Addressing loneliness and social connectedness to improve the health and wellbeing of people over 65 years on the Island of Ireland

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Rapid Evidence Assessment Report for the Irish Council of Churches Irish Inter-Church Meeting 2023

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Introduction and scope of REA

This REA is being conducted on behalf of the Irish Council of Churches - Irish Inter-Church Meeting as part the Masters in Public Policy programme in Dublin City University. This REA takes an all-island approach given the all island focus of the work of the Council.

Our research question is:

Addressing loneliness and social connectedness to improve the health and wellbeing of people over 65 years on the Island of Ireland

This REA considers older people to be those over the age of 65 years as this aligns with the National Positive Ageing Strategy in ROI (Department of Health, 2013). However, we make some exceptions to this where studies were particularly relevant and given that research suggests ageing be considered from a life course perspective (PAHO, 2023).

The REA is divided into 3 main sections. The first section provides a summary of our exploratory research into the issues of loneliness and healthy ageing on the island of Ireland and internationally. It explores some of the policy efforts to date, conceptual debates and the detrimental health impacts of loneliness as well as exploring social connectedness as a mediating factor.

Section 2 summarises our broad review of the literature and the main themes explored including:

- Poverty and income adequacy.
- Social prescribing and services in the community.
- Ageing in place.
- Age friendly environments and cities.
- Creativity and art for healthy ageing.
- Information and communications technology.

Give the broad nature of the subject matter, the focus of the research was narrowed to four of these areas (more on the rationale for this decision is included in Document A.) This section then provides a deeper analysis of 6 studies which were considered the best evidence in each of these key areas of focus.

The final section is our recommendations section which is heavily informed by the evidence derived from these six key studies. However, we also make overarching recommendations, drawing on the entire evidence base reviewed, which are important in addressing the research question.

This REA provides policy recommendations that can be implemented with a concerted focus on both ageing and loneliness including a cross-departmental approach led by the Department of the Taoiseach in the Republic of Ireland and the Office of the First Minister in Northern Ireland[1]. The key to the success of any policy or programme is implementation and political will. In addition, the evidence supports a co-production approach to the involvement and engagement of older people in any such processes. Finally, we make recommendations for future research and areas which we did not have the scope to explore in further detail.

Context

All-Island approach

The Irish Council of Churches - Irish Inter Church Meeting works on an all-island basis, which is an approach used by organisations and actors in a variety of policy fields in Ireland. This offers benefits in terms of sharing learning and collaboration including enhancing the quality of services, addressing the needs of an ageing population, reducing inequalities, and sharing evidence-informed responses (Heenan, 2021, p.444).

Ireland is comprised of two separate states, the Republic of Ireland (ROI) in the South encompassing 26 counties and a population of approximately 5,123,536 (CSO, 2023) and Northern Ireland (NI) in the North encompassing six counties and a population of approximately 1,903,175 (NISRA, 2023). The ROI is an independent republic while NI is a part of the United Kingdom. NI operates under certain reserved powers of the British government. It has its own independent and devolved powers for many policy areas including health and social care (HM Civil Service, 2020). The policy recommendations arising from this research are considered in terms of the feasibility of implementation in both jurisdictions, taking into account policy differences insofar as possible, notwithstanding that some of the recommendations may be appropriate to both.

Loneliness and aging on the island of Ireland

Europe's ageing population has been increasing and will continue to do so due to increased life expectancy and the baby boom cohorts reaching older age (Marczak, et al, 2019). Older people encounter various challenges that negatively impact their quality of life in old age. The problem of loneliness is attracting growing interest and attention in both jurisdictions with research demonstrating the scale of the problem and associated health impacts (Loneliness Taskforce, 2018; Quinn, 2020).

Loneliness and ageing in the Republic of Ireland and policy responses

There are approximately 768,900 adults over the age of 65 years living in the ROI (Central Statistics Office (CSO, 2023). Data from the TILDA study in Ireland indicates that approximately one third of adults aged over 50 years in ROI experienced emotional loneliness at some time and 7.0% felt lonely often. They also found that loneliness fluctuated with age decreasing from 50 years to 67 years but increasing after this point. Those over 75 years were more likely than younger people to report being

moderately lonely. Lower levels of education, living alone, low self-rated health, physical limitations, and chronic conditions were associated with higher levels of loneliness, (Ward, et al, 2019).

More recent data from TILDA and Alone[2] demonstrate the social impacts of the COVID-19 pandemic on people living in Ireland. Alone, established a COVID-19 helpline which received 24,529 calls up to June 2020. Over half of these calls were from people over 70 who were advised to 'cocoon' as part of the public health response. Over 75% of calls were from people living by themselves with a significant number of callers reporting disturbing emotions, including suicidal ideation (Ward et al, 2020). This research demonstrates the significant impact of loneliness during the pandemic on older people and draws attention to, loneliness as a serious global public health challenge (Loneliness Taskforce, 2018; Liebmann et al).

In 2018 a Loneliness Task Force was established in ROI, by Senator Dr Keith Swanick and Alone, with a remit 'to increase awareness about the issue and to produce a set of recommendations for Government, state agencies and all policy makers' (Ward et al, 2020). The Taskforce, which includes members from the education, NGOs, health and other fields, made a number of recommendations to Government on addressing loneliness in 2018 including funding, assignment of responsibility to a specific Minister and Government department, public awareness campaign, supports for organisations and research. The taskforce reconvened in 2021 following the pandemic, however, to date, there is no overarching government strategy on loneliness in ROI comparable to that published in England in 2018 (Alone, 2021); HM Government, 2018).

There are a range of voluntary and community services operating in ROI, e.g. Age Action and Friends of the Elderly, who provide a range of services targeting older people. Many of these actors receive state funding through the Health Service Executive (HSE). Support is also provided through other state actors such as the Department of Social Protection, local authorities (HSE, 2023).

Loneliness and ageing in Northern Ireland and policy response

The population of people over 65 years in NI was approximately 323,539 in 2021, (NISRA, 2023). Data from the Commissioner Older People for Northern Ireland (COPNI) shows one in three people or close to 500,000 people report being more lonely than not. For chronic loneliness, the figure is one in twenty people or the equivalent of 80,000 people (COPNI, 2023).

[2] For more see https://alone.ie/

Research found that living alone and poor health, mobility or disability contributed to loneliness (COPNI, 2019), similar to ROI studies (Ward et al, 2019). Other causes of loneliness cited include the death of a spouse, family moving away, less human/face-to-face interaction etc. (COPNI, 2019). Findings from the Northern Ireland Statistics and Research Agency (NISRA) support some of these findings. In addition, they found that women were more likely to *feel more often lonely* than men. Other interesting findings were of those not in paid employment, 45.3% reported they felt *more often lonely* compared to 31.1% currently working in paid employment. People living in the areas of highest deprivation reported feeling *more often lonely* compared to those from affluent areas (NISRA, 2020).

Similar to the ROI, there is no overarching strategy to address loneliness in NI, (Quinn, 2020). The main driver of policy in this area is the Action Group on Loneliness Policy, a group of community, health and voluntary actors, who have worked with the Northern Assembly since 2019 to set up an all-party group on loneliness and have called for a strategy on loneliness (Age UK, 2021).

Currently there are a range of services across the public, voluntary and community spheres, and the private sector working to address loneliness (Quinn, 2020). The Action Group on Loneliness in Northern Ireland in collaboration with the charity, Campaign to End Loneliness, recommends several policy actions including the establishment of a committee of inquiry, like that in Scotland and Wales, to build the evidence base on loneliness, the development of a cross-government loneliness strategy and a loneliness indicator, and the assignment of a loneliness Ministerial portfolio (Quinn, 2020).

Healthy ageing

Neville et al (2021, p2451) argue that healthy ageing is a term often used to imply a multi-dimensional approach to ageing which involves numerous concepts, but for which there lacks consensus. There are a variety of different terms used e.g. healthy ageing, ageing well, successful ageing, positive ageing and the differences between same are often contested.

The WHO have designated 2021 to 2030 as the *Decade of Healthy Aging* arguing fundamental shifts are required in how we think about ageing and in the actions, we take to support healthy ageing to improve the lives of those aging, their families and their communities (WHO, no date). The WHO defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age” (WHO, 2020).

The concept of healthy ageing incudes many domains which are integral to people's lives including the prevention of ill-health and disease; wellbeing; autonomy; and the preservation of self and identity (Wahl et al, 2012, p 310). New Zealand's Healthy Ageing Strategy also includes the domains of independence and social connectedness (Associate Minister of Health, 2016, p19) and the Pan American Health Organisation includes the concept of quality of life throughout the life course (PAHO, no date).

For the purposes of this REA the term healthy ageing will be used to align with the World Health Organisation (WHO) definition whilst acknowledging this is a contested area.

A contested concept

Concepts such as successful ageing, healthy ageing, positive ageing and active ageing lack consensus, are used interchangeably and there is no one common definition (Fernández-Ballesteros et al, 2013). Furthermore, Walker argues that these concepts discriminate and exclude yet have widespread use suggesting there is an over emphasis on productivity and the labour market within this discourse which detracts from the potential to promote wellbeing (2015, p2). Walker (2015) links this to neoliberal ideology.

Healthy ageing is often juxtaposed with more negative terms e.g. sick, unproductive, etc. (Fernández-Ballesteros et al, 2013, p80). Such concepts suggest there is an opposite e.g. "unsuccessful ageing" often attributing fault and blame with the person (Walker, 2015, p2). Katz and Calasanti suggest such labelling has potential consequences and therefore, rather than defining old age by loss and lack of success, it needs to be valued as a life stage (Katz and Calasanti, 2015, pp.29-31). Moreover, many people experience a good quality of life despite age related illnesses or limitations (Walker, 2015, p2).

Fernández-Ballesteros et al, suggest that despite the lack of consensus most of these concepts involve the following four domains of ageing;

- Physical fitness and cognitive functioning.
- Health maintenance and Activities of Daily Living (ADL).
- Social participation and engagement.
- Positive effect and control (2013, p102)

Conceptualisation of loneliness and social isolation

The terms loneliness and social isolation are often used interchangeably, especially in regard to the older people, as both are linked to decreased quality of life, cognitive function, well-being, and independence and can lead to increased utilisation of health and social care services (Marczak et al, 2019). Nevertheless, despite their association with health challenges, both psychological and physiological, and their prevalence amongst older people, these concepts are distinct (Grenade and Boldy, 2008, p. 469;Poscia et al, 2018, p. 133).

Social isolation is regarded as an objective state where an individual has minimal contact with others and/or a generally low level of involvement in community life. This is often measured in terms of a person's social networks e.g. frequency and quantity of contacts with others, and other factors related to their social network e.g. living arrangements (Grenade and Boldy, 2008, p. 469). It is also characterised as an objective lack of meaningful and sustained communication (Poscia et al, 2018, p. 133).

Loneliness is typically regarded as a subjective experience, usually, one that is negative or unwelcome. It relates to an *individual's* assessment of their social relationships or level of social engagement as being deficient in some way, in terms of quantity, quality or both. Therefore, someone with a considerable social network, and not classified as "socially isolated" can experience loneliness. Conversely, a person may have few social connections and be considered "socially isolated", yet not feel lonely (Grenade and Boldy, 2008, p. 469). Loneliness is also described as the way people perceive and experience the lack of interaction (Poscia et al, 2018, p. 133). Other scholars refer to it as a debilitating psychological condition characterised by a deep sense of emptiness, worthlessness, lack of control, and personal threat (Losada et al, 2012, p. 278). Therefore, loneliness may or may not be accompanied by social isolation (Marczak et al, 2019). The treatment of loneliness and isolation as distinct concepts is both appropriate and necessary since they can potentially affect health in distinct ways.

Old age and loneliness

Studies show a significant relationship between age and loneliness. One such study found an increase in loneliness in the oldest old participants i.e. >80 years (Losada et al, 2012, p. 279). This was explained by, amongst other factors, the increase in social losses e.g. loss of a spouse and the reduced opportunities to cope with being alone e.g. due to loss of functional status (Marczak et al, 2019). Therefore, rather than loneliness being an intrinsic effect of aging, aging seems to be associated with

an increase in the risk factors for loneliness e.g. physical disability and widowhood (Losada et al, 2012, p. 279).

Impact of loneliness on the health of older people

Loneliness is therefore associated with a range of significant negative health outcomes (Yang and Victor, 2011, p.2). Research indicates it is a risk factor for morbidity and mortality, especially for the older people who, among other population groups such as minorities and people who are poor, appear to suffer the most severe negative health consequences of loneliness (Losada et al., 2012, p. 278). Studies show that the physiological toll of loneliness becomes more apparent with ageing (Yang and Victor, 2011, p. 1). Loneliness is a relevant factor for the analysis and understanding of mental health in older people (Losada et al, 2012, p. 277-278) and has a strong association with depression and anxiety and cognitive impairment (Cacioppo et al, 2010; Marczak et al , 2019, p.1).

Social Connectedness as a mediator of loneliness

Loneliness is a risk factor for various health and related problems among older people (Grenade and Boldy, 2008, p. 468). The significant negative health consequences contribute to increased use of health and social care services leading to substantial costs. According to the WHO the ability to maintain relationships and social relations is important to well-being and essential to healthy ageing (WHO, 2016; Poscia et al., 2018, p. 133). Several studies have reported that people with adequate social relationships have a greater likelihood of survival compared to those with poor or insufficient social relationships (Poscia et al., 2018, p. 133). Social connectedness is central to quality of life in old age (Yang and Victor, 2011, p. 1). As populations age, implementation of policies to identify, prevent and reduce social isolation and loneliness have emerged as a major concern for health and social care policy makers (Marczak et al., 2019, p. 1)

Unequal ageing

Unequal ageing has more to do with societal factors rather than individual factors. Walker argues that the focus on the individual detracts from other significant factors which influence the ageing process e.g. environmental factors, poverty, genetics; healthy living; and exposure to health risks including poor housing, workplace discrimination ((2015, p2; Associate Minister of Health, 2016, p8). Therefore, ageing cannot be studied in isolation from the culture and context in which people age over their life course (Andrews, 2009, pp80-81). Moreover, Katz and Calasanti (2015, p29) caution that such reductive approaches risk a limited focus on successful and unsuccessful ageing categories missing the

impacts of inequality and intersectionality. Therefore, the experiences of older people are not homogenous either between or within countries (Walker, 2015).

Barriers to active ageing[3]

Walker suggests that while the main challenges to healthy ageing are political and that the lack of conceptual clarity is a barrier to the widespread adoption and understanding of such concepts as policy strategies (2015, p2, p7). He outlines significant barriers which include policy ambivalence as the discourse used potentially triggers particular policy responses; damaging stereotypes which can distort the reality of ageing focusing on physical ability rather than mental agility; the divisions of responsibilities between different ministries, departments and agencies, and discrimination and ageism (Walker, 2015, pp.3-5).

[3] Active ageing is the preferred term used by Walker (2015)

Study of the evidence base

The table below provides on overview of the initial broad review of relevant research

Table 1: Summary of the initial research review

Study title	Short citation/Author	Focus/ Intervention	Country(ies) or Location/Sample size	Methodology/ Analysis	Summary/key points
Poverty and income adequacy					
Income inequality and its relationship with loneliness prevalence: A cross-sectional study among older adults in the US and 16 European countries	Tapia-Muñoz et al, 2022	Income inequality and loneliness	US, England and Europe n=75,891	Secondary cross-sectional analysis	- Loneliness greater in countries with higher income inequality. - Health strongly related to loneliness. - Addressing income distribution and deprivation might improve wellbeing and life expectancy by reducing loneliness.
A peer intervention reduces loneliness and improves social well-being in low-income older adults: A mixed methods study	Kowtal et al, 2021	Peer intervention to reduce loneliness in low-income adults	San Francisco n=74	Mixed-method, two-year longitudinal study	- Intervention reduced loneliness, depression and barriers to socialising. - Longitudinal relationship and matching peers critical to success. - Supports use of social prescribing.
Intersectional inequalities in loneliness among older adults before and during the early phase of the COVID-19 pandemic: A total population survey in the Swedish eldercare setting	Gustafsson et al 2022	Intersectional inequalities in loneliness among older adults	Sweden n=205,529	Cross-sectional analysis	- Loneliness risk distribution is unequal along multiple and interdependent axes of inequality. - Intersectional inequalities impact above singular inequalities. - Universal and targeted interventions required.
Exclusion from Social Relations in Later Life: Micro- and Macro-Level Patterns and Correlations in a European Perspective	Hansen et al, 2021	Older adults' risks of exclusion from social relationships (ESR)	14 European Countries n=16,353	Secondary analysis of existing data	- Generous, comprehensive welfare facilitates social integration and participation. - Loneliness reported more frequently by women. - Link to socioeconomic factors and health resources.

The role of socioeconomic status and neighbourhood social capital (NSC) on loneliness among older adults: evidence from the Sant Boi Aging Study	Domènech-Abella et al, 2017	Role of SES and neighbourhood social capital in loneliness among older people	Barcelona, Spain n=1,124	Cross-sectional household survey	- Loneliness depends on age and socio-economic status. - High neighbourhood and individual social capital impacts loneliness. - Link between at risk of poverty after social transfers and loneliness.
Inequalities and poverty risks in old age across Europe: The double-edged income effect of pension systems	Ebbinghaus, 2020	Inequality and poverty in old age	Multiple countries	Cross sectional analysis	- Public pensions key in reducing old age poverty. But also reproduces inequalities. - More significant impacts with non-standard jobs/careers. - Growing inequality likely due to flexible working and marketisation of pensions.
Old age poverty: A scoping review of the literature	Kwan & Walsh, 2018	Old age poverty	Multiple jurisdictions n=160 - 2,697,000	Scoping review of existing literature	- Concerns with use of traditional definitions of poverty rather than the Multidimensional Poverty Index (MPI). - Pension is a protective factor correlated with positive health outcomes. - Older women experience higher poverty, poorer mental health and lower scores in 'successful ageing'.
Multiple Disadvantages Among Older Citizens: What a Multidimensional Measure of Poverty Can Show	Callander et al, 2012	Multiple disadvantages amongst older people	Australia n=36,241	Secondary analysis of existing data	- Multidisciplinary approach to address disadvantage in older people including income, pension and health inequalities. - Insufficient income, low education attainment and poor health are linked. - Holistic view of living standards and cross portfolio policy responses required.
Why Retirement, Social Security, and Age Discrimination Policies Need to Consider the Intersectional Experiences of Older Women	Burn et al, 2022	Retirement, social security and age discrimination and intersectionality	USA	Documentary analysis	- Social security impacts women differently. - Women at greater risk of unemployment and poverty. - Consideration of intersectionality needed by policy makers.

Critical Perspectives on Successful Aging: Does It "Appeal More Than It Illuminates"?	Katz & Calasanti, 2015	Successful ageing model	USA	Documentary analysis	- Successful ageing dependent on structural conditions and social equality. - Poverty rates reflect gender and racial disparities. - Intersections between race, ethnicity, gender and age are significant.
Social Prescribing and services in the community					
A collaborative, multi-sectoral approach to implementing a social prescribing initiative to alleviate social isolation and enhance well-being amongst older people	Wilkinson et al 2020	Social prescribing programme which tackles loneliness in the elderly.	England n=90	Qualitative analysis of pilot study	- Key success factors included clear referral pathways, collaborative working between health and voluntary sector, building trusting relationships, adhering to high-quality standards and governance, well trained volunteers and access to updated information sources.
What are the Clinical and Social Outcomes of Integrated Care for Older People? A Qualitative Systematic Review	Karacsony et al 2022	This review makes valuable recommendations for the design of services for older people.	Various countries Mostly small sample sizes	Qualitative systematic review	- Social participation and connectedness provided positive experiences. - Including people's preferences increases motivation. - Key workers can counteract perceptions of exclusion from inter-professional communication.
Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme	Foster et al, 2020	12-week social prescribing programme to address loneliness	England, n=10,643 n= 2250 pre-post loneliness indicator	Mixed methods. Participants were compared to respondents of the ELSA	- The importance of skilled link workers with the flexibility to deliver personalised support. - Social prescribing may have a preventative function. Participants improved wellbeing and confidence. - Potential positive net social value for money invested (£3.42: £1 invested).
Do people perceive benefits in the use of social prescribing to address loneliness and/ or social isolation? A qualitative meta-synthesis of the literature	Liebmann et al, 2022	Advice for implementing social prescribing	Various countries Varying sample sizes	Qualitative thematic analysis	- Intersectionality influences access. - Widening referral pathways may help reduce health inequalities. - Co-designing interventions with users is valued.

Systematic review of social prescribing and older adults: where to from here?	Percival et al 2022	Review looks at health and psychosocial benefits and health resource use	Various countries n=12- 159	Systematic review, mixed methods	- Co-creating initiatives and methods for increasing uptake should be considered for future programmes.
Understanding loneliness: a systematic review of the impact of social prescribing initiatives on loneliness	Reinhardt et al 2021	Nine studies that focus on social prescribing for loneliness.	UK and Canada, n=small to >1000	Qualitative review	- Individuals and service providers view social prescribing as a helpful in addressing loneliness. - Social prescribing can shift the focus from curative care to preventative care, reducing pressure on health/care services.
Alliance for Healthier Communities 2020. Rx Community- Social Prescribing in Ontario, Final Report	Mulligan et al 2020.	Social prescribing (SP) across 11 health centres. 71 clients became volunteer “Health champions” who co-created solutions with clinicians.	Ontario, Canada, n=1100	Mixed methods	- Helped improve mental health and capacity to self-manage health, reduced loneliness and increased connectedness and belonging. - SP decreased repeat visits to healthcare providers. - SP enhanced inter-professional working and capacity of the community.
Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact	Dayson & Bennett, 2016	Review of an established social prescribing service	UK, Doncaster. n= 1058	Mixed methods, economic and qualitative analysis	- Potential Social Return on Investment= £10: £1 invested. - Service supported more women, most aged over 60 and supported many people with disabilities or caring responsibilities.
The Ageing Better Programme: Summative Report	McKenna et al 2022a	Programme of community investment to tackle loneliness in older people	UK, n=150,000	Mixed methods	- Proactive outreach important to reach those most at risk of loneliness. - Co-design of services fill gaps in provision and empowers older people to change their communities. - Micro funding important for grassroots organisations.

Ageing Better: Supporting meaningful connections through social prescribing	McKenna et al 2022c	This report evaluates the social prescribing component of the wider Ageing Better programme.	UK >10,000	Mixed methods	- Social prescribing very effective as part of a wider response to loneliness that invested in community development. - Service co-design is important to fill gaps ensure services are meaningful and effective. Helps to empower older people to change their communities.
Ageing in place					
Senior Co-Housing in the Netherlands: Benefits and Drawbacks for Its Residents	Rusinovic et al (2019)	Benefits and drawbacks of senior co-housing	Netherlands/8 co-housing communities	Qualitative fieldwork and quantitative analysis	- Co-housing communities provide social contacts, social control, and emotional support but only alleviate emotional loneliness to a limited degree. - Residents can set boundaries regarding the frequency and intensity of support. - Conflicts and processes of social exclusion are part of community life.
Ageing at home, co-residence or institutionalisation? Preferred care and residential arrangements of older adults in Spain	Fernandez-Carro, (2014)	Examination of older people's ideal living arrangements in later life	Spain n= 2,535	Random sampling and multinomial logit model	- Residential preferences vary depending on expected health conditions. - Profiles associated with preference for institutionalism were gender, age and health. - Findings question the uniform image of 'ageing in place' as a preference.
Age-friendly cities					
Age-friendly environment, social support, sense of community, and loneliness among middle-aged and older adults in Korea	Soondoo & Miri (2022)	Relationship between age-friendly environment, social support, sense of community, and loneliness in middle-aged older people	Korea n= 590	Mixed method-cross-sectional analysis and secondary analysis of existing data	- Need to change the perception of older age. - Involve key actors in age-friendly efforts. - Improving the planning and delivery of age-friendly programs.

Developing Age-friendly Cities and Communities: Eleven Case Studies from around the World	Remillard-Bolard et al, 2021	Progress of the WHO age-friendly movement	Multiple countries	Multiple case study approach	- Need to change the perception of older age. - Involve key actors in age-friendly efforts. - Responding to the diverse needs of older people. - Improving the planning and delivery of age-friendly programs.
Creativity & Art for Healthy Ageing					
A Community-Engaged Art Program for Older People: Fostering Social Inclusion	Moody & Phinney, 2012	Building community connections through Art	Canada, n=20	6-week observational qualitative study.	- Benefits include expanding community connections, developing a meaningful role through art, teamwork, and social inclusion. - Intergenerational projects challenge negative perceptions of ageing.
'I Don't Think They Knew We Could Do These Sorts of Things' Social Representations of Community and Participation in Community Arts by Older People	Murray et al, 2010	Study of community arts programme for older adults in an urban disadvantaged community.	England, n=11	Qualitative	- Programme provided opportunities for social interaction and helped older people challenge negative perceptions of their locality. - Men preferred informal social activity.
The role of participatory arts in addressing the loneliness and social isolation of older people: A conceptual review of the literature	Dadswell et al. 2017	The review synthesises selected literature and makes recommendations for policy makers	Various countries, n= 50-400	Literature review. Development of a conceptual framework.	- Programmes demonstrate effectiveness but should complement other loneliness strategies. - Requires adequate funding and policy support. - Financial hardship and digital exclusion were participation barriers.
Creativity and art therapies to promote healthy aging: A scoping review	Galassi et al, 2022	Art therapy for creativity and healthy ageing	Various countries Various sample sizes	Thematic inductive analysis	- More examination of digital delivery methods to establish pros and cons. - May slow cognitive decline, depressive symptoms, social isolation.

Creativity in later life	Price & Tinker, 2014	Examination of creativity in later life within healthy ageing framework.	Various countries >65 majority	Literature review	- Ageing with choice is important for healthy ageing. - Preconceived ideas of ageing in society inhibit healthy ageing. - Lower socio-economic status and educational attainment are predictors of lower social engagement in old age.
The complexity of loneliness	Yanguas et al, 2018	Thorough examination of loneliness including interventions.	Various countries and sample sizes	Review of relevant literature	- Interventions reduce loneliness by enhancing social networks, community integration or social participation. - Future interventions should be adapted culturally to individuals' preferences, promote a healthy and active lifestyle; and emphasize group interventions.
Information and Communications Technology (ICT)					
How can technology support ageing in place in healthy older adults? A systematic Review	Ollevier et al, 2020	Technologies for supporting ageing	International/ various studies n=30 -1,189	Systematic review of clinical controlled trials or randomised controlled trials	- ICT can assist healthy ageing/ageing in place. - Patient-centred approach and co-design important.
The Effect of Information Communication Technology Interventions on Reducing Social Isolation in the Elderly: A Systematic Review	Chen & Shulz, 2016	ICT interventions and social isolation in older people.	International/ various studies n=8 - 5,203.	Systematic review of quantitative and qualitative studies.	- ICT effective in tackling social isolation. - Increase in social support, connection, engagement and self-confidence. - Loneliness results were inconclusive. - Positive effect did not last for more than six months.
Impact of computer training courses on reduction of loneliness of older people in Finland and Slovenia	Blazun et al, 2012	Computer skills and loneliness in older people	Finland and Slovenia n=58	Quasi-experimental study	- ICT use increased engagement, feelings of safety and reduced loneliness providing opportunities to improve quality of life. - Cultural difference are important.

Use of Information and Communication Technology (ICT) Devices Among the Oldest-Old: Loneliness, Anomie, and Autonomy	Schlomann et al, 2019	ICT use and impact on loneliness, anomie and autonomy	North-Rhine Westphalia, Germany n=1,698	Quantitative data analysis of existing data	- ICT use reduced loneliness, anomie, and increased autonomy. - Age related digital divide. - Specific training required.
Customized Information and Communication Technology for Reducing Social Isolation Among Older Adults Scoping Review	Thangavel et al, 2022	ICT training and loneliness in older people	Multiple countries	Scooping literature review	- Manage loneliness and social isolation as distinct but related concepts. - Five ways ICT solutions assisted identified. - Huge potential to address loneliness and isolation.

Summary of key themes

Poverty and income adequacy

It is argued that loneliness is a major public health concern (Gustafsson et al, 2022; Gonyea et al, 2021) which is significantly impacted by income and poverty. It can have a disproportionate impact on older people affecting their health and wellbeing. However, this relationship is both complex and mutually reinforcing. Domènech-Abella et al (2017) found that the relationship between ageing and loneliness is dependent on socioeconomic status.

Hansen et al (2021) suggest both loneliness and social participation are impacted by socioeconomic factors, such as income and the availability of health resources, and culture. Furthermore, successful ageing is considerably influenced by income and access to health care (Hansen et al, 2021; Katz & Calasant, 2015). One study highlighted the importance of Neighbourhood Social Capital (NSC) which enabled trust and social cohesion and consequently, lower levels of loneliness (Doménech Abella et al, 2017). Social inclusion and cohesion can be protective factors against loneliness which points to an interplay between cultural and structural factors in fostering social participation (Hansen et al, 2021).

The risk of loneliness among older adults is unequally distributed and impacted by intersectionality, which has a greater impact than singular inequality (Gustafsson et al, 2022, p.7). Katz & Calasanti (2015) suggest that the intersection between gender, race and age is significant in the context of poverty and healthy ageing. Single and widowed women are at greater risk of poverty (Burn et al, 2022). Furthermore, older adults living in more economically unequal countries were more likely to report loneliness (Tapia-Muñoz et al, 2022).

Pensions offer some protection against poverty in old age (Kwan & Walsh, 2018; Ebbinghaus, 2020) and comprehensive welfare supports promote social participation and integration (Hansen et al, 2021). However, Domènech-Abella et al (2017) found higher levels of loneliness amongst those at-risk-of-poverty even after social transfers. Furthermore, pensions reproduce inequalities, especially for non-standard earners whose income is disrupted (Ebbinghaus, 2020).

It is therefore important when addressing loneliness to also consider poverty and their complex interrelationship. Callander et al (2012) suggest that a multi-disciplinary and holistic approach is required to address both income and health inequalities. Use of a Multi-dimensional Poverty Index (MPI) is recommended for more reliable poverty data (Kwan & Walsh, 2018). Moreover, the role of

intersectionality, which may exacerbate inequalities, must be acknowledged (Hansen et al, 2021). Gonyea et al (2021) propose several measures including healthcare workers screening for loneliness and food poverty, programmes that address the interplay between loneliness, poverty, food insecurity and health impacts, and place-based initiatives using a social inclusion framework to improve health outcomes. Furthermore, interventions that raise NSC, especially in low socioeconomic status communities could have a positive impact (Domènech-Abella et al, 2017).

Social prescribing and services in the community

One of the World Health Organisation's four key action areas for the United Nations Decade of Healthy Ageing is "Integrated Care", which recognises that older people require a suite of services "to prevent, slow, or reverse declines in their physical and mental capacities" which should be coordinated in a person-centred way (WHO, 2023). Integrated care is a vast area covering interventions across the health and social care sphere. This REA explored how integrated care pathways could address loneliness and improve social connectedness in older people.

One such pathway is social prescribing, (SP). SP involves referral of patients with social, emotional, or practical needs to non-clinical services and resources in the community (Hamilton-West et al, 2020, p. 319). The literature broadly suggests that SP is a promising but evolving area. Reports suggest it has an important role in improving the health and wellbeing of older people, (Wilkinson et al, 2020) and that SP programmes are helpful in reducing loneliness.

A UK study found that SP reduced loneliness in over 70% of participants, while 24% of all participants did not become lonelier suggesting SP may have a preventative effect. Participants also improved their wellbeing and confidence. A social return on investment analysis suggested this programme resulted in a return of £3.42 for every £1 invested. Other studies support these findings of reduced loneliness and increased wellbeing (Liebmann at al, 2022; Rheinhardt et al, 2021; Mulligan et al, 2020). Percival et al (2022) suggest that co-creating initiatives with older people and their communities is a key area for the future development of SP services which is supported by other research (Mulligan et al 2020; Liebmann et al 2022; Rheinhardt et al 2021; McKenna et al, 2022a).

A review of SP literature on loneliness and social isolation points to the importance of intersectionality in the design of SP services highlighting that loneliness is higher in deprived areas and among specific cohorts of older people e.g. ethnic minorities (Liebmann et al, 2022).

A good SP study from the UK with over 10,000 participants over 50 years of age was identified in the grey literature. This was part of a broader programme called Ageing Better (McKenna et al, 2022a). The Ageing Better programme overall had a measurable impact on wellbeing, levels of social contact and demonstrated the importance of investment in community services as well as SP services (McKenna et al 2022c).

SP does show promise in reducing loneliness among this cohort, but the field would benefit from more studies specifically focussed on older people and the specific types of SP interventions that address loneliness (Reinhardt et al, 2021; Percival et al, 2022).

Ageing in place

The unprecedented increase in the elderly population in Europe has prompted the search for new ways to manage the demands arising from this demographic change. Among the new policy pathways, 'ageing in place' is a mainstream guideline for housing and care measures. Ageing in place promotes autonomy which supports older people to remain in their own home as an alternative to a care home/institution (Fernández-Carro, 2016, p. 587). Many older people indicate a preference to age in familiar communities where their attachment is beyond an emotional bond providing a tangible resource for ageing in place (Wiles et al., 2012, p.365). This familiarity fosters continuity of self and stimulates personal autonomy and individuality.

The hypothesis that staying at home is the almost universal desire of older people has been used to advocate ageing-in-place policies in Europe (Fernández-Carro, 2016, p. 604). Several countries have implemented policies supporting this resulting in an increase in the proportion of older people who remain in their communities. This is the case even in countries where institutionalised care has long been the norm (Rusinovic et al, 2019, p. 1).

However, for some older people ageing-in-place in practice can lead to extreme isolation as they have limited social contacts (Rusinovic et al, 2019). One study indicated that the residential preferences of older people vary depending on expected health conditions (Fernández-Carro, 2016).

Senior co-housing communities offer a middle-ground solution for older people who are averse to living in an institutional setting and would enjoy the company of their age peers. Here residents live in their own apartments, have shared living spaces, can undertake shared activities and support one another (Rusinovic et al, 2019, p.1-3).

Senior co-housing communities are successful in European countries such as Denmark where a study found that most residents of co-housing communities had adjusted well to their new living arrangements, with 95% of the respondents being satisfied or very satisfied. In addition, the majority of residents experienced a strengthening of their social networks and appreciated the sense of security (*Senior Co-Housing Communities in Denmark*, no date, p. 143). Other studies have shown that senior co-housing has some drawbacks e.g. conflicts and social exclusion. Another shortcoming is the absence of a solution to higher level care needs in such settings. Therefore, co-housing communities in which care services are available for residents is a promising development (Rusinovic, et al, 2019, p. 10).

Age-friendly environments and cities

It is projected that by 2030, two-thirds of the global population will be residing in cities with several urban areas having at least 25% of their populations aged 60 plus raising major challenges for the direction of health and social policy (Rémillard-Boilard, 2021, p. 1). Age-friendly Environment (AFE) is a concept developed by the World Health Organization (WHO) in recognition of the importance of the living environment in ensuring independence, autonomy, and social support. It describes a community equipped with services and settings, structures and policies that promote active ageing and aging-in-place (WHO, 2007). AFE is a key variable in mitigating loneliness by promoting a barrier-free community environment, health and social services, and active participation regardless of frailty facilitating even the most vulnerable groups in the community to live actively throughout their lives (Chung & Kim, 2022, p. 1).

There has been a shift in the focus of research on loneliness to focus on the impact of the living environment, as opposed to socio-demographic factors like poor health (Rémillard-Boilard et al, 2021). This shift in emphasis reflects the growing interest in examining how neighbourhoods influence health, as public health has moved to a socio-ecological approach to addressing various social and health issues (Chung & Kim, 2022, p. 1).

The age-friendly movement has garnered attention with various groups in Belgium, Canada, Hong Kong, the UK, and the US focusing on communities that are responsive to the evolving needs of aging individuals. Research has contributed significant insights into how cities are adapting to the demographic shift and building age-friendly communities. The key priorities for age-friendly movements include challenging the negative perception of older age and raising awareness of the

needs of older people; involving key actors in age-friendly programs; responding to the (diverse) needs of older people, and improving the planning and delivery of age-friendly programs (Rémillard-Boilard et al, 2021, p.12).

Creativity and art for healthy ageing

There is considerable evidence on creativity enhancing the healthy ageing of older people with loneliness being a key variable in some of the studies. While these usually have small sample sizes, the qualitative component tends to be strong providing deep insights into the processes that help to reduce loneliness and improve health and wellbeing (Dadswell et al, 2017, p122).

Dadswell et al (2017) found evidence of the effectiveness of participatory community arts programmes in reducing loneliness and social isolation in older people. A similar review found that art therapies improve cognitive performance, increase self-identity and meaning in life, reduce loneliness and enhance healthy ageing with social connection being an important protective factor (Galassi et al, 2022, p1). Furthermore, in a review of creativity in later life Price & Tinker (2014) found that ageing with choice is important, and that creativity can improve quality of life.

Moody & Phinney (2012) demonstrated how engagement in an intergenerational community arts project contributed to the social inclusion of older people by expanding community connections, and challenging negative perceptions of ageing. In another study in a disadvantaged community, it was found that community arts helped older people increase social interactions and build social capital in their communities by challenging negative outside perceptions of their community. The authors suggested that these programmes help challenge health inequalities (Murray & Crummett, 2010).

Creativity programmes can enhance the lives of older people, help tackle loneliness and challenge health inequalities and negative perceptions of ageing. Financial hardship and digital exclusion are barriers to participation (Dadswell et al (2017). Dadswell et al. (2017) recommend funding and policy support for community arts programmes which are sustainable, diverse, and inclusive due to their potential to address loneliness.

Information and Communications Technology (ICT)

Many studies look at various types of equipment or platforms for engagement of older people in ICT use. However, studies supporting ageing in place and addressing multidimensional impacts of social isolation including loneliness are more limited (Ollevier et al 2020) and findings appear to be mixed.

Chen & Shulz (2016) found that ICT use alleviates older people's social isolation however, the impact on loneliness was inconclusive. Meanwhile Schlomann et al (2019) found that ICT use had a positive effect on autonomy, loneliness, and anomie. Blazun et al (2012), looking at Finland and Slovenia, found significant decreases in loneliness amongst participants, particularly women, those living alone and those living in towns. Two of the studies reviewed cited possible "novelty factors" with ICT use with use dipping after six months (Ollevier et al, 2020; Chen & Shulz, 2016). Most studies recommend tailored training (Thangavel et al, 2022; Qianqian et al, 2022; Schlomann et al, 2019; Blazun et al, 2012; Ollevier et al, 2020). Consideration should also be given to post training motivation and engagement of older people in ICT use. Ollevier et al (2020) propose person/patient centred and co-design approaches.

ICT provides options and has significant potential for older people e.g. Artificial Intelligence (AI) and the Internet of Things (Thangavel et al, 2022) with a clear role in some areas e.g. enhancing safety and security (Blazun et al, 2012). What is less clear from the studies reviewed here is how specifically ICT can help address loneliness over the longer term in a sustainable way. Schlomann et al (2019) argue that new technologies are likely to further develop more traditional forms of interaction rather than replace them and a digital divide remains. Examining the experiences of lonely older age cohorts most impacted by the digital divide using an intersectionality lens, would be valuable. This would identify specific interventions which help alleviate loneliness and improve well-being.

Critical Analysis of Key Studies

Having reviewed the literature, as outlined in the above table, it became clear that some themes were dominant in terms of the strength of the evidence and their centrality to the themes of ageing and loneliness. These themes represent the major pillars of people's lives especially as they age, particularly if they experience loneliness, and include home and community, income adequacy, and access to services and support. Each of these themes are very large however therefore following the evidence this critical analysis focuses on the following specific areas:

- Poverty and income adequacy.
- Social Prescribing (SP) and services in the community
- Senior Co-housing.
- Age Friendly Environments and Cities.

1. Old age poverty: A scoping review of the literature (Kwan & Walsh, 2018)

Type of Intervention/type of study

This study uses a scoping review methodology of existing literature of the evidence base on old age poverty. It reviews 56 studies across various jurisdictions with sample sizes ranging from n = 160 to n = 2,697,000 including single-county studies, cross-country studies, and local-level studies.

Target demographic

Old people experiencing poverty. Most studies used 60 or 65 years plus as indicators of the starting point of old age. Two studies used 70 years plus and one study used 75 years plus.

Major themes/findings

- The authors suggest there are concerns with the conceptualisation of old age poverty and the definitions used in the studies. This is important as this ultimately determines who is considered poor and the beneficiaries of public policy interventions.
- Most studies used more traditional definitions of poverty rather than the Multidimensional Poverty Index (MPI) which was only used in 12 studies. Using the MPI complements traditional income and expenditure measures by adding three additional dimensions, education, health, and standard of living. The MPI is based on Sen's capability approach which recognises poverty as a deprivation of substantive freedoms.
- The evidence confirms the protective effect of pensions for older people and the positive correlation with health outcomes for this cohort.

- Findings on gender and age-related poverty suggest women are more likely to be poor, and to have lower scores in both mental health and the "successful ageing area".
- Socio-cultural factors impact old age poverty, and this can influence who will become poor, their experience of poverty and any interventions.

Measures recommended and potential impacts.

Recommendations are based on the assessment of the research evidence from these 56 studies.

- Use of the Multidimensional Poverty Index (MPI): Use of a multidimensional definition of poverty would potentially capture a truer picture of poverty thus providing a more accurate data and analysis. This would hopefully lead to more evidence-informed, targeted anti-poverty interventions.
- Use of pension(s) as a protective factor enabling more positive health outcomes: There was no comparison of the efficacy of different types of pensions. Ensuring the availability and adequacy of income in older life would potentially address poverty and health outcomes of older people who are poor.
- Anti-poverty policies, programmes and practices and age-inclusive poverty alleviation policies, programs, and practices: Such programmes would enhance the targeting of anti-poverty programmes and initiatives, especially towards older people.
- Further research:
    - More research on old age poverty from gender-sensitive, diversity and sociocultural perspectives and specifically the intersection of different identities.
    - There is a need for real world, applied research in this area.

Limitations

- The absence of evaluations of direct interventions and initiatives addressing old age poverty. This is acknowledged arguing that there is an absence of research looking specifically at old age poverty. Notwithstanding this limitation, these recommendations are strengthened as the analysis arises from large international datasets.
- The researchers used three databases only to identify relevant research and this may have limited the volume of research identified and the scope of the same.
- The authors suggest the reliance on English language research may have limited the multidimensionality, diversity, and complexity of findings.
- There was a variance in the data in terms of age, sample size etc. which means direct comparison was rendered impossible.

2. Income inequality and its relationship with loneliness prevalence: A cross-sectional study among older adults in the US and 16 European countries (Tapia-Muñoz et al, 2022)

Type of Intervention/type of study

The authors suggest this study is the first attempt to explore income inequality as a predictor of loneliness prevalence among older adults. This is a cross-sectional observational study focused on the US and 16 European countries utilising secondary data from nationally representative surveys of older adults from the years 2013 and 2014.

The study uses secondary cross-sectional data for 75,891 adults aged 50 plus from the following sources:

- Health and Retirement Study (HRS) (US 2014).
- English Longitudinal Study of Ageing (ELSA) (England, 2014).
- Survey of Health, Ageing and Retirement in Europe (SHARE) (15 European countries).

The gender profile of participants was 56%: female and 44%: male, mean age: 67 years.

Target demographic

Older adults aged 50 years plus.

Major themes/findings

- The prevalence of loneliness was found to be:
    - 25.32% in the US (HRS).
    - 17.55% in England (ELSA).
    - Ranging from 5.12% to 20.15% in European countries (SHARE).
- Higher levels of income inequality were associated with higher prevalence of loneliness above individual sociodemographic factors; older adults living in more economically unequal countries were more likely to report loneliness. The authors suggest that this is directly related to access to socioeconomic resources and the quality of living conditions and may indirectly relate to low levels of social integration and community trust and high perceptions of relative deprivation.
- Decreased probability of loneliness was correlated with work status, higher age and self-reported health. The authors suggest this needs further exploration as this is not supported

by other studies which have found no direct relationship between loneliness and health status due to retirement once people have support, social connections, and a retirement plan. Therefore, the authors argue that the relationship between loneliness and work status could be due to limited economic resources, reduction in social contacts, or a perception of lacking purpose.

- Health status and reported health status were strongly associated with loneliness, especially in those experiencing pain, depressive mood, and functional limitations.
- Marital status was related to loneliness with higher rates of loneliness among people who were single, divorced or widowed. However, the authors argue that while relationships can be a protective factor against loneliness other research has made the link between poor quality relationships and loneliness.
- Gender was not significantly associated with loneliness prevalence in this analysis which differs from findings in other studies. The authors suggest that the relationship between gender and loneliness is in fact a reflection of older adults' living conditions.

Measures recommended and potential impacts.

Recommendations are based on the assessment of the research evidence.

- Measures to address income and wealth distribution and the experience of relative deprivation might also improve older adults' life expectancy and wellbeing by reducing the prevalence of loneliness.
- Individual level interventions alone are insufficient to address loneliness comprehensively therefore structural interventions are required and policies should protect those who are poorest and at greater risk of loneliness.
- There is a need for national programs targeting people at greater risk of social isolation and loneliness. The authors highlight the UK where social isolation and loneliness have been declared as public health problems and structural approaches to address same have been developed including social prescribing and the establishment of a Ministry for Loneliness.
- Primary care and other organisations can link older adults with each other. Engaging with people through existing health and support channels is an effective and efficient way to reach people and should be more cost-effective than establishing supplementary channels.
- Emotional and social support should be provided for those experiencing pain, depressive mood, and functional limitations. It is possible to predict some of those who may experience loneliness in older age.

- Future research should consider longitudinal data and different geographical units to enhance understanding of the experience of older people over time and in diverse jurisdictions to inform policy.

Limitations

- A limitation of this study is the absence of evaluations of direct interventions and initiatives addressing old age poverty. The authors argue that this is the first study exploring the link between income inequality and loneliness in older adults. Notwithstanding this limitation, this research includes indicative data from three jurisdictions – the US, the UK and Europe, with a large sample size which strengthens the case for the recommendations made.
- Findings on gender contradict the findings of many other studies therefore more exploration of this deviation was warranted than offered in this study.
- The authors caution that cross-sectional associations do not imply causality and that bias could be present due to unmeasured individual and country-level factors and the use of self-reported data.

3. The Ageing Better Programme: Summative Report (McKenna et al, 2022a)

Type of Intervention/type of study

Ageing Better was a £87 million, seven-year programme which ran from 2015 until March 2022.The programme was delivered by Voluntary and Community sector-led partnerships in 14 locations across England. A common theory of change was developed but each partnership tailored services to their locality and older people living there. Each partnership delivered activities to address loneliness and increase social connectedness.

Target Demographic

The programme was aimed at people over 50 years and targeted those at particular risk of loneliness and isolation including older LGBTQ+ people and those from ethnic minorities.

Major Themes

- The duration of the programme enhanced the sustainability of the sector enabling organisations to collaborate and build relationships, increase volunteer capacity, foster a learning culture, increase knowledge and skill retention and trial new ways of working with confidence in the longevity of the programme.

- The programme relied on a 'test and learn' approach, given the lack of research on interventions to tackle loneliness and isolation among older people which allowed organisations to adapt and scale-up where interventions were successful. Some projects addressed the underlying causes of loneliness, e.g. Ageing Thanet's Life Planning Project to address financial issues.
- Key to the success of the programme was the partnership approach which acknowledged that different organisations had different strengths improving cross-sectoral collaboration.
- Adopting the principle of co-production ensured that services were designed with older people who had lived experience of loneliness and isolation therefore they were meaningful and relevant to this cohort. This also included co-governance and co-delivery of programs. The concept of co-production is important as research suggests that interventions which empower individuals can help people manage their own loneliness and accept that it is normal to feel lonely from time to time over the life course (Yanguas, et al 2018).

Measures recommended and potential impacts.

There was improved wellbeing and levels of social connectedness among participants. However, while participants became less lonely, it was not clear this was directly attributable to the programme. Overall, the programme helped communities view loneliness as a priority issue.

Some of the recommendations included:

Organisations	• Gap analysis of services and building community links.
Local Authorities	• Work in partnership to address other factors which have an impact on loneliness among older people e.g. access to transport. • Provide diverse activities and specialist support for the most marginalised.
Placed based funders/ Commissioners	• Provision of micro-funding to encourage community development. • Partnership work to address factors which impact loneliness among older people e.g. low income. • Work with businesses to make communities more age-friendly.
Funders	• Funders should consider long-term place-based partnership approaches. • Long-term, secure funding for 'test and learn' approaches to allow community services the flexibility required to reach a diverse range of older people.

It is recommended that all stakeholders in this area adopt the principle of co-production to empower older people in their communities.

Limitations

- Qualitative interviews used a snowballing approach which does not attempt to be representative of the whole cohort of programme participants.
- Data sets may not cover all participants and datasets may contain non-unique participants who could have been involved in more than one project.
- Not all participants were invited to complete questionnaires due to their physical/mental capacity therefore unintentional bias may have influenced who was invited to provide data.
- There is a lack of demographic data for all participants across all Ageing Better projects making it difficult to analyse how these represent all participants (McKenna et al, 2022b).

4. Ageing Better: Supporting meaningful connections through social prescribing (McKenna, et al, 2022c)

Type of Intervention/type of study

The Ageing Better programme had multiple action areas, but this report evaluates the social prescribing component of the programme. The programme aimed to improve the lives of people over 50 by funding voluntary sector partnerships in 14 areas across England with the goal of addressing loneliness and social isolation, increasing social connections, and providing opportunities for older people to get involved in the design of community services. Another goal of the programme was to challenge negative stories about ageing and promote a positive image of ageing in their communities.

Rationale for inclusion

This study addresses our research question and is one of few social prescribing programmes that that is delivered in the context of a wider community development and investment programme to promote healthy ageing.

Target Demographic

This study targeted adults aged 50 years plus.

Major Themes

The partnerships developed a wide range of social prescribing services which were closely aligned to the NHS model as well as other community-based models. The services adopted a range of strategies to identify older people at risk of loneliness and isolation and provided a tiered model of person-centred support.

Tiered levels of support included:

- Low intensity, once-off supports such as pop-up events to help signpost people to appropriate services.
- Medium to high intensity interventions, including 1:1 tailored support agreed upon with older people.
- Asset-based community development approaches where older people worked alongside organisations to co-produce solutions based on their individual strengths and preferences.

SP programmes targeted specific sub-groups of people aged over 50 who had more complex needs e.g. carers, people with disabilities. They also engaged in outreach by attending local supermarkets, Age UK offices, community centres and other community organisations to target people who may not have the confidence to visit a General Practitioner (GP) or the digital literacy to find services online. Tailored approaches worked for different groups such as reaching out to men for their skills and requesting them to engage in community development projects whereas ethnic minorities were reached by engagement on cultural issues through a trusted community figure.

Most partnerships had diverse referral pathways, with referrals from a mixture of public and voluntary sector organisations, which was found to be important for reaching the loneliest individuals.

Measures recommended and potential impacts

The report makes the following recommendations:

- Creation of diverse referral pathways into SP schemes and proactive outreach to ensure that more people access services and support.
- Commitment to the principle of co-production by adapting services to local contexts and the needs of individuals to address loneliness among older people.
- Establishment of pathways for SP services to provide feedback to Primary Healthcare Teams.
- SP services were effective as they formed part of the wider response to loneliness which invested in the development of community services as well as the SP services themselves.
- A flexible approach by SP staff was conducive to targeted support for marginalised groups increasing reach and engagement.

- Home visits to reach people who are isolated and helped staff understand people's environments and difficulties providing older people with an important sense of safety.

Overall impacts of the SP programmes included feeling less lonely and increased feelings of wellbeing. SP programmes developed using similar methodology and supported by sustainable funding streams may expect similar potential impacts.

Limitations

The authors acknowledge the following limitations in respect of the data used for this analysis:

- Surveys were only given to people where it was feasible, so not all participants were captured in the analysis, with implications for the representativeness of the findings.
- Qualitative interviews adopted a snowballing approach which is not representative of all participants of the programmes.
- While counterfactual studies were used in the broader programme, they were not used for the social prescribing programmes and the results could be attributed to participants being involved in other services of the Ageing Better programme.
- Over half of the participants of the 42 social prescribing projects came from just five projects, which means the results may be skewed and should be viewed with some caution.

5. Senior Co-Housing in the Netherlands: Benefits and Drawbacks for Its Residents (Rusinovic et al 2019)

Type of Intervention/type of study

The study scrutinises the benefits and drawbacks of co-housing for older people with a special focus on the forms and limits of social support and the implications for the experience of loneliness. It follows an adaptive theory approach with the aim of building on existing theories rather than generating a new theory. The authors conceptualize social support in terms of instrumental and emotional support and loneliness in terms of social and emotional loneliness and examine their interrelationship. The study employed a qualitative research methodology. Fieldwork was conducted in eight co-housing communities in the Netherlands, consisting of documentary analysis, interviews, focus groups, and observations.

Target demographic

The target demographic was residents of co-housing communities. The selection process was informed by the aim for a diverse research population with regard to gender, age, ethnic background, and care needs. The fieldwork involved 63 respondents. The average age of the participants was 76

years. The study was intentional in ensuring representation of both long-term residents and recent arrivals among those living in the collaborative housing initiative. All the residents were low to modest income earners.

Major themes/findings

- Social contacts and social control are the main advantages of co-housing communities. Both social loneliness and emotional loneliness were diminished.
- The structure of a co-housing community is that of a small village. Such a setup also entails drawbacks such as social exclusion, conflicts, and gossip. It can also pose as a challenge for newcomers to integrate into the existing community structure.
- Social controls can also be perceived as too restrictive, paternalistic and to limit freedom.
- The provision of both instrumental and emotional support amongst co-housing community residents helps to alleviate some of the caregiving responsibilities for families.
- Residents establish limits on how often and intensely they provide such assistance, recognising that their support cannot replace formal or informal care. There are distinctions made between deserving/undeserving residents.
- Co-housing communities are best suited for older people with moderate care needs as opposed to those who are highly care dependent.
- Few residents experience social loneliness in co-housing communities due to social connections and support. However, co-housing is not a panacea for emotional loneliness.

Measures recommended and potential impacts

The authors posit that their research has several implications for practice and future research:

- Senior co-housing has a number of benefits. The bottom-up character of many of these communities fits the idea of ‘active citizenship’ that is dominant in modern welfare states.
- National and local governments should not excessively interfere with the establishment and functioning of co-housing initiatives but facilitate and support them where necessary.
- Senior co-housing communities should not be seen as a solution for all social, emotional, and physical problems that arise with an aging population. Senior co-housing communities do not provide a solution to severe care needs; formal care services are still required in such cases. Co-housing communities in which care services are available for its residents are a promising development.
- The boards of co-housing communities can play an important role of encouraging diversity e.g. age, gender, and ethnicity making such communities more sustainable and inclusive.

- Co-housing communities could create a safe environment in which residents feel free to share their feelings further helping to alleviate emotional loneliness which lead to feelings of emptiness.
- Future research needs to be undertaken into the governance structures and participation of older people in the development of new collective housing initiatives. Research often focuses on the micro-level practices and experiences of residents, meso- and macro level involvement of various public and private actors is also important.

Limitations

- Although the study looked at multiple co-housing communities with diverse characteristics, its findings may not be transferable or generalizable to other co-housing communities both in the Netherlands and other national contexts.
- Although the study strived for heterogeneity in the sample of residents, those who frequently participated in activities and who were community board members were overrepresented.
- A limited number of formal and informal caregivers were interviewed as the main focus was on the activities and experiences of residents.
- A larger sample could have added new insights.

6. Developing Age-Friendly Cities and Communities: Eleven Case Studies from around the World (Rémillard-Boilard et al, 2021)

Type of Intervention/type of study

This study contributes to the debate on age-friendly cities through the following:

- Reviewing the background to the program of 'age-friendly cities and communities' developed by the World Health Organization (WHO).
- Reporting on a survey of members of the WHO Global Network of Age-Friendly Cities and Communities (GNAFCC).
- Outlining priorities for the future of age-friendly programmes.

Although the GNAFCC has grown and achieved much in the past decade, there is limited information regarding the advancements made by cities globally in this area. To address this gap, the study compares the experience of eleven cities located in eleven member countries. Employing a multiple case study approach, the study explores the primary objectives, accomplishments, and challenges faced by local age-friendly programmes. Three data collection tools were used to document the reality of the eleven cases – questionnaires, documentary analysis and interviews.

Target demographic

A purposeful sampling strategy was employed to identify the eleven cases for this study which was guided by five criteria. The selection aimed to choose cities that:

- Had an age-friendly program in place at the time of conducting the study.
- Were members of the GNAFCC.
- Had been involved in the GNAFCC either from the beginning or from a relatively early phase of its development.
- Varied in size; and
- Were located in different countries.

Except for Guadalajara and Loncoche, which joined the Network in 2014 and 2016, respectively, the cities primarily became members of the GNAFCC during its inception phase (2010-2013). The percentage of the population aged 65 years plus showed considerable variation, ranging from 9.29% in Manchester to 30% in Akita

Major themes/findings

- Between 2015 and 2018, the GNAFCC witnessed a four-fold increase in its membership, with an increase in the number of affiliates. This growth is considered impressive considering the economic austerity faced by many countries worldwide.
- The impact of urban changes further compounds the vulnerability of age-friendly programs giving rise to critical questions regarding the sustainability and efficacy of age-friendly programs, and whether their growth will persist over the next decade.
- For instance, it is projected that by 2030, two-thirds of the global population will be residing in cities with several urban areas in the developed world having at least 25% of their populations aged 60 plus. This raises challenges for the direction of health and social policy.
- Four main areas were identified as common across the work of the various age-friendly cities and communities. These were noted as the areas that should be prioritised for the age-friendly movement to further its development:
    - Changing the perception of older age.
    - Involving key actors in age-friendly efforts.
    - Responding to the (diverse) needs of older people.
    - Improving the planning and delivery of age-friendly programs.

Measures recommended and potential impacts

The study concludes by discussing the research and policy implications for the age-friendly movement. It identifies four priorities which are interlinked and interdependent:

- Raising awareness of the needs of older people is essential for age-friendly issues to remain on the political agenda of cities and to ensure the sustainability of local age-friendly programmes on the long term.
- It is crucial to consider strategies to persuade actors from various domains and levels to participate in age-friendly initiatives to address the diverse needs of older people. There is little known about the key enablers and impediments to establishing such collaborations and the most efficient mechanisms to facilitate them. As the age-friendly movement grows, it would benefit from reflecting and conducting further research on these topics.
- Partnerships with various movements striving to enhance the lives of marginalised and excluded groups is fundamental. This is because cities often have limited resources, raising concerns about their capacity to achieve their objectives. Therefore, identifying ways to secure additional support is critical. Linking age-friendly issues to other priorities or age groups within cities for example can aid in gaining momentum for the age-friendly agenda among local stakeholders.
- Careful planning is required to identify the most crucial challenges to the implementation of Age Friendly Cites and deciding how to tackle them to assist prioritisation at City level.
- Providing programme representatives with more opportunities to engage in knowledge exchange and best practices sharing can aid in their planning.
- Participating cities could benefit from accessing more tools and information on how to best organise and structure the development of their programs e.g. platforms like the GNAFCC.

Limitations

- The selected cases may not be representative of the whole age-friendly movement. The selection of more experienced cities was made to facilitate an in-depth reflection on their progress. Notwithstanding, the challenges and priorities discussed are likely to speak to the context of any city or community involved in developing this work.
- There is insufficient data on age-friendly initiatives in low-income countries and the particular challenges they encounter. There is a need for research to investigate the scope, implementation, and barriers faced by age-friendly initiatives in this context.
- The study's analysis relied heavily on questionnaires completed by local representatives, and therefore reflected their perception of their program. Although these participants were

considered better able to comment on the development of their program and identify the critical success factors and challenges to developing age-friendly initiatives, their views may not represent those of other actors in their city.

Policy Recommendations

Policy recommendations are outlined with some contextual evidence from this REA project including overarching recommendations and some specific area recommendations. Following the list of recommendations, they are subsequently assessed using Indictors for Success. As has been described throughout this REA, loneliness is a complex phenomenon with multiple risk factors. Similarly multiple factors contribute to healthy ageing. Therefore, policy recommendations are presented as a suite of measures which together, may have a significant impact on reducing loneliness and supporting older people to age well. It is unlikely that any of these interventions alone can adequately address loneliness and enhance healthy ageing.

Overarching recommendations

1. Address loneliness as a public health issue

The literature points to the importance of acknowledging loneliness as a public health issue (Gustafsson et al, 2022; Gonyea et al, 2021). Furthermore, Tapia-Muñoz et al, 2022, suggest that there is a need for national programs targeting people at risk of social isolation and loneliness. This should include older people as well as other vulnerable populations and cohorts. Loneliness has significant impacts on health, wellbeing, and quality of life.

1.1 Recommendation: *Development of a Loneliness Strategy in both jurisdictions with accompanying implementation plans including responsibilities, timelines, delivery targets, and budgetary allocations. Consideration could be given to the possibility of establishing a ministerial brief on loneliness as in the UK.*

2. A whole of government response to ageing well

The risk of loneliness among older adults is unequally distributed and is impacted by intersectionality (Gustafsson et al, 2022). Kwan & Walsh, (2018) highlight to importance of exploring ageing from a strengths perspective to foster positive attributes and capacities at an individual, family and community level. Ageing well is a multifaceted issue which requires a cross-cutting response. Responsibilities lie with several government portfolios and departments including but not limited to Health, Social Protection, Housing, Enterprise, Trade and Employment, Education, Equality and Disability, and Rural and Community Development.

2.1 Recommendation: *The establishment of a Cross Departmental Team (CDT) on Ageing Well under the aegis of the Department of An Taoiseach in the ROI, given the policy coordination role in this department, and the Office of the First Minister Northern Ireland to work on this area over a three to five year timeline. This team could consider as part of its work programme some of the specific recommendations outlined below however their implementation should not be contingent of the establishment of the CDT.*

3. National Ageing Well Strategy

The *National Positive Ageing Strategy* was published in 2013 in the ROI (Age Action, 2020, p9) and Northern Ireland have a more recent strategy *Active Ageing Strategy 2016-2022.* However, the world has changed considerably since both were published including the experience of a global pandemic, which significantly impacted older people, and the designations of 2021 – 2030 as the WHO *Decade of Healthy Aging.*

3.1 Recommendation: *The development of an Ageing Well Strategy in both jurisdictions with accompanying implementation plans including lead responsibilities, timelines, delivery targets, and budgetary allocations. There should be a focus on poverty and income adequacy given the complex interplay between ageing, loneliness, and poverty.*

4. An All-Island Civil Society Alliance on Ageing Well

The ROI Government's Shared Island initiative "aims to harness the full potential of the Good Friday Agreement to enhance cooperation, connection and mutual understanding on the island and engage with all communities and traditions to build consensus around a shared future" (Government of Ireland, no date). The National Economic and Social Council (NESC) suggest that there is a solid all-island foundation of working connections and relationships to support collaborative projects with outcomes that make a tangible difference to the lives of people on the ground on both sides of the border (2022, pxi). A focus on ageing well would align well with this.

4.1 **Recommendation:** *The development of an All-Island Civil Society Alliance to work collaboratively on the issues facing older people and to support ageing well. This would build on the work of existing alliances working at a national level e.g. Alliance of Age Sector NGOs[4], Older*

[4] For more see https://seniors.ie/advocacy/alliance-of-age-sector-ngos/

Peoples Councils. There may be specific funding to support a partnership such as this working on an all-island basis e.g. Community Foundation of Ireland All-Island Fund.

5. Older people's participation and co-production

It is important to involve and engage of older people in decisions about their lives, their homes and the services they use, or may potentially use in the future, with references to co-design and co-production (McKenna et al, 2022c; Ollevier et al 2020; Rusinovic et al 2019). The voice of older people, as the end user/potential end user of services and supports, is key to their success.

5.1 Recommendation: *Develop a framework to facilitate the participation, involvement, and engagement of older people in a meaningful way in service design, delivery and evaluation and policy and strategy development informed by the principals of co-design and co-production. Ideally this would be a multipurpose framework which could be reused in a number of contexts and settings. Arnstein's (1969) ladder of citizen participation may be relevant here.*

Specific area recommendations

6. Address Poverty and income adequacy for older people

Tapia-Muñoz et al (2022) argue that measures to address income and wealth distribution and relative deprivation might also improve older adults' life expectancy and wellbeing by reducing the prevalence of loneliness. Furthermore, these findings suggest that how poverty is defined has implications for how poverty is measured and policy responses. Kwan & Walsh (2018) recommend use of the Multidimensional Poverty Index (MPI) to ensure a more accurate count of those who are poor and better targeting of interventions. In the ROI a consistent poverty measurement is used which identifies those with an income below a certain threshold (less than 60% of median income), who are deprived of two or more goods or services considered essential for a basic standard of living (Department of Employment Affairs and Social Protection, no date). In NI relative and absolute poverty measures before housing costs are used (Department for Communities, 2022).

The approach outlined by Whelan et al (2019) to measure multidimensional poverty and quality of life by employing the Adjusted Head Count Ratio (AHCR) approach is worth consideration in this regard. This is similar to the MPI approach (Kwan & Walsh, 2018) and has the advantage that its feasibility for the ROI has been considered. Whelan et al, (2019) argue that the AHCR counts the the proportion of people who are multi-dimensionally poor and the intensity of that poverty (2019, p690). They caution

that use of this approach would involve trade-offs but that it provides sufficient transparency so these trade-offs would be clear (2019, p703).

In addition, Kwan & Walsh (2018) identified that pensions are a protective factor against poverty however there are inequalities within pension systems which reproduce inequalities which are experienced over the life course (Ebbinghaus, 2020).

Recommendations:

6.1 Consider the use of a multidimensional definition of poverty: *Consideration should be given to piloting a multidimensional definition of poverty to measure poverty in both jurisdictions. This would contribute to better analysis on poverty and its impacts on the island of Ireland and would assist in informing more targeted policy responses in both jurisdictions. It is not clear if there has been any consideration of this approach in NI therefore consideration of the feasibility of this approach in NI is also recommended.*

6.2 Universal State Pension: *Consideration should be given to the proposal from Social Justice Ireland (SJI) on the introduction of a Universal State Pension in the ROI to provide adequate and* sustainable post-retirement income for all older people (SJI, 2018, p.6). Given this report was drafted with the ROI in mind a similar exercise should be undertaken to ascertain the applicability of the recommendations to NI.

Brief explanatory note on the Universal State Pension: This would to replace the current social insurance and means test-based State Pension system and the various payments which fall under this umbrella[5] (SJI, 2018, p6) addressing the issue of those who have reached the State Pension Age who are currently only receiving an income through their spouse or partner's State Pension which disproportionality impacts women, and other inequalities (Ebbinghaus, 2020; Burn et al, 2022). To fund the Universal State pension SJI propose that tax expenditures on private pension contributions are reduced, and that Employer PRSI are increased (2018, p6).

7. Social Prescribing and services in the community

SP may be effective in addressing loneliness in older adults. Social Prescribing is currently provided in both ROI and NI, but it is an evolving area in both jurisdictions. Reports from a pilot study in Dublin

[5] The Universal Pension would replace the State Pension (Contributory), State Pension (Non-Contributory), the Death Benefit and the Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension for all those above the State Pension Age (SJI, 2018, p6)

demonstrate success and recommend areas for future development (Gage, 2020). Key SP stakeholders in Northern Ireland highlight how SP models are becoming embedded in NI and how different models can learn from one another to inform future developments (HSCNI, 2022).

The HSE Social Prescribing Framework in ROI does not directly address loneliness among older people, and the Framework is only intended to guide services. The ROI Government recently launched the 'Hello Again World' campaign which aims to address loneliness and social isolation following the COVID-19 pandemic by encouraging older people to get involved in their communities again (Department of Health, 2023). However, this awareness campaign assumes that older people have the confidence and agency to act on this positive messaging. A more concerted and coordinated approach is required to reach older people at particular risk of loneliness and isolation, especially those who are harder to reach e.g. LGBTQ plus people.

Social prescribing is funded through the health and community sectors in ROI including various seed funding programmes e.g. Sláintecare Integration Fund (HSE, 2021). The Health Service Executive (HSE) advise it will advocate for expansion of SP programmes through annual funding applications to the Department of Health, (HSE, 2021, pp41). Research in the ROI and NI has highlighted the importance of multiannual, long-term funding and sustained investment in the community and voluntary sectors to support the expansion of SP (Gage, 2020; HSCNI, 2022). The 'test and learn methodology reported to be key to the success of the Ageing Better programme, also works best in the context of long-term funding, (McKenna et al, 2022a).

Recommendations:

7.1 Expansion of SP services: *Social prescribing services in both jurisdictions should be expanded and plans developed to target older people at risk of loneliness. This should be done taking an intersectional approach to target older people who have multiple risk factors for loneliness.*

7.2 Multi-annual place-based funding to support SP implementation: *Consideration should be given to multi-annual place-based funding programmes for community and voluntary services to support the wider implementation of social prescribing services at a local level to have a better reach and address the public health risk of loneliness. This should include:*

- *Micro-funding for new grassroots services to encourage community development.*
- *Funding for proactive outreach and to develop targeted strategies for engaging with groups of older people who are most at risk of loneliness e.g. ethnic minorities including a diversity of referral pathways.*

- *Funding to facilitate the involvement of older people and those most at risk of experiencing loneliness in the co-production of initiatives and services to address this issue in their communities.*

8. Ageing in place

Ageing in place is one of the mainstream policy pathways for housing and care measures aimed at preserving and extending the autonomy of the elderly (Fernández-Carro, 2016, p. 587). Findings suggest that staying at home is not a universal desire of elderly people therefore introducing a range of housing options would provide older people with the discretion to choose the accommodation that best suits their particular needs. The studies reviewed suggest that alternatives to staying at home and institutionalised care such as co-housing communities have been effective in strengthening social networks (*Senio*r Co-Housing Communities in Denmark, no date, p. 143).

Recommendations:

8.1 Applying the learnings from co-housing models internationally*: The Department of Housing, Local Government and Heritage in the ROI and the Northern Ireland Housing Executive should consider the applicability of the learnings from co-housing models internationally to expand the range of housing models provided for older people by local authorities, NI Housing Executive, Approved Housing Bodies, Housing Associations and the private sector including a diversity matrix based on age, gender, and ethnicity. The Housing with Support Framework Toolkit from the Housing Agency would be relevant here (Walsh, no date).*

8.2 Housing options for older people: *The Governments in both jurisdictions should strengthen their housing strategies to include varied housing options that are both affordable and accessible for older adults in all local authority areas north and south of the border. This could take the form of senior housing developments, co-housing communities and home modification programs.*

8.3 Integration of health and social care services: *ROI and NI should consider the integration of health and social care services into the design and structure of older person's housing developments. This will facilitate ageing in place for residents who choose this housing option as opposed to institutionalised care.*

9. *Age friendly environments and cities*

Age friendly cities are a key variable to mitigating loneliness by promoting barrier free community environments, health and social services, and the active participation of those who are most vulnerable in the community (Chung and Kim, 2022). Both the ROI and NI are members of the WHO Global Network of Age Friendly Cities and Communities (GNAFCC) ('The WHO Age-friendly Cities Framework - Age-Friendly World', no date). To date neither jurisdiction has rolled out an age friendly programme at city level.

Recommendations:

9.1 Age Friendly Cities pilot: *ROI and NI Governments should consider piloting an age friendly city program in at least one city of the respective jurisdictions. The pilot program should set out clear objectives, be flexible in its design to accommodate feedback from stakeholders and should involve the collaboration of different stakeholders such as community organisations, government, and the private sector. It should also have a comprehensive evaluation plan to measure effectiveness and impact.*

9.2 Communication and dissemination: *Communication and dissemination of the positive work and diverse range of age-friendly programs being implemented across both jurisdictions should be enhanced, through the use of efficient and effective communication channels and strategies and materials that are easy to read and understand, as well as programs that help older adults navigate health care and other services. This should target both older people and the general population to ensure that the overall population is informed.*

10. *Future research in this area*

- ICT use amongst older people following the pandemic in the context of loneliness.
- Old age poverty from gender sensitive, diversity and sociocultural perspectives and specifically the intersection of different identities.
- The complex interrelationship between loneliness, social connectedness, and health to inform future interventions.

Indicators of Success

Table 2

	Indicators of Success Notes: *All recommendations are given a probability rating of Low, Medium or High, with High being very probable. **Some recommendations would have a direct impact on loneliness and will increase health and wellbeing in older people while other recommendations are indirect in nature and would impact the environment and context in which people age, supporting ageing well. Structural interventions are required to address loneliness in a comprehensive manner (Tapia-Muñoz et al, 2022)						
	Direct	**Indirect**	**Cost**	**Political feasibility NI**	**Policy alignment NI**	**Political feasibility ROI**	**Policy alignment ROI**
Recommendations							
1.1	✕		Medium Savings could be made in the medium to long term	Medium Post pandemic a window of opportunity exists plus developments on same in the UK	Medium Aligns with the Programme for Government Draft Outcomes Framework from 2021 with specific commitments in relation to older people and mental health and wellbeing	Medium Post pandemic a window of opportunity exists	Medium Aligns with commitments in: - Slaintecare Implementation Strategy and Action Plan (2021-2023) - Sharing the Vision: A mental Health Policy for Everyone - Healthy Ireland Action Plan (2021-2025)
2.1	✕		High Sharing of resources across Departments to address the issue, may only require small number of new staff.	Medium Precedent with commitment to set up a CDT in NI for the development of a new Disability Strategy (Dept. of Communities, 2023)	Medium The Action group on Loneliness in NI have called on the Government to do this (Age NI, 2021).	High Similar working groups have been set up to tackle cross-cutting issues such as homelessness and more recently, child poverty.	Medium Indirectly aligns with policy goals in: - Slaintecare Implementation

							Strategy and Action Plan (2021-2023) - Sharing the Vision: A mental Health Policy for Everyone - Healthy Ireland Action Plan (2021-2025)
3.1	✕		Medium Medium to long term savings	High Evaluation of 2016-2022 strategy and co-design of new strategy are currently ongoing	High Co-design of new strategy is underway.	High Cross-departmental collaborations e.g. Department of Health and Department of Housing, Local Government & Heritage (Oireachtas, 2023)	Medium National Positive Ageing Strategy yet to be updated
4.1	✕		High Main costs being travel and meeting space plus specific funding could be sourced to support an all-island alliance	N/A	Low No specific reference found	N/A	High Aligns with ROI Government's Shared Island initiative
5.1	✕		High Generally, people involved in co-production activities do so on a voluntary basis.	High Further involvement of people in design and delivery of services may be an easy win politically	High Aligns with the Co-Production Guide for NI (Department of Health, 2018).	High Further involvement of people in design and delivery of services may be an easy win politically.	High Aligns with the HSE's Better Together Health Services Patient Engagement Roadmap and the Patient and Public Partnership Strategy 2019-2023
6.1		✕	Medium This has not been costed in this study or by Whelan et al. Initial costs would be greater involving the design and	Low Feasibility exercise has not been undertaken for NI. *However, the challenge with broadening the definition of	Low Commitment in Programme for Government Draft Outcomes Framework from 2021 to develop a new Anti-Poverty Strategy in therefore could be an opportunity	Medium Given Whelan et al are affiliated to the ESRI who advise the Irish Government and it's a pilot.	Low Neither the Programme for Government nor the Roadmap for Social Inclusion 2020 -2025 make a reference to the definition of poverty

			refinement of the research instrument	poverty is that potentially more people are counted as poor which could be politically challenging		*As noted in the NI feasibility section	
6.2		×	High SJI have made proposals to make this viable, alignment with Commission and the Joint Oireachtas report suggestions	Low No evidence of this issue being explored to date	Low No obvious commitments on Universal State pensions	Medium Programme for Government acknowledges the State pension as the bedrock of the Irish pension system. But commitments are to benchmark state pensions. (Roadmap for Social Inclusion 2020-2025)	Medium/Low Some general alignment on principals with the Commission on Pensions 2021 and the Joint Oireachtas Response to the Report of the Commission on Pensions 2022 e.g. increasing PSRI to fund future pension but some significant differences
7.1	×		Medium Savings could be made in the medium to long term e.g. improved health outcomes	High SP services already embedded in NI	High Aligns with broader developments NHS England Long Term Plan	High Relates to Programme for Government Commitments	High Aligns with commitments in: - Slaintecare Implementation Strategy and Action Plan (2021-2023) - Sharing the Vision: A mental Health Policy for Everyone - Healthy Ireland Action Plan (2021-2025)
7.2	×		Low Cost intensive but medium to long term savings	Medium Services already funded but long-term commitment challenging	Low Not aware of any long-term funding models for health and social services in NI	Low Multi-annual funding for health and social services is rare in ROI. Annual process for new development funding the norm	Low Not aware of any long-term funding models for health and social services in ROI

8.1		✕	Medium Largely involves evaluation of what is applicable to ROI and NI context	High Government committed to ensuring that services and policies of Housing Executive meet the needs of ageing population('Older People's Housing Strategy', no date)	High Aligns with the Executive Housing's Older People's Housing Strategy 2021/2 2 – 2026/27 and government housing options e.g. sheltered housing	High Government Action Plan for Housing (Housing for All) is committed to increasing housing options for older people	High Aligns with Housing for All policy and the Housing with Support Framework Toolkit
8.2		✕	Low Long term savings on account of positive health implications	High Government currently offers supported housing schemes to those 50+	High Aligns with the Executive Housing's Older People's Housing Strategy 2021/2 2 – 2026/27	High Government is committed to increasing housing options for older people	High Aligns with Housing for All policy and the Housing with Support Framework Toolkit e.g. initiatives such as Housing with Support for people 60+
8.3		✕	Low Medium to long term savings due to positive health implications	High Objective of Older People's Housing Strategy to design and deliver better integrated services	High Aligns with the Executive Housing's Older People's Housing Strategy 2021/2 2 – 2026/27	High Collaboration between the Department of Health and the Department of Housing, Local Government & Heritage to increase housing options for older people and to facilitate integration of supports (Oireachtas, 2023)	High Aligns with the National Positive Ageing strategy, Housing for All policy, and the Housing with Support Framework Toolkit

9.1		✕	Low Medium to long term savings due to positive health implications	High NI is a member of the WHO GNAFCC	High Aligns with the NI Active Ageing Strategy 2016-22 (evaluation of strategy and co-design of new strategy is currently on going) and strategies developed by cities.	High ROI is a member of the WHO GNAFCC	High Aligns with the Age Friendly Ireland Principles and Guidelines for the Planning Authority, and local authority strategies.
		✕	Medium Cross departmental initiative may lower costs	Medium Good publicity incentive *Has potential of inviting greater scrutiny on areas requiring improvement	High Aligns with national and local authority strategies on loneliness.	Medium Good publicity incentive *Has potential of inviting greater scrutiny on areas requiring improvement	High Aligns with the Age Friendly Ireland Principles and Guidelines, and local authority strategies.

Limitations

Like any piece of research this REA was not without limitations.

- Two of three group members live and work in the ROI and have a greater knowledge of the public policy arena in that jurisdiction. This may introduce an element of bias towards the ROI in our recommendations.
- This was first time any of the researchers conducted a REA and our inexperience combined with the short time frame for completion may have implications for the overall rigor of our work. While our experience in conducting REAs was limited, all three of us had experience of engaging in research through academia and our work roles. We drew on our collective experience and strengths and the group decision making process to apply a level of methodological rigor to our work.
- We were also limited by the word count available to us and given the broad nature of this issue this was a significant challenge which required a lot of engagement.
- The absence of a sitting Government in the NI Assembly made it more difficult to make well-grounded recommendations for this jurisdiction compared to the ROI.
- The scope of the REA was broad even after our initial engagement with our partner. Through further engagement with our partner, an initial scoping review of the literature and applying our group decision making process, we narrowed the scope sufficiently and draft a workable research question. We believe this engagement with our partner was a key part of our methodology capturing a board spectrum of views which aided our critical analysis significantly when reviewing the literature. However, healthy ageing is a vast area and there were many areas worth pursuing that were ultimately outside of our capacity as a group to engage with in any substantial way. Therefore, there may be some missing areas that may have contributed to answering our research question.

Bibliography

1. Age NI, 2021. Action Group on Loneliness Policy: webpage. Accessed on 29/03/2023 from: Action Group on loneliness (ageuk.org.uk)

2. ALONE, 2021. Press Release: Addressing loneliness has become more important than ever', says Taskforce. Accessed on 29/03/2023 from: 'Addressing loneliness has become more important than ever', says Taskforce - ALONE

3. Andrews, M. (2009) The narrative complexity of successful ageing. International Journal of Sociology and Social Policy, 29 (1/2), 73-83.

4. Arnstein, S (1969) A Ladder of Citizen Participation. *AIP Journal*, 216 – 224.

5. Ashwin A. Kotwal, A.A.,Fuller, Myers, J.J., Hill, D., Tha, S.H., , Smith, A.K., Perissinotto, C.M. (2021) A peer intervention reduces loneliness and improves social well-being in low-income older adults: A mixed-methods study. Journal of the American Geriatric Association, 69 (12), 3365 – 3376.

6. Associate Minister of Health. 2016. Healthy Ageing Strategy. Wellington: Ministry of Health.

7. Blazun, H., Saranto, K., & Rissanen, S., (2012) Impact of computer training courses on reduction of loneliness of older people in Finland and Slovenia. *Computers in Human Behavior*, 28, 1202 – 1212.

8. Burn, I., Button, P., Figinski, T.F., and McLaughlin, J.S. (2020) Why Retirement, Social Security, and Age Discrimination Policies Need to Consider the Intersectional Experiences of Older Women. *Public Policy & Aging Report*, 30 (3), 101–106.

9. Callander, E.J., Schofield, D.J., and Rupendra N. Shrestha, R.N. (2012) Multiple Disadvantages Among Older Citizens: What a Multidimensional Measure of Poverty Can Show, *Journal of Aging & Social Policy,* 24 (4), 368 – 383.

10. Campbell-Jack, Humphreys, Whitley, Williams & Cox, 2021. Ageing Better: Impact Evaluation Report. Accessed on 14/04/2023 from: TNLCF: Impact Evaluation Report (tnlcommunityfund.org.uk)

11. Campaign to End Loneliness (2020). Promising Approaches Revisited. Accessed on 29/03/2023 from: LR Age UK ID202422 Policy Review Update.pdf (campaigntoendloneliness.org)

12. Central Statistics Office, 2023. Census of Population 2022 - Preliminary Results. Accessed on 8/04/2023 from: Census of Population 2022 - Preliminary Results - CSO - Central Statistics Office

13. Central Statistics Office, 2023. Older Persons Information Hub: Population aged 65+. Accessed on 11/04/2023 from: Population aged 65+ - CSO - Central Statistics Office

14. Chung, S. and Kim, M. (2022) Age-friendly environment, social support, sense of community, and loneliness among middle-aged and older adults in Korea, *Aging & Mental Health*, 0(0), pp. 1–8. Available at: https://doi.org/10.1080/13607863.2022.2116395.

15. Coll-Planas, L. *et al.* (2017) Promoting social capital to alleviate loneliness and improve health among older people in Spain, *Health & Social Care in the Community*, 25(1), pp. 145–157. Available at: https://doi.org/10.1111/hsc.12284.

16. Commissioner for Older People for Northern Ireland, 2023. Loneliness and Social Isolation: webpage. Accessed on 28/03/2023 from: Loneliness and social isolation | COPNI | Commission...

17. Community Foundation of Ireland (no date) *All-Island Fund.* Available at https://www.communityfoundation.ie/giving/all-island-fund accessed on 19.04.2023.

18. Chen, Y.R & Schulz, P.J. (2016) The Effect of Information Communication Technology Interventions on Reducing Social Isolation in the Elderly: A Systematic Review. Journal of Medical Internet Research, 18 (1), 1 – 11.

19. Dadswell, Wilson, Bungay, and Munn-Giddings, (2017). The role of participatory arts in addressing the loneliness and social isolation of older people: A conceptual review of the literature. *Journal of Arts & Communities*, volume 9, number 2, pp. 109-128.

20. Department for Communities (2020) Active Ageing Strategy 2016 – 2022. Available at https://www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-active-ageing-strategy-2016-22.pdf accessed 19.04.2023.

21. Department for Communities (2022) *Poverty Policy.* Available at https://www.communities-ni.gov.uk/articles/poverty-policy#:~:text=Poverty%20in%20Northern%20Ireland,-The%20most%20recent&text=12%25%20of%20people%20(approx.,poverty%20are%20many%20and%20varied accessed on 19.04.2023.

22. Department for Communities, 2023. New Disability Strategy. Accessed on 25/04/2023 from: https://www.communities-ni.gov.uk/articles/new-disability-strategy

23. Department of Environment and Local Government (2000) Homelessness an Integrated Strategy. Available at https://www.drugsandalcohol.ie/5563/ accessed on 19.04.2023.

24. Department of Employment Affairs and Social Protection (no date) *What is Poverty?* Available at http://www.socialinclusion.ie/poverty.html accessed on 10.04.2023.

25. Department of Health (2013) National Positive Ageing Strategy. Available at https://assets.gov.ie/11714/d859109de8984a50b9f2ae2c1f325456.pdf accessed 19.04.2023.

26. Department of Health, 2018. Co-Production Guide for Northern Ireland - Connecting and Realising Value Through People. Accessed on 20/04/2023 from: https://www.health-ni.gov.uk/publications/co-production-guide-northern-ireland-connecting-and-realising-value-through-people

27. Department of Health, 2020. Sharing the Vision: A Mental Health Policy for Everyone. Accessed on 20/04/2023 from: https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/

28. Department of Health, 2021a. Healthy Ireland Strategic Action Plan 2021-2025. Accessed on 21/04/2023 from: https://www.gov.ie/en/publication/441c8-healthy-ireland-strategic-action-plan-2021-2025/

29. Department of Health, 2021b. Sláintecare Implementation Strategy and Action Plan 2021-2023. Accessed on 20.04.2023 from: https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/

30. Department of Health, 2023. Ministers for Health and the Chief Medical Officer encourage older people to say "Hello Again World" as they launch Social Connections campaign to address loneliness and isolation among older people: Press release. Accessed on 15/04/2023 from: gov.ie - Ministers for Health and the Chief Medical Officer encourage older people to say "Hello Again World" as they launch Social Connections campaign to address loneliness and isolation among older people (www.gov.ie)

31. Dingemans, E. and Henkens, K. (2019) Working After Retirement and Life Satisfaction: Cross-National Comparative Research in Europe, *Research on Aging*, 41(7), pp. 648–669. Available at: https://doi.org/10.1177/0164027519830610.

32. Domènech-Abella, J., Mundó, J., Lara, E. et al. (2017) The role of socioeconomic status and neighborhood social capital on loneliness among older adults: evidence from the Sant Boi Aging Study. *Social Psychiatry Psychiatric Epidemiology,* 52, 1237-1246.

33. Ebbinghaus, B (2020) Inequalities and poverty risks in old age across Europe: The double-edged income effect of pension systems. *Soc Policy Adm*, 55, 440–455.

34. Fernández-Ballesteros, R., Molina, M.A, Schettini, R. and Santacreu, M. (2013) Annual Review of Gerontology and Geriatric. *The Semantic Network of Aging Well*. Springer Publishing Company, LLC.

35. Fernández-Carro, C. (2016) Ageing at home, co-residence or institutionalisation? Preferred care and residential arrangements of older adults in Spain, *Ageing and Society*, 36(3), pp. 586–612. Available at: https://doi.org/10.1017/S0144686X1400138X.

36. Foster, Thompson, Holding, Ariss, Mukuria, Jacques, Akparido & Haywood, 2020. Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme. Health Soc Care Community, 2021; 29: pp. 1439–1449.

37. Gage, 2020. An Evaluation of Get Well … Connected: South Dublin County Partnership Social Prescribing pilot project August 2018 to February 2020. Accessed on 7/04/2023 from: SDCP Social Prescribing Evaluation (sdcpartnership.ie)

38. Galassi, Merizzi, D'Amen and Santini, 2022. Creativity and art therapies to promote healthy aging: A scoping review. *Frontiers in Psychology*, 13:906191, pp. 1-15.

39. Gonyea, J.G., Arden E. O'Donnell, A.E., Curley, A and Trieu, V. (2022) Food insecurity and loneliness amongst older urban subsidised housing residents: The importance of social connectedness. *Health and Social Care in the Community*.

40. Government of Ireland (no date) *Shared Ireland Initiative.* Available at https://www.gov.ie/en/campaigns/c3417-shared-island/ accessed on 19.04.2023

41. Government of Ireland (2020) Roadmap for Social Inclusion 2020 – 2025. Available at https://www.gov.ie/pdf/?file=https://assets.gov.ie/46557/bf7011904ede4562b925f98b15c4f1b5.pdf#page=1 accessed 27.04.2023.

42. Grenade, L. and Boldy, D. (2008) Social isolation and loneliness among older people: issues and future challenges in community and residential settings, *Australian Health Review*, 32(3), pp. 468–478.

43. Gustafsson, P.E., Fonseca-Rodríguez, O., Nilsson, I. and San Sebastian, M. (2022) Intersectional inequalities in loneliness among older adults before and during the early phase of the COVID-19 pandemic: A total population survey in the Swedish eldercare setting. Social Science & Medicine, 314, 1 - 10.

44. Hamilton-West, Milne, Hotham, 2020. New horizons in supporting older people's health and wellbeing: is social prescribing a way forward? *Age and Ageing,* 2020; 49: pp. 319–326.

45. Hansen, T., Petrová Kafková, M., Katz, R., Lowenstein, A., Naim, S., Pavlidis, G., Villar, F., Walsh, K., and Aartsen, M. (2021) Exclusion from Social Relations in Later Life: Micro- and Macro-Level Patterns and Correlations in a European Perspective. *International Journal of Environmental Research and Public Health,* 18, 1 – 16.

46. Health and Social Care Northern Ireland (HSCNI), 2022. Northern Ireland Social Prescribing Workshop Report January 2019. Accessed on 12/04/2023 from: Report-Social-Prescribing-Workshop-16th-January-2019-FINAL-for-Circulation - DOH/HSCNI Strategic Planning and Performance Group (SPPG) – formerly HSCB

47. Health Service Executive, 2021. HSE Social Prescribing Framework Mainstreaming social prescribing in partnership with community & voluntary organisations. Accessed on 30/03/2023 from: HSE Social Prescribing Framework

48. Health Service Executive, 2023. Services for Older People. Accessed on 11/04/2023 from: Older People - HSE.ie

49. Health Service Executive, (No date). HSE Better Together Patient Engagement Roadmap Book. Accessed on 21/04/2023 from: Resources - HSE.ie

50. Heenan, D (2021) Collaborating on Healthcare on an All-Island Basis: A Scoping Study. *Irish Studies in International Affairs*. 32 (2), 413–447.

51. Henkens, K., van Dalen, H.P. and van Solinge, and H. (2021) The Rhetoric and Reality of Phased Retirement Policies, *Public Policy & Aging Report*, 31(3), pp. 78–82. Available at: https://doi.org/10.1093/ppar/prab012.

52. HM Civil Service, 2020. *Devolution Factsheet*. Accessed on 28/03/2023 from: Guidance on devolution - GOV.UK (www.gov.uk)

53. HM Government, 2018. A connected society A strategy for tackling loneliness – laying the foundations for change. Accessed on 28/03/2023 from: A connected society: a strategy for tackling loneliness - GOV.UK (www.gov.uk)

54. Jarach, C.M. *et al.* (2021) Social isolation and loneliness as related to progression and reversion of frailty in the Survey of Health Aging Retirement in Europe (SHARE), *Age and ageing*, 50(1), pp. 258–262. Available at: https://doi.org/10.1093/ageing/afaa168.

55. Joint Committee on Social Protection, Community and Rural Development and the Islands (2022) Response to the Report of the Commission on Pensions. Available at https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_social_protection_community_and_rural_development_and_the_islands/reports/2022/2022-02-02_response-to-the-report-of-the-commission-on-pensions_en.pdf accessed 27.04.2023

56. Jopp, D.S., Wozniak, D, Damarin, A.K., Feo, M.D., Jung, and Jeswani, S. (2015) How Could Lay Perspectives on Successful Aging Complement Scientific Theory? Findings From a U.S. and a German Life-Span Sample. *The Gerontologist*, 55 (1), 91 – 106.

57. Katz, S. and Calasanti, T. (2014) Critical Perspectives on Successful Aging: Does It "Appeal More Than It Illuminates"? *The Gerontologist*. 55 (1), 26–33.

58. Kwan, C. and Walsh, C.A. (2018) Old age poverty: A scoping review of the literature. *Cogent Social Sciences*, 4 (1), 1 – 21.

59. Liebmann, Pitmann, Hsueh, Bertotti & Pearse, 2022. Do people perceive benefits in the use of social prescribing to address loneliness and/ or social isolation? A qualitative meta-synthesis of the literature. *BMC Health Services Research* (2022) 22: 1264, pp. 1-29.

60. Loneliness Taskforce, 2018. A Connected Island an Ireland Free From Loneliness A Report from the Loneliness Taskforce. Accessed on 28/03/2023 from: loneliness-taskforce-a-connected-island-an-ireland-free-from-loneliness.pdf (wordpress.com)

61. Losada, A. *et al.* (2012) 'Loneliness and Mental Health in a Representative Sample of Community-Dwelling Spanish Older Adults', *The Journal of Psychology*, 146(3), pp. 277–292. Available at: https://doi.org/10.1080/00223980.2011.582523.

62. Marczak, J., Wittenberg, R., Doetter, Lorraine F., *et al.* (2019) Preventing social isolation and loneliness among older people, *Eurohealth*, 25(4), pp. 3–5.

63. Marczak, J., Wittenberg, R., Doetter, Lorraine Frisina, *et al.* (2019) PREVENTING SOCIAL ISOLATION AND LONELINESS AMONG OLDER PEOPLE.

64. McKenna, Williams, Humphreys, Campbell-Jack, Whitley & Cox, 2022a. The Ageing Better Programme: Summative Report. Accessed on 7/04/2023 from: The Ageing Better Programme Summative Report (tnlcommunityfund.org.uk)

65. McKenna, Williams, Humphreys, Campbell-Jack, Whitley & Cox, 2022b. Ageing Better Summative Report- Methods Note. Accessed on 7/04/2023 from: Microsoft Word - Summative report Methods Note -Draft 05.docx (tnlcommunityfund.org.uk)

66. Mc Kenna, Williams, Humphreys, Campbell-Jack & Cox, 2022c. Ageing Better: Supporting meaningful connections through social prescribing. Accessed on 7/04/2022 from: Ageing Better: Supporting meaningful connections through social prescribing (tnlcommunityfund.org.uk)

67. Mc Kenna, Williams, Humphreys, Campbell-Jack & Cox, 2022d. Ageing Better: Supporting meaningful connections through social prescribing- Methods Note. Accessed on 7/04/2022 from: Microsoft Word - Social-Prescribing-Method-Note-Formatted-v4 (tnlcommunityfund.org.uk)

68. Moody and Phinney, 2012. A Community-Engaged Art Program for Older People: Fostering Social Inclusion. *Canadian Journal on Aging / La Revue canadienne du vieillissement* 31 (1): pp. 55– 64.

69. Mulligan, Hsiung, Bhatti, Rehel & Rayner, 2020. Social Prescribing in Ontario, Final Report: March 2020. Accessed on 7/04/2023 from: rxcommunity_final_report_mar.pdf (ymaws.com)

70. Murray and Crummett, 2010. 'I Don't Think They Knew We Could Do These Sorts of Things' Social Representations of Community and Participation in Community Arts by Older People. *Journal of Health Psychology,* Vol 15(5), pp. 777–785.

71. National Economic and Social Council (2022) Shared Island Shared Opportunity: NESC Comprehensive Report (157). National Economic & Social Development Office NESDO. Available at http://files.nesc.ie/nesc_reports/en/157_shared_island_comprehensive.pdf accessed on 19.04.2023.

72. National Health Service, 2019. The NHS Long Term Plan. Accessed on 19/04/2023 from: NHS Long Term Plan v1.2 August 2019

73. National Screening Service, 2019. Patient and Public Partnership Strategy 2019-2023. Accessed on 20/04/2023 from: patient-and-public-partnership-strategy-2019-2023.pdf (hse.ie)

74. Neville, S., Napier, S., Adams, J., Shannon, K. and Wright-St Clair, V. (2021) Older people's views about ageing well in a rural community. *Ageing & Society*, 41, 2540–2557.

75. Northern Ireland Executive (2021) Programme for Government Draft Outcomes Framework Consultation Document. Available at https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/pfg-draft-outcomes-framework-consultation.pdf accessed 26.04.2023.

76. Northern Ireland Executive (2020) New Decade, New Approach. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/856998/2020-01-08_a_new_decade__a_new_approach.pdf accessed 26.04.2023.

77. Northern Ireland Statistics and Research Agency, 2020. Loneliness in Northern Ireland 2019/20 Factors associated with feeling Lonely in Northern Ireland 2019/20. Accessed on 28/03/2023 from: **Loneliness in Northern Ireland 2019/20 (nisra.gov.uk)**

78. Northern Ireland Statistics and Research Agency, 2023. *Statistics press notice*: Census 2021 Main Statistics- Population more diverse than ever before. Accessed on 8/04/2023 from: Census 2021 Main Statistics for Northern Ireland Phase 1 press release (nisra.gov.uk)

79. Oireachtas, H. of the (2023) Care of the Elderly – Thursday, 23 Feb 2023 – Parliamentary Questions (33rd Dáil) – Houses of the Oireachtas. Available at: https://www.oireachtas.ie/en/debates/question/2023-02-23/258 (Accessed: 27 April 2023).

80. Ollevier, A., Aguiar, G., Palomino, M. & Ingeborg, S.S., (2020) How can technology support ageing in place in healthy older adults? A systematic review. *Public Health Reviews*, 41 (26), 1 - 12.

81. Pan American Health Organisation (not date) Healthy Aging. Available at https://www.paho.org/en/healthy-aging#:~:text=Healthy%20aging%20is%20a%20continuous,life%20throughout%20the%20life%20course accessed 10.04.2023.

82. Pavlidis, G., Motel-Klingebiel, A., & Aartsen, M (2022): Exclusion from social relations in later life: on the gendered associations of social networks with mental wellbeing. *Aging & Mental Health,* 1 - 9.

83. Percival, Newton, Mulligan, Petrella & Ashe 2022. Systematic review of social prescribing and older adults: where to from here? *Fam Med Com Health,* 2022; 10: pp. 1-13.

84. Poscia, A. *et al.* (2018) 'Interventions targeting loneliness and social isolation among the older people: An update systematic review', *Experimental Gerontology*, 102, pp. 133–144. Available at: https://doi.org/10.1016/j.exger.2017.11.017.

85. Price & Tinker, 2014. Creativity in later life. *Maturitas*, 78 (2014), pp. 281–286.

86. Qianqian Zhang, Q., Guo, X., & Vogel, D (2022) Addressing elderly loneliness with ICT Use: the role of ICT self-efficacy and health consciousness, Psychology. *Health & Medicine,* 27 (5), 1063-1071.

87. Quinn, 2020. Loneliness in Northern Ireland: A call to action. Accessed on 29/03/2023 from: Loneliness-in-Northern-Ireland-A-Call-to-action.pdf (campaigntoendloneliness.org)

88. Rémillard-Boilard, S., Buffel, T. and Phillipson, C. (2021) 'Developing Age-Friendly Cities and Communities: Eleven Case Studies from around the World', *International Journal of Environmental Research and Public Health*, 18(1), p. 133. Available at: https://doi.org/10.3390/ijerph18010133.

89. Rheinhardt, Vidovic & Hammerton, 2021. Understanding loneliness: a systematic review of the impact of social prescribing initiatives on loneliness. *Perspectives in Public Health*, July 2021, Vol 141 No 4, pp. 204-213.

90. Rusinovic, K., Bochove, M. van and Sande, J. van de (2019) 'Senior Co-Housing in the Netherlands: Benefits and Drawbacks for Its Residents', *International Journal of Environmental Research and Public Health*, 16(19), p. 3776. Available at: https://doi.org/10.3390/ijerph16193776.

91. Schlomann, Seifert, Zank, Woopen, & Rietz, (2019). Use of Information and Communication Technology (ICT) Devices Among the Oldest-Old: Loneliness, Anomie, and Autonomy. *Innovation in Ageing*, 4 (2), 1 - 10.

92. *Senior Co-Housing Communities in Denmark* (no date). Available at: https://www.tandfonline.com/doi/epdf/10.1080/02763893.2015.989770?needAccess=true&role=button (Accessed: 10 April 2023).

93. Social Justice Ireland (2018) A Universal State Social Welfare Pension: Recognising the Contribution of all our Senior Citizens. Social Justice Ireland. Available at https://www.socialjustice.ie/system/files/file-uploads/2021-09/universalstatesocialwelfarepension.pdf accessed on 19.04.2023.

94. Tapia-Muñoz, T., Ursula M. Staudinger, U.M., Allel, K., Steptoe, A., Miranda-Castillo, C., Medina, J.T. and Calvo, E. ID (2022) Income inequality and its relationship with loneliness prevalence: A cross-sectional study among older adults in the US and 16 European countries. PLoS ONE, 17 (12), 1 - 16.

95. Thangavel, G., MSc; Memedi, M., & Hedström, K. (2022) Customized Information and Communication Technology for Reducing Social Isolation and Loneliness Among Older Adults: Scoping Review. JMIR Mental Health, 9 (3), 1 - 14.

96. The Pension Commission (2021) Report of the Commission on Pensions. Available at https://www.gov.ie/pdf/?file=https://assets.gov.ie/200480/564ea175-28b2-417d-aa9b-3f1750225310.pdf#page=null accessed 27.04.2023.

97. 'The WHO Age-friendly Cities Framework - Age-Friendly World' (no date). Available at: https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/ (Accessed: 26 April 2023).

98. *UK Network of Age-friendly Communities | Centre for Ageing Better* (no date). Available at: https://ageing-better.org.uk/uk-network-age-friendly-communities (Accessed: 26 April 2023)

99. Wahl, H.W., Iwarsson, S and Oswald, F (2021) Aging Well and the Environment: Toward an Integrative Model and Research Agenda for the Future. *The Gerontologist,* 52 (3), 306–316.

100. Walker, A (2015) Active ageing: Realising its potential. *Australian Journal on Ageing*, 34 (1), 2 – 8.

101. Walsh, D.K. (no date) 'Arising from the learning from Phase 1 and Phase 2 of the Dublin City Age Friendly Housing with Support Model'.

102. Ward, Layte & Kenny 2019. Loneliness, social isolation, and their discordance among older adults Findings from The Irish Longitudinal Study on Ageing (TILDA). Accessed on 28/03/2023 from: Ward et al 2019 - TILDA Loneliness.pdf (tcd.ie)

103. Ward, McGarrigle, Hever, O'Mahoney, Moynihan, Loughran, Kenny, 2020. Loneliness and social isolation in the COVID-19 Pandemic among the over 70s: Data from The Irish Longitudinal Study on Ageing (TILDA) and ALONE. Accessed on 28/03/2023 from: Report_Covid19SocialIsolation.pdf (tcd.ie)

104. Whelan, C.T., Watson, D., Maître, B. (2019) From Income Poverty to Multidimensional Quality of Life. The Economic and Social Review 50 (4) 683 – 705. Available at https://www.esr.ie/article/view/1328 accessed on 19.04.2023.

105. Wiles, J.L., Leibing, A., Guberman, N., Reeve, J. and Allen, R.ES (2011) The Meaning of "Aging in Place" to Older People. *The Gerontologist*, 52 (3), 357 - 366.

106. Wilkinson, Lees, Duncan, Mead & Tapsom, 2020. A collaborative, multi-sectoral approach to implementing a social prescribing initiative to alleviate social isolation and enhance well-being amongst older people. *Journal of Integrated Care*, Vol. 29 No. 1, 2021 pp. 37-47.

107. World Health Organisation (2020) Decade of Health Aging. Baseline Report. World Health Organisation.

108. World Health Organisation, 2023. WHO's work on the UN Decade of Healthy Ageing (2021-2030). Accessed on 07/04/2023 from: WHO's work on the UN Decade of Healthy Ageing (2021-2030)

109. World Health Organisation (no date) WHO's Work on the UN Decade of Healthy Aging 2021 – 2030. Available at https://www.who.int/initiatives/decade-of-healthy-ageing accessed 10.04.2023.

110. Yang, K. and Victor, C. (2011) 'Age and loneliness in 25 European nations', *Ageing & Society*, 31(8), pp. 1368–1388. Available at: https://doi.org/10.1017/S0144686X1000139X.

111. Yanguas, Pinazo-Henandis & Tarazona-Santabalbina. The complexity of loneliness. *Acta Biomed.* 2018 Jun 7; 89 (2): pp302-314.