Summary

Vulnerable and lonely?

Risk and protective factors in an ageing society

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Summary

Loneliness has a negative impact on personal health and social participation and is regarded both as a problem for individuals and an issue for society. There is also a taboo surrounding loneliness and it is difficult to identify. Loneliness seems to emerge through a gradual and almost imperceptible process of accumulating risk factors, such as a shrinking social network, poor health and a perception of less control over one's life. The way to safeguard against loneliness is to tackle these risk factors.
The aim of this study is to provide an insight into the factors that play a role in the occurrence of loneliness in the course of people's lives, particularly during the second half of life, and to show how loneliness is related to quality of life.
After presenting an overview of what we already know from previous research, we present a number of studies conducted among various populations regarding which risk factors are related to loneliness in an ageing population. We examine both cohorts and the individual lives of older persons. In addition, we focus on two vulnerable groups who receive long-term care and support: nursing home residents and people who receive support as part of the Social Support Act (Wet maatschappelijke ondersteuning – Wmo). Finally, we examine the association between loneliness and quality of life among these vulnerable members of society.
There are various approaches to investigating loneliness. In this report, we adopt the cognitive discrepancy approach as a starting point. This states that loneliness is the result of an evaluation of the perceived discrepancy between the social relationships that an individual would like and their real-life social relationships. We define loneliness as a perceived lack of social relationships, or a perceived lack of quality in those relations. Perceptions of loneliness can range from moderate or unpleasant to strong or unbearable. Loneliness was measured using the original or abbreviated loneliness intensity scale (eleven and six questions, respectively) (De Jong Gierveld and Kamphuis 1985, De Jong Gierveld and Van Tilburg 1999). On the basis of the respondents' scores on this scale, they were divided into three categories: no loneliness, moderate loneliness or severe loneliness.

Results

The likelihood of loneliness among older persons is decreasing; however the number of lonely older persons is rising

It is often assumed that loneliness among older persons in the Netherlands is increasing. Chapter 3 examines the following questions: Has the prevalence of loneliness among older persons changed in the last twenty years? And which factors have been responsible for this trend?
In the period from 1996 to 2016, average levels of loneliness among people aged 55 and older fell by 0.2 to 0.8 points on a scale of 0 to 11. The average individual older person is therefore less lonely than its contemporary twenty years ago. A lot has changed over those

twenty years. An 80 year old of today is different from an 80 year old then. Improvements in social contact have contributed to a decline in loneliness. On average, more older people have a partner and their social network is wider and more diverse. Older people also feel in control of their own lives. In short, because the situation of older people improved, the average likelihood of feelings of loneliness has fallen. At the same time, the number of older persons has increased. For this reason, there were more lonely older persons in real terms in 2016 than there were in 1996.

Loneliness among older persons increases with age due to the loss of a partner and social relationships

Chapter 4 explores how feelings of loneliness develop in the lives of older persons. Many over-55s become more lonely as they get older. Between the ages of 55 and 95 years, the proportion of those experiencing moderate loneliness increases from 18% to 53%, and the proportion of very lonely people increases from 2% to 9%. This increase can be explained by the changes that often occur during this phase of life. The loss of social relationships raises the average level of loneliness on a scale of 0 to 11. The loss of a partner (+1.1 point), a smaller and less varied social network (+0.1 point) and the loss of daily social contact (+0.3 point) are the most common factors. There is also the perceived loss of control over life (+0.4 points), and older people are more likely to have to rely on professional care and support (+0.3 points). Health issues (+0.1 point) and loss of income (+0.1 point) play a limited role in the rise in loneliness as people become older.
There is one important exception to this increase. This concerns older persons with serious health problems. Following relocation to a nursing home or residential care centre, people experience less loneliness (-0.6 points) than when they lived independently.

People aged over 85 who live in a nursing home are less lonely

Nursing homes do not have a good image. They are often seen as lonely places. Chapter 5 investigates which nursing home residents experience loneliness. Approximately five out of ten respondents in nursing homes experience loneliness: one in ten feel very lonely and four in ten feel moderately lonely. Loneliness among the over-85s in nursing homes is lower than loneliness among younger residents. But loneliness among nursing home residents aged 85 and above is lower than loneliness among people of the same age who are living independently. This corresponds with the findings presented in chapter 4. Loneliness among older persons living independently increases as they become older. Among older persons who are admitted to a nursing home due to poor health, loneliness decreases. Nursing home residents who experience less loneliness are older, have a partner, perceive more control over their own life and have more social contacts. They are more likely to feel lonely if they have poor mental health and if they are highly educated. People are less lonely when they receive more visits and when children and other family members call them often (or if they keep in touch using a video chat program). Residents who go to visit someone outside the nursing home are also less lonely.

Those receiving support under the Wmo feel more lonely because they live alone and have health problems

More and more people who need support are living independently up to a higher age. Chapter 6 investigates which people receiving support under the Wmo experience loneliness, and which factors play a role.

More than half of those living alone and receiving Wmo support (aged over 18 years) report feelings of loneliness. Almost one in five experience severe feelings of loneliness. That share is higher than in the adult population as a whole. Those receiving support under the Wmo are more often lonely if they live alone, have motor and/or visual impairments, have experienced variable or deteriorated health in the past year, and/or experience fatigue and/or psychological and/or psychosocial problems. Those between the ages of 55 and 74 are also feeling more lonely than those aged between 35 and 54 years. They are less often lonely when there are enough opportunities to maintain social contacts independently or with help, when they have weekly contact with family members, friends, neighbours and/or club members, and when they are more resilient, self-reliant and able to participate socially. The involvement of a caregiver and receiving customised services under the Wmo also reduce the chance of loneliness.

Lonely, but happy

Are lonely people necessarily always unhappy? In chapter 7 we investigate the extent to which loneliness is associated with happiness among those with long-term support needs. We define loneliness as the degree to which a person perceives a lack of (meaningful) social relationships, and happiness as their degree of satisfaction with life in general.

We found that both among those living independently and receiving support under the Wmo, and those living in nursing homes, there was no linear association between feelings of loneliness and lower levels of overall happiness. We found both people who were 'lonely and unhappy' and people who were 'lonely but happy'. The lonely and unhappy group was characterised by poorer health, both among the Wmo group and among nursing home residents. Only a small group of 2% to 4% felt very lonely and very unhappy. A group of around 10-15% felt very lonely and yet reasonably happy. It is also interesting to note that approximately half of nursing home residents and the Wmo group felt happy and not lonely.

Insights from this study

Which insights do the results of this study provide, and which gaps in our knowledge can be identified? In Chapter 8, we consider these concluding questions.

Combating loneliness among the elderly

Reducing loneliness is challenging because the number of older persons is rising steadily. Although the individual likelihood of loneliness has fallen over the past twenty years, this fall is too small to stop the number of lonely people from rising in absolute terms.

This study identifies specific trends that could help reduce the chance of loneliness at the individual level. For example, as we have explained, the social networks of older persons have become wider and more diverse over the past twenty years. Another important trend is the increase in both the number of older persons living independently and their sense of control over their own life. This has reduced the likelihood that an individual will experience loneliness.
In addition, there will always be life events that cannot be prevented, such as the loss of a partner or a serious illness. These dramatic life events increase the risk of loneliness. Although these life events are difficult to predict and it is not always clear whether, and how, they will result in loneliness, they are an integral part of old age, a life phase in which people are already more likely to experience loneliness.

Living independently or in a nursing home

This study finds that living in a care home or nursing home can help to protect people with serious health problems from feelings of loneliness. After being admitted to a care home or nursing home, the risk of loneliness decreases. This has implications for the government's policy ambition of enabling older persons to live independently for longer. On the one hand, this reflects what many older persons themselves prefer, but on the other hand tighter requirements have made it more difficult for older persons to move to sheltered accommodation in the form of a care home or nursing home. However, moving to a care institution provides the oldest and most vulnerable people with some degree of protection against loneliness.

Improving quality of life

The assumption that combating loneliness is a way to make people happier does not seem to hold true entirely, according to this study. The situation is more nuanced than this. Tackling loneliness often involves focusing on increased social contact. However, the perceived quality of life (or happiness) of frail people invariably involves more than just a lack of social contact, and also relates to health, finding a purpose in life, activities and other issues. Promoting better mental health, for example, contributes directly to people's perceived levels of happiness. Social-cultural activities that involve both socialising and cognitive activities can help give meaning to people's lives. Participating in artistic or sporting activities, for instance, can both contribute to overall happiness and help to prevent loneliness in different ways.

Knowledge gaps

This study explores various aspects of loneliness. The dynamics between these factors have not yet been studied. In order to develop a more coherent approach to tackling loneliness, greater insight is needed into these dynamics and interaction between the factors involved in loneliness.
Loneliness does not have one single cause. It has multiple causes, and these can reinforce or counteract one another. This study shows that people who are at increased risk (and

where there are no counteracting factors) are more susceptible to loneliness. The interplay of the factors involved in loneliness is complex and we have yet to understand this fully. Theories and models may help us to do this. Many different factors can play a role in the development of feelings of loneliness, as this study shows. According to the theory used in this study, for example, loneliness arises when there is a mismatch between the life that a person would like to live and the reality of their life with respect to social relationships; this mismatch can become more severe and longer-lasting over time. It is therefore important to check what people actually want first, before deciding on a solution or approach. Loneliness is a persistent problem and combating it has no simple solutions.