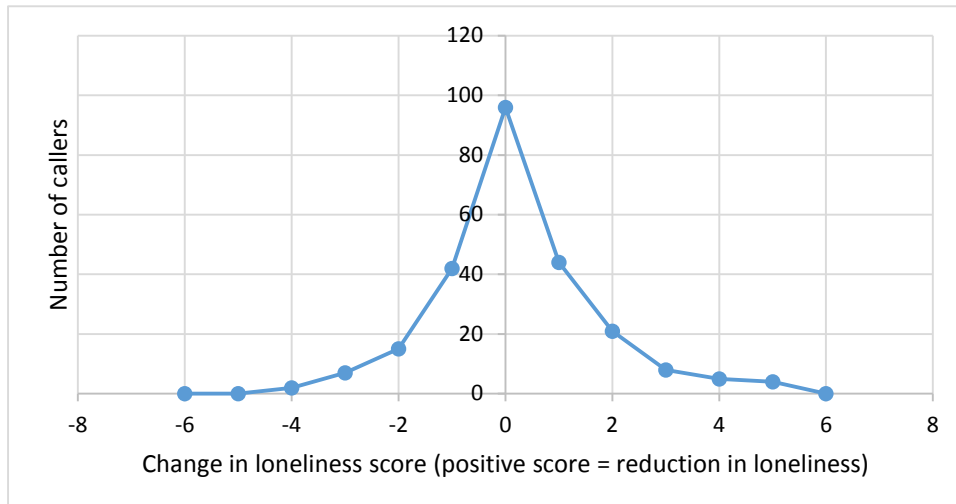


This graph illustrates that where a shift in callers' loneliness between Wave 1 and Wave 2 of the Wellbeing and Friends survey did occur, it consisted mostly in changes of 1 to 2 up or down the UCLA-3 Loneliness Index.

**Table 3: Number of individuals registering each score on UCLA-3 at Wave 1 and Wave 2 of the Wellbeing and Friends Survey**

| Index score | Wave 1 | Wave 2 |
|---|---|---|
| 3 | 5 | 15 |
| 4 | 15 | 13 |
| 5 | 18 | 23 |
| 6 | 38 | 32 |
| 7 | 42 | 36 |
| 8 | 33 | 42 |
| 9 | 93 | 83 |

**Figure 26: Bangdiwala agreement plot illustrating the change in make-up of callers registering possible loneliness scores (UCLA-3) between Wave 1 and Wave 2 of W&F survey**
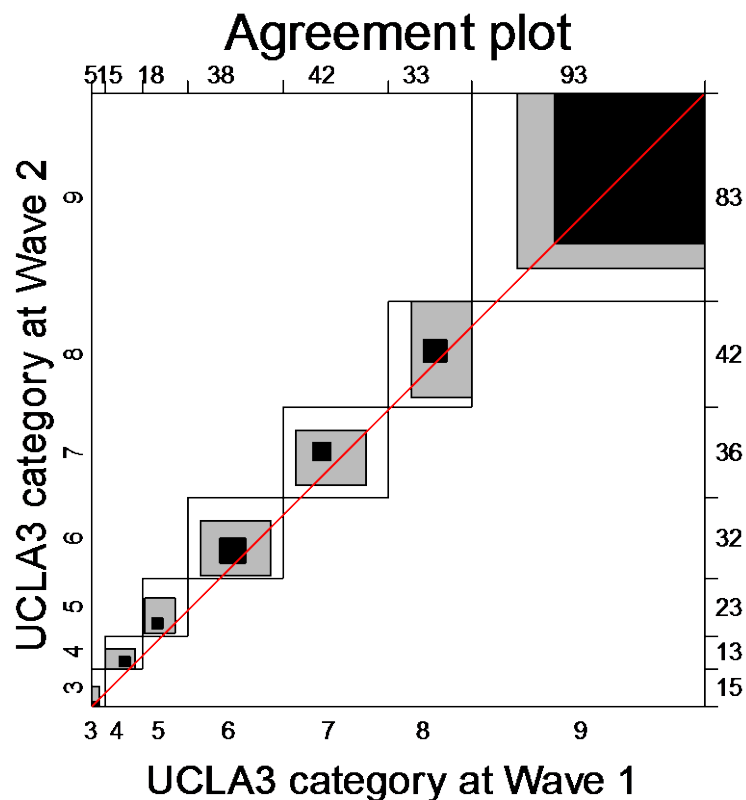


Key:

Black = callers who register same index score in Wave 1 and Wave 2
Grey = callers whose loneliness score changed by one index point between Wave 1 and Wave 2
White = callers whose loneliness score changed by more than one index point between Wave 1 and Wave 2

The Bangdiwala agreement plot[142] in figure 26 is drawn from table 3 (above) but in addition, illustrates how the overall numbers of people registering each score are made up in each wave, ie, how many people stayed in each score category, joined and left and whether they came from a higher or lower score category. The numbers on the top and right-hand side of the box show, respectively, the number of individuals who achieved each score on the index in Wave 1 and those in Wave 2. Thus one can see, for example, that in Wave 1, 93 individuals scored 9, whereas in Wave 2, 83 individuals scored 9. Similarly, in Wave 1, 5 individuals scored 3 and in Wave 2 this had increased to 15 (as table 3 shows). For each index score, these totals are made up by: i) individuals who

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[142] The Bangdiwala agreement plot (Bangdiwala et al, 2008) was produced using the function agreement plot from the R package vcd (Meyer et al, 2015)

registered that score in both waves (ie their loneliness was stable – black section); ii) individuals who joined or left the score category as a result of their loneliness changing by one point on the index (grey section); iii) individuals who joined or left the score category as a result of their loneliness changing by more than one point on the index (white section).

## Comparison of change between two waves of Wellbeing and Friends Survey and two waves of ELSA

Difference-in-differences analysis was used to compare changes in The Silver Line callers' levels of loneliness between the two waves of the Wellbeing and Friends Survey with changes in loneliness between ELSA Waves 5 and 6. The change in the UCLA3 score from the earlier wave (ELSA Wave 5 or Wellbeing and Friends Wave 1) to the later wave (ELSA Wave 6 or Wellbeing and Friends Wave 2) was analysed to assess whether there is a difference between the two surveys. From an analysis using a linear mixed-effects model, the difference between the mean change in the UCLA3 score from the earlier wave to the later wave for the ELSA survey and the Wellbeing and Friends survey is statistically significant (P = 0.008), and the estimate is that the Wellbeing and Friends group of callers experienced a reduction in the mean UCLA3 score that is better than that of the ELSA group by a score of 0.27 (95 percentCI: -0.47 to -0.07).

**Analysis**

Analyses were performed using the computer program R[143]. The mixed-effects model fitting was achieved using the function lmer from the R package lme4[144], and the assessment for the difference in differences analysis was performed using the functions contrast and confint from the R package lsmeans[145]. The bootstrap P-value was obtained using the function mixed from the R package afex[146]. Estimates of the means and their plots were obtained using the function effect from the R package effects[147].

**1. Data**

The merged data set for this analysis of the UCLA-3 index contains data for 1601 cases from the ELSA matched survey and 251 cases from the Wellbeing and Friends survey, giving 1852 cases in total.

**2. Statistical summaries**

The statistical summaries here show the main features of the UCLA-3 score for the combinations of the two surveys and the two waves.

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[143] R Development Core Team, 2015
[144] Bates et al, 2015a; Bates et al, 2015b
[145] Lenth and Herve, 2015
[146] Singmann et al, 2015
[147] Fox, 2003

Table 4: **UCLA-3 score by Survey and Wave**

| Survey and Wave | Mean | Standard deviation | Percentiles | | | | | Number of values |
|---|---|---|---|---|---|---|---|---|
| | | | Smallest 0% | 25% | Median 50% | 75% | Largest 100% | |
| Earlier wave.ELSA | 4.31 | 1.652 | 3.0 | 3.0 | 4.00 | 6.0 | 9.0 | 1515 |
| Later wave.ELSA | 4.36 | 1.690 | 3.0 | 3.0 | 4.00 | 6.0 | 9.0 | 1418 |
| Earlier wave.Wellbeing | 7.32 | 1.697 | 3.0 | 6.0 | 8.00 | 9.0 | 9.0 | 249 |
| Later wave.Wellbeing | 7.12 | 1.869 | 3.0 | 6.0 | 8.00 | 9.0 | 9.0 | 246 |

## 3. Statistical inference

The variable UCLA-3 score was analysed at the level of the individual case using a linear mixed-effects model. The model fitting was carried out using the R package lme4. This can fit models to unbalanced data and can accommodate missing values. The model includes the factors Survey and Wave. In addition the interaction between Survey and Wave was also included, which allows the change in UCLA-3 score from the earlier wave to the later wave to be compared for the two Survey groups. The heterogeneity among the cases was taken into account by including it as a source of variation in the model.

Table 5: **Linear mixed-effects model analysis of variance summary table for UCLA-3 score**

| Source of variation | Degrees of freedom | Sum of squares | Mean square | Bootstrap probability |
|---|---|---|---|---|
| Survey | 1 | 806.645 | 806.645 | 0.001 |
| Wave | 1 | 0.712 | 0.712 | 0.19 |
| Interaction | 1 | 7.733 | 7.733 | 0.008 |

The number of values used here is 3428, from 1852 volunteers.

The P-values have been obtained using a bootstrap method with 1000 permutations.

The important test in the table above is for the interaction between the Survey and the Wave. This addresses the question of whether the change from the earlier wave to the later wave is the same for the ELSA and the Wellbeing and Friends data sets. This can be called the difference in differences. The P-value 0.008 indicates that this is statistically significant.