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Addressing Loneliness in Older People Through a Personalized Support and Community Response Program

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ABSTRACT

Loneliness is increasingly viewed from a public health perspective given its association with poor physical and mental health. This includes tackling loneliness as an element of policy to promote mental health and wellbeing recovery post Covid. Facilitating participation of older people in social activities is part of the cross-governmental strategy to address loneliness in England. Such interventions have more chance of being effective if they resonate with and sustain engagement with their intended target audience. This study explored experiences of a personalized support and community response service to loneliness in Worcestershire, England. It involved interviews with 41 participants, gaining insights on routes into the program, perceived impacts, suitability and appeal. Results indicate multiple entry pathways, reaching individuals who would otherwise never have initiated engagement. Many participants felt the program promoted their confidence and self-esteem, as well as reengagement in social activities. Volunteers were pivotal to positive experiences. The program did not have universal appeal; some would have preferred a befriending service, whilst others desired opportunities to engage in intergenerational activities. Early identification and better understanding of determinants of loneliness, as well as co-creation, flexibility in form, regular feedback and volunteer support would help strengthen program appeal.

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The US National Social Life, Health and Aging Project and the English Longitudinal Survey of Ageing (ELSA) report that 6% and 8% of older adults, respectively, are lonely most of the time, with another 26% in both countries lonely some of the time (Hawkley et al., 2020). Loneliness is a complex concept and can be defined in many ways (Prohaska et al., 2020) but at its heart "refers to the perception of social isolation or the subjective feeling of being lonely" (National Academies of Sciences Engineering and Medicine, 2020) (p29). This can be "unpleasant, and distressing . . . [arising from the] discrepancy between one's desired and achieved levels of social relations" (Perlman & Peplau, 1981) (p32). It is not confined to individuals who live alone; it is found within and

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influenced by the quality of marriages and relationships (Stokes, 2017). While unavoidable at different points in life, from a public health perspective, loneliness is a potentially important and amendable determinant of health. This may be even more critical given the adverse impacts of restrictions on socialization and health of older people during the COVID-19 pandemic (Escalante et al., 2021).

A body of evidence points to an adverse association between loneliness and many physical and mental health problems for older people (Courtin & Knapp, 2017). Loneliness has been associated with increased risks of cognitive decline (Kuiper et al., 2015), depression (Lee et al., 2021), hospital-presenting self-harm (Shaw et al., 2021) and diabetes (Hackett et al., 2020), as well as cardiovascular disease and strokes (Valtorta et al., 2016). It has been associated with poorer quality of life (Tan et al., 2020) and increased risk of premature mortality (Tabue Teguo et al., 2016).

Increased awareness in the public health community of these impacts has been accompanied by growing evidence on the effectiveness of approaches to tackle loneliness that include a strong element of socialization and group activities (Fancourt & Steptoe, 2018; Jopling, 2020; O'Rourke et al., 2018). Interventions that promote socialization for lonely people may also be cost-effective, because of the potential physical and mental health impacts that may be avoided (McDaid & Park, 2021). Data from ELSA suggest an association between loneliness and increased risk of sarcopenia and frailty (Gale et al., 2018), leading to an increasing need for formal care, as well as admission to long-term residential care (Hanratty et al., 2018). There are also potential economic benefits of better wellbeing, with a return of $1.26 for every $1 invested in promoting the mental wellbeing of older people by addressing loneliness (McDaid et al., 2017). Wider economic benefits of between $13,425 and $24,452 per person per year arising from all aspects of wellbeing linked to reduced loneliness have also been estimated (Peytrignet et al., 2020).

However, even if schemes promoting social activities have the potential to be effective and cost-effective, it is vital to understand whether they appeal to their intended target audience, have sustained engagement and lead to more meaningful connections. Effective engagement is particularly important when assessing actions to promote and protect public health (O'Mara-Eves et al., 2013). However, a systematic review of interventions to improve the health and wellbeing of older people living alone indicated issues that affect uptake including accessibility, availability, acceptability, affordability, adequacy and awareness are poorly reported in evaluations (Johnstone et al., 2021).

Therefore, this paper uses qualitative research methods to explore whether a loneliness alleviation initiative resonates and engages with its intended target audience. It draws on material collected as part of an independent evaluation of the economic impact of Reconnections, a personalized support and

community response service to loneliness, operating in Worcestershire, England, between 2015 and 2020. It was the first service in the UK funded through a social impact bond to tackle loneliness. This funding approach can be attractive to policymakers as private investors, in this case nonprofit organizations, initially fully cover the costs of service provision. Local government and health service agencies subsequently make bond repayments plus a return for the financial risks taken by bond investors. However, the size of these payments is contractually linked to achievement of pre-specified reductions in loneliness scores, as specifically measured using a telephone administered 4-item version of the UCLA-loneliness scale (Russell et al., 1980).

Methods

Led by the nonprofit organization, AgeUK Herefordshire & Worcestershire, Reconnections involved local voluntary and community sector delivery partners. It worked over a period of 6–9 months with people aged 50+ identified as being lonely, living independently but not in full-time employment or in receipt of local government social care services. The aim was to understand their individual strengths and needs and thus rebuild confidence and provide support to connect with people, places or activities in their communities. Typically, this involved referral and engagement to the program, followed by the development of a personalized plan matching these individuals with volunteers from local delivery partners. Volunteers would aim to build a rapport and link the person they were supporting to various local activities that met their interests. Examples include coffee morning and lunch clubs and arts and history groups. One example involved linking a participant with a background in engineering with a club repairing electrical and mechanical goods in the local community.

Most activities were run by community groups without formal legal structures, although some were delivered by not-for-profit organizations or the public sector. Additionally, delivery partners were able to offer participants the opportunity to engage with activities such as exercise, art or singing groups that they directly provided. These longer-term activities would not be funded through Reconnections; sources of funding would include charitable donations, public sector grants and nominal subscription fees (e.g., for lunch clubs).

We randomly approached one-third (45) of 135 individuals who had accepted an invitation to participate in the economic analysis and had consented to take part in follow-up interviews about their experiences. As 4 individuals were unavailable, interviews took place with 41 program participants. This proved sufficient to achieve saturation in key themes. All lived alone and 32 (78%) were widowed. They were aged 60 to 93, with a mean age of 77.3. Eleven (27%) were men; one outlier was in part-time employment. Interviewees at enrollment in Reconnections had a mean loneliness score of

9.3 (standard deviation 1.75) on the 4-item version UCLA scale (range 4 (lowest) to 12 (highest)).

Semi-structured interviews took place between November 2018 and June 2019, within 2 months of individuals completing program participation program. All were conducted by telephone by the first author and audio-recorded, typically lasting 20 to 30 minutes. Participants were asked for views on a) how they came to participate, b) what the impact of participation had been, as well as c) their thoughts on the way in which the program functioned. Participants were probed further to support and expand on initial responses.

Analytical approach

A modified version of a six-step reflexive thematic analysis approach was used (Braun & Clarke, 2006). To ensure familiarity with data, interviews, transcribed verbatim, were carefully read and re-read by both authors. We began by going through five transcripts each and, taking an inductive approach, noted words that were representative of key concepts expressed by participants; we then clustered words to create codes. We did not seek to agree these initial codes but discussed our reasoning for clustering words. All initial codes could subsequently be used when coding each transcript. We did this in an iterative manner; after each batch of transcripts, we would meet to discuss any additional codes put forward, as well as themes (and sub-themes). We would revisit transcripts as part of this process. Themes and sub-themes were then iteratively revised to ensure that they were genuinely reflective of interviews (Nowell et al., 2017).

To help ensure credibility of study findings and support our inductive analysis, we adopted triangulation when analyzing and interpreting interviews, drawing on process data on program contacts, as well as changes in loneliness scores and use of health and social care services. Both authors were also very familiar with the program, having observed activities in different locations and at different times. In addition, for the economic evaluation we had also separately interviewed some staff and volunteers and attended an open day with program participants and local policy stakeholders.

Results

Six themes were identified: routes into Reconnections, positive impacts on wellbeing, limitations of appeal, pivotal role of volunteers, gateway/catalyst to alternative activities and practical barriers to participation. Table 1 summarizes themes, sub-themes and frequency; in addition, selected verbatim quotes, with age and gender-specific-pseudonyms for participants are used to illustrate themes. While our analysis is qualitative, it can also be noted that

Table 1. Themes and Sub-Themes on Program Impact and Sustained Participation*.

Themes	Sub-Themes
Routes into Reconnections (33)	Reaction of others to bereavement/loss (9)
	Signpost from secondary care service (7)
	Signpost from GP (7)
	Self-referral/word of mouth (12)
Positive impacts on wellbeing (35)	Improved confidence and self-esteem (7)
	Re-establishing regular social networks (17)
	Catalyst to becoming a volunteer (4)
	Enjoyment from group activities (26)
Limited appeal (12)	Too focused on activities for older old (9)
	Limited contact with the service (4)
Interaction with volunteers (30)	Not enough contact with the volunteers (3)
	Wanting befriending rather than connection service (8)
	Volunteers have become friends (19)
	Interactions with volunteers persist beyond end of formal program (5)
Catalyst for engagement with additional activities (8)	Increased awareness and willingness to participate in other local activities (8)
Practical barriers to participation (17)	Lack of transport (11)
	Financial restrictions (6)
	Lack of time (4)

Note: *Number of respondents mentioning themes and sub-themes in parentheses. Some respondents mentioned multiple sub-themes.

mean UCLA-4 loneliness scores at program exit for this small sample of 41 participants did improve from 9.3 to 7.8.

Routes into reconnections

Multiple mechanisms were adopted to raise awareness of Reconnections. Fourteen individuals were signposted toward Reconnections following major life events, including spousal bereavement and hospitalization. These participants spoke of how health and social care staff, non-governmental organizations or family members made the initial approach to the program. Participants indicated that they were not always aware of these initial contacts: "... I think it was through [local organization]. My daughter got in touch with them and explained that I had just lost my husband and that I was struggling a little bit. It all started from that I think." (*Louise, 78*)

Reconnections was also publicized among local primary care GPs. Seven respondents said GPs pro-actively contacted Reconnections, perceiving that they might benefit because of their isolation: "My doctor [linked me] 18 months ago because I live on my own – I live a sort of indoor life, - I don't get out much, he thought it would be a good idea to put my name forward. I didn't know he was going to do that." (*Mike, 83*)

Twelve participants self-identified that they might benefit and directly contacted Reconnections. Some had seen local newspaper adverts or heard about the scheme through local radio or word of mouth: "I had a friend who was already going to [an exercise group offered by the program]. I first went to

the [group] a few times, so I have done a few of those and then got involved with other things." (*Theresa, 81*)

Positive impacts on wellbeing

Thirty-five interviewees felt Reconnections had made some positive contribution to participants' emotional wellbeing and sense of confidence. The program was perceived to help reduce negative impacts of the loss of social connection and give participants a sense of purpose and confidence that they felt had been lost from their lives, as well as strengthened capabilities to better cope with major life events: "... I was very withdrawn when I first started there, but now they have given me a lot of confidence. I don't know what I would have done without them". (*Sarah, 60*) Another participant stated: "... It's really helped change my worldview. I was in a very dark place and isolated; but it's a bit different now – I have made new friends". (*Richard, 85*)

The expanded social networks that some participants gained also contributed to positive impacts, with interviewees noting how Reconnections helped them engage with their communities and build up social relationships, all of which they felt could help protect against loneliness. As a result of participating in activities, some participants began to take on additional volunteering roles, with one man starting to drive other participants to activities, while four women became involved in organizing activities, seeing themselves as volunteers as well as service recipients: "I found it very rewarding. I've made new friends. I'm actually going to start voluntary work with them as well. I go occasionally you know for lunch and to talk to the elderly. In a way I suppose I am volunteering there." (*Janice, 63*)

Limits of appeal

While most interviewees spoke positively, some had negative perceptions around the level and quality of engagement, as well as the service's focus. Four stated they had little contact with services or that they did not suit their needs. A common concern for eight interviewees, including participants in their late 70s and 80s, was that services stereotyped participants as being "old" or "elderly people," assuming they only wanted to socialize with each other and engage in traditional activities: "... It would be better if they had more younger ages. They do knitting and craftwork, but I am sorry I am just not interested." (*Alice, 73*) These participants desired more intergenerational activities, in less stigmatizing settings, appealing more also to younger service users: "They do have coffee mornings. That would appeal to me, but you know it's like in an old people's home ... a different venue might appeal." (*Angela, 79*)

Pivotal role of volunteers

The relationship participants had with volunteers potentially has a pivotal bearing on program perceptions. Volunteers were generally viewed very favorably by participants; many commented on how volunteers went out of their way to help. In some instances, however, volunteers appear to have been playing a different role to facilitating community connections. Instead, *de facto*, some had a befriending role. Greater levels of frailty and mobility issues may have contributed to this. Indeed, health and social care use data collected for the economic analysis indicated that all participants who expressed a preference for befriending had begun to receive some social care services by the time of their interview: "I only have sight in one eye, she [volunteer] takes me out and you know she is by my side all the time. She helps me get things that I want. She's very good, a very nice person. We will go shopping and we'll go and have a cup of coffee." (*Theresa, 81*)

Genuine friendships between volunteers and participants developed, some of which continued beyond the end of the program. These also influenced program perceptions: "I got introduced to [X] who is a visitor kind of thing, which has been lovely as I have made a new friend with her, cos its sort of a six-month scheme, but we are remaining friends anyhows so that's lovely" (*Maggie, 64*). Another stated: "I used to go gliding, but I'd had to stop a while back. It left a big hole. Meeting [Volunteer] was great because he shared my passion for flying." (*Dave, 86*)

Catalyst for engagement with alternative activities

Ultimately Reconnections aimed to encourage service users to take up and sustain activities that met their own interests rather than simply participating in services offered. Eight interviewees indicated that experience of engaging with Reconnections may have been a catalyst prompting them to actively participate in additional social activities. Individuals who perceived services offered through Reconnections not to be ideal (e.g. because of their tendency to cater to older old people) were motivated to look for more suitable alternative activities: "I now go to the U3A [University of the Third Age]; they are very good and they are more my age. I've been to the quizzes there and I'm going to the history group; I go to their coffee morning on a Thursday morning; they have socials." (*Hugh, 72*)

Practical barriers to participation

Practical barriers to participation: lack of transport, cost, and time constraints were mentioned by 17 participants. Worcestershire is a mixture of small towns, villages, and rural localities. Many individuals did not have cars, but

public bus and train options were limited. Some interviewees were further hampered by mobility difficulties: "I don't think they have anyone who can help with transport. It's a three-mile journey and I don't walk very much. I've lost my confidence and I've lost my balance." (*Grace, 84*)

Six interviewees mentioned financial barriers to participation; predominantly linked to high costs of private transport including taxis and "dial-a-ride" (shared private transport) services to get to social activities, as well as nominal fees (typically less than $2) for activities: "I don't have a car. I need to get a taxi or I can ring up for mobility bus ['Dial a Ride'], but they are really expensive." (*Ingrid, 85*)

Another barrier raised by four interviewees was a lack of time, including when they felt they had become volunteers providing rather than receiving services. One outlier was juggling part-time employment, while two people were also expected to help care for their grandchildren: "My daughter rings me at the last minute to look after my grandchildren. I am happy to do that but I then miss chance to have a natter with my friends." (*Doris, 79*)

Discussion

Programs that help older people engage with social activities are integral to the English national strategy to prevent and reduce severe loneliness (Cabinet Office, 2021; Government, 2018). In this qualitative study, we explored whether such a program can appeal to its target audience and what might be done to better tailor services. Through 41 interviews, a range of insights on a program targeted at community dwelling older people experiencing loneliness in England were collated. We identified six key themes, one related to routes to program engagement and the remainder on service operation and impact.

Pathways to intervention

Interviewee responses indicated initial program engagement did not just rely on self-referral but included multiple approaches that benefited from proactive identification by health and social care professionals, charity workers and families of individuals who potentially might be in need. Participants reached included people recently affected by significant life events such as bereavement, poor physical health, family separation and retirement. These are known to increase risks of loneliness and poor mental health. These pathways into the service are similar to those in another evaluation of a scheme matching volunteers with older community dwelling lonely people to offer time-limited friendship and practical support to increase social connections, in rural North Wales (Roberts & Windle, 2020). This is one of many UK local charitable organization initiatives or social prescribing schemes

focused on tackling loneliness through promotion of social connections (Foster et al., 2021; Giebel et al., 2022; O'Rourke et al., 2018).

Benefits of participation

Experiences of participation were generally positive. Many interviewees felt Reconnections helped promote their confidence and self-esteem, as well as reengage in social activities within and beyond the program. Moreover, even when participants felt the program had limited appeal, initial participation could still act as a catalyst to get involved in other activities that better met their needs. These positive findings echo those of other studies. Participants in a "Community Connector" program aimed at reducing social isolation in middle-aged and older people in a disadvantaged area of north-west England also reported an increased sense of confidence as a result of being linked into group social activities (Giebel et al., 2022).

Reconnections helped establish new and, in some cases, potentially deep meaningful connections through regular group activities; the creation of new personal friendships and bonds can provide an extra source of emotional and social support where older people can share problems and help each other (Hwang et al., 2019).

The pro-active nature of Reconnections, with its reliance on volunteers making efforts to build rapport with service users and working with them to find appealing activities, may also have contributed to the mainly positive views of the program. Interviewees were appreciative of the efforts of volunteers. We are also aware from other program materials that some volunteers spent more time than expected with their participants. Some meaningful friendships also developed with volunteers, some of which have been sustained after program participation formally ended. Some participants also gained confidence and self-esteem from themselves becoming volunteers linking other participants to activities or volunteering to deliver activities within and beyond Reconnections.

This value of volunteer engagement is seen elsewhere. In Ireland, a trial examined hourly volunteer visits for 10 weeks for lonely community dwelling older adults. Loneliness was significantly reduced in the volunteer group, with many participants continuing to receive visits from their volunteer after study end (Lawlor et al., 2014). Receipt of peer volunteer support by lonely older adults in the US has also been associated with a reduction in depression and anxiety (Conwell et al., 2020).

Implications for policy and practice in a post-pandemic world

The importance of addressing loneliness from a public health perspective has been exacerbated by the Covid pandemic. The reduction in older people's social networks during the pandemic was associated with increased levels of loneliness (Vlachantoni et al., 2022) and further deteriorations in population

health (Choi et al., 2022; Zaninotto et al., 2022). There are also continuing increased pressures on both health and social care systems, due to disruptions to routine care during the pandemic. This means that there is even more of a policy imperative to promote better physical and mental health of older people through social activities, so as to reduce demands for health care services in a post-pandemic world and strengthen population health in advance of any future pandemic. Indeed, in England, the importance of tackling loneliness is recognized in strategies to promote mental health and wellbeing recovery post pandemic (Cabinet Office, 2021) and in the expansion of social prescribing (Government, 2020).

While the pandemic has shown that there is scope for digital interventions to promote social connections, face-to-face social connections appear more effective (Choi et al., 2022). Yet some older people may be reluctant to reengage in face-to-face social activities, perhaps for fear of future COVID infection; practical public health measures and messaging that may minimize the perceived risk of further infection, for instance through masks, ventilation and socialization in spacious venues or outdoors may help encourage participation, but this needs to be evaluated.

This is, however, just one aspect of the attention that needs to be focused on increasing reach and appeal of social activities that can lead to the development of meaningful human connections. In terms of reach, experience in Reconnections suggests a reliance on GPs alone is insufficient and multiple signposting mechanisms are needed. This implies investing in measures to increase awareness of, and potentially tackle, loneliness, in even more actors that may come into contact with at-risk groups. Examples include people dealing with the bereaved, such as funeral directors, as well as individuals who regularly visit older peoples' homes and potentially spot signs of vulnerability, including garbage collectors, postal workers and utility meter readers.

It is also important to better understand why programs do not appeal and participants disengage. This has been a gap in studies of social activity-based services (Foster et al., 2021). For instance, personal circumstances, such as frailty, may mean some older people prefer befriending or home/help services (McGoldrick et al., 2017; Morgan et al., 2021).

Different strategies are required depending on the nature of loneliness (Wolfers et al., 2022). Loneliness has been conceptualized as being two-dimensional: emotional loneliness due to a lack of close, deep relationships, and social loneliness, due to lack of a social network (Weiss, 1973). Frailty and bereavement are more likely with advancing age, making individuals, especially women, vulnerable to loss of long-standing relationships. In our analyses, establishing a deep connection with a befriender might be seen as a preferable way to address emotional loneliness caused by bereavement compared with actions promoting shallower connections to many more individuals.

Individuals experiencing social loneliness may perceive some services to be for "old people" exclusively, without intergenerational activities that would help them stay linked to younger people. Similar negative views on activities for "lonely older people", such as "coffee mornings" have been noted in other qualitative research (Kharicha et al., 2017). Some male participants also suggested traditional social activities, such as lunch clubs, arts groups and similar social events did not appeal.

These differences in the appeal of services are consistent with socioemotional selectivity theory suggesting that individual preferences on socialization change over the life course (Carstensen et al., 1999). People who perceive their time horizons to be short are more inclined to invest their energies in fewer but deeper emotional relationships, whereas those who perceive their time horizons to be longer are more inclined to participate in knowledge acquisition activities that peripherally involve people of all ages (Nicolaisen & Thorsen, 2017). Even these "peripheral" engagements can help promote positive mental wellbeing, in part because of their diversity (Fingerman et al., 2020; Ng et al., 2021).

A recent conceptual framework puts the generation of meaningful interactions at the core of measures to alleviate loneliness (Wigfield et al., 2022). It argues that meaningful interactions are dependent not just on the quality of interactions, and whether participation in activities "go beyond the superficial" (p182), but are also affected by perceptions of personal security, such as fear of crime in the neighborhood, a lack of safe transport and health concerns, as well as societal attitudes, for instance toward people with disabilities and aging. From a policy perspective, it is therefore important to recognize that multiple measures are needed to address loneliness; it is insufficient to simply focus on promoting social connections. There needs to be maximum flexibility in how programs are designed to widen appeal and lead to meaningful interactions. This not only means involving end users early on in the cocreation of programs but also working in partnership with other agencies to overcome barriers, such as access to and costs of transport (Foster et al., 2021; Morgan et al., 2021).

It also suggests programs should not be judged solely on the basis of measures used to assess loneliness; the UCLA, for example, does not distinguish between social and emotional loneliness, but this may be important in personalizing support and fostering meaningful connections. Funding streams might also be made conditional on partnerships being established between organizations that may help widen appeal, such as the Men's Shed movement or sporting reminiscence groups (Milligan et al., 2016), as well as with other government agencies. Direct funding to support programs, as well as social impact bond contracts, could also be conditional on regular measurement of program engagement and attrition rates, as well as regular program feedback

to help understand not only what makes them successful, but also why they do not appeal to everyone.

Our analysis only looked at short-term program experiences; long-term evaluations of the impacts of social connection programs are required. These should consider not only direct and consequential changes in loneliness, social networks and sustained meaningful connections, but also impacts on health, social care and other public service use, all of which may be persuasive in sustaining funding.

Policymakers should also consider what more they can do to make volunteering attractive. Reconnections, and many other social connection programs, rely heavily on unpaid volunteers, but volunteer recruitment and retention can be difficult, increasing risks to maintenance of services and supports. A national strategy document on volunteering in Ireland highlights the importance of increasing awareness of the potential benefits gained from being a volunteer, such as better wellbeing, acquiring new skills and confidence, or seeing the impacts volunteering can have on the lives of others (Department of Rural and Community Development, 2021). One of the conditions of public funding for programs could also be to collect information on volunteer recruitment and retention. Policy makers might also provide incentives to encourage employers to allow employees time off work to volunteer, as well as providing other support, such as financial help for organizations with costs of public liability insurance for volunteers.

Limitations

The study has a number of limitations. Participants enrolled in the economic evaluation, only represent 11% of all 1,275 individuals who used the service. Moreover, all our participants lived alone; the experiences of Reconnections participants who were married or living with others may be different. Only 27% of interviewees were men; while similar to overall male participation in the program, this may mean views on service suitability are gender biased. Women may be more likely to self-enroll into social activity schemes compared with men who may feel typical schemes do not sufficiently reflect their masculine identities. No interviewees were from ethnic minority backgrounds, however 95% of Worcestershire's population are classified as white British or other white, compared to 86% in the UK population (Office for National Statistics, 2017). Further analyses need to explore whether our findings resonate in locations with more diverse populations, as well as in urban locations where concerns about personal safety may be more important.

Participant insights may also be influenced by engagement with other local or national services (e.g., "The Silver Line," a high-profile free telephone helpline providing information, friendship and advice to older people 24

hours a day) that can complement or substitute for Reconnections, but we do not have information on these engagements. Further analyses are also needed to explore experiences of individuals who decline the opportunity to participate.

For our analysis, we made use of process data collected by the program, not just on levels of loneliness and participant characteristics, but also on patterns of uptake and continued participation to try and ensure that the analysis presented a credible interpretation of interviews. However, we did not ask interviewees to confirm our interpretations, and because all interviews were conducted by phone, the analysis could not consider non-verbal cues. Furthermore, as we only included insights from exit interviews, our interpretation may have differed if we had used participant focus groups or had the opportunity to interview participants prior to program participation. This would help better understand what their needs and experience of loneliness were initially and whether the program was likely to be a good fit. Nonetheless, we believe that many of our findings, for instance on the appeal of intergenerational activities, may be potentially transferable to other non-medical low-cost community-based schemes that establish friendships and increase socialization as a way of tackling loneliness and promoting health and wellbeing.

Conclusions

This analysis suggests that a program to facilitate social connections for older people who have become detached from their communities was viewed positively by most participants, established some meaningful connections, and helped people whose confidence and self-esteem had been knocked back by major life events. Our analysis also indicates that such programs could do more to move beyond what some participants perceived to be stereotypical activities for "old people" and widen the scope for intergenerational activities. Programs would be strengthened through initial careful assessment of individual needs and increased opportunities to co-design program activities, recognizing that loneliness manifests itself in different ways. Nonetheless, the program reached people who would not have pro-actively taken steps to make new social connections and the contributions of volunteers matched with these individuals were highly appreciated.

Such interventions are perhaps particularly pertinent now, given the increased pressures on health and social care systems due to service disruption during the pandemic. Gerontologists and others have long highlighted the potential associations between loneliness and poor health, moreover there is evidence that the risk of loneliness increased for older people with more limited social connections during the pandemic. Strategies encouraging people to start engaging in social activities in a world where Covid may be endemic need to be carefully co-designed with their target groups to maximize their

appeal. Well-designed social connection facilitation schemes can play an important role in this process, ultimately helping to protect health and wellbeing.

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Statement of ethical approval

This study was reviewed and approved by the Care Policy and Evaluation Centre's Research Ethics Working Group in line with London School of Economics and Political Science Research Ethics Policy and Procedure.

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