
Title registration for a systematic review: Friendly visiting by a volunteer for reducing loneliness and social isolation, and improving wellbeing in older adults

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Title of the review

Friendly visiting by a volunteer for reducing loneliness and social isolation, and improving wellbeing in older adults: a systematic review

Background

Although we live in an increasingly connected world, loneliness and social isolation are reaching epidemic proportions, in both children and adults. The prevalence of loneliness is expected to increase even further during the next couple of decades. Population ageing is one of the key contributors: as people grow older, they are at increased risk of living by themselves and of becoming disabled, which in its turn constitutes a barrier to social interaction. In its 2015 evidence review, Age UK stated that 6 to 10 per cent of older people say they always or often feel lonely, and that nearly half of the people over 65 say that television or pets are their main form of company (Davidson, 2015).

An increasing number of studies show that loneliness and social isolation can have a detrimental impact on physical and mental health. For instance, they reportedly have the same harmful effect as smoking 15 cigarettes a day (Holt-Lunstad, 2015), and put individuals at greater risk of developing clinical dementia (Holwerda, 2014), highlighting the need for effective interventions to tackle loneliness. Among the different existing interventions, friendly visiting, whereby an older person is matched with someone who visits them on a regular basis, seems to be a realistic and sustainable option for providing social support. However, until this day, it remains unclear if friendly visiting by a volunteer is effective at reducing loneliness and social isolation.

Policy relevance

Loneliness and social isolation are proving to be among the most challenging social issues to our twenty-first century ageing society. Given their devastating impact on physical and mental health, policy-makers should invest in effective interventions to reduce loneliness and social isolation. In January 2018, British Prime Minister Theresa May has set the example, by appointing Tracey Crouch as the country's first Minister for Loneliness. Reviews that study the effects of feasible and sustainable interventions, such as friendly visiting by a volunteer, on loneliness, social isolation and wellbeing, may provide useful information to Crouch and other governments and organisations that are preparing to face the challenge.

Objectives

By systematically searching for individual studies, this review will answer the following research question: What is the effect of friendly visiting by a volunteer on feelings of loneliness, social isolation, (symptoms of) depression, life satisfaction and/or mental health in older adults?

Existing reviews

One systematic review investigated the effectiveness of health promotion interventions that target social isolation and loneliness among older people (Cattan, 2005). Studies were categorised as 'group', 'one-to-one', 'service provision', and 'community development' interventions. The category of 'one-to-one' interventions included 10 studies delivering a wide range of interventions, including home visits by professionals providing health assessments or services, telephone support-therapy by social services, friendly telephone calls by peers, and social support visits by volunteers. The majority of these interventions were unable to demonstrate a significant effect in reducing social isolation and loneliness. However, the reviewers themselves state that the effectiveness of home visiting and befriending schemes remains unclear, probably due to the wide heterogeneity in the 'one-to-one' intervention category.

During the development of the 2015 evidence-based guideline 'Older people: independence and mental wellbeing' by the National Institute for Health and Care Excellence (NICE, 2015), a systematic review was developed to investigate the effectiveness of interventions to improve or protect the mental wellbeing and/or independence of older people (McDaid, 2015). In this review, 5 studies provided moderate evidence that friendship programmes can enhance various aspects of older peoples' mental wellbeing and address issues of loneliness and isolation.

Several other systematic reviews looked at the effectiveness of interventions aiming to reduce loneliness or social isolation, but have narrowed the scope of their studied population to adults suffering from chronic non-cancer pain (Cooper, 2014), only looked at interventions delivered by health or social care professionals (Grant, 2014; Montgomery, 2008; Sims-Gould, 2017), or did not investigate the effect of friendly visiting (Franck, 2016; Snowden, 2015).

One meta-analysis investigated whether the success of certain loneliness reduction interventions was due more to study design than to the quality of the intervention (Masi, 2010). It revealed that single group pre-post and non-randomized comparison studies yielded larger mean effect sizes relative to randomized comparison studies. However, it did not report on the effectiveness based on the type of intervention.

In conclusion, these existing systematic reviews highlight the need for a systematic collection, extraction and analysis of studies looking specifically at the effectiveness of friendly visiting by a volunteer to the generalizable older population, i.e. older adults that do not suffer from any serious physical or mental illness.

Intervention

Interventions for this systematic review will include any frequency and any duration of friendly visiting by a volunteer (of any age) to an older adult (≥ 60 years of age). These visits should consist of friendly talking, playing games and/or reminiscing, with the sole purpose of reducing loneliness, social isolation, depressive symptoms, and/or improving life satisfaction and/or mental health in the older adult.

Interventions delivered by health or social care professionals will be excluded from the review. As this review aims at investigating the effect of face-to-face social interaction with others, interventions delivered via computerised systems or telephone will be excluded as well. In addition, screening of elderly, small group meetings, support groups, social networks, extensive courses, computer courses at home and support for the bereaved will be excluded.

Within experimental studies, the effect of friendly visiting will be compared to no friendly visiting. For observational studies, the outcomes (see below) of older adults who received friendly visits will be compared to those of older adults who did not receive friendly visits.

Population

Studies in community-dwelling and institutionalized older adults (≥ 60 years of age) will be included. Studies that also include younger adults (<60 years of age) will only be included if: (1) they report the results separately for ≥ 60 year-olds, or (2) they specifically define the population as 'elderly' and the average age of the participants is or exceeds the age of 60.

As this review will be conducted to directly inform the friendly visiting programme of the Belgian Red Cross, which specifically aims at tackling loneliness within the general population of older adults, studies focusing exclusively on specific groups are beyond the scope of this review. Hence, studies that exclusively concern widow(er)s or bereaved elderly, caregivers of elderly, hospitalized elderly, community-dwelling elderly with severe mental or physical health problems (e.g. palliative care patients, clinically depressed elderly) will be excluded.

Outcomes

Primary outcomes: quantitative measures for loneliness, social isolation, social support, life satisfaction, depressive symptom experiencing and mental health outcomes. Qualitative measures will be excluded.

Secondary outcomes: none.

Study designs

The following study types will be included: studies using an experimental design (quasi- or non-randomized controlled trials, controlled before and after study or controlled interrupted time series); studies using an observational design (cohort study, case-control study, controlled before and after study or controlled interrupted time series, cross-sectional study). Results of experimental and observational studies will be analysed separately.

Other study designs such as case series, narrative reviews and non-original studies such as editorials, book reviews, commentaries, and letters to editors, will be excluded.

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Roles and responsibilities

- **Content:** Jorien Laermans, Hans Scheers and Emmy De Buck from the Centre for Evidence-Based Practice work in close collaboration with their Belgian Red Cross' colleagues from the Social Care Department. This Department runs a Friendly Visiting Programme, a project in which Belgian Red Cross trained volunteers pay weekly visits to lonely older adults, and therefore owns the necessary content expertise on the subject of loneliness. In addition, the review team receives content support from an external panel of social care experts (e.g. Vonk3 research centre of Thomas More University, Expertise centre Dementia Flanders, residential care centres, Public Centre for Social Welfare, Christian health insurance fund). Professor Philippe Vandekerckhove, the CEO of the Belgian Red Cross, supports the development of this review, thereby aiming to expand the evidence base in the domain of social care.
- **Systematic review methods:** Jorien Laermans and Hans Scheers are researchers at the Centre for Evidence-Based Practice, where they develop evidence-based guidelines and systematic reviews on a daily basis. Senior researcher Emmy De Buck has co-authored several systematic reviews, including systematic reviews in the domain of humanitarian aid, as well as evidence-based guidance in the domain of social care.
- **Statistical analysis:** Jorien Laermans and Hans Scheers are both trained and experienced in performing statistical analyses, including meta-analysis.
- **Information retrieval:** Jorien Laermans, Hans Scheers and Emmy De Buck design highly specialized search strategies on a daily basis.

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Potential conflicts of interest

The authors are not aware of any conflicts of interest arising from financial or researcher interests.

Preliminary timeframe

Note, if the protocol or review is not submitted within six months and 18 months of title registration, respectively, the review area is opened up for other authors.

- Date you plan to submit a draft protocol: 1 June 2019
- Date you plan to submit a draft review: 1 June 2020