

Social Isolation & Loneliness

South Gloucestershire Council

Summary of key points

- Isolation is defined as an individual's 'separation from social or familial contact, community involvement, or access to services'
- Loneliness is defined as an individual's 'personal, subjective sense of lacking these things [social or familial contact] to the extent that they are wanted or needed'
- Common validated indicators used for measuring well-being include the Warwick-Edinburgh Mental Well-Being Scale, the Adult Social Care Outlook Tool, the General Health Questionnaire-12, or EuroQol-5D
- The de Jong Gierveld Scale is a validated tool for measuring loneliness
- The Duke Social Support Index is a validated tool for measuring social isolation using indicators around social interaction and social satisfaction
- Appropriately measuring cost-effectiveness relies on collecting robust well-being data from participants before and after the intervention, a strong record of the costs of running the intervention, and an understanding of how indirect factors, such as the extent of informal care, impact on the intervention

Background Information

Introduction

The literature search was to address social isolation and loneliness in the general population, focusing specifically on the indicators used to measure social isolation, loneliness, and cost-effectiveness. There was also an interest in social prescribing, reducing the number of frequent users of GP surgeries, and the value of volunteering.

Methods

A search of the literature included the Cochrane Library database, and the Health Management Information Consortium (HMIC) database through NHS Evidence, as well as a search for relevant NICE guidance. A search was also conducted using Google and Google Scholar. The following index terms were used: social isolation; loneliness; community participation; community development; volunteering. The following free-text terms were used: social isolation; loneliness; community engagement; community development; volunteering; value of volunteering; social prescribing. The search was limited to studies written in English from 2004 to 2014. Reference lists were also checked for additional studies, as were relevant websites (e.g. charities).

Social Isolation and Loneliness

Definitions

Social isolation and loneliness refer to distinct concepts, but are often used synonymously. Age UK defines isolation as the 'separation from social or familial contact, community involvement, or access to services'. In contrast, loneliness is defined as 'an individual's personal, subjective sense of lacking these things [social or familial contact] to the extent that they are wanted or needed.'¹ While social isolation and loneliness are commonly associated with older adults, people of any age can be affected.

Measuring impact

*Measuring Impact: improving the health and wellbeing of people in mid-life and beyond*² was commissioned by the Health Development Agency (HDA), and subsequently published by NICE after transferral of HDA functions. This is a general toolkit for those looking to measure the impact of health interventions in people of middle-age and older, with helpful information on the different methods for measuring effectiveness (questionnaire surveys; routinely collected data; gathering people's experiences; reflective practitioner diaries; photos and videos; and measuring cost-effectiveness/benefits), including when to appropriately use each method, and how to interpret effectiveness from the results.

Measuring well-being, social isolation and loneliness

The Department of Health's Public Health Outcomes Framework³ provides indicators for measuring social isolation and self-reported well-being. The two social isolation indicators are derived from the annual Adult Social Care Survey and the biennial Carers Survey. The five self-reported well-being indicators are taken from the Annual Population Survey (four questions), and the Health Survey for England (one question). The latter indicator is adapted from the validated Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score for adults 16+.⁴

In addition to the above, The Campaign to End Loneliness advises that there are two validated tools to measure social isolation and loneliness that can be used.⁵ The first is the de Jong Gierveld Scale - a self-reported measure of loneliness exploring the gap between the affection and intimacy desired to that experienced; recognising that loneliness is more than being alone. The scale consists of 11 items: six are formulated negatively to address emotional loneliness, and five are formulated positively to address social loneliness (see *Appendix 1* below for the scale). The scale has been effectively used in adults of all ages.

¹ Age UK 2012. [Loneliness and Isolation Evidence Review](#). Age UK: London (accessed 19/02/2014)

² NICE 2005. [Measuring Impact: improving the health and wellbeing of people in mid-life and beyond](#). NICE: London (accessed 17/02/2014).

³ DoH 2013. [Public Health Outcomes Framework. Improving outcomes and supporting transparency. Part 2: Summary technical specifications of public health indicators](#). DoH: London (accessed 20/04/2014).

⁴ NHS Scotland. [The Warwick-Edinburgh Mental Well-Being Scale \(WEMWBS\)](#) (accessed 20/02/2014).

⁵ Campaign to End Loneliness 2012. [Scales for Measuring Loneliness and Isolation](#). (accessed 19/02/2014).

The second tool is the Duke Social Support Index (DSSI). Originally a 35-item scale, it has been reworked a number of times to 23, 11 and now 10 indicators measuring social interaction (4 items), and social satisfaction (6 items). The 10-item scale was trialled in Wardian *et al.*'s⁶ cross-sectional study of 8,003 participants in Arizona aged 18+. Whilst the research design is not the most methodologically reliable, the study was well-constructed and executed, with a good sample size. The results corroborate previous findings that a shortened index is still an effective and relevant tool for assessing social support and isolation of general populations, however it is important to note that this is only the case when both sub-sets of questions are used together, not separately (see *Appendix 2* below for the scale).

Indicators to measure cost-effectiveness

There is no consensus regarding the best way to measure the cost-effectiveness of health interventions. The process is largely individualised according to the type of study, and the data being retrieved. The HDA issued a briefing paper in 2005⁷ describing the difficulties of measuring cost-effectiveness, as well as the different types of approaches that can be adopted. The paper itself has low methodological robusticity, but it does provide a good background to the pitfalls of existing methods of economic analysis, which can be explored further as desired.

The Social Care Institute for Excellence's (SCIE) publication *Preventing Loneliness and Social Isolation: interventions and outcomes*⁸, advises that the following data is key, and should be collected to ensure that cost-effectiveness is appropriately and robustly measured:

- Individual service use before and after the intervention
- Organisational set-up and implementation costs
- The level and extent of informal carer support
- The use of well-being measures (e.g. Adult Social Care Outlook Tool (ASCOT), General Health Questionnaire-12 (GHQ-12), or EuroQol-5D (EQ-5D)) to derive the social care or health-related quality adjusted life year (QALY) gained by the project or intervention

Conclusions

Understanding the difference between social isolation and loneliness, and whether the aim is to measure either one or both, will determine the best indicators for evaluating the impact of interventions to increase well-being and social connectedness. A consideration for the audience that will come in to contact with the information will help to determine the most appropriate methods of data collection.

Ideally, to measure effectiveness a combination of validated tools should be adopted, such as WEMWBS, the de Jong Gierveld Loneliness Scale, DSSI, ASCOT, GHQ-12, or EQ-5D,

⁶ Wardian *et al.* 2013. Validation of the DSSI-10 to Measure Social Support in a General Population. *Research on Social Work Practice* 23: 100-106.

⁷ Kelly *et al.* 2005. [Economic Appraisal of Public Health Interventions](#). NHS: Health Development Agency (accessed 17/02/2014).

⁸ Windle *et al.* 2011. [Preventing Loneliness and Social Isolation: interventions and outcomes. Research Briefing 39](#). Social Care Institute for Excellence: London (accessed 17/02/2014).

should be completed by the intervention participants at the beginning and end of the study period, and preferably at intervals throughout.

Appropriately measuring cost-effectiveness will rely partly on the strength of the well-being data collected above both before and after the intervention, as well as a good record of the costs involved with running the intervention. In addition to this, an awareness of indirect factors that impact on the cost-effectiveness of certain interventions, such as the extent of informal carer involvement, is required.

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Supplementary Information

Social prescribing

- [Social Prescribing for Mental Health: a guide to commissioning and delivery.](#)
Guidance created by the Care Services Improvement Partnership in the North West following their Social Prescribing Development Project. Chapters 4, 8 and 10 are particularly relevant.
- [Developing a Social Prescribing Approach for Bristol.](#)
Includes local examples of social prescribing interventions.
- [An Evaluation of Fair Shares Gloucestershire.](#)
Scroll down to Publications & Newsletters - select Evaluation Report. This report evaluates the effectiveness of the Fair Shares community time banks in Gloucestershire
- [An Evaluation of the Impact of Community-Based Interventions on Hospital Use.](#)
- Evaluation of eight Department of Health Partnership for Older People Projects (POPPs), and their impact of reducing hospital use.
- [Evaluation of Dundee Equally Well Sources of Support: social prescribing in Maryfield.](#) This report evaluates the Dundee Partnership's pilot social prescribing scheme called 'Sources of Support'.

Value of volunteering

- [Volunteering in Health and Care: securing a sustainable future.](#)
A report written by The King's Fund looking at the extent of volunteering, and the effectiveness, value and future of voluntary work.
- [Wellbeing and Civil Society: estimating the value of volunteering using subjective wellbeing data.](#)
A report by the Cabinet Office and Department for Work and Pensions that uses well-being data to determine the value volunteering for the recipient.

Unit costs

- [Unit Costs of Health & Social Care 2013.](#)
Compiled by the Personal Social Services Research Unit (PSSRU) at the University of Kent; it lists estimates of the national unit costs for an extensive range of health and social care services.

Appendix 1

The de Jong Gierveld Loneliness Scale⁹

1	There is always someone I can talk to about my day-to-day problems
2	I miss having a really close friend
3	I experience a general sense of emptiness
4	There are plenty of people I can lean on when I have problems
5	I miss the pleasure of the company of others
6	I find my circle of friends and acquaintances too limited
7	There are many people I can trust completely
8	There are enough people I feel close to
9	I miss having people around me
10	I often feel rejected
11	I can call on my friends whenever I need them

According to de Jong Gierveld and van Tilburg, the answers to the scale should range as follows: yes! (emphatic); yes; more or less; no; no! (emphatic). However, for clarity it would perhaps be better to adopt answers similar to those used in the Warwick-Edinburgh scale (see attachment in email).

⁹ De Jong Gierveld & van Tilburg 2011. [Manual of the Loneliness Scale 1999](#) (accessed 19/02/2014).

Appendix 2

Duke Social Support Index (after Wardian et al. 2013)

Social satisfaction sub-set	
1	Do you feel you have a definite role in the family and among friends?
2	Do family and friends understand you?
3	Do you feel useful to family and friends?
4	Do you feel listened to by family and friends?
5	Do you know what's happening with family and friends?
6	Can you talk about your deepest problems?
Social interaction sub-set	
7	Number of family members within one-hour's travel that you can depend on or feel close to.
8	Number of times in the past week that you spent with someone not living with you.
9	Number of times in the past week that you talked with friends or relatives on the telephone.
10	Number of times in the past week that you attended meetings of clubs, religious groups, or other groups that you belong to (other than work).

The above provide indications of what the questions should be asking. The following are examples of how the questions can be phrased: '*When you are talking with your family or friends, do you feel you are being listened to?*', or '*How many times during the past week did you spend time with someone who does not live with you?*'.