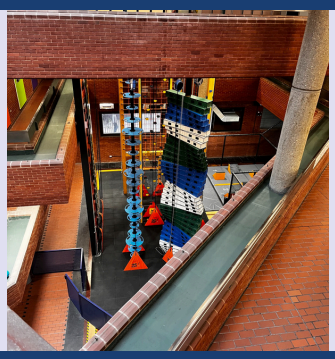
NIHR | Public Health Intervention Responsive Studies Teams

LAMBETH PREVENTION AND PROMOTION FOR BETTER MENTAL HEALTH

A Realist Evaluation of a Prevention and Promotion for Better Mental Health programme: the Loneliness project.

Briefing Report - July 2024



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Background

A surge in mental health challenges such as depression and anxiety, has been noted by the World Health Organisation (2022). These issues significantly contribute to disabilities, with suicide ranking as the second leading cause of death among adults up to age 29 (World Health Organisation, 2022). The COVID-19 pandemic has further exacerbated this situation, particularly impacting those with limited financial means or resources, as highlighted in The Lancet Public Health (2020).

In the UK, the Office for National Statistics (ONS, 2022) reports a 22% increase in working-age adults being sidelined from employment due to long-term mental illness or nervous disorders since the pandemic's onset. Marginalised communities may face additional mental health burdens stemming from pandemic-induced challenges related to housing, employment, and finances (Mind, 2020). For instance, older individuals frequently grapple with feelings of loneliness and social isolation, factors likely intensified during the pandemic, which have adverse effects on both psychological and physical wellbeing (Peerenboom et al., 2015)

In response, initiatives such as the Prevention and Promotion for Better Mental Health and Wellbeing programme, backed by the former Public Health England, were launched. In 2021, Lambeth Borough Council successfully bid for funding from the scheme and funded nine distinct projects aimed at providing targeted support to communities most affected by the repercussions of the COVID-19 crisis, with the overarching goal of enhancing mental health and well-being. One of these was the Loneliness project.

The Loneliness Project was tailored for individuals aged over 65 living alone, coping with multiple long-term health issues, facing heightened risks of frailty and declining health. Its objective was to boost the confidence of these community members, reducing their social isolation and loneliness. The project had support from various stakeholders, including community organisations spanning public and third sectors, as well as representatives from backgrounds such as healthcare, local government, and the community.

Commencing in December 2021 and running until March 2022, the initiative featured events and activities that drew the interest of local families and residents. In tandem, GP practices reached out to eligible patients to tell them about services available under the project and to guide or refer them accordingly. Activities included ‘Tea and Harmony’ who hosted eight singing sessions to foster social connections while enjoying music and conversation over tea. Additionally, Carers 4 Carers, an existing social enterprise that was integrated into the project, organised health and well-being events as well as continuing to offer their usual services for unpaid carers at their venue in Lambeth. These events, also attended by Lambeth’s Health & Wellbeing bus and the Citizen’s Advice Bureau, offered some health services, advice and support.

THE LONELINESS PROJECT

Aims

Using a Realist Evaluation methodology which aims to explore what works, for whom, in what circumstances, this research aimed to identify factors that contribute to the programme's ability to reach, engage and bring about positive change in mental wellbeing for older and/or isolated people in Lambeth. This could include people who are out of the workforce or have caring responsibilities. It also aimed to understand which factors support sustainability and maintenance of the programme and its effects.

Methods

For detailed information on the approach see the Methods briefing for the wider project here. A Realist Evaluation involves the development of 'theories', generated from existing evidence and early discussion with programme stakeholders. These are generated in terms of contexts (that exist anyway), mechanisms (resources of a programme and the way people react to them) and outcomes (an impact or change created by interactions between contexts and mechanisms). Interviews with organisers, delivery partners and service users allowed us to test these theories and then, informed by what we had heard, we revised the existing theories or created new ones.

As the evaluation began a few months after the project had ended, reaching some service users was not possible. Therefore interviews with service users were only obtained from those regularly attending the Carers 4 Carers support service at the time of the evaluation (C4C, 5 interviews). As a result, our final theories are broadly informed by interviews with C4C service users and the C4C programme lead. Additional summaries of findings from interviews with a service provider for 'Tea & Harmony', the referrer who reached out to patients to make them aware of the services on offer and a member of the public health team are also provided for consideration. This interview data has not been incorporated into the theories given the single-person perspective in each case, but provides useful further context.

Initial programme theories for the Loneliness project, as well as detailed versions of the refined and new theories informed by interviews, can be accessed here. Below, summaries of the final programme theories are provided, followed by illustrative quotes from interviews.

PROGRAMME THEORY 1: ACCOMODATION & SAFETY

Context: Staff create a space that is comfortable, welcoming and accommodating for carers specifically. Staff have experience of being carers themselves.

Mechanism (Resource): As staff have caring experience they are supportive, non-judgemental and encourage carers to share their experiences. C4C is able to flex to carer's lives. C4C is only attended by carer's who therefore understand and can offer additional support.

Mechanism (Reaction): Carers feel safe and build trust and connections with staff and other carers. Carers feel validated, less intimated in a carer-only environment, part of a community and appreciate having their requests accommodated.

Outcome: Carers experience physical and mental health benefits, enjoy attending and have an increased commitment to attend. Carers feel less isolated and share information about support opportunities. However, some carers may feel so comfortable as to inhibit them from seeking support beyond C4C.

> ***Participant:*** *So, it's good that you can speak to them [staff] about the roles that, you know, they perform and quite a few of them as well have also told me that they were also carers, they used to be carers as well so, you know, very understanding when you're speaking to them because they've had that role, you know, one-on-one in their personal life as well, so yeah.*
>
> ***Interviewer:*** *And do you think that's important for you kind of being able to…?*
>
> ***Participant:*** *Definitely. Because there's a level of understanding of which you really can't grasp unless you've actually been in that situation. There's a higher level of understanding, you know.*
>
> **Service user**

> ***Interviewer:*** *…did the, are you able to sort of change, are you able to sort of change the activity to fit your needs?*
>
> ***Participant:*** *Yeah, if, because what they do, like normally they send on Thursday, and they say, okay, on Saturday, before Saturday 8pm ask what you want to do? […] I sent mine late […] So, Sunday I said, okay, sorry, I was so busy with the kids, I forgot to send on Saturday. They say, okay, don't worry, come, you see, yeah…. I was really happy and grateful,*
>
> **Service user**

PROGRAMME THEORY 2: CONSISTENCY

Context: C4C delivers activities on a regular or consistent basis, but only in a single location and on a limited number of days/times.

Mechanism (Resource): Creates a sense of routine and structure for carers. However, this could result in limited spaces or scheduled sessions.

Mechanism (Reaction): Carers become comfortable in the environment over time, plan their schedule and finances and remember to attend. However, some carers might miss their desired sessions due to limited availability.

Outcome: Better engagement and the chance for carers to look forward to attending. However, some carers may be put off by what they see as a limited or restrictive activity schedule.

> ***Participant:*** *It's important [that activities are held on the same day at the same time] because you plan, you plan well in advance. Like today's Monday, then you know it's the next coming Monday again, and they give you the opportunity to book well in advance, like every Thursday, that's when they send the message, to confirm by Sunday. So, if you've got any upcoming appointments on the Monday like hos..., if I've got a hospital appointment which is important, I won't book for the Monday if it's clashing, the times, but if it's in the afternoon I can come here and then go for my appointment.*
>
> ***Interviewer:*** *And so, if the times changed [...] would that be a problem?*
>
> ***Participant:*** *Yeah, I think that would be a problem, yeah [...] Because of my, my own health issues, my caring role. So, you know, in between there's some appointments, hospital appointments, but to, that would be a bit erm... confusing, yeah, because most of the things I need to plan in advance. So now I know Monday is saved for coming here, Carers 4 Carers, so I know that after, always put that to one side.*
>
> **Service user**

> ***Interviewer:*** *And what are the benefits of holding the sessions in the same place? Kind of is that important to you that it's the same place and same time every week?*
>
> ***Participant:*** *No, not really, as long as they are doing in different Lambeth that it doesn't matter, yeah, we can go [?? 14:29]. But it's okay, you get used to one, uh, but it would be helpful if they go to the other venues [?? 14:38] as well..... Yeah. And other days, if they can do more days.*
>
> ***Interviewer:*** *So you think that more days and more venues would be helpful for you?*
>
> ***Participant:*** *Yes.*
>
> ***Interviewer:*** *And why would that be helpful?*
>
> ***Participant:*** *Because we can do different, every [?? 15:02] do different activities so we can be introduced to different, more activities and some of the [?? 15:10] they are near us so we can just go like [?? 15:13]*
>
> ***Interviewer:*** *So I guess that flexibility of being able to go to different places?*
>
> ***Participant:*** *Yeah.*
>
> **Service user**

PROGRAMME THEORY 3: SHORT-TERM DELIVERY

Context: The service is delivered or funded only on a short-term basis, or there's only one event. Compared with if it is funded and can run over the longer-term.

Mechanism (Resource): Limited engagement opportunities are offered in the short-term. Alternatively, longer-term delivery can offer the chance for service users to learn about regular events they can attend, try new activities, and build up their comfort and familiarity with a service.

Mechanism (Reaction): Service users become disappointed with short-term delivery and the service only reaches limited numbers of eligible people. Longer-term delivery could reach more people, enable staff to monitor users progress and enable service users to build networks.

Outcome: Compared to a longer-term delivery period, short-term delivery may limit meaningful and lasting changes in mental health and a comprehensive understanding of the service's impact. Service users may be more likely to try new things and recommend services to others if it is sustained.

> *I think it's just by doing stuff, by people seeing you on a regular basis, just by being there, and I think that's part of the long-term strategy as well. I think you can't just do these things as a one-off and then you don't come back. So, when we're working with people regularly, if we do a health check with them, we would like try and encourage them, have another one in three months' time, because, you know, you start off your baseline and then you check in again, and there was no way to do this with that amount of people. Whereas if these were events that were happening at a regular ev..., time, like even quarterly, people would know, look, every quarter, I can't get to my GP but I can go here.*
>
> **Programme lead**

> ***Interviewer:*** *And so how was the sustainability? [...] So, were there any plans for continued support or integration into perhaps existing mental health services?*
>
> ***Participant:*** *[...] I think originally the intention was that there may well be more funding after that one year still. At least at the start it seemed promising, in terms of additional funding. We also did our own kind of local evaluation where we looked at what other things that we can learn from what we've done and how, what other things we could potentially mainstream. So, we did present that to some of our decision makers and stakeholders, but I would say that as we, so there is something about influencing policy and strategy. Which I think is really helpful, in terms of understanding more, developing some kind of local evidence-base of what works for our different population. But I think, for a lot of these projects I think one year is far too short to really get the full benefits of it and ideally, we would have loved to secure some funding to continue the projects for longer, to really you know understand the full impact of it. So, I think probably what I would say is that the project seemed promising but I, in terms of the level of impact, I think it's probably going to be fairly limited but it's clearly because of timescale and you know, the level as well. I mean if the projects had been scaled-up then we might see a greater impact but we're talking about not huge numbers either of participants.*
>
> **Public Health team member**

PROGRAMME THEORY 4: VENUE

Context: Familiar, accessible, convenient local venues, although staff may be more important than venue.

Mechanism (Resource): Venue location aligns with other errands service users may be running, is easy to find or get to or staff will help service users to navigate to the venue. Venue is well suited to service activities.

Mechanism (Reaction): Carers feel able to use the venue, especially those with mobility issues. Venue location makes it easy for service users to fit attendance into their schedule and easy to find, reducing potential stress or confusion over navigation.

Outcome: Increased attendance at regular or one-off events. Providers reconsider where best to hold events/deliver services to best reach target audiences, helping service users to feel less isolated and that they matter.

> ***Interviewer:*** *Is it easy for you to get here?*
> ***Participant:*** *Yeah.*
> ***Interviewer****: You just drive and park in there, disabled space?*
> ***Participant:*** *Yeah, yeah, it's very easy.*
> ***Interviewer:*** *And would you still have taken part if it wasn't easy to get here?*
> ***Participant:*** *That would have been a problem, especially when I started. I've told you, I was using a walking stick, my mobility was very, very impacted and, like I said, my memory, so, you know, I wasn't in the right space.*
> ***Interviewer:*** *Hmm, and, for example, if it was on a higher floor or, you mentioned...?*
> ***Participant:*** *No, it would not have been convenient for me.*
>
> **Service user**

> ***Interviewer:*** *I guess, as well, is it important, thinking about, I guess what are the benefits of the session kind of being held in the same place all the time, is that important that it's the same venue all the time?*
> ***Participant:*** *Yeah, it's very important because it's not far, it's close, it's like we [?? 13:13] in Brixton we normally [go] there, and Brixton is, when you finish you can do like a, it's quicker, you can do like your shopping or something, go home quickly or do, or pick up your children. For myself, because I live in Norwood, so Brixton is not far from Norwood, Brixton, you see, so I'm happy to go there, and when I finish it's easy for me to come home quickly or to go to pick up my children, you see.*
>
> **Service user**

PROGRAMME THEORY 5: STAFF SKILLS (EXERCISE)

Context: Familiar staff members who are skilled in exercise session delivery and related equipment.

Mechanism (Resource): Staff can flex to carer's needs, ensure their safety, and deliver engaging sessions.

Mechanism (Reaction): Carers feel safe and reassured they won't be left alone, that its worth their time to access staff expertise and enjoy attending. Staff consistency reduces potential confusion or nervousness of subsequent sessions.

Outcome: Increased regular attendance, reduced chance of distress due to staff consistency and staff and carers may build rapport over time.

> ***Interviewer:*** *And how does it make you feel that, when they've got all the skills and they've got the coaches and things like that, how does that make you feel?*
>
> ***Participant:*** *Very happy, very good and happy.*
>
> ***Interviewer:*** *Yeah, and why is that?*
>
> ***Participant:*** *Because I say, okay, I say myself, okay, I'm not wasting my time, I mean, [?? 10:31] I'm in a good place. It's like everyone, I know everyone here, so I know, I take my [?? 10:37] and I say, I have Carers 4 Carers, it start at 10.30, finish at two, so that time is precious for me, I don't want to miss that time, because of [?? 10:48]. You know, if you don't feel comfortable somewhere or not happy, no good or welcome, you won't go there, isn't it, but when you feel welcome and comfortable you are so happy to go every time.* **Service user**

> ***Interviewer****:... So, do they do that often, do they come and make alterations for you?*
>
> ***Participant:*** *Yeah, like, for example, today, when I went on the cross trainer, I noticed that I wasn't feeling too well, so you can go to a trained member of staff and then you just tell them your concerns. So, when I went there, they told me to stop, not do anything anymore. So, after that, they will have to check my blood pressure and see if everything is okay.*
>
> ***Interviewer:*** *Okay, and they're there for advice, are they?*
>
> ***Participant:*** *Yeah.*
>
> ***Interviewer:*** *And does that help you take part?*
>
> ***Participant:*** *It does, and it makes you feel safe and comfortable to know that there are people who are there to help you, for example, when you are in distress, when you are not feeling too well.*
>
> ***Interviewer:*** *Yeah, yeah. Does that make you more happy to attend?*
>
> ***Participant:*** *Yeah, very much so, very, for example, I can compare with the upstairs, I attended the gym once, there's no one monitoring you, there's no one showing you what to do, you only have one in that gym, which you book and then they'll just show you, after that you are on your own.*
>
> ***Interviewer:*** *And is this, this is different?*
>
> ***Participant:*** *This is different, it's a small space, you know, with the people who are familiar all the time, yeah.* **Service user**

PROGRAMME THEORY 6: CHOICE

Context: Carers actively participate, are given choice over activities and can provide feedback and recommendations for future offers by C4C. Alternatively, carers have limited choice due to activities being unable to accommodate their needs.

Mechanism (Resource): Opportunity to try new activities, practice and develop new skills. Feedback enables tailoring of future activity provision to carers preferences. Alternatively, not all activities can be adapted to carers needs.

Mechanism (Reaction): Carers learn what they enjoy doing, gain a sense of self-efficacy and confidence to attend. Carers feel that their opinions matter and feel empowered but may engage with other users less due to a focus on chosen activities.

Outcome: Increased attendance at C4C, even for difficult exercises. Increased interest/attendance at other services outside of C4C. Carers accrue health benefits.

> ***Interviewer:*** *And I guess could you describe the way in which the project's sort of run, so kind of the set up and I guess what happens during the sessions and things like that?*
>
> ***Participant:*** *Oh I love all the sessions and help from them and it's actually the badminton court and the squash court is so good and I feel very happy when I play different kind of sports. So it's like after 14 years of doing sport again but it's so helpful and they help me as well. And also with the gym [?? 05:01] I kind of really like all the gym classes. Before they used to do the cycling, I learned the cycling from [?? 05:11] I joined my local [?? 05:15] and I go and do the cycling classes with them as well, so it give me a little bit confident to go out for, and do the other activities.*
>
> ***Interviewer:*** *So do you enjoy the variation of activities there?*
>
> ***Participant:*** *Yeah. I love all of them, yeah. I enjoy them. And I make sure that I go on Monday despite all the work and everything.*
>
> **Service user**

PROGRAMME THEORY 7: ATYPICAL ENVIRONMENT

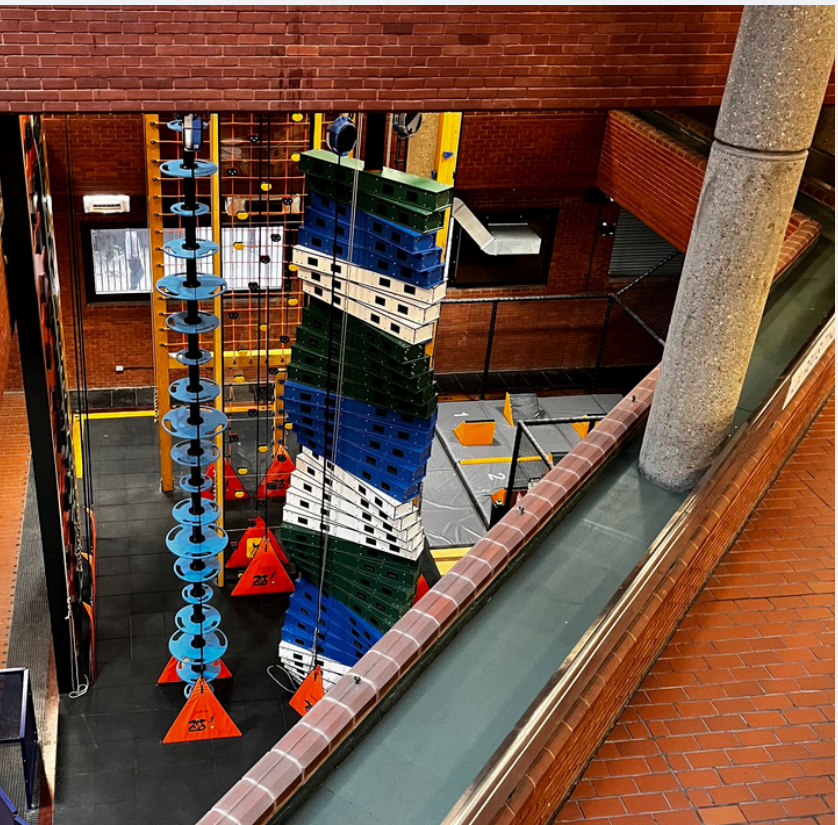
Context: Activities are delivered away from existing or familiar structures or responsibilities.

Mechanism (Resource): Offers a coping mechanism for carers to focus on themselves or to do something different with the people they care for, without the focus being on caring. Offers a safe space for those distrustful of health services, although some service users may need further reassurance. Provides encouragement to seek additional support outside of C4C.

Mechanism (Reaction): Reduces cultural barriers to help-seeking behaviour. Enables short-term relief from responsibilities and the ability to form connections with those with similar experiences.

Outcome: Reduces feelings of stigma around help-seeking behaviour and increases awareness of support offers. Increased engagement and improvements in mental health.

> ***Interviewer:*** *And are there any specific barriers to engagement in the Carers 4 Carers project, so within those four months were there any barriers as to why people might not be able to engage?*
>
> ***Project lead:*** *I think, for some people they may not have been able to come out or they were still very fearful, because a lot of people were very wary, carers were still very wary about coming out because of the vulnerability of the people that they're caring for, and also they may have felt kind of mistrust around health things.*
>
> **Programme lead**



> ***Interviewer:*** *... why is it so important that you're going to the same place with people experiencing the same thing as you?*
>
> ***Participant:*** *Because like it's kind of, um, it kind of helped me with my situation and going out, going away from all the activities there that I'm doing daily caring for the people that [?? 04:02] I'm doing the house chores, so I found something different for me to do and only focusing on myself helped me.*
>
> **Service user**

PROGRAMME THEORY 8: AWARENESS/ REACH

Context: If target groups are aware of the service or if providers are aiming to increase awareness.

Mechanism (Resource): Multiple formal and informal modes of delivery can be used to raise awareness. Continual rather than one-shot advertisements are preferable.

Mechanism (Reaction): Unknown target groups come to identify themselves as carers and learn about support offers and other carers in the community. Alternatively, carers are uninterested or don't have capacity to attend.

Outcome: Community engages with events/services and becomes aware of carer community. Alternatively, community fails to engage.

We put together a poster, it went out in the library's newsletters and we utilised all of our social media networks and our professional networks to get them to promote it. We also have our own database, so we have a WhatsApp group with over three hundred carers on it, so it went out to them and we asked them to send it to their personal networks as well. So it was mainly kind of word of mouth, but I think, as I said, on the day we literally just went and spoke to people in the streets and said, are you aware of this event, and this is what we're doing.

Programme lead

Interviewer: *But do you think there might be something, do you think there's anything that would stop people from taking part in Carers 4 Carers? I guess what do you think is that barrier for people not really engaging?*

Participant: *Um, not having enough information, maybe if they don't have enough information on something because I can give myself as the example, had it not been, you know, for Carers 4 Carers approaching my daughter I don't think I would have just gone out there like that. So, I think they do need to keep doing what they're doing, keep feeding information, keep putting it out there in the community so that people are aware that they're there, what they do, what they have to offer, and encourage the patrons to let other people know. So, it's always good when somebody that is attending tells somebody else because there's no better information than from the source itself about what's going on.*

Service user

FURTHER INFORMATION

Referrer: The use of algorithms rather than individual GP practices to identify patients may result in the wrong patients being contacted. Additionally, the use of cold-calls to contact patients, which is not the traditional referral pathway, may result in patients feeling ineligible or offended by the support offer coming out of the blue. They may refuse to engage and miss out on needed support.

Alternatively, patients may engage with the call and discussion of support needs as it comes from a trusted source and may also appreciate the social interaction. This can result in patients feeling like they are cared for and accepting support offers or follow up on old offers.
Similarly, if the cold caller is skilled and knowledgeable this could help patients to engage. Skilled callers can adapt their language, give time and space for patients to consider the offer and create welcoming, reassuring, and supportive environments for patients to discuss the offer. Patients may feel more comfortable discussing their support needs, be more likely to take up support and feel less isolated.

Member of public health team: If existing local projects are included as a part of a larger mental health strategy, without initial collaboration between service providers and the local authority (LA) around their design to ensure alignment, then they may not deliver what the LA expects or needs. Project delivery may be kept at a distance from LA's deliberately to allow flexibility, or there may be gatekeepers between partners who restrict the flow of data. This can result in poor communication between partners, poor oversight, a lack of transparency around effectiveness and a failure to harness community assets and opportunities. The project may not deliver the learning or findings that the LA needs to inform strategic planning and sustainability. Alternatively, greater involvement from stakeholders with local projects from the start may increase the chances of success.

Tea & Harmony service provider: This activity had features that aligned with aspects of most of the theories outlined above (1-6). For example, staff strived to be welcoming and provide a safe and flexible space for service users to form connections, sessions took place at the same time each week but only for a short period of time despite the desire for longer-term delivery and the venue was well placed and familiar to locals. Staff were skilled in music and creating an engaging session for a variety of abilities while also offering a degree of flexibility and choice. Finally, the lead described a variety of approaches used to advertise the activity and made recommendations for other routes to use in future to increase reach and uptake. In addition to these beneficial features established in C4C, Tea & Harmony offered service users the chance to be creative. The creative aspect of choral singing – especially alongside others - may help to create a sense of enjoyment and increased self-esteem.[1]

[1] While this does not align with a current theory for the Loneliness Project, this does overlap with elements of theories arising from the Black Men's Consortium, namely Theory C: Control and Theory D: Credibility and sustainability which speak to the sense of joy and achievement generated through creative outputs.

BARRIERS AND FACILITATORS TO ENGAGEMENT

During interviews, a small number of standalone barriers and facilitators that did not fit into a theory were mentioned that may be relevant for future delivery.

Potential barriers for engagement	Potential facilitators for engagement
Transport: Lack of access to transport for older people and those with significant health issues may limit engagement. Adding transport to community venues could help.	**Community assets:** Involvement of community people and assets who have appropriate skills and knowledge to engage with target community.
Time of year: Cold calls were being delivered as winter was beginning and older people may be less likely to go out and have a reduced sense of safety.	**Cost:** C4C was seen as affordable, especially compared to other traditional exercise providers, and given the cost-of-living crisis.
Covid: Cold calls were being delivered while the pandemic was still ongoing, and many services were either closed or closing. Some service users were reluctant to go out even for services that were still/had started running again. Primary care was trying to adjust to remote working and added to the existing overstretched caseload of the referrer, slowing the process. Funding to backfill the referrers' role could help.	**Covid:** This was an unfamiliar context with well-known negative impacts across the population. It meant some service users were more accepting and less suspicious of being contacted unexpectedly by their GP surgery with a support offer.
Collaboration: The development of the Loneliness project did not include collaboration with the primary care practices. Their involvement early on could have improved the design.	**Broadened eligibility criteria:** Services that welcomed those from outside of the intended eligibility criteria (e.g. Tea & Harmony eventually extended their services to those of any age) may help increase attendance.

CONCLUSIONS

Reach and engagement

The events hosted as part of the Loneliness project were able to reach a range of underserved individuals in the Lambeth community. However, our findings suggest several factors could have reduced that reach. Firstly, the short-term nature of the Loneliness project and at least one of its bespoke components ('Tea & Harmony') may have inhibited it from reaching a wider population and having more, and longer-lasting, impact. Secondly, poor awareness of services was highlighted as a concern by service users and as such, continuous and varied approaches to advertising the Loneliness project could help to increase reach in future. Third, ensuring targeted signposting of services reach the right people and that they are approached in the right way was also identified as a possible issue by a referrer. Involving GP practices in the early design of outreach approaches could help ensure eligible patients are targeted and in an acceptable way, to promote engagement. However, it's worth noting that so far there is no single screening tool being used to identify loneliness (Freedman & Nicolle, 2020). Loneliness is not 'diagnosable' as such, as its not considered an illness (NHS England, n.d.) and GPs may struggle to identify patients who are lonely (Due et al., 2018).

How it works

Carers 4 Carers (C4C), a service that had been running for several years before being incorporated into the Loneliness project represents a seemingly successful approach. As C4C was established, it had consistent and long-term engagement from service users with participants highlighting improvements in both their mental health or wellbeing (reduced distress, isolation, and feelings of being stigmatised for help-seeking, increased self-efficacy and feelings of relaxation) and their physical health (improved sleep quality and physical rehabilitation). C4C enabled these positive outcomes by giving carers the time to become comfortable and familiar with C4C, staff and other users, build rapport, networks and confidence, try new activities and discover what they enjoy doing as well as learning about other support options available to them.

Several other factors, besides long-term delivery, also contribute to the positive experiences, developments, and overall impact on loneliness that longer-term delivery can enable:

- Staff are key to creating safe, carer-only spaces that encourage service users to connect and share their experiences. However, some users may need more help to seek additional support options outside of the comfort of one service.
- Easily accessible, conveniently located venues help service users with mobility issues and/or busy schedules to attend, although staff may still be seen as more likely to impact attendance than the venue itself.
- By virtue of the venue being away from normal responsibilities, it provides stress-relief to service users. The fact that it is not a traditional healthcare setting may make it easier to attend for those who are distrustful of the health service, however some service users may need additional reassurance.
- Regularly scheduled activities combined with service users' ability to choose what they take part in allows users to plan their attendance, learn what they enjoy and look forward to attending, while skilled staff make them feel safe to try new things. Although some users may focus solely on their chosen activities rather than form connections. Additionally, service users with more complex needs may need further options made available to them to reduce the likelihood of their disengagement over time.

CONCLUSIONS CONTINUED

Sustainability

The initial design process is important to ensure the desired impact and sustainability. Increased co-development or collaboration between local authority commissioners and service providers and users may further increase the impact of the Loneliness project on the target population. In turn, this can inform future health and wellbeing strategies, ensuring the legacy and sustainability of the project.

RECOMMENDATIONS

Consider using varied and ongoing awareness-raising activities to advertise the Loneliness project and achieve increased reach

Consider supporting the Loneliness project and its component parts to run for a longer-period to increase awareness, familiarity, uptake and subsequent impact on health.

Ensure staff are skilled in promoting welcoming, safe environments, are knowledgeable in the activities on offer and are familiar with and able to adapt to users' needs to increase impact.

Consider using venues that are accessible, familiar and local to target groups to increase uptake.

Give service users a wide variety of options of accessible activities to take up, delivered regularly and ideally at a range of venues and different times to optimise chances of uptake and impact.

Ensure collaboration between community assets and commissioners when designing future Loneliness projects to enable effective data collection and outcomes that can inform the local evidence-base and future strategy and funding.

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REFERENCES

Due, T. D., Sandholdt, H., Siersma, V. D., & Waldorff, F. B. (2018). How well do general practitioners know their elderly patients' social relations and feelings of loneliness? BMC Family Practice, 19(1), 1–8. https://doi.org/10.1186/s12875-018-0721-x

Freedman, A., & Nicolle, J. (2020). Social isolation and loneliness: the new geriatric giants. Canadian Family Physician / Le Médecin de Famille Canadien, 66, 176–182.

Mind. (2020). The mental health emergency: how has the coronavirus pandemic impacted our mental health? (Issue June).

NHS England. (n.d.). Loneliness and Social Isolation Resources Guide.

ONS. (2022). Half a million more people are out of the labour force because of long-term sickness. https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/halfamillionmorepeopleareoutofthelabourforcebecauseoflongtermsickness/2022-11-10

Peerenboom, L., Collard, R. M., Naarding, P., & Comijs, H. C. (2015). The association between depression and emotional and social loneliness in older persons and the influence of social support, cognitive functioning and personality: A cross-sectional study. Journal of Affective Disorders, 182, 26–31. https://doi.org/10.1016/J.JAD.2015.04.033

World Health Organisation. (2022). Mental health. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

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This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

FUNDED BY

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