REVIEW ARTICLE

Community-based responses to loneliness in older people: A systematic review of qualitative studies

Abstract

In many countries across the world older people are one of the groups most vulnerable to loneliness. Community-based responses are well placed to support and enhance pre-existing coping strategies in older people. However, the evidence base of these responses remain scattered and obscured, particularly in relation to their design and reasons behind their success. In this systematic review we focus on qualitative studies on community-based responses to loneliness among older people to learn how these responses work in practice with in-depth details. At the end of a systematic searching and screening process, seventeen studies conducted in five countries (Australia, Canada, New Zealand, Spain, and the UK) published in English were selected and reviewed initially in October 2020 and then updated at the end of August 2021. Three themes were identified as being most valuable to addressing loneliness in a specific community, namely, autonomy, new social connections, and belonging. These interventions were also employed according to three primary considerations: what the community lacked, how that community experienced loneliness, or a combination of both. Several implications for policymakers and future research emerged, urging future interventions to take a more contextual approach that encompasses community-level considerations before establishing a user-led and tailored setting that facilitates social engagement.

KEYWORDS

loneliness, older people, systematic review, community-based responses, interventions, qualitative research

What is known about this topic?

- Older people are particularly vulnerable to experiencing loneliness.
- There is no one-size-fits-all approach to addressing loneliness.
- A variety of interventions aiming to reduce loneliness in older people exist and are typically grouped by their service design (e.g. one-to-one, group-based, wider community engagement).

What this paper adds?

- Novel insights into the enabling aspects of community-based loneliness interventions.
- A comparison of community-based loneliness interventions across different national contexts.
- A recommendation for community-based loneliness interventions to develop contextual approaches that consider both individual and community factors.

1. INTRODUCTION

Loneliness is a complex phenomenon, relating to inter-personal social relationships, social structures, specific life events and an individual's social environment (Barke, 2017). Most often, it is defined as a negative and subjective response to a perceived lack of desired social relations (Andersson, 1998; de Jong Gierveld, 1987; Peplau & Perlman, 1982; Weiss, 1973) though it is not an exclusively negative experience and can positively prompt people to improve their relationships (Victor et al., 2019). While interrelated, the experience is distinguishable from social isolation which refers to the objective lack of social contacts (Valtorta & Hanratty, 2012). Evidence overwhelmingly highlights the hazards to health incurred by loneliness; it compromises quality of life and is associated with increased health service use (Geller et al., 1999; Victor et al., 2006), suicidal ideation (Rudatsikira et al., 2007) and obesity (Lauder et al., 2006). In addition, loneliness is associated with coronary heart disease, depression, stroke, and Alzheimer's disease (Age UK Oxfordshire, 2011; Holt-Lunstad et al., 2015; Cotterell et al., 2018).

Loneliness is by no means exclusive to a specific age group or social setting, yet it is an international public health concern that affects the ageing society globally (Age UK Oxfordshire, 2011; Fakoya et al., 2020). While ageing is a highly diverse and context dependent process, older people are one of the groups particularly vulnerable to experiencing loneliness due to the social factors associated with old age (Demakakos et al., 2006; Age UK Oxfordshire, 2011), such as widowhood, poor health, disability and being more likely to live alone (Victor & Bowling, 2012). These transitional factors can impact some older people's ability to self-manage loneliness, including the taking of initiatives, having a positive frame of mind and self-efficacy (Steverink et al., 2005), subsequently increasing the risk of loneliness becoming chronic and therefore negatively impacting one's health and wellbeing (Fakoya et al., 2020). It is in these instances interventions are sought to combat loneliness and enhance

older adults' self-management abilities (Nieboer et al., 2020). Such occurrences must not be assumed however, as many older people are able to manage feelings of loneliness without requiring any formal or informal support.

There is a growing body of published evidence on interventions developed to address loneliness amongst older people in a variety of different social settings (Fakyoya et al., 2020; Gardiner et al., 2018; Poscia et al., 2018; Stojanovic et al., 2017). These include older adults living in the community with or without home care support or in institutional settings such as nursing and residential care. Previous reviews have categorised these interventions into (i) befriending schemes, (ii) participation in social and healthy lifestyle activities, and (iii) signposting services (McDaid et al., 2017). While insightful, such distinctions ignore both the overlapping nature of these categories and the unit on which the intervention operates (individual or community). This is particularly important in the context of social prescribing efforts and the COVID-19 pandemic, which has seen a dramatic shift in the landscape of loneliness interventions as an increase in community referrals has been met with a decreased availability of community resources (Reinhardt et al., 2021).

There are also stark differences in the type of intervention available to older people, depending on their living arrangements. For example, loneliness interventions deigned for community-dwelling older adults are not made available to, nor considered appropriate for, older people living in residential or nursing care. In part, this is due to the influence of 'ageing in place', a prominent theme in social policy which intends to allow older adults to remain in their own homes, and ultimately encourage their independence and active participation in society (Lewis & Buffel, 2020; Means, 2007). While subject to relevant criticisms, including fixating on keeping individuals in a specific location (Jarvis & Mountain, 2021), the narrative highlights the differences between older people living in the community and those in

institutional settings. It is therefore beneficial in this context to exclusively investigate loneliness interventions by the targeted units at which the interventions aimed.

In this paper, we define community-based responses as interventions designed, administered, and implemented by a community group, outside of an institutional setting. Interventions initiated and administered by local communities deserve more attention from government agents and academic researchers given the recent push for community-based social prescribing in the UK. Social prescribing is a form of community referral that enables health and social care professionals to refer people to community services to support their health and wellbeing (Cole et al., 2020; Buck & Ewbank, 2020). While it is thought to be an effective method to address loneliness (Foster et al., 2021), community-based initiatives remain overlooked in the literature, especially day centres, community activities and community integration services (The Campaign to End Loneliness, 2015), in favour of individual and/or institutional services, including the provision of residential and home care support. The prioritisation of individual choice over recent years of social care policy development has resulted in the potential of community-based services being overlooked and undervalued (Needham, 2011).

It is therefore important to systematically review community-based interventions to address the disparity between increased social prescribing and overlooked community services. Interventions are needed to help older people enhance and develop coping strategies and psychological resilience for loneliness. This review will offer a detailed investigation into a particular group of interventions, that is, community-based responses, to discover common strategies or features of the type of support available to community-dwelling older adults and how such responses have been received by older people using their services.

The majority of existing reviews on the topic area are quantitative or mixed-method (Cattan et al., 2005; Dickens et al., 2011; Hagan et al., 2014; Cohen-Mansfield & Perach,

2015). As far as we know, no systematic review has been conducted on qualitative studies exclusively. Whilst quantitative studies intend to measure the impact of interventions, qualitative studies demonstrate how and in what kind of context an intervention may (or may not) work. Mixed-methods studies offer a combination of these aspects, but their qualitative components are ultimately not comparable with those in completely qualitative studies due to different designs and richness of data. To avoid jeopardising the overall quality of this review, the qualitative components of mixed-methods studies were not included. By solely examining qualitative studies, this review will enhance our understanding of community-based interventions with greater details, identified by those involved with the interventions.

Specifically, our review aims to address the following research questions: (1) What are the common strategies and features of community-based responses to loneliness among older people living in the community? (2) What are the structural enablers key to the success of these community-based responses? (3) Which types of community-based responses to loneliness are available to older people living in the community across different national contexts? (4) Which issues does further research need to focus on?

2. METHODS

2.1 Eligibility criteria

The SPIDER tool was used to identify the Sample, Phenomenon of Interest, Design, Evaluation and Research type (Cooke et al., 2012) of articles published between 2007 and 2021. The search words are presented in Table 1.

[Insert Table 1 here]

The inclusion and exclusion criteria that are consistent with the aim of this literature review are as follows:

Inclusion:

1) Qualitative study.

2) Published in the English language.

3) Published between the years 2007-2021.

4) Older people (>50).

5) Living in a community setting.

6) Interventions initiated and/or organised and/or implemented by communities.

7) Interventions with an aim of addressing loneliness in community-dwelling older people (either directly or indirectly).

8) Interventions conducted in OECD countries.

Exclusion:

1) Quantitative or mixed-method study.

2) Not published in the English language.

3) Published before 2007.

4) Younger people (<50).

5) Living in residential care, assisted living facilities or nursing homes.

6) Interventions delivered in the hospital, community hospital, residential or nursing home.

7) Interventions with no aim of addressing loneliness in community-dwelling older people.

8) Interventions conducted in non-OECD countries.

2.2 Search strategy

Following the development of a review protocol, searches were undertaken first in October 2020 and then updated in August 2021. In accordance with the PRISMA Statement (Moher et al., 2009), ten databases (see below) were systematically searched by the first author for studies published in English between the period 2007 to August 2021, using Boolean phrases and combinations of keywords (see Table 1). The timespan was selected based on the impact of the

personalisation agenda. The agenda, first adopted by the English government in 2007, had major implications for community-based interventions as some were considered well placed to support the policy's principles of individual choice and control, while others were deemed out-dated (Needham, 2011). Since then, personalisation schemes have evolved across Organisation for Economic Co-operation and Development (OECD) countries, particularly in relation to care for older people (Carey et al., 2019). The international landscape of community-based interventions has therefore changed.

2.3 Selection and data collection processes

PsycINFO (n=39), PubMed (n=18), Social Care Online (n=8), ScienceDirect (n= 751), SCOPUS (n=49), Sociological Abstracts (n=2,770) and Web of Science core collection (n=41) were searched during the first selection phase. OpenGrey (n=0), Google Scholar (n=113) and British Library (n=5) were also searched for grey literature. The total number of articles drawn across all included databases was 3,794. All titles that met the review criteria were screened by the first author, with unrelated titles excluded (n=3,342) and duplicates removed (n=103). Those remaining (n=349) were screened by the first author in abstract form and those that did not meet the established criteria were removed (n=321). Those selected from this phase were then taken forward for the full text to be screened (n=28) by both authors to ensure consistency with the eligibility criteria. Seventeen articles remained after this and were included in the systematic literature review. The content of the included articles was screened and analysed for the most important themes. The selection process is shown in the flowchart in Figure 1.

[Insert Figure 1 here]

2.4 Risk of bias assessment

The Critical Appraisal Skills Programme (CASP, 2018) 10-point checklist for qualitative research was employed to assess the quality of each included study. Any uncertainty regarding the quality of studies or decision regarding inclusion was discussed between both authors and recorded.

2.5 Synthesis methods

Thematic synthesis was carried out to summarise the findings of the included studies. This included three stages of analysis: (1) the coding of text 'line-by-line'; (2) the development of 'descriptive themes'; (3) the generation of 'analytical themes' to support our recommendations (Thomas & Harden, 2008). This approach allowed transparency in the synthesising process and the development of new concepts from the results of the original studies. Similarities between the developed codes were identified and then grouped into new codes, resulting in three primary descriptive themes (see Table 2 for details). In order to accomplish the objectives of this review, these themes were developed by the first author, then confirmed by the second author to infer links between the descriptive themes and review parameters (Thomas & Harden, 2008). Relevant data were also extracted into a predefined table in Excel, enabling an initial textual description of the seventeen studies. Data extracted included author(s), year, country, details of intervention(s), mode of delivery, key findings, community type and number of participants, all presented in Table 2.

[Insert Table 2 here]

3. RESULTS

3.1 Study characteristics

Of the interventions referenced in the 17 included papers, 1 was print-delivered (sent in a leaflet format to older people's homes), 1 internet-based, 12 face-to-face, 2 telephone-based and 1 both face-to-face and telephone based, dated between 2010-2021. The countries where the intervention was delivered included the UK (n=9), Canada (n=3), New Zealand (n=1), Spain (n=2) and Australia (n=2). The number of participants varied from 4 to 106. While all were designed for community-dwelling older people, the community demographic varied significantly and included spaces designed exclusively for men (Milligan et al., 2015; Reynolds et al., 2015; Nurmi et al., 2018), housebound older adults (Cattan et al., 2010), and older adults with previous experience of hospitalisation (Bolton & Dacombe, 2020). Further details can be found in Table 2.

3.2 Risk of bias

Overall, the studies were of mixed quality and limitations were present. The number of participants in studies was generally low (<12) (Ballantyne et al., 2010; Bolton & Dacombe, 2020; Khan & Bolina, 2020; Malyn et al., 2020; Reynolds et al., 2015) with recruitment strategies and the relationship between researcher and participants widely under-reported. Discrepancies were noted in the duration of interventions with some lasting 12 weeks (Hwang et al., 2019), 10 weeks (Gracia et al., 2010) or just 2 weeks (Khan & Bolina, 2020). Loneliness was also occasionally used interchangeably with social isolation, which complicated the reviewing process (Khan & Bolina, 2020). While the majority of studies collected data in a way that addressed the research question(s), authors reflections were not consistently backed by data (Hwang et al., 2019; Khan & Bolina, 2020). Data analysis was also not invariably rigorous, but themes were well-presented in findings with verbatim quotes for the majority of

studies, excluding one (Khan & Bolina, 2020). The heterogeneous nature of the included interventions and their approaches to loneliness meant that reviewing the included evidence was challenging. However, given the lack of standardisation across community-based services generally, such discrepancies were anticipated and did not pose any potential threat to the overall quality of the review.

3.3 Main themes

Findings from each study highlight the value and role of their specific intervention in reducing loneliness in their participant group. These relate to camaraderie (Milligan et al., 2015; Reynolds et al., 2015; Nurmi et al., 2018), social engagement (Cattan et al., 2010; Gracia et al., 2010; Lester et al., 2012; Hwang et al., 2019; Preston & Moore, 2019; Khan & Bolina, 2020; Malyn et al., 2020; Dayson et al., 2021) and connectivity (either to others or the wider community) (Ballantyne et al., 2010; McGoldrick et al., 2015; Lapena et al., 2020; Wiles et al., 2019; Bolton & Dacombe, 2020; Coll-Planas et al., 2021). Structural enablers, which seek to establish the appropriate environment for reducing loneliness, emerge as the following three themes: autonomy, new social connections, and belonging. Autonomy stresses the importance of the individual in community interventions, and new social connections point to sustained opportunity to build relationships, while a sense of belonging encompasses connectivity with the wider community.

3.4.1 Autonomy

In this systematic review, autonomy refers to older people's opportunity to exercise choice and control. Rather than objectively engaging with a fixed intervention, participants identified autonomy as a valuable component of their community intervention that subsequently reduced feelings of loneliness. This emerges in slightly different ways across the included studies:

within the design of the intervention itself, how they chose to engage with the intervention, and how they engaged with their wider community because of the intervention. Participant-led services were highly valued, not just for the availability of choice, but the space for such choice to be heard, valued, and acted upon (Bolton & Dacombe, 2020; Lapena et al., 2020; Malyn et al., 2020). Firstly, Gracia et al.'s (2010) study reported the creation and distribution of five factsheets collaboratively developed by participants to address different dimensions of loneliness. Their involvement in the design of the intervention meant the factsheets' contents was reflective of and relevant to their community's experience of loneliness. It also meant they had the capacity to continue distributing the factsheets beyond the 10-week period of the intervention. Ballantyne et al.'s (2010) social networking intervention delivered one-on-one tutoring in how to use an internet social networking site before the project's commencement, offering participants the control over their role from the start. Participants valued this personalised learning experience as they were able to determine the pace of their learning, with one participant sharing that '*the nature of this personalised programme is the only way to do it*' (Ballantyne et al., 2010: 30).

For Malyn et al. (2020), group settings provided flexibility for participants to choose whether and how they wished to engage with more sensitive aspects of the intervention. For example, participant 2 welcomed the chance that when invited to talk about loneliness, '*Very often [Facilitator] will say something like "do you want to talk about it or do you want us to talk about the writing" and so we get the choice of whether we talk about that emotion*' (Malyn et al., 2020: 7). Indeed, the availability of 'disguised' support was valued by participants as an important enabler (Preston & Moore, 2019; Dayson et al., 2021). Disguised support refers to support not explicitly labelled as a loneliness intervention, but a more generic service in which people can access the kind of support that might indirectly reduce feelings of loneliness. For example, the availability of a helpline service that did not exclusively seek to address loneliness

allowed lonely service users to seek support without explicitly asking for it (Preston & Moore, 2019). This is particularly useful due to the stigma associated with loneliness, a factor considered crucial for future loneliness interventions to recognise and incorporate (Department for Digital, Culture, Media and Sport, 2021).

With regards to their role in the wider community, participants were empowered to share their newly acquired knowledge on health awareness with friends and family outside of the intervention setting (Lapena et al., 2020). Others used their new social networking skills to connect with other community programmes (Ballantyne et al., 2010) while some met other participants outside the intervention setting, walking back to their homes together (Coll-Planas et al., 2021). Combatting loneliness was therefore interlinked with increasing the independence of participants, be that in the design of the intervention or their assumed role in it (McGoldrick et al., 2015). In doing so, people were empowered to feel needed again, as captured by participant 29: '*(With the program) you have another stimulus, you feel like living, you feel like someone needs you for something. You feel that you, life, or God or whatever, needs you for something. Do you know what that feels like?'* (Coll-Planas et al., 2021: 12). While autonomy emerged in different ways across the included studies, the importance of older people having, exercising, and seeing choice was clear.

3.4.2 New social connections

Making new social connections was found to be one of the most gratifying and beneficial components of the included interventions. Participants valued the opportunity to engage with *new* people. For some, this was other older people outside of their family circle (Coll-Planas et al., 2021; Dayson et al., 2021), with group facilitators (Malyn et al., 2020) or like-minded people from similar walks of life, like those attending variations of the 'Men's Shed' programme (Milligan et al., 2015; Reynolds et al., 2015; Nurmi et al., 2018). For Jim, an

attendee of Milligan and colleague's (2015: 140) study, this meant spending time in an all-male environment; '*I went to a boys-only school. I was in the Navy which was exclusively men then. I worked in the [production] industry since I left the Navy and that was mainly men … and I wonder if part of the reason I'm comfortable with blokes is 'cause I was most of the life I've been with blokes, and I don't know if that's similar for other people or not?*' Value was placed on the social connection and knowledge exchange made possible by a familiar and therefore comfortable environment (Reynolds et al., 2015). In other group settings, participants valued the ability to share their experiences without pressure or judgement, and to listen to others with openness and empathy (Malyn et al., 2020), stressing that social connection did not have to arise from familiarity, but rather security.

Pivotal to those new social connections was participants' ability to exercise choice over the type of connection desired. For example, choice to engage in light-hearted companionship through helplines (who acted as confidants outside of participants' original circle of friends) or more in-depth connection through befrienders (Preston & Moore, 2019). An older woman in regular use of a helpline and friends service described this as *'you don't know them [referring to her friend]. If they saw you in the street they wouldn't know you, so you can tell them anything. You don't worry about them telling other people. You can tell them things deep inside you. I tell her about my husband who used to come in drunk and beat me up. Things I wouldn't tell other people'* (Preston & Moore, 2019: 1542). The non-visual components of this form of communication allowed some participants to form relationships in comfortable circumstances, but others found this a limitation (Preston & Moore, 2019).

Evidently, the development of new social connections was neither guaranteed nor assumed, as articulated by a participant in Hwang et al.'s (219: 739) study, *'making new friends is not easy, you know. Hello, goodbye is ok but not deep, close together.'* Yet, the promise, availability, and choice of having different social connections remained important. The

identified themes of autonomy and new social connections appear interrelated. Employed appropriately, these components seem to complement one another's potential to respond to loneliness.

3.4.3 Belonging

Decreased loneliness reported in participants was also associated with an achieved sense of belonging. Hwang et al.'s (2019) study, for example, found participants' engagement with student volunteers and 'productive' group activities (socialising/education and exercise/walking) resulted in older people feeling as though they belonged. In some instances, a sense of belonging was mediated by group activity, motivating participants to socialise and feel more connected with one another, as evidenced by statements such as '*this is like a small community. So, I come here to make me happy…. and give me more "I'm here, I belong here" and we are sort of bonded now, the group of us, you know.'* (Hwang et al., 2019: 740). Belonging also emerged as a factor interlinked with being a valued member of the group, demonstrated by someone getting in touch with them rather than vice versa in a telephone intervention setting (Preston & Moore, 2019).

The intervention environments designed for specific demographics enabled belonging on another level, as service users could identify their past selves in the activities on offer. One of the men involved in a Men's Sheds cooking programme was able to use his existing skills as a chemist to better engage with the project, allowing him to attain a sense of accomplishment (Reynolds et al., 2015). Belonging also emerged as an awareness of one's role in their community beyond the intervention setting. For example, knowing about other activities offered in the neighbourhood, meeting familiar or new faces, and seeing these faces out in their community re-affirmed the sense of belonging and subsequently reduced feelings of loneliness, as one participant illustrated: '*so you see people on the street every day and you don't think*

about saying hello. But now, you are walking on the street and hear: "Pepita, Pepita!" Do you remember me? And I think to myself: somebody is calling me… "Hey!" And we stop and say hello, we talk… these things. Sometimes I run into women from the School of Health, and I say "Hey!", "Goodbye!"" (Lapena et al., 2020: 1496). Lapena et al.'s (2020) study attributed enhanced feelings of belonging to the community with the ability to make new connections as this ability increased participants' opportunity to engage with others and helped to increase their knowledge of other activities in the neighbourhood.

Reciprocity and sharing intimacies as a means of affirming self-worth and autonomy also appeared important to feelings of belonging (Lester et al., 2012). Despite befriending being an intervention of itself, for many participants, it became '*like a friendship*' as it felt distinctly reciprocal (Lester et al., 2012: 316). In an effort to help her befriender, for example, one participant was able to share her knowledge of curtains with the volunteer (Lester et al., 2012). Developing a relational or even sacred (Malyn et al., 2020) space in which to carry out the intervention was therefore pivotal to enhancing a participant's sense of belonging and subsequently reducing feelings of loneliness.

While the aforementioned themes focus on identified strengths in the interventions, limitations were also present. These were concerned with limits to participation, including: a need for clearer referral pathways and promotion (Cattan et al., 2010; Wiles et al., 2019), consideration of the influence of family and neighbours on participants' attendance (Lapena et al., 2020), an awareness of limits to staff's abilities, and the need for further training (Preston & Moore, 2019). The included studies also stressed that it was not necessarily the activity itself but the associated factors from engaging with it that were positively associated with reduced loneliness (Khan & Bolina, 2020).

4. DISCUSSION

Making use of thematic synthesis of qualitative studies, this systematic review analysed 17 studies on community-based responses to loneliness among older people, resulting in the identification of three descriptive themes, namely, autonomy, new social connections, and belonging. These themes offer insight into the nature of community-based interventions and highlight those aspects central to developing a successful community-based loneliness intervention for older people.

Perhaps the first insight from this systematic review is that multicomponent interventions employ varying strategies in varying settings but share an ultimate aim of addressing loneliness in the community. This is unsurprising given the drive to develop individualised support for older people in recent years (Orellana et al., 2020) but also speaks to an apparent need for diversity in services addressing loneliness in the community.

This systematic review considers community responses to loneliness as twofold, acknowledging it first as a community problem that demands a response reflective of that community's strengths and weaknesses, and then at an individual level that considers the sensitivity and subjectivity of the experience which ultimately demands discretion and a user-led focus. The included studies did this to varying degrees, with varying degrees of success, as reported by participants. How they differed depended on how these interventions sought to address loneliness in their specific community. For example, some based their response on *i*) what the community lacked (Gracia et al., 2010; Cattan et al., 2010; Lester et al., 2012; Hwang et al., 2018; Lapena et al., 2020; Preston & Moore, 2019; Bolton & Dacombe, 2020; Malyn et al., 2020); others on *ii*) how that particular community experienced loneliness (Ballantyne et al., 2010; McGoldrick et al., 2015; Wiles et al., 2019; Khan & Bolina, 2020; Coll-Planas et al., 2021; Dayson et al., 2021); and others on *iii*) a more contextual approach that encompassed both (Milligan et al., 2015; Nurmi et al., 2018; Reynolds et al., 2013).

These categories can be associated with the previously identified themes of autonomy, new social connections and belonging. In recognition of the importance of older people being seen and heard, both as a community and as individuals who can assume their desired roles during and beyond the intervention setting, autonomy is associated with how the community experienced loneliness. This speaks to existing research that stresses the selectivity of older people experiencing loneliness in their engagement with community interventions, as those services explicitly designed for loneliness are often considered undesirable (Kharicha et al., 2017). Indeed, in the context of community-based services, many older people consider loneliness a distinctly private matter that, if not self-managed, demands more engaging interventions such as activity-based groups (Kharicha et al., 2017) that naturally incorporate opportunities for independence.

New social connections interlink with identifying what a community lacks by providing older people novel opportunities for connection. While this promotes the formation of new relationships within a specific community, especially in the context of activity-based groups, it does little to support or acknowledge the role of the individual and their choice in what social connection they desire, restricting the impact such relations might have on feelings of loneliness (Lester et al., 2012). Indeed, the approach does nothing to address the potential stigma of loneliness which also risks the exclusion of some older people (Kharicha et al., 2017). A combination of these contextual considerations instead offers communities scope to support autonomy and new social connections which, together, can achieve a sense of belonging in participants (Figure 2). In this paper, these interventions were primarily versions of Men's Sheds programmes, designed for specific demographic groups with common experiences and interests who were also able to exercise choice and control within the intervention(s).

Demographics and subjectivity, while arguably opposing, both play a major role in the design of community interventions. In acknowledging the demographic makeup of a given

community, the intervention can better identify what services might work best and subsequently tailor support services to this group's experiences and/or interests. This speaks to the Campaign to End Loneliness's (2020) call for future interventions to be designed with structural enablers in mind that work to enhance the strengths of pre-existing communities and encourage the formation of relationships.

This systematic review builds on the knowledge that relationships, of both strong and weak social ties (Granovetter, 1973), are able to satisfy older people's social needs (Bruggencate et al., 2018) and should therefore form the basis of future interventions. These social ties naturally relate to the method of delivery, of which the majority (n=12) of included studies were delivered face-to-face. The role and value of face-to-face interventions have long been acknowledged. Seeing another person's face during communication enables body language to influence both the expression and receptivity of social cues, particularly head orientation, eye gaze and facial expressions. These expressions of active social engagement can also influence perception on the engagement of others, maintaining social bonds and subsequently reducing loneliness (Porges, 2003). Studies of face-to-face befriending schemes demonstrate mixed results with regards to their explicit impact on loneliness, however (Preston & Moore, 2019). For example, Lester et al. (2012) found evidence of face-to-face befriending being more amenable than telephone befriending to developing reciprocity in the relationship and were subsequently seen as distinct from one another. Cattan et al. (2010) instead reported that participants of a telephone befriending service reported greater confidence from the 'ordinary conversation' provided. Ballantyne et al. (2010) also stressed that online engagement increased participants' connectivity with the outside world. Overall, there remains an acknowledgement that different forms of communication allow for different types of relationships and should be explored appropriately to reflect the needs of that community group (Lester et al., 2012; Preston & Moore, 2019). Such findings are of particular importance given the destructive impact that

public health measures for coping with COVID-19 have recently had on community interventions; with many forced to offer remote services (online or over the phone) or place restrictions on face-to-face contact for the first time (SCIE, 2021).

The type of loneliness intervention varied greatly across different national contexts. Befriending schemes included the UK (4), New Zealand (1) and Australia (1), preventative activities included Canada (3), the UK (3) and Spain (1), while those designed to target the development of support networks included the UK (2), Australia (1) and Spain (1). This distribution of approaches confirms a 'no one size fits all' consensus but indicates that preventative activities and befriending schemes are generally preferred over the development of support networks. With regards to the reasoning behind the intervention, identification of what the community lacked included Australia (1), UK (5), Canada (1) and Spain (1), how that community experienced loneliness comprised Australia (1), UK (2), New Zealand (1) and Spain (1), while a combination of both included UK (1) and Canada (2). An international pattern does not emerge, but rather highlights a need for further research into cultural differences between interventions.

The popularity of deficit approaches is suggestive of the apparent limits to social infrastructure internationally. While unsurprising given the realities of the 'age of austerity' (McGrath et al., 2015), it highlights a gap between research and service application. For example, asset-based approaches are widely considered appropriate for empowering communities, especially those in more disadvantaged areas, to use local resources to address problems affecting community health and wellbeing, such as loneliness (Blickem et al., 2018; Cassetti et al., 2020). This has been attributed to the social networks and social engagement made available through community-based initiatives (Blickem et al., 2018). Those approaches aimed at enhancing these attributes and promoting connectedness have the potential to improve a community's health and wellbeing (Blickem et al., 2018). Three strategies are needed to do

this: a) connect assets, b) raise awareness of available assets and c) enable assets to thrive (Cassetti et al., 2020). Yet none of the included studies have evidenced attempts of such an approach. We might attribute this, in the UK context at least, to the realities of austerity. Austerity-based policies, which have disproportionately affected deprived areas, are in contention with community-based responses as they are not seen to address the individual needs of older people sufficiently, and are therefore not cost-effective (Needham, 2011 & 2014). The shift to individualising responsibility has seen the closure of community centres and day centres justified based on them being outdated service models (Orellana et al., 2020). The context of austerity therefore restricts a community's capacity to design, implement and sustain interventions. While we understand the importance of mobilising assets in relation to community-based loneliness interventions, actualising such initiatives is challenging and has likely been further complicated by COVID-19. More dedicated research and resources are therefore needed to understand these difficulties and finding solutions. From here, a contextual approach to designing and implementing community interventions, which later develops more personalised aspects, as highlighted by this review, would be more easily applied.

4.1 Recommendations for research

In order to advance understanding of community-based loneliness interventions, a comprehensive investigation into their level of success is needed. The success of loneliness interventions varies significantly, but only limited evidence exists. In part, this is due to the over-reliance on process indicators, including the number of people reached and participants' satisfaction (Valtorta & Hanratty, 2012; Gardiner et al., 2018). Consequentially, contextual circumstances are often overlooked. Future research should incorporate contextual circumstances such as place of residence (with a distinction between urban and rural areas),

socio-economic background of the community, and cultural aspects of participants into investigations of success levels to explore potential associations.

4.2 Recommendations for policy

While it has already been recommended that local assets be mobilised as structural enablers to interventions, rather than focusing on the deficits of a community (Campaign to End Loneliness, 2020), the findings of this review stress the importance of combining such enablers with other contextual factors. That said, we also recognise the challenges currently facing communities that might prevent them from mobilising these assets. Future policy must incorporate such contextual understandings to support communities to overcome these challenges. Funding should be provided to conduct studies aimed at a) investigating the effectiveness of community-based loneliness interventions internationally, b) identifying the barriers challenging community interventions internationally, and c) collaboratively developing solutions to these problems.

4.3 Limitations

We acknowledge the possibility that this review has not uncovered all available literature by excluding otherwise relevant non-English publications. By excluding quantitative and mixed-method studies, it is also possible that this review has not uncovered other relevant literature on community-based responses. That said, the inclusion of such studies would have generated an inclusion number too large to allow for a thorough systematic review process, negatively impacting the overall quality of the review. Given that existing reviews have looked closely at quantitative and mixed-method studies, their inclusion would have also resulted in an over-lap of findings. We also acknowledge the potential bias of including only community-based responses. By excluding individual and institutional responses, we have been unable to explore

differences, similarities, or possible tensions. However, we considered this a justified decision as to allow for a much needed in depth understanding of community-level interventions, which are receiving increased global attention in the wake of COIVD-19.

5. CONCLUSION

This systematic literature review offers insight into the nature of community-based loneliness interventions for older people, outlining those enablers key to their success. The recommendation made by Bruggencate et al. (2018: 1767) that 'there is not one intervention that will work for everyone, but…individual solutions must be sought that meet individual needs' rings true here and urges caution for the design and implementation of future interventions. We recommend that when designing a community-based loneliness intervention for older adults, a contextual approach is desirable. Individualised aspects of interventions should be developed only after all relevant contextual factors are accounted for at a community level. Responses should incorporate activities that promote social engagement and a user-led focus at all stages of the intervention to foster a sense of belonging.

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Table 1. Search terms

SPIDER Tool	*Search Terms*
S	“older” OR “ageing” OR “aging” OR “elderly”
P of I	“lone*”
D	“intervention” OR “response” AND “community”
E	“view*” OR “experienc*” OR “understand*”
R	“qualitative”

Figure 1. PRISMA flow diagram (Page et al., 2021)

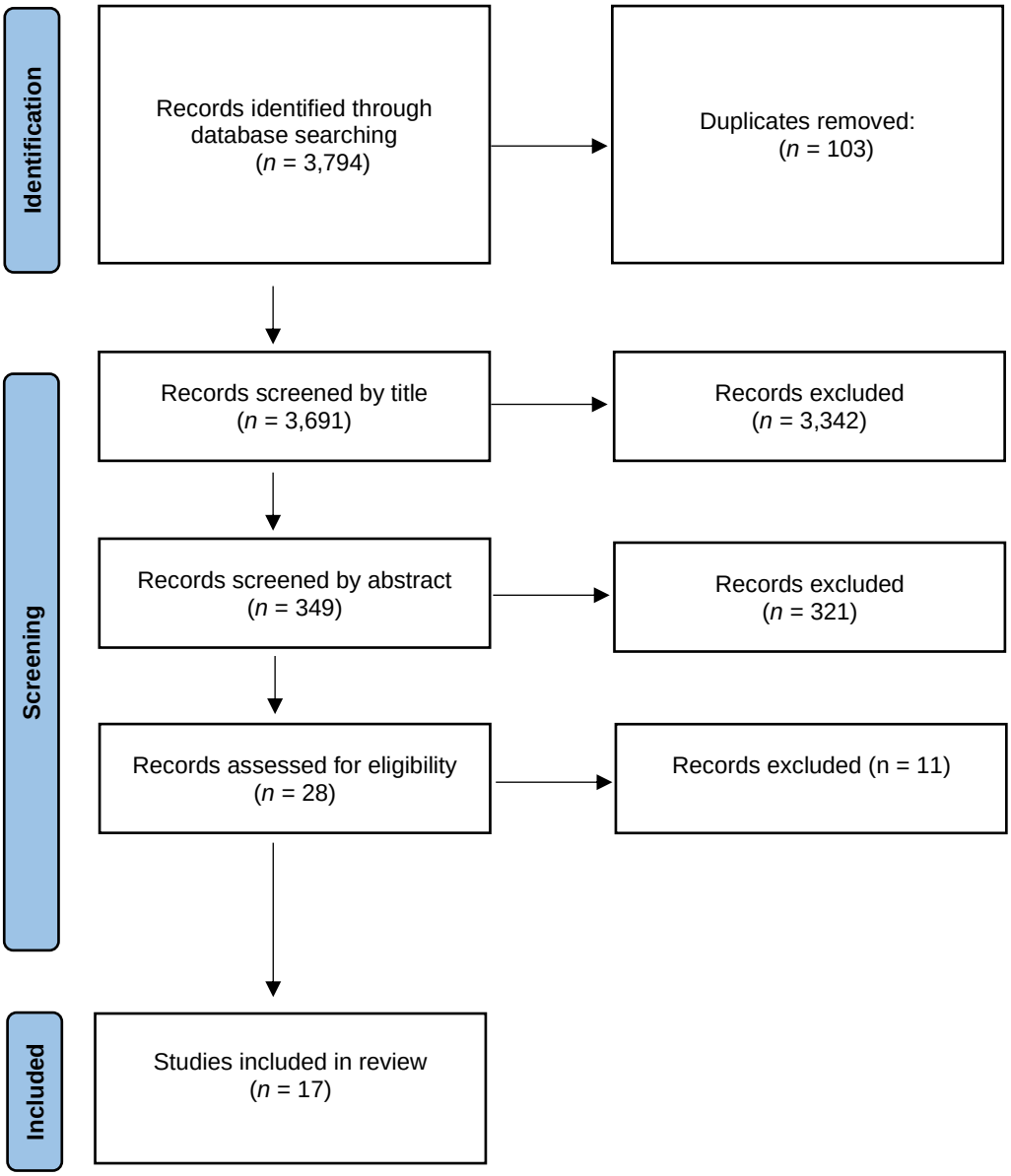

Table 2. Details of included studies

Author(s)	Year	Country	Details of intervention(s)	Mode of delivery	Key findings	Community type	Number of participants
Ballantyne et al.	2010	Australia	Internet social networking intervention delivered over a three-month period. All participants were connected to the internet and provided with one-on-one tutoring in how to use the site.	Internet-based communication.	Technology considered an enabler; provided a supportive environment to learn new skills; connectivity with other members and outside world.	Part of a community aged care programme for community-dwelling older adults.	N= 4 (female= 1 and male= 3) aged between 69 and 85.
Bolton & Dacombe	2020	UK	Aimed to establish a network of advocates drawn from hospitals, social care teams and Age UK volunteers, to work with older people to establish a support system to rebuild their social networks and mitigate the risk of hospitalisation.	Face-to-face.	Targeted and personalised interventions considered effective. Value placed on user-led aspects.	Part of a community project called 'Circles of Support' for community-dwelling older adults that had previous experience of hospitalisation.	N= 7 (female= 6 and male= 1) aged 50 and over.
Cattan, et al.	2010	UK	The 'Call in Time Programme', a national pilot telephone befriending scheme designed to provide a low level, low cost, and low risk intervention, with volunteers offering emotional support for housebound older people.	Telephone-based.	Increased confidence and independence reported. Seen to promote participation and meaningful relationships.	Community-dwelling housebound older adults either in receipt of the befriending service, acting as the volunteer befriender or performing both roles.	N= 40 (27 service recipients, 6 volunteers and 7 combined recipients and volunteers) aged between mid-50s and early 90s.
Coll-Planas et al.	2021	Spain	The 'Paths: from loneliness to participation' program aimed to alleviate loneliness by promoting peer support and participation in local community assets.	Face-to-face	Program particularly successful at promoting mutual support. Provided companionship, social integration, and a sense of belonging.	Part of a community-based project for community dwelling older adults.	N = 41 (26 service recipients, 6 professionals and 9 volunteers) aged between 63 and 80 years and over.

Dayson et al.	2021	UK	Age Better in Sheffield (ABiS) offers interventions in the form of one to one, wellbeing practitioners, Age Better champions, peer mentoring, group start-up, Asian women's group, tuneless choir and high five group.	Face-to-face.	The interventions explicit reference to loneliness considered a barrier. Valued aspects included: talking to someone detached from their personal life, better coping with caring responsibilities, and making new social connections.	Part of Age Better in Sheffield programme for older people in Sheffield.	N = 113 aged 50 years and over.
Gracia et al.	2010	Australia	Collaborative development of factsheets over 10-week period. Content included self-help information, education and strategies that specifically aimed to address one of the five dimensions of loneliness. A resource manual with information supplementary to the brief factsheets was also provided.	Print-delivered.	Cost-effective and encouraged social participation in pre-existing network but availability of more nuanced support was limited.	Residents of an independent living retirement village.	N= 58, (female= 34 and male= 24) aged between 69 and 91 years.
Hwang et al.	2019	Canada	Programme aimed at promoting socialisation, health education, falls prevention exercise and walking over 12-week period. Sessions occurred twice a week to encompass a fitness programme, group walk, interactive health education session and open socialisation.	Face-to-face.	Helped with motivation to socialise and provided a sense of belonging which appeared to be mediated by the group exercise/ walking component of the programme.	Part of a community-based project called 'Walk 'n' Talk for your life' for community-dwelling older adults.	N= 16 (female= 15 and male= 1) aged between 65 and 88.
Khan & Bolina	2020	UK	A pilot walking group aimed at reducing social isolation and loneliness in the community. Ran for 2 weeks with participants attending for one hour each week.	Face-to-face.	Few participants associated the group with opportunities for socialisation. Physical aspects considered a distraction from opportunities to connect.	Part of a community action project for community-dwelling older adults identified as high-risk GP patients.	N= 9 (female= 9 and male = 0) aged between 55 and 84.

Lapena et al.	2020	Spain	A weekly intervention called 'School of Health for Older People'. Promotes resources to enhance participants' ability to identify problems and activate solutions, ultimately encouraging their participation in the community.	Face-to-face.	Improved knowledge of health issues and of community activities reported, as were peer relationships.	Part of a community-based programme called 'Barcelona Health in the Neighbourhoods' for community-dwelling older adults.	N= 28 (coordinators/ community nurses= 2 and older people= 26) aged 65 and over.
Lester et al.	2012	UK	Befriending service designed to match people, where possible, on issues such as gender, interests, and personality on an open-ended basis. Weekly contact (one to three hours duration for face-to-face, and 10-20 minutes by telephone).	Face-to-face and telephone based.	Social engagement valued, particularly for integrating people back into the community, reinforcing meaningful social roles previously lost.	Part of a befriending programme for community-dwelling older adults, the majority of whom had at least one long-term physical health problem.	N= 25 (female=17 and male= 8) aged between 55 and 92.
Malyn et al.	2020	UK	Community-based bibliotherapy and therapeutic creative writing groups consisting of three reading and writing for well-being groups.	Face-to-face.	Enhanced connection and relationship to self, others, facilitator, and an intermediary object. Groups considered a safe space to learn and grow.	Community-dwelling older adults.	N= 12 (female= 9 and male= 3) aged between 52 and 74.
McGoldrick et al.	2015	UK	Aimed to support older people to realise their aspirations, live safely and independently in their own homes, and reduce social isolation, loneliness, and poverty.	Face-to-face.	Better supported carers to cope with caring demands. Individualised social care packages, re-ablement and befriending supported and enhanced independent living.	Part of a 'Befriending and Reablement Service' for community-dwelling older adults.	N= 62 (50 clients and 12 carers).
Milligan et al.	2015	UK	'Men in Sheds' pilot programme consisting of three Sheds aimed to target lone-dwelling, lonely and socially isolated older men from deprived areas.	Face-to-face.	The 'hands on' element of the intervention and the opportunity to participate in a familiar activity was considered the main strength.	Part of a community Men's Sheds programme aimed at community-dwelling older men.	N= 62 (female=0 and male= 62) aged between early 60s and 80s.

Nurmi et al.	2018	Canada	Men's Sheds programme aimed to provide men with opportunities to socialise while participating in ongoing learning and activities such as woodworking, repair projects and community volunteering predominantly for working-class, Christian men.	Face-to-face.	Increased opportunities for social engagement for those men who had previous experience of similar environments.	Part of a community Men's Sheds programme aimed at community-dwelling older men.	N= 64 (female=0 and male= 64) aged 55 years and older.
Preston & Moore	2019	UK	Nationwide phoneline service that offered a helpline (info, advice, and referrals), a friend's service (within befriending) and the wellbeing service (within befriending) to reduce loneliness and social isolation.	Telephone-based.	*Helpline*- considered an appropriate way to express loneliness (due to stigma). *Friend's service*- Useful for forming light-hearted friendship or a closer more intimate one. *Wellbeing service*- Valued communication without the visual component.	Community-dwelling older adults.	N= 42 (female= 67% and male= 33%) aged between 50 and 89.
Reynolds et al.	2015	Canada	Men's Sheds programme aimed to provide activities such as gardening, model airplane building, carving, woodworking, cooking, game playing, walking, and coffee and conversation.	Face-to-face.	Promoted social engagement and healthy, active ageing among men. Enhanced friendships, 'broadened horizons' and improved mental health, though some men believed they committed too much time to the programme.	Part of a community Men's Sheds programme aimed at community-dwelling older men.	N= 12 (female=0 and male=12) aged between 61 and 87.
Wiles et al.	2019	New Zealand	Befriending service consisted of a volunteer visiting an older person upon their request. Visits lasted an hour weekly and intended to provide supportive contact and improve health and wellbeing.	Face-to-face.	Enhanced social networks and connectedness. Loneliness alleviated only when mutually beneficial and genuinely reciprocal relationships developed.	Community-dwelling older adults from four broad cultural groups.	N= 106 (older adults= 76, volunteer visitors= 10 and service providers= 20) aged 65 and over.

Figure 2. Connection of themes