

The effectiveness and suitability of
interventions for social isolation and loneliness
for older people from minoritised ethnic groups
living in the UK

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DECLARATION

I, Brenda A. Hayanga confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis. Part of the findings of this study have been published in various journals as listed below,

Hayanga, B., Kneale, D. & Phoenix, A. (2020) Understanding the friendship networks of older Black and Minority Ethnic people living in the United Kingdom. *Ageing and Society*, 1-20.

Hayanga, B., Kneale, D. & Phoenix, A. (2019) A mixed-methods systematic review of community-based groups for social isolation and loneliness in older people. *Innovation in Aging* 3, no. Supplement_1: S856-S856

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Signature:

Date:

ABSTRACT

This study aimed to assess the effectiveness and suitability of social isolation and loneliness interventions for older people from minoritised ethnic groups living in the UK. It employed an iterative mixed-methods approach, conducted in four phases. Using data from Understanding Society: the UK Household Longitudinal Study, Phase 1 explored ethnic variations in the friendship networks of older people using logistic regression analyses. Compared to older white people, older minoritised people's friendship networks were found to be restricted in size and accessibility. These findings were explored further in Phase 2 using in-depth interviews with older people from minoritised ethnic groups. Community groups were identified as important for protecting against social isolation and loneliness. A mixed-methods systematic review was subsequently conducted to assess whether community-based group interventions reduced social isolation and loneliness in older people, and to uncover their underlying mechanisms. The evidence of effectiveness based on the meta-analyses was unclear, and qualitative comparative analysis was used to understand (non)effective interventions. The most effective interventions were found to adopt cognitive approaches to reducing loneliness, recruit participants with shared characteristics and provide participants with opportunities to connect. In Phase 4, the interviews conducted in Phase 2 were analysed using dialogic/performance analysis to gain an understanding of what older minoritised people consider their needs to be. The findings were used to assess the extent to which the interventions identified as most effective in Phase 3 matched what older people from minoritised ethnic groups view as their needs. The findings suggest that for community-based group interventions for social isolation and loneliness to be suitable and acceptable for older people from minoritised ethnic groups, they would need to be tailored to the aspects of their identities that they value and provide opportunities to connect based on these aspects of identity and activities that they find meaningful.

IMPACT STATEMENT

This study makes innovative contributions to an under-researched area and serves as an exemplar that others can refer to and develop further. Older people from minoritised ethnic groups are vulnerable to social isolation and loneliness. Yet, few studies have explored these issues in this population. Fewer still have explored which interventions are effective and suitable for them. Given the current coronavirus pandemic which has increased the levels of vulnerability to social isolation and loneliness, these findings are timely. They serve as a starting point that others can build on to combat social isolation and loneliness in older people from minoritised ethnic groups during these uncertain times and in a post-COVID-19 world.

This study makes a theoretical, methodological and empirical contribution to knowledge and social gerontology. Theoretically, it illustrates the value of using a mixed-methods approach informed by an intersectionality framework. To my knowledge, this is the first study to use an intersectionality-informed stance to explore social isolation and loneliness in older minoritised people living in the UK. This approach allowed for a comprehensive understanding of the complex individual and societal-level processes that intersect to produce vulnerability to social isolation and loneliness for some older minoritised people while reducing this for others. The field of mixed-methods intersectionality-informed research is young, with very little guidance on how this approach can be employed. This study, therefore, contributes to the field of intersectionality informed mixed-methods research.

Methodologically, the study showcases interdisciplinarity and how methods from different research methodologies can be integrated without compromising the underlying philosophies and assumptions associated with each methodology. In this study, an iterative mixed-methods approach was employed to address the

aims and objectives. Logistic regression analysis, pen-portrait analysis, meta-analysis, narrative synthesis, intervention component analysis, qualitative comparative analysis, dialogic/performance analysis and cross-study synthesis were iteratively combined to provide a holistic understanding of social isolation and loneliness in this population. The combined findings provided evidence of what works, for whom, and why and in what circumstances.

Empirically, this study not only augments the sparse evidence base of social isolation and loneliness in older minoritised people living in the UK, but it also provides evidence that challenges widely held stereotypical assumptions about this population in relation to living arrangements that protect them from loneliness. It provides a deep understanding of social isolation and loneliness in older people from minoritised ethnic groups and offers practical information, based on their accounts of their experiences, about what is required of interventions to meet their needs. These findings can enable policymakers, practitioners, and interventionists to design and implement effective future interventions for social isolation and loneliness. The study, therefore, illustrates how the gap between research and practice can be bridged for those inside and outside academia.

The findings of the individual phases have been disseminated through journal publications, conferences (national and international), news articles and seminars within UCL and beyond. There are plans to continue sharing the findings through public engagement, further journal publications, and book chapters to ensure the impact of this work is wide-reaching.

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CHAPTER 1: SETTING THE SCENE

1.1 INTRODUCTION

Although social isolation and loneliness can affect people of all ages, there is often an assumption that they disproportionately affect older people and, to date, much research on social isolation and loneliness has focused on the ageing population (Durcan & Bell, 2015; HM Government, 2018a). Jopling and Sserwanja (2016) argue that it is not possible to make definitive statements about the age at which the risk of loneliness is greatest among adults in the United Kingdom (UK). They suggest that focusing on transitions through the life course instead of focusing on demographic factors such as age, might be useful to identify those who are vulnerable to loneliness (Jopling & Sserwanja, 2016). This thesis argues that it is important also to continue to focus on age as older people are more likely to face particular risk factors owing to the physical, psychological and social changes that come with the ageing process (Social Care Institute for Excellence, 2012). Also, older people may be in a weaker position to address social isolation and loneliness when compared to younger people. Further, older people are not a homogenous group, and some groups of older people who are at risk of social isolation and loneliness have not received adequate attention.

As will be shown in more detail in the chapters that follow, compared to older white people, many older people from minoritised ethnic groups living in the UK are vulnerable to social isolation and loneliness (Burholt, Dobbs, & Victor, 2017; Victor, Burholt, & Martin, 2012). Their different life course trajectories mean that many suffer from multiple forms of health and socio-economic disadvantage (Nazroo & Kapadia, 2013; Tillin et al., 2013). Moreover, many have been subjected to racial and cultural pressures and prejudices throughout their lives, making them susceptible to mental health problems (Phillipson, 2013). The intersection of these adverse social outcomes with social categories such as age, and even immigration policies, places older minoritised people in positions of vulnerability to social isolation and loneliness. More recently, the COVID-19 pandemic and

measures adopted to curb the spread of the new coronavirus have exacerbated this vulnerability. Despite this, we know little about older minoritised people's lived experiences of social isolation and loneliness. We know even less about the types of interventions that would reduce social isolation and loneliness in this population (Durcan & Bell, 2015). With the number of older people from minoritised ethnic groups set to increase in the coming decades (Lievesley, 2010), more research is needed.

This introductory chapter provides contextual information for understanding why research on social isolation and loneliness in older people from minoritised ethnic groups living in the UK is required. It is organised as follows. First, key concepts used in this study are defined. Thereafter, the health and economic impact of social isolation and loneliness are discussed. As the study is grounded in the UK context, a discussion on their impact and the UK government's response is provided. An intersectional lens will be used to interrogate this response and illuminate the vulnerability of older people from minoritised ethnic groups. This then paves the way for a discussion on older minoritised people, their migration history, their experiences of racism and discrimination, their demographic profile, social inequalities and the reasons for their absence from public debate and current policy. These discussions will be followed by the research aims and an outline of the structure of the thesis. The chapter concludes with a discussion on my positioning and its impact on the research process.

1.2 KEY CONCEPTS

1.2.1 Older people

Defining the start of old age is a complex process. Carney and Nash (2020) argue that answer to the question of when old age begins depends on the respondent. For example, life scientists associate old age with the point at which an individual moves beyond their reproductive years (ibid.). In countries in the global north, this may be the age of 50 (ibid.). In contrast, policymakers may use the age at which

someone qualifies for a benefit to define old age (ibid.). However, reaching a consensus based on chronological age is complicated by the fact that people biologically age at different rates depending on environmental and psychological factors (Read & Grundy, 2012).

In the UK, the age of 65 is often considered a marker for the start of old age, primarily because this was the official age at which men retired and could draw their State Pension (Office for National Statistics, 2019). However, there is no longer an official retirement age. Further, State Pension age is rising, and increasing numbers of people are employed past the age of 65 years (Office for National Statistics, 2019). Despite this, the age of 65 is still considered a marker of old age by organisations such as the National Institute for Health and Care Excellence (NICE) (2015), and the National Health Service (NHS) (NHS, 2020). Thus, in line with these organisations, older people in this study are considered to be those aged 65 years and above.

1.2.2 People from minoritised ethnic groups

In this study, people from minoritised ethnic groups are defined as those who do not identify as belonging to the White majority ethnic population. In the UK literature, they are often referred to as Black and Minority Ethnic (BME) people (Byrne, Alexander, Khan, Nazroo, & Shankley, 2020), Black, Asian and Minority Ethnic (BAME) people (Aldridge et al., 2020), minority ethnic/ethnic minority groups (Victor, Dobbs, Gilhooly, & Burholt, 2020) and even non-white or people of colour (Saeed, Rae, Neil, Connell-Hall, & Munro, 2019). They often do not include populations who self-identify as 'White other' or Gypsy, Roma and Irish Traveller groups who are also marginalised and disadvantaged (Bunglawala, 2019).

The decision to use the term 'minoritised' instead of the commonly used acronyms was based on three reasons. First, ethnic categories are neither neutral nor natural, but socially and historically produced (Gunaratnam, 2003). The term

'minoritised' places emphasis on how social positions are social constructions, rather than practices and outcomes that are natural and inevitable (Dawson, 2019). It, therefore, highlights how *'people are actively minoritised by others rather than naturally existing as a minority'* (Milner & Jumbe, 2020, p. e419). It is used in this study as it refers to those people with shared experiences of exposure to both individual and systemic racism across different facets of society (Milner & Jumbe, 2020).

The second reason for using the term 'minoritised', as opposed to terms such as ethnic minority, relates to the presence of power differentials. In discussing the ethnic majority/minority dichotomy, Brah (1996) alerts us to the fact that this dichotomy surfaced in post-colonial Britain as an element underpinning the processes of racialisation. The term 'minority' was used primarily to refer to British citizens of African, Caribbean and Asian descent and was used as a post-colonial code that was used in place of the term 'coloured people' (Brah, 1996). The elaboration of the narrative of 'minorities' marked troubled histories of immigration control, policing, racial violence, inferiorisation and discrimination that were the hallmark of daily life for early migrants from Africa, the Caribbean and Asia (Brah, 1996). As such, the use of terms such as 'minority' can be associated with diminished status when used to refer to people from minoritised ethnic groups. Also, the numerical referent to the minority/majority dichotomy encourages a literal reading which reduces the problem of power relations to one of numbers, with the consequence that the repeated usage in public discourse does not challenge but rather, neutralises existing power differentials. For Brah (1996), any term used to describe racialised categories should be able to resist hegemonic co-option. The term 'minoritised' is used in this study because it does so.

Lastly, this study uses the term 'minoritised' rather than BAME or BME to describe the population of interest because such acronyms are not specific enough and can

be exclusionary as they single out specific ethnic groups (Bunglawala, 2019; Saeed et al., 2019). de-Graft Aikins, Pitchforth, Allotey, Ogedegbe, and Agyemang (2012) echo these views arguing that the use of ethnicity within the context of 'ethnic minority' discourse in Europe and North America masks national differences and ethnic differences within different nationalities. Further, while the term 'non-white' defines people by what they are not instead of what they are, the term 'people of colour' ignores the fact that everyone, regardless of ethnicity, has a colour (Saeed et al., 2019). It is also important to remember that the term 'ethnic minority' might be inaccurate depending on which part of the UK you are in (ibid.).

1.2.3 Intersectionality

This study employs an intersectionality framework to understand social isolation and loneliness in older minoritised people living in the UK. The intersectionality framework employed, including its limitations, will be discussed in detail in chapter three, where the research design and methodology are reported. However, it is briefly discussed in this section as it is vital for understanding the rationale for the study. Kimberlé Crenshaw coined the term intersectionality in 1989 to explain how black women were sometimes excluded from feminist theory and anti-racist policy discourse because both are based on a distinct set of experiences that often ignore the fact that gender and race interact (Crenshaw, 1989). She put a name to a concept that black activists and feminists, indigenous, queer, and Latina scholars had engaged with for decades, often without naming it as such (Collins & Bilge, 2016; Hankivsky, 2014). The concept emphasises that people are simultaneously positioned within social categories (such as gender, ethnicity, age, class, religion, ability) which cannot be understood in isolation (Phoenix & Pattynama, 2006). These social categories interact within connected systems and structures of power to privilege some people while disadvantaging (oppressing) others, depending on their context and characteristics (Hankivsky, 2014). It is a way of understanding and analysing the complexity in the world, in people, and in human experiences (Collins & Bilge, 2016). As such, an intersectional framework has the potential to

deepen our understanding of social isolation and loneliness, which as will be illustrated, are complex concepts.

1.2.4 Social isolation and loneliness

Social isolation and loneliness are two distinct but interrelated concepts that have garnered much attention in recent years (Durcan & Bell, 2015). Some consider social isolation an objective measure reflecting an absence or limitation in the quantity of social interactions (Cotterell, Buffel, & Phillipson, 2018). On the other hand, loneliness is often considered a subjective concept and described as the negative experience of a discrepancy between the desired and the achieved personal network of relationships (Cotterell et al., 2018; de Jong Gierveld, Van Tilburg, & Dykstra, 2006). In this study, social isolation is defined as a lack of contacts, interactions and quality support between persons and people who could constitute a social network for them (Dickens, Richards, Greaves, & Campbell, 2011; Smith & Victor, 2018). Loneliness is defined as the negative outcome of the discrepancy between a person's expectations and actuality of their quality and/or quantity, and potentially mode (in person, online) of social relationships (Victor et al., 2020). These latter two definitions reflect the fact that social isolation and loneliness are not merely about the number of contacts that an individual has. Instead, they illustrate the complexity of social isolation and loneliness and capture important dimensions of social networks, such as social support and mode of communication.

1.3 RESEARCH CONTEXT

1.3.1 The health and economic impact of social isolation and loneliness

The negative impact of social isolation and loneliness on health, well-being, and quality of life are well documented. Both have been associated with poor cognitive function (Shankar, Hamer, McMunn, & Steptoe, 2013; Wang, He, & Dong, 2015), an increased risk of developing symptoms of depression (Cacioppo, Hawkley, &

Thisted, 2010; Murphy & Kupshik, 1992), impaired immunity (Cacioppo, Hawkley, Norman, & Berntson, 2011) and impaired sleep (Cacioppo & Cacioppo, 2014). The risk associated with both social isolation and loneliness is comparable with well-established risk factors for mortality including substance abuse, obesity, injury, poor mental health, and physical inactivity (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015).

Not only do they impact negatively on health and well-being, they also have an economic impact; directly through the cost to employers and public services that target social isolation and loneliness and indirectly through the cost of treating the associated health issues (Fulton & Jupp, 2015). For example, social isolation and loneliness have also been associated with an increased likelihood of visiting emergency services and delays in patients being discharged from acute care hospital (Landeiro, Leal, & Gray, 2016). Also, it is estimated that the cost of loneliness to employers is approximately £2.5 billion a year as it impacts on employees' health, wellbeing, responsibilities, caring, which in turn impacts on productivity and staff turnover (New Economics Foundation, 2017). Given their health and economic impact, it is unsurprising, then, that in the UK social isolation and loneliness are increasingly recognised as one of the most pressing public health issues that should be addressed in the interest of improving health and wellbeing (Durcan & Bell, 2015; HM Government, 2018a).

1.3.2 UK Government response to social isolation and loneliness

In January 2018, the UK government appointed the world's first minister for loneliness to work with the Jo Cox Commission on Loneliness, businesses and charities to investigate and develop a cross-governmental strategy to tackle loneliness (HM Government, 2018b). In October 2018, the government released a new strategy to work with different departments and organisations to tackle loneliness across all age groups in England (HM Government, 2018a). The strategy

has three overarching goals to guide the government's work on loneliness. The first goal is a commitment to improving the evidence base to understand what causes loneliness, its impact and what works to tackle it (ibid.). The second goal is to embed loneliness as a consideration across government policy, recognising the wide range of factors that can exacerbate feelings of loneliness and supporting people's social wellbeing and resilience. Its focus is on how government can ensure social relationships are considered across its wider policy-making (ibid.). The last goal is to build a national conversation around loneliness, to raise awareness of its impacts and to help tackle stigma (ibid.).

A key strength of the loneliness strategy is that it signals a shift from viewing loneliness as an individual problem towards viewing it as a problem that can be addressed collectively, both within government and in the wider society (HM Government, 2018a). In the excerpt below, the government is positioned as willing to support people in their social relationships

'This strategy is a first step; a foundation for a generation of policy work. It sets out a powerful and positive vision of how government can support people to build stronger relationships. It calls for everyone in society to play their part in making England a more friendly and supportive place, where we can all flourish' (HM Government, 2018a, p. 3)

Arguably, this is an acknowledgement of broader societal influences on loneliness. However, by stating that society needs to play a part in making England a friendlier and supportive place, it alludes to existing processes of social exclusion and social isolation. At the same time, it can be interpreted as blaming members of the society. Further, this excerpt can be seen as a recognition that social isolation can result in loneliness. On the other hand, it can be interpreted as the conflation of social isolation with loneliness. This is concerning because a lack of clarity in how loneliness and/or social isolation is conceptualised can result in inappropriate and ineffective measures to address these issues.

Another strength of the strategy is that it illuminates the vulnerability of particular populations and stages across the life course. As can be seen in the excerpt below, both young people and older people are amongst those who can be at risk of experiencing loneliness.

‘We know that loneliness can affect anyone – from teenagers and young adults to new parents, carers and the recently bereaved, from students starting at university to older people and those with disabilities, from those moving to a new area of the country to refugees’ (HM Government, 2018a, p. 3)

From the excerpt below, there is also a recognition of the vulnerability of people with certain ethnic backgrounds in this strategy.

‘Language barriers prevent people, often women and those from particular ethnic backgrounds, from being able to participate’ (HM Government 2018:55)

The strategy does not directly specify which ethnic groups are vulnerable. However, the authors use the 2011 Census data and studies reporting on migrants and refugee experiences to support this excerpt¹. They mention in passing the proportion of Indian and Pakistani women in the 2011 Census that did not speak English at all (HM Government, 2018a). They shine a spotlight on the British Red Cross and how it supports refugees and asylum seekers at risk of loneliness by

¹ The following references supporting this excerpt were obtained from the Loneliness strategy reference list (page 78 & 79):

126 The Forum (2014) This is how it feels to be lonely: A report on migrants and refugees’ experiences with loneliness in London

127 Morrice, L. (2017) English language for resettled refugees

128 In the latest Census (2011) 464,100 women stated that they were unable to speak English well or at all compared to 303,600 men. Of those women who could not speak English at all 21% were Pakistani and 18% were Indian

bringing them together to improve their English and to build social networks (HM Government, 2018a).

Despite these strengths, this strategy has some limitations. To understand these limitations, it is important to place this discussion within the context of an intersectional framework. As explained above, intersectionality emphasises that people are simultaneously positioned within social categories (such as gender, ethnicity, age, class, religion, ability) which cannot be understood in isolation (Phoenix, 2006). From an intersectionality perspective, this strategy fails to recognise that social categories, like age and ethnicity, are not independent and unidimensional. By adopting a unidimensional approach to social categories, the strategy is blind to specific vulnerable populations whose needs may, therefore, go unnoticed by policymakers and practitioners. This, in turn, can result in their exclusion from strategies to tackle loneliness with detrimental effects to their health and wellbeing.

Older people from minoritised ethnic groups living in the UK, who are the focus of this study, represent populations that are at risk of being excluded from efforts to tackle social isolation and loneliness. As will be discussed in detail in the literature review (chapter two), studies have shown that, compared to older white people, many older people from minoritised ethnic groups report very high levels of loneliness and social isolation (Burholt et al., 2017; Victor et al., 2012; Victor et al., 2020). In what follows, the migration history of the people who now make up the older minoritised ethnic group population living in the UK is briefly discussed. This contextual information is crucial to the understanding of the complex and intersecting processes that place many older minoritised ethnic group people in positions of vulnerability to social isolation and loneliness.

1.3.3 The migration history of minoritised ethnic groups post-World War II UK

After the Second World War, British policymakers and employers actively recruited workers not only from Europe but also from British colonies and the

Commonwealth to address the labour shortages, rebuild the infrastructure and the economy, and support the newly formed NHS (Buettner, 2016; Shankley, Hannemann, & Simpson, 2020). The year 1948 saw the arrival of Black Caribbean people who have become known as the Windrush generation because they travelled to Britain aboard a ship called SS Empire Windrush² (Lowe, 2018). Their arrival marked the beginning of large-scale post-war labour migration from the colonies and former colonies marking the birth of modern multicultural Britain (Alexander & Byrne, 2020). Black Caribbean people made up the largest segment of minoritised ethnic people until the arrival of Asians from Sylhet, Punjab and Gujarat from 1955 onwards, and Chinese people from rural areas of Hong Kong in the late 1950s, followed by Cypriots and Kenyan Asians in the mid-1950s and early 1960s (White & Wilkinson, 2007; Yu, 2000).

The history of African migrants is different from those who were recruited to fill the post-war labour shortages (Daley, 1998). African migrants had been living in Britain prior to the Second World War³ (ibid.). They arrived either as seafarers or to further their education with the aim of improved prospects on their return home. In the run up to the independence of African nations from European colonisation in the 1950s and immediately after independence in the 1960s, their migration for education gained momentum (ibid.). Political instability and human rights abuses have resulted in an increase in the number of Africans seeking refuge in the UK since the 1970s (ibid.). In 1972, for example, the expulsion of British Asians from Uganda by president Idi Amin led to mass refugee movement from Uganda and then from Kenya (Uche, 2017).

² Lowe (2018) argues that while the Windrush narrative concerns the arrival of the actual ship, Windrush is also used as a metonym for all who arrived from the Caribbean from the late 1940s up until the passing of the 1962 Commonwealth Immigrants Act.

³ African people have been living in the UK long before the twentieth century (Freedgood, 2012). While some report that prior to the Second World War, their numbers were small (Daley, 1998), others argue that in the eighteenth and nineteenth centuries black people of African descent were present all over the UK (Killingray, 2003).

1.3.4 Racism, discrimination and immigration policies

1.3.4.1 *Early experiences of racism and discrimination*

A large number of Black Caribbean and Asian people who arrived in Britain in the 1950s and 60s were highly skilled or middle-class professionals in their countries of origin but were employed as unskilled labour (Buettner, 2016). They faced varying degrees of racial prejudice and hostility. White British attitudes towards early Black and Asian migrants were strongly influenced by deep-seated colonial ideologies and prejudices that were incongruent with the distinct self-understandings and perceptions about Britain held by migrants from the colonies and the Commonwealth (ibid.). The post-war economic boom came to an end in the late 1950s, resulting in saturated job markets and increased social tension in many industrial cities (Hewitt, 2020). Mass violence and rioting ensued, first in Nottingham, then in Notting Hill in London, in 1958⁴ (ibid.). The growing anti-immigrant sentiment turned immigration into a political matter (ibid.). The implementation of the Commonwealth Immigrants Act in July 1962 restricted entry to the UK, allowing only those with a British passport, a government-issued labour-voucher or dependants of those with British passports to settle in the UK (Conway, 2007). This act sharply reduced the number of Black Caribbean and South Asian workers entering Britain. However, various global crises led to people from Asia and Africa arriving in the UK in search of refuge as reported in section 1.3.3 above (White & Wilkinson, 2007).

1.3.4.2 *The pervasiveness of racism and discrimination*

Despite the UK Government implementing policies and structures that prohibit racial discrimination and intolerance, they are still pervasive in the UK today (Achiume, 2018). This thesis was written in spring/summer of 2020 when solidarity

⁴ These riots continued in the decades that followed, for example, there were riots in Bristol in 1980, riots in Brixton in 1981, and those in Birmingham, Brixton, and Tottenham in 1985 (Chambers, 2015)

marches and protests have been rife across the globe. Although these unexpected social disruptions were triggered by the new coronavirus pandemic (COVID-19), and the murder of George Floyd, a Black man, by a White policeman in the USA, they built on deep-seated inequities that were already in existence (Phoenix, 2020). The Black Lives Matter movement was founded in 2013, following the acquittal of the man who followed, shot, and killed Trayvon Martin, a 17-year-old Black teenager as he walked home (Black Lives Matter, 2020). It began as a call to action in response to state-sanctioned violence and anti-Black racism (Black Lives Matter, 2020). In the UK for instance, a local Black Lives Matter demonstration in response to police brutality in the USA culminated in the toppling of a statue erected in 1895 in Bristol which celebrated the slave trader Edward Colston (Nasar, 2020). Prior campaigns to address the history of the statue had been futile and what began as a local demonstration against social injustice paved the way for much needed global and historically significant discussions on race and historical memory (Nasar, 2020).

McCoy (2020) has likened the Black Lives Matter movement to the Civil Rights Movement of the 1950s and 1960s and notes the similarities between the current protests and those of the last century. It is possible that older people from minoritised ethnic groups living in the UK also draw the same parallels. These protests may trigger memories of the racism and discrimination that many of them faced in the 1950s and 1960s and the riots that took place in the following decades. For some, re-living these moments may not be pleasant and can even lead to trauma and mental health problems. Arguably, for some older minoritised people, the recollection of past events triggered by current events can lead to mental distress which increases their vulnerability to social isolation and loneliness. This theme will be explored further in chapter two, where the processes that increase vulnerability to loneliness and social isolation are discussed.

1.3.4.3 The Windrush scandal

Successive UK governments have found ways to erode the rights of Commonwealth citizens to settle in the UK since the 1960s. These practices are still evident and the Windrush scandal exemplifies this. The scandal was caused by the Immigration Act 2014 introduced by the Conservative government, which led to the introduction of a variety of measures that created a *'hostile environment' for individuals in the UK without valid leave by denying them access to various services and benefits'* (Bolt, 2016, p. 2; Craggs, 2018). This crisis involved the Home Office decisions over the immigration status of migrants, mainly born in the Caribbean islands, many of whom had arrived in the UK as children before the tightening of immigration rules in 1971 (Craggs, 2018). Given that the majority of those affected were children in the 1950s and 60s, many were older adults when the 2014 Immigration Act was introduced. The landing slips which were evidence of their arrival were destroyed. Consequently, many faced difficulties providing the documentation required to prove their legal status despite having lived in the UK for decades. They were subsequently denied access to various services and benefits, threatened with deportation or barred from returning after visits abroad (ibid.).

A case in point is that of Paulette Wilson who passed away on the 23rd of July 2020 (Bulman, 2020). The 64-year-old woman arrived in Britain as a child in 1968 and was a prominent campaigner for the Windrush generation (ibid.). Despite lawfully living and working in Britain for 50 years, she was wrongly categorised as an illegal immigrant by the Home Office in 2016 and denied her benefits. She was in an immigration removal centre and was almost deported to Jamaica in 2017 despite providing several decades worth of national insurance records and medical records as evidence (ibid.). Paulette Wilson was one of the first individuals to come forward and speak publicly about her experiences, and her decision to do so encouraged others with similar experiences to do the same, thereby, helping to bring the Windrush scandal to light (ibid.). After much campaigning from key

stakeholders⁵, in April 2019 it was confirmed that the British government would compensate those whose lives were damaged by the scandal (Hewitt, 2020). There is little doubt the scandal has not only intensified the feelings of discrimination that many who were affected have had to contend with throughout their lives, but it has also had a negative impact on the mental health of those affected. Given that prolonged mental disorder, and psychiatric treatment have been reported to be strongly associated with severe loneliness (Lasgaard, Friis, & Shevlin, 2016), the impact of the scandal may very well lead to social isolation and loneliness.

1.3.5 Social inequalities and the coronavirus (COVID-19) pandemic

Many older people from minoritised ethnic groups endured disadvantage and deprivation throughout their lifetime as a result of these early experiences of structural, institutional, and interpersonal racism and discrimination (Bécares, Kapadia, & Nazroo, 2020). Further, the downward social mobility that many were faced with negatively affected their earnings, savings, home-ownership and their health. Consequently, many enter old age in disadvantaged circumstances when compared to older white people. This notion is supported by studies that have identified the existence of ethnic inequalities in old age in the domains of health and socio-economic circumstance (Evandrou, 2000; Evandrou, Falkingham, Feng, & Vlachantoni, 2016; Tillin et al., 2013). These inequalities increase vulnerability to social isolation and loneliness and will be discussed further in chapter two. However, it is important to note that the COVID-19 pandemic has exacerbated these inequalities (Phoenix, 2020).

⁵His Excellency Professor Kevin M. Isaac, Lord Ouseley, the Right Hon David Lammy, Gary Younge, Amelia Gentleman, Satbir Singh, Dr Omar Khan, Guy Hewitt led the campaign which included key stakeholders such as fellow Caribbean high commissioners, diaspora groups, the Runnymede Trust, the Joint Council for the Welfare of Immigrants, Praxis Community Projects, the Church of England, the Caribbean Council, the Caribbean students' associations in various universities, the Home Affairs Committee, Foreign Affairs Committee and the All-Party Parliamentary Groups on the Caribbean, the Commonwealth, Human Rights, Migration, Race and Community, Social Integration, and Visas and Immigration, the Commissioner for Human Rights at the Council of Europe (Hewitt, 2020 p.119)

This thesis was written during the COVID-19 pandemic. The outcomes of infection and the measures adopted to stop the spread of the virus have the potential to increase older minoritised people's vulnerability to social isolation and loneliness. It was, therefore, necessary to consider the pandemic and its implications for social isolation and loneliness in this thesis. In the UK, clinically vulnerable people were advised to be especially diligent about hand hygiene and avoid contact with other people (social distancing), to prevent contracting the virus (HM Government, 2020). Older people over the age of 70, regardless of medical conditions, were considered to be clinically vulnerable (ibid.). The stringent social distancing practices set in place to shield older people have led to the loss of the usual ways that older people engage with their social support networks. Resultantly, many older people are spending more time in isolation (Berg-Weger & Morley, 2020). Further, the strategies employed for older people to socially interact (e.g. day centres, exercise and social activities, face-to-face health interactions, volunteering roles, and employment) have either been made obsolete or suspended (ibid.). These processes place older people at a higher risk of social isolation and loneliness than normal (Boulton et al., 2020).

However, there is clear evidence that the impact of COVID-19 is not felt equally among all population groups. International and UK data suggest that people from minoritised ethnic populations are at increased risk of infection and death from COVID-19 (Aldridge et al., 2020). As such, the COVID-19 pandemic and the measures adopted to stop its spread have exposed and amplified existing health and economic inequalities. A number of explanations have been put forth to explain why minoritised ethnic people are at higher risk of infection and death from COVID-19. First, they are more likely to work in occupations with a higher risk of COVID-19 exposure. Second, they are more likely to use public transportation to travel to their essential work (Public Health England, 2020). Third, historical

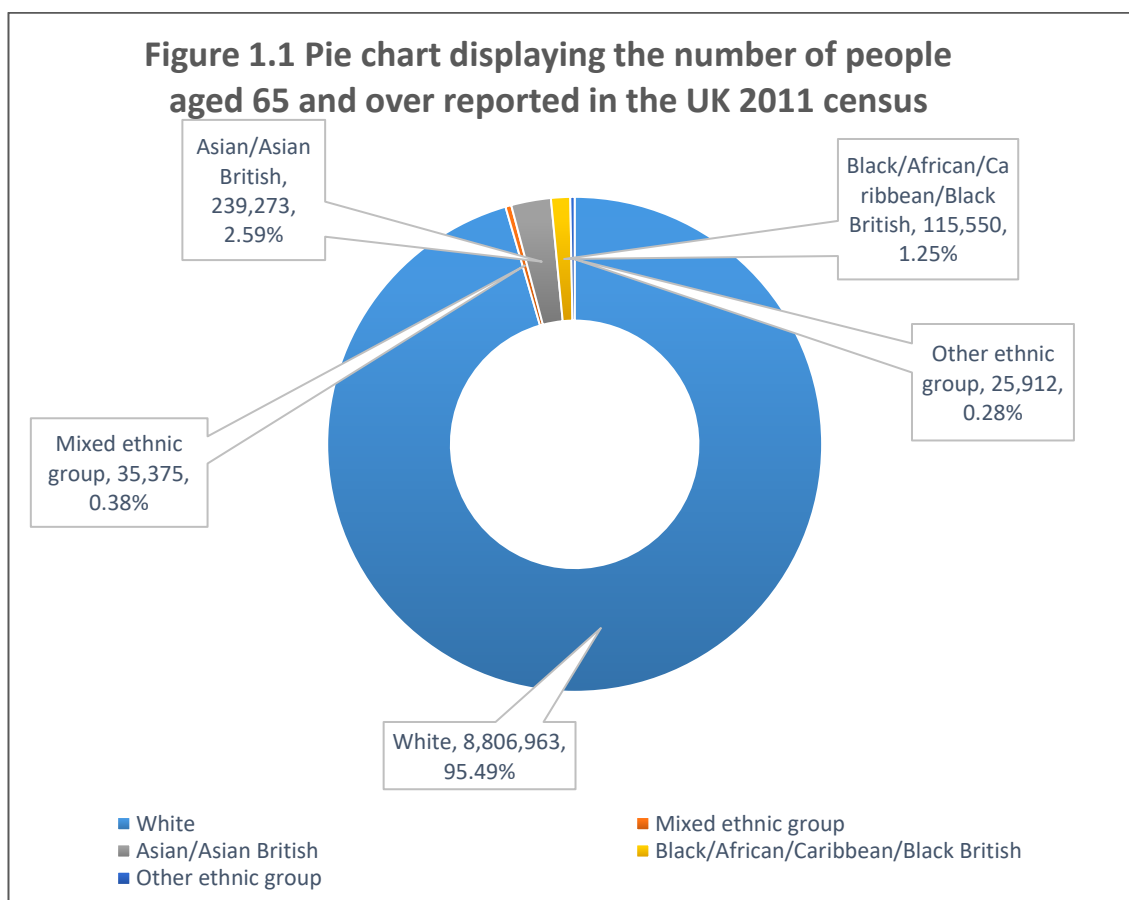
racism and poorer experiences of healthcare or at work may mean that they are less likely to seek care when needed (Public Health England, 2020).

These reasons suggest that discrimination and structural inequalities place people from minoritised ethnic groups at a much higher risk of severe illness and death from COVID-19. Given the increased risk for people from minoritised ethnic groups, there is reason to believe that older people from minoritised ethnic groups might be vulnerable, especially since many were in disadvantaged positions before the start of the pandemic. For this reason, the implications of this pandemic for the findings of this study will be considered throughout the thesis, as well as in the final chapter. The following section presents/discusses the demographic profile of older people from minoritised ethnic groups.

1.3.6 The demographic profile of older minoritised ethnic groups in England and Wales

In the 21st century, Britain is a diverse multi-cultural society. The UK's minoritised ethnic group population doubled in size from approximately 3 million in 1991 to 8 million people in 2011, making up 14% of the total population of 63 million (Jivraj, 2012; Office for National Statistics, 2012). Many of those who first arrived in Britain in the 1950s and 1960s and settled have now reached old age. So too have their children. Moreover, there may be late-life migrants; some of whom are the parents of first-generation migrants. Figure 1.1 below is a doughnut chart which visually displays the number of people aged 65 by ethnic group in 2011. The chart was created using data from the 2011 census of England and Wales (NOMIS Official Labour Market Statistics, 2013).

Figure 1.1 Chart displaying the number of people aged 65 and over in England and Wales in 2011



Based on data from the 2011 census, it is estimated that there were approximately 9, 223, 073 individuals aged 65 and over living in England and Wales. As can be seen in figure 1.1 above, of this total, 8.807 million were White (including Irish and Irish travellers), 0.239 million were Asian/Asian British (including Chinese), and 0.116 million were Black/African/Caribbean/Black British. There were 0.035 million people who self-identified as having a mixed ethnic background. A further 0.026 million self-identified as having an 'other' ethnic background (Office for National Statistics, 2016). It is estimated that individuals aged 65 and over from minoritised ethnic groups will increase from 0.4 million in 2011, to 1.1 million in 2031 and 2.7 million by 2051 (Katbamna & Matthews, 2006; Lievesley, 2010; NOMIS Official Labour Market Statistics, 2013). Projections must be interpreted with caution. However, there is little doubt that the older population in the UK is

becoming increasingly diverse. Despite their increasing numbers, older people from minoritised ethnic groups are often absent from public discourse, current policy debate and research in social gerontology, including in terms of social isolation and loneliness, in the UK. The following section discusses some of the reasons given for their absence in these areas.

1.3.7 The absence of older minoritised ethnic groups from research and public discourse on social isolation and loneliness

1.3.7.1 Their absence from research

To date, much of the existing research into loneliness and social isolation has focused on the experiences of older White people. This research has provided insight into the prevalence rates of social isolation and loneliness (Dickens et al., 2011; Victor, Scambler, Bowling, & Bond, 2005), the risk factors (Emerson & Jayawardhana, 2016; Heylen, 2010), associations with mortality and morbidity (Steptoe, Shankar, Demakakos, & Wardle, 2013a), gender differences (Victor, Scambler, Marston, Bond, & Bowling, 2005) and even the associations between expectations and stereotypes of loneliness in older people (Pikhartova, Bowling, & Victor, 2016). Whilst the findings are important for understanding loneliness and isolation in later life, they cannot be indiscriminately applied to older people from minoritised ethnic groups whose lives follow a different trajectory.

Some have argued that the absence of older minoritised people from research and public discourse can be attributed to the emphasis that public policy in European countries places on the temporary status of certain migrant groups, thereby, marginalising concerns about the vulnerabilities and risks that older migrants face (Phillipson, 2015). Arguably, these perspectives resonate with the tenets of the 'myth of return' which posits that at some point in the future, diaspora communities will return to their homeland (Kasbarian, 2009). It has been argued that diasporic communities regard their ancestral homeland as their true, ideal

home and as the place where they or their descendants would/should eventually return when conditions are ideal (Safran, 1991). In the UK, Anwar (1979) used the 'myth of return' to describe how early migrants from Pakistan arrived in Britain as economic migrants who intended eventually to return after saving enough money. However, this came to be called a 'myth' because ideas about return are not always connected with actual return (Bolognani & Erdal, 2017). Some members of the diaspora do not return because there is no homeland to return to, and if there is a homeland, returning might be too inconvenient and disruptive, if not traumatic (Safran, 1991). For others, the homeland may not be a welcoming place with which they can identify politically, ideologically, or socially (Safran, 1991).

Evidently, the decision to return varies between individuals and is influenced by a complex web of competing factors including migration history, political climate (Bolognani & Erdal, 2017), the relative strength of integration and transnationalism (Carling & Pettersen, 2014), socio-economic considerations, and even health and resource planning (Percival, 2013). For this reason, it would be inappropriate for policy makers to assume that older people living in the UK hold uniform views of return. Moreover, the growing numbers of older people from minoritised ethnic groups living in the UK reported in the previous section challenge the notion of temporariness that informs public policy on older people from minoritised ethnic groups.

Alexander and Byrne (2020) argue that the focus on early migrants from the Caribbean and South East Asia has been overtaken or undermined by the presence of successive generations of their British-born descendants, the increasing diversity of Britain's immigrant communities in the last 30 years and the increasing numbers of mixed-race British populations (ibid.). New forms of local and global religious, ethnic and racial solidarities are also receiving attention (Alexander & Byrne, 2020). This shift in focus to other groups at different life stages within the minoritised ethnic population means that the needs and experiences of older minoritised people can easily be overlooked.

1.3.7.2 Inappropriate practices in research

The absence of older minoritised people from research on social isolation and loneliness may be reflective of deeply entrenched beliefs that older minoritised people living in the UK live in multigenerational households that protect them from social isolation and loneliness (Khan, 2017). These stereotypical assumptions may stem from the association made between minoritised ethnic populations and collectivist cultures which prioritise interdependence and are orientated towards cohesion, commitment and obligation (Burholt et al., 2017). Such assumptions are problematic for a number of reasons. First, they appear to conflate loneliness with social isolation in assuming that larger households offer guaranteed protection from loneliness (Hayanga, Kneale, & Phoenix, 2020). Yet, it is known that some people can experience loneliness despite being surrounded by others, while others can be deemed isolated but not feel lonely (Durcan & Bell, 2015). As such, the fact that people may live in large households does not automatically mean that they cannot experience loneliness. Such living arrangements may mean that one is not isolated. However, loneliness is subjective, and as will be illustrated, is the result of complex, intersecting processes. A failure to recognise this can result in the needs of older minoritised people being overlooked.

Second, stereotypical assumptions overlook the diversity of older minoritised people's living arrangements which are not all characterised by multigenerational living. To illustrate, analysis of data from Understanding Society: the UK Household Longitudinal Study conducted by Burgess and Jones (2017) suggest that of those living in two-adult intergeneration households, 10% are British Bangladeshi households, 9% are British Pakistani households, and 7% are British African households. The findings indicate that while people from minoritised ethnic groups were more likely than white British people to live in multigenerational households, the relative sizes of these groups were small and did not form a large proportion of households living in this way (Burgess & Jones, 2017). The picture

changes if multigenerational living is operationalised differently. A recent exploration of the motivations and experiences of those living in *three* generation households using data from Understanding Society and qualitative interviews found that in contrast to common media stereotypes, those living arrangements were not primarily households occupied by people from minoritised ethnic groups or households formed to provide care for older, frail family members (Burgess & Muir, 2020). They were all households whose living arrangements reflected complex lives driven by changing housing pathways of young people and the diversification of households (Burgess & Muir, 2020), rather than ethnic group.

Last, these assumptions ignore the wider societal factors such as changes in marriage patterns, insufficient housing, immigration policies that can keep many families apart, and economic mobility which can erode traditional family structures and kinship practices of some minoritised ethnic populations (Ahmad, Boutron, Dechartres, Durieux, & Ravaud, 2010).

1.4 RESEARCH AIMS AND OBJECTIVES

This chapter has highlighted that both social isolation and loneliness are issues that should be addressed in the interest of improving public health and wellbeing. The absence of older minoritised people from public policy, the stereotypical assumptions held about them, and the high levels of social isolation and loneliness reported in this population are a cause for concern. As will be illustrated in the literature review (chapter two), very few studies in the UK have explored the processes that result in social isolation and loneliness in this population. Fewer still have explored what measures are effective and suitable in reducing social isolation and loneliness in older minoritised people. Given that the numbers of older people from minoritised ethnic groups in the UK are expected to increase in the coming decades (Lievesley, 2010), further investigations are needed to advance our

understanding and adequately address social isolation and loneliness in older minoritised people living in the UK. It is against this background that this study is conducted.

The overall aim of this study is to assess the effectiveness and suitability of social isolation and loneliness interventions for older people from minoritised ethnic groups living in the UK. Through a mixed-methods iterative approach, it sets out to understand quantitatively whether social isolation and loneliness is likely to be different among older people from minoritised ethnic groups compared to older white people. Qualitatively, it seeks to develop a deep understanding of how social isolation and loneliness is experienced by older minoritised people. It uses this information to understand their needs and reviews interventions on social isolation and loneliness for older people. Finally, it assesses the size of the gulf between what older people from minoritised ethnic groups consider that they need and what is offered or identified as important.

1.5 STRUCTURE OF THE THESIS

This thesis is structured as follows. **Chapter two** critically reviews the existing literature on social isolation and loneliness in older people from minoritised ethnic groups living in the UK. It outlines the efforts made to address social isolation and loneliness in this population and whether these efforts take into account the life course experiences of older minoritised people. The chapter locates the study in the context of the existing literature and identifies gaps that strengthen the rationale for conducting this study. The aims and objectives will then be revisited. **Chapter three** presents the research design and methodologies chosen to address the research objectives. The justifications for selecting the four-phase iterative mixed-methods design are discussed, as are the limitations and the practical, methodological, and ethical considerations. Given the complex research design used in this study, a visual representation of the research design will be signposted

at the beginning of each of the empirical chapters to depict the phase of the research being discussed in relation to the other phases. **Chapter four** reports on the first phase of the research. The procedures and results of a quantitative exploration examining ethnic variations in the friendship networks of older people living in the UK are discussed. In **chapter five**, the results of phase one are extended. The chapter presents the procedures and findings of phase two; a qualitative investigation into the social networks of older people from minoritised ethnic groups to identify the processes that produce and reduce vulnerability to social isolation and loneliness. The findings from these first two phases inform the third phase; a mixed-methods systematic review of community-based group interventions for social isolation and loneliness in older people. The review is conducted in two stages and reported in two chapters. The first part of **chapter six** outlines the procedures for conducting the systematic review. The second part presents the results of the meta-analyses models which were used to provide evidence of the effectiveness of community-based group interventions for reducing social isolation and loneliness in older people. **Chapter seven** focuses on the second part of the review, which seeks to explore the results from the meta-analyses further by using narrative analysis, interventions component analysis and qualitative comparative analysis to identify the features associated with (non) effective interventions. The findings are presented alongside the analyses. Chapter eight and nine address the objectives of the fourth and final phase of this research which is also conducted in two stages. In **chapter eight**, the process of conducting dialogic/performance analysis to identify what older people from minoritised ethnic groups prefer and how they position themselves is presented. **Chapter nine** reports on how the findings from the dialogic/performance analysis were used to assess the gap between what older people from minoritised ethnic groups consider their needs to be and what community-based group interventions offer. **Chapter ten** brings together the findings of the four phases of this study. An overview of the findings is first provided and the issue of generalisability/applicability is revisited. The contributions and an overview of the

limitations of the study are then presented. The chapter concludes with a discussion of possible directions for future work.

1.6 RESEARCHER POSITION

In this section, I reflexively consider my position as a researcher and how this position may have affected the research process. Reflexivity has been defined as an awareness of the researcher's role in the practice of research and the way this is influenced by the object of the research, enabling the researcher to acknowledge how they affect the research processes and outcomes (Haynes, 2012). This process allows for the researcher and others to understand a researcher's motives, biases and interpretations, especially when undertaking qualitative work, thereby, ensuring that researchers do not simply reproduce their biases and so facilitating rigour and quality (Dodgson, 2019). My reflexive practices were guided by Corlett and Mavin (2018) who encourage researchers to self-reflect on their, epistemological positions, motives, interests, identity and power relations with others. It is to these that I turn in the following section.

1.6.1 Epistemological positions

In the social sciences, there are different strategies that researchers can adopt to answer their research questions (Bryman, 2012). Behind each strategy lies assumptions that a researcher makes about reality (ontology), how knowledge is obtained (epistemology), the role of values (axiology) and even the relationship between theory and research (Creswell & Clark, 2007). These assumptions provide insight into what different researchers believe to be the nature of truth, the nature of the world, and ways of being in that world; taken together they describe the researcher or the paradigm⁶ (Berryman, 2019). When considering one's epistemological position, one is encouraged to consider the assumptions underlying these paradigms because they are the conceptual lens through which

⁶ Some researchers refer to worldviews instead of paradigms (Kivunja & Kuyini, 2017)

the researchers examine the methodological aspects of their studies to determine the methods of data collection and modes of analysis (Corlett & Mavin, 2018; Kivunja & Kuyini, 2017).

This study adopts an intersectionality standpoint. Although intersectionality has also been referred to as a framework for understanding power relations of social categories (e.g. gender, race, class, sexuality) that might propel social justice projects, some also considered it a paradigm for studying complex social inequalities (Collins, 2012; Hankivsky, 2014). Advocates of intersectionality posit that individuals and groups are differently positioned in a distinctive matrix of domination, with implications for how they experience society including what is known, what can be imagined and the material realities that accompany this experience (Collins, 2012). Intersectionality, therefore, *'foregrounds a richer and more complex ontology than approaches that attempt to reduce people to one category at a time'* (Phoenix, 2006, p. 187). Intersectionality advocates for multiplex epistemologies (ibid.). Particularly, it indicates that fruitful knowledge production must consider the relationality of social positions (ibid.). Further, for advocates of intersectionality, knowledge is considered to be constructed within and helps to construct intersecting power relations (Collins, 2012). As such, it cannot be separated from the power relations in which it participates, and which shape it (ibid.).

Positivists assert an objective knowledge acquired by investigating empirical evidence and hypothesis testing (Kaushik & Walsh, 2019). In contrast, constructivists/interpretivists propose that knowledge is relative, and multiple realities exist (Berryman, 2019). If these paradigms were to be positioned on a continuum, positivism/post-positivism would be anchored on one end, and constructivism and interpretivism would be anchored on the other end (Kaushik & Walsh, 2019; Kelly, Dowling, & Millar, 2018). Intersectionality rejects this binary thinking. It recognises a diversity of paradigms, knowledge, and theoretical

perspectives including knowledge generated from interpretive or empirical data (Hankivsky, 2014). As such, there is no one-to-one correspondence between methods and philosophical underpinnings. Otherwise put, the epistemology is not tied to one methodology.

Thus, intersectionality practitioners can adopt qualitative strategies to identify patterns of disadvantage and privilege, or quantitative strategies to illuminate how individual experiences are influenced by the intersection of different factors and social dynamics. Researchers who adopt this paradigm often examine patterns of bias, exclusion, and distortion, and interrogate broader structures of power and privilege that allows for concerns about social justice to be addressed (Collins, 2012; Hankivsky, 2014). Researchers, therefore, select methods that are seen to be most appropriate for investigating the phenomenon at hand (Kivunja & Kuyini, 2017).

Not only does intersectionality offer a unique framework for analysing complex social inequalities and diversity, but as a paradigm, it emphasises diversity in knowledge including the perspectives of people who are often marginalised or excluded in the production of knowledge (Hankivsky, 2014). It is these features of intersectionality that make it ideal for understanding the complexities of social isolation and loneliness in older people from minoritised ethnic groups who have been at the periphery of research and public discourse in this area. Further, it supports a mixed-methods approach which this study adopts. This will be discussed further in chapter three, where the limitations of intersectionality will also be explored.

1.6.2 Interests and motives

I am primarily interested in older people from minoritised ethnic groups and how individual, social, historical and cultural processes influence their ageing and

experiences of social isolation and loneliness in particular. I am also interested in the health and socio-economic inequalities that people from minoritised ethnic groups face and how these play out in later life.

My interests in researching older people were initially sparked in the final year of my undergraduate degree in health studies and psychology. I enrolled on a module which looked at health over the lifespan, and in one of the sessions, we watched a video in which older people talked about their views on ageing. That was the first time that I seriously thought about ageing, what it meant for me and others around me, and also how society relates to older people. Several years after graduating, I enrolled for a postgraduate diploma in social science research methods. I was looking for a course that would give me an excellent foundation to pursue topics that interested me. When asked to select a topic to focus, I immediately homed in on the ageing population. Given the expanse of the topic area and my interest in so many different aspects of ageing, I struggled to find a specific area to focus. I, therefore, drew inspiration from my personal circumstances. At the time, my parents lived in two different countries, and they were both thinking about their retirement. I thought of how their decisions to retire were not just tied to personal factors but also the policies in the countries in which they lived. I started looking more deeply into retirement, and I was introduced to the literature on policies to extend working lives and the differential impact that these policies may have on older people from minoritised ethnic groups given existing health and socio-economic inequalities. It was during this time that my interest in topics at the intersection of ageing and ethnicity grew. I was fascinated by migration and the implications that it had on people who had migrated earlier in their life course and were now ageing in place. These studies made me reflect on the issues of care and social isolation but from a perspective of older people left behind after their family members migrate.

At the end of the programme, I wanted to pursue my interest in this area, so I applied for an Economic and Social Research Council-funded studentship which

was subsequently accepted. At the time, I wanted to assess whether there were any interventions aimed at extending the working lives of older people and whether these interventions were suitable for older minoritised people living in the UK. However, policies on extending working lives had only been in existence for a few years. Thus, the likelihood of identifying interventions or evaluations of interventions was very low. I subsequently turned my attention to social isolation and loneliness, which is the focus of this study. As mentioned above, the literature in this area was mainly on older people from the white majority group with very little attention paid to older people from minoritised ethnic groups. I wanted to understand how older people from minoritised ethnic groups experienced social isolation and loneliness and what type of help was available. Given the sparse literature, coupled with the widely held stereotypical assumptions about this population, I wanted to provide evidence that would not only challenge these assumptions but also contribute to the evidence-base in this area.

1.6.3 Identity and power relations

I am a black woman who was born in Kenya. I have had the privilege of visiting and living in different countries, but I now live in the UK. When filling in information about my ethnic background (e.g. for work, education or health purposes) the closest category that I can identify with is Black African. As such, in the UK, I am considered to be from a minoritised ethnic group. Based on my ethnic background, I share a racialised identity with the participants who took part in the interviews conducted in phase two. I also share a gendered identity with the female participants who took part in the study. In this regard, I can be considered an insider. However, by virtue of my younger age⁷, gender, country of birth, class, and researcher status, I am also an outsider.

⁷ I was in my early 30s when I conducted interviews with older people aged 65 living in the UK as part of the second phase of this study.

Papadopoulos and Lees (2002) argue that a shared racialised/ethnicised identity encourages an equal context for interviewing, which allows more sensitive and accurate information to be collected owing to the researchers rich fore-understanding, insider view, favourable access and cooperation and genuine interest in the wellbeing of their community. For this reason, matching the ethnicity of the participant with the interviewer to address racialised difference and distance that can arise in instances of interracial interviewing has been suggested whenever possible (ibid.). However, Gunaratnam (2003) argues that this practice is based on the *assumption that racial identities are primary, 'pure', mono-cultural and unaffected by differences of gender, class, disability or sexuality* (p.81). This argument is in line with the tenets of intersectionality as it challenges the interpretation and reading of interview dynamics through one category of difference (ibid.). The practice not only produces and re-produces the apparent dominance of one social category, but it also obscures the differences and power relations within racialised/ethnicised groups (ibid.).

It is, therefore, important to acknowledge that my ethnicised identity intersected in complex ways with my age, gender, country of birth and researcher status to influence how participants positioned me. Some may have viewed me as an insider because of our shared racialised identities. However, others may have positioned me as an outsider because of my gender, younger age, perceived class, country of birth and even research status, with consequences for the types of narratives they chose to share. As such, these intersections undoubtedly influence the data collected and how it was interpreted.

As will be illustrated in chapter five, my position as both an insider and an outsider had varying effects on how the in-depth interviews in the second phase of this study were conducted, the narratives of the participants and my interpretation of their narratives. These observations are in line with those of Edmonds-Cady (2011) whose simultaneous insider/outsider status as researcher impacted on how

participants engaged with the interview process, how they framed their oral histories, and how the data were understood within the study.

CHAPTER 2: STATE OF RESEARCH

2.1 INTRODUCTION

This chapter critically reviews the literature on social isolation and loneliness in older people from minoritised ethnic groups living in the UK. The chapter outlines and discusses the main themes and gaps identified in this area. The review of the literature is presented in two sections. The first section focuses on the existing literature on social isolation and loneliness in older minoritised people living in the UK. It reports on studies that have investigated the prevalence of social isolation and loneliness in older people, the processes of vulnerability, and the lived experience. The second section focuses on the efforts to address social isolation and loneliness in older people in general, and what these efforts mean for older minoritised people living in the UK. The chapter concludes with the rationale and objectives for this study.

2.2 SOCIAL ISOLATION AND LONELINESS IN OLDER MINORITISED ETHNIC GROUPS

In this section, the studies reporting the prevalence of social isolation and loneliness in older people from minoritised ethnic groups will be presented. This will then be followed by discussions on the antecedents of social isolation and loneliness in this population. While this section focuses on the UK context, it also draws on literature from other countries with minoritised ethnic groups that are relevant.

2.2.1 Prevalence of social isolation and loneliness in older minoritised ethnic groups

As mentioned in the introduction, when compared to older white people, older people from minoritised ethnic groups in the UK report higher levels of loneliness (Burholt et al., 2017; Victor et al., 2012; Victor et al., 2020). An exploratory study of loneliness in 300 older people living in Britain found that 25% to 50% of older

people from Africa, Bangladesh, China, the Caribbean, and Pakistan reported loneliness (Victor et al., 2012). In contrast to the high levels of loneliness reported among some minoritised ethnic groups, only 8-10% of older people from India reported loneliness; rates that were comparable to the white British sample (Victor et al., 2012).

A more recent study reported similar trends with Indian participants reporting the lowest levels of loneliness (7%) and Chinese participants reporting the highest levels of loneliness (25%) (Victor et al., 2020). Although the proportion reporting that they were often or always lonely for those aged 65 and above were much lower than in the previous study (11% to 25%), the findings indicate that levels of loneliness differ, not only between ethnic groups, but also within ethnic groups. Victor et al. (2020) examined the importance of factors associated with vulnerability to loneliness by ethnicity. Their regression models indicated that age, not being married and financial strain were associated with loneliness (with the latter two factors having greater statistical power than age) (Victor et al., 2020). While the results also suggest that being a member of a particular ethnic group was protective of loneliness, the authors report that *'this relationship is only statistically significant for the African Caribbean group and the confidence interval is wide'* (Victor et al., 2020, p. 10).

These results led the authors to conclude that ethnicity alone cannot explain differences in loneliness across ethnic groups. Instead, other factors such as sense of belonging, social networks, education, exposure to loneliness vulnerabilities, length of stay in the UK might be responsible for the high levels of loneliness observed in some groups (Victor et al., 2020). In doing so, the authors arguably allude to the intersection of ethnicity with other processes to place some people in positions of vulnerability to loneliness. The authors called for more comparative studies to be conducted to examine how loneliness and social engagement varies across a wider range of older people from minoritised ethnic groups (Victor et al.,

2012) and to draw international comparisons with older people from their countries of origin (Victor et al., 2020). Comparing minoritised ethnic group populations and migrants to similar populations in their countries of origin has the potential to generate new knowledge about processes that predispose them to poor health outcomes (Agyemang, de-Graft Aikins, & Bhopal, 2012).

Burholt et al. (2017) also found within groups differences in dimensions of social isolation and loneliness. They examined the predictive utility of a typology developed for collectivist cultures to a sample of 815 older people from minoritised ethnic groups living in England and Wales. The aim was to identify the networks that increased vulnerability to loneliness and poor quality of life. Their findings suggest that older people who are Chinese, female, had never married, or were divorced or separated, and in poor health experienced more loneliness than others (Burholt et al., 2017). The study also revealed that a third of older Black Caribbean people had the smallest network type, Restricted Non-Kin, characterised by a limited number of people to draw on for support or social interaction and associated with worse quality of life (Burholt et al., 2017). These findings are concerning because having a restricted network increases one's vulnerability to both social isolation and loneliness (Wenger, Davies, Shahtahmasebi, & Scott, 1996). Given that social isolation is defined as a lack of contacts, interactions and quality support between people and their social network (Dickens, Richards, Greaves, & Campbell, 2011), this study gives insight into within-group differences in the different dimensions of social isolation, in particular, network size and interactions. Taken together, the above studies underscore the complexity of social isolation and loneliness as they illustrate how ethnicity intersects with age, gender, marital status, and health status to place some older minoritised people in positions of vulnerability.

2.2.1.1 The issue of small sample sizes

It is important to note that the exploratory study conducted by Victor et al. (2012), drew on a sample 300 participants. A further sample of 169 older people from South Asia living in Birmingham was used to validate the prevalence rates for the Indian and Pakistani population (ibid.). These sample sizes are modest and, therefore, raise potential problems with generalisability. The more recent study conducted by Victor et al. (2020) had a larger sample size of 1209. However, the study still suffers from issues of generalisability because the response rate was 38% (Victor et al., 2020). The issues with the sample sizes in these studies can be said to be reflective of the challenges of conducting research with older people from minoritised ethnic groups. In the UK, there is a lack of robust surveys with adequate numbers of older minoritised people which precludes the full exploration of social isolation and loneliness in this population.

To illustrate this point, we'll consider one of the most prominent surveys for older people in England; The English Longitudinal Study of Ageing. It is a longitudinal survey of ageing and quality of life of the English population aged 50 and over that explores the dynamic relationships between social networks and participation, health and functioning as well as economic positions as people plan, move and progress to retirement and beyond (Marmot et al., 2017). The original sample of 1998 was made up of 11,391 members aged between 50 and 100 years (Step toe, Breeze, Banks, & Nazroo, 2013). This survey's sampling frame was drawn from the Health Survey of England. The 1999 sample design consisted of a core sample that was nationally representative, as well as an ethnic minority boost sample. Unfortunately, the latter was discarded due to insufficient resources to include an adequate sample to boost the representation of people from minoritised ethnic groups (Taylor et al., 2007). Subsequent waves contain approximately 3% of minoritised people aged 61 and over (Banks, Batty, Nazroo , & Steptoe 2016; Taylor et al., 2007), thereby, limiting the exploration of variability in older minoritised people.

The lack of robust data means that researchers interested in topics that are at the intersection of ageing and ethnicity are unable to draw on randomised survey data uncritically or without modification (Sin, 2004). Consequently, researchers interested in social isolation and loneliness in older people from minoritised ethnic groups living in the UK have to formulate new ways to examine these phenomena. For instance, Victor et al. (2012) used two sources of data to examine loneliness in older minoritised people. The first source was the “Ethnicity and Loneliness Survey”, a commercial survey. The second was “Family and Migration: Older People from South Asia Study” which was originally set up to examine the effect that immigration had on the availability of support for older people (Victor et al., 2012; Wenger, 2003). Some researchers have repurposed data collected for other studies to explore social isolation and loneliness. For example, in their study testing a support network typology, Burholt and Dobbs (2014) used data from the ‘Inter, Intra-generational and Transnational Caring in Minority Communities in England and Wales’ study. This project was originally set up to examine the prevalence of informal care amongst six minority ethnic groups using data collected between 2011 and 2012.

More recently, Victor et al. (2020) reused the same data to establish the validity of two measures of loneliness, to examine the prevalence of loneliness amongst older minoritised people and to examine the importance of loneliness vulnerability factors and ethnicity in explaining the prevalence rates of loneliness. Reusing data is not uncommon in research. In fact, many databases such as those mentioned above are set up for this very reason. However, the fact that the data from the latter two studies were collected in 2011-12 highlights the lack of up-to-date data sources for exploring social isolation and loneliness in older people from minoritised ethnic groups.

The issue of small sample sizes frequently results in the grouping of older minoritised people into large overarching categories. As seen in all three studies reported above, older minoritised people from Africa are often grouped together as are those from the Caribbean islands. In some cases, these two groups are combined and referred to as African Caribbean. Such groupings mask the diversity that exists within and between the different African and Caribbean countries. It is important to note that official categories such as 'Black African' are said to have only limited utility for public policy purposes (Aspinall, 2011). Unlike categories such as 'Asian' which have been subdivided to capture different nationalities (for example, Indian, Pakistani, and Bangladesh) and an include an open response to denote any other Asian background, the 'Black African' category is much more difficult to unpack (ibid.). This is chiefly because this category consists of individuals of different nationalities which are further complicated by their intersection with different religions, languages and migration patterns. The use of these broad categories conceals different minoritised ethnic groups and, in aggregate form, do not represent any of these groups. Further, the problem is exacerbated when the constituent groups' socioeconomic circumstances differ (ibid.).

If we are to fully understand social isolation and loneliness in this population and formulate suitable measures to address these issues, current and disaggregated information is required. Surveys must, therefore, include suitable sampling designs with representative and sufficiently large samples of older people from minoritised ethnic groups with questions on ethnicity, identity, and experiences of racism and discrimination (Bécares et al., 2020), social isolation, and loneliness. Researchers too must consider multiple categories (e.g. age, gender, class, religion, culture) and their complex intersectionalities with ethnicity in their analyses (Aspinall, 2011). It is only by doing so can they disrupt the 'fallacy of homogeneity' which arises from *'the misinterpretation of population data from*

heterogeneous populations' (Aspinall, 2011, p. 37). The aggregation of people from minoritised ethnic groups is not suitable for these purposes.

2.2.1.2 International studies reporting prevalence

Despite the limitations pertaining to sampling, the aforementioned studies provide much needed insight into the prevalence of loneliness and dimensions of social isolation in older people from minoritised ethnic groups. The high levels of loneliness and isolation in older people from some minoritised ethnic groups is a cause for concern. Empirical evidence from studies conducted in other countries with minoritised ethnic groups reveals that with the exception of a few groups, older minoritised people in those countries also report high prevalence rates of loneliness. For example, Wu and Penning (2015) report that race/ethnicity influenced loneliness particularly among immigrants who report higher levels of loneliness than older people who were born in Canada. Similarly Fokkema and Naderi (2013) reported that feelings of loneliness in older Turkish migrants living in Germany were more prevalent compared to their German counterparts. These findings suggest that despite different migration histories, country-level and contextual factors, there are some shared experiences that older minoritised people face that increase their vulnerability. It is important to note that some argue that the high rates of loneliness might be an artefact reflecting issues relating to the appropriateness of measurement tools in terms of acceptability, reliability, translation and validity (Victor & Bowling, 2012; Victor et al., 2020). However, there does not seem to be support for the proposition that loneliness in older minoritised people is solely the result of measurement artefact (Victor et al., 2020). As will be illustrated, in the next section, there is reason to believe that there are other processes at play.

2.2.2 Processes that can increase vulnerability to social isolation and loneliness

2.2.2.1 *Age-related processes*

Anyone at any age can be socially isolated and experience loneliness (Durcan & Bell, 2015; HM Government, 2018a). However, the intersection of certain categories of difference and powers of oppression place some people in positions of vulnerability to social isolation and loneliness, compared to others. Older people, regardless of ethnic background, are one such group. They are vulnerable to the experiences of social isolation and loneliness when they are no longer able actively to engage within their communities owing to bereavement, reduced mobility, declining health, limited income (Social Care Institute for Excellence, 2012) or the impact of ageism on the social arrangements available to them. This notion is supported by Schirmer and Michailakis (2018) who attribute loneliness and social isolation in older people to three factors. First, life course transitions like retirement can result in the loss of their roles and limited access to informal communities. Second, ill health, impairment and a lack of resources restrict their ability to socially interact. Last, some older people may be lonely and isolated as a result of changes in the traditional family structure where older people may no longer be the focal point of the family. Instead, they may be relegated to the periphery of nuclear families (Schirmer & Michailakis, 2018). Taken together, these three reasons illuminate the exclusionary processes that can result in experiences of loneliness and social isolation in later life.

Digital exclusion is another process by which older people can become lonely and isolated. Studies have shown that compared to younger people, older people reported less internet use with poor health being a key factor in shaping internet use over time (Matthews, Nazroo, & Marshall, 2019). However, their usage is slowly on the increase (Matthews et al., 2019). Given that the internet is becoming a key source of information, and social engagement in developed countries (Barbosa Neves, Fonseca, Amaro, & Pasqualotti, 2018), the low levels of internet

usage in older people is concerning as they risk being socially isolated and lonely as a result of digital exclusion, particularly in a COVID-19 world.

Undoubtedly, older people from minoritised ethnic groups living in the UK also face the aforementioned age-related life events and experiences. However, an intersectionality framework reminds us that people are simultaneously positioned within multiple social categories (e.g. gender, ethnicity, age, class, religion, ability) which cannot be understood in isolation (Phoenix, 2006). It encourages reflections on how multiple social categories and systems of domination are interdependent and interact to shape people's social identities, life experiences, and opportunities (Fang, Canham, Sixsmith, & Woolrych, 2016). As such, for older minoritised people, processes related to their migration history (e.g. geographical separation, language difficulties, racism and discrimination, and immigration policies) can intersect with their ethnic background and these age-related processes to increase their vulnerability to social isolation and loneliness. The next section discusses these processes.

2.2.2.2 Migration-related processes

Geographical and sociocultural separation

The process of migration can directly impact on one's social network and, therefore, social isolation and loneliness. For example, migration naturally results in geographical separation from social networks and for some, even cultural dislocation (Wu & Penning, 2015). When migrants leave behind their friends and family members as they move to a new country, feelings of isolation and loneliness may develop when new ties are yet to be developed (Koelet & de Valk, 2016). In addition, geographical separation might result in homesickness which can hinder social activity and interpersonal relationships (Van Tilburg, Vingerhoets, & Van Heck, 1996). However, this issue may be more acute for those who have recently migrated, and adjustment may come with time (Van Tilburg et al., 1996). Furthermore, hyper-connectivity has led to the ubiquity of internet access which

enables individuals to be constantly connected to not only their networks but also easily accessible information (Foresight Future Identities, 2013). The internet may, therefore, play a significant role in helping people to maintain existing social networks or to develop new ones which may in turn reduce loneliness. However, as mentioned above, the levels of internet usage vary by age and older people are less likely to use the internet when compared to younger people (Matthews et al., 2019). Studies would be required to explore factors that influence internet usage in older minoritised people and the ways in which those who are digitally excluded can be included.

Language difficulties

As noted in the UK government's loneliness strategy discussed in the introduction, language difficulties can increase one's vulnerability to social isolation and loneliness (HM Government, 2018a). This may be particularly problematic for individuals who may have arrived in the UK from non-English speaking countries and as such, they may not be proficient in the English language. In the 2011 census, people born in Bangladesh had the highest overall rate of lack of any proficiency in English (6%), followed by those born in Pakistan (4%) and then China and Poland (3%) (Gopal & Matras, 2013). The census data also revealed that more women (464,100) than men (303,600) reported that they could not speak English well or at all. Of those women who could not speak English at all, 18% were Indian, and 21% were Pakistani (HM Government, 2018a). Interacting with others is essential in forming new social networks. A language barrier might hinder some people from minoritised ethnic groups from social participation and community engagement, resulting in social isolation and loneliness (Treas & Mazumdar, 2002). Evidently, not all minoritised people face language difficulties. Instead, the census data highlights that some minoritised ethnic group people, in particular women from India and Bangladesh are at risk of being isolated as a result of a lack of proficiency in English.

It is important also to consider how age and ethnicity and language intersect to place older minoritised people in positions of vulnerability. For instance, if those who speak more than one language develop dementia, they may find that as the condition progresses, they retreat to their first language or even confuse languages, thereby, exacerbating the language difficulties between them and those who care for them (Mendez, Perryman, Ponton, & Cummings, 1999). Older minoritised people in this situation might struggle to be understood or might find themselves unable to communicate with those around them, which can increase their vulnerability to social isolation and loneliness.

Thus far, the functional aspects of language have been discussed. However, language is also inextricably linked with identity and culture. A separate language tied to ethnic identity can play a crucial role in defining an ethnic group and fostering a sense of ethnic pride (Fought, 2006). For some, speaking a language makes them members of a specific ethnic group (ibid.). As such, the ability to speak a different language might foster a sense of belonging for people from minoritised ethnic groups surrounded by others who speak the same language. However, it is crucial to consider that those with no access to such networks may experience a loss of identity, which, in turn, can result in marginalisation, social isolation and loneliness.

2.2.2.3 Racism and discrimination

The experiences of racism and discrimination can also impact on older minoritised people's experiences of social isolation and loneliness. As reported in the introduction, people from minoritised ethnic groups who arrived in Britain in the late 1940s onwards faced varying degrees of hostility, racism and discrimination (Buettner, 2016). Given the racial and cultural pressures and prejudices that many older minoritised people have been subjected to over their life course, they are at an elevated risk of experiencing mental health problems (Phillipson, 2013). Poor mental health, in turn, can hinder social interactions, and lead to marginalisation

and exclusion, thereby, increasing their risk of experiencing social isolation and loneliness (Hawkey & Cacioppo, 2010). Findings from a study conducted by the British Red Cross (2017) provide empirical support for this line of argument. The exploration of loneliness among people from minoritised ethnic groups living in the UK found that loneliness was triggered by feelings of not belonging, racism, discrimination and xenophobia (British Red Cross, 2019). This study included older people's views as well as the views of people from earlier life stages. As such, not only does the study highlight the pervasiveness of racism and discrimination in current times, but it also provides evidence of the link between racism, discrimination, and loneliness.

2.2.2.4 Health and socio-economic inequalities

Health and socioeconomic inequalities have been reported to influence older people's experiences of social isolation and loneliness. There is a wealth of empirical evidence that shows that when compared to older white people, older people from minoritised ethnic groups have poorer health (Tillin et al., 2013), higher levels of unemployment, lower earnings (Li & Heath, 2020) and increased risks of late-life poverty (Gough & Adami, 2013). Such inequalities have the potential to restrict social participation, the frequency of interaction with friends and the quality of functional social support, thereby, increasing the risk of social isolation and loneliness for older minoritised people. Empirical evidence of the link between loneliness and inequalities is provided by Fokkema and Naderi (2013) who reported that feelings of loneliness in older Turkish migrants living in Germany were more prevalent compared to their white German counterparts, and that poor health and wealth entirely explained why they were generally lonelier.

Data from the 2011 census suggests that 56% of the total female population aged 65 and over in England and Wales reported a limiting chronic illness (Bécares, 2013). In contrast, 77% of Pakistani, 76% of Bangladeshi, 73% of White Gypsy or Irish Traveller groups reported a limiting chronic illness (ibid.). In contrast, 77% of

Pakistani, 76% of Bangladeshi, 73% of White Gypsy or Irish Traveller groups reported a limiting long-term illness (ibid.). The higher levels of limiting chronic illness reported by older Pakistani and Bangladeshi women, coupled with the low rates of English proficiency reported among Indian and Pakistani women noted above, is concerning. It places them at risk of both social isolation and loneliness.

The 2011 Census data also shows that compared to other minoritised ethnic group people, White Gypsy/Irish Travellers, Bangladeshi and Pakistani women had the lowest levels of full-time employment among those who were economically active (30%, 36% and 38% respectively) (Nazroo & Kapadia, 2013). If we adopt a life-course perspective, Pakistani and Bangladeshi women may be vulnerable to the experiences of social isolation and loneliness owing to their lower levels of labour market participation, poor health and language difficulties. As such, an intersectionality lens alerts us to how vulnerability to social isolation and loneliness can be gendered, with some women occupying positions of disadvantage that may exclude them from social participation or prevent them from engaging with others in their communities.

Some of these inequalities stem from earlier in the life course, and are arguably, the consequence of the migration-related process. The RODAM study (Research on Obesity and Diabetes Among African Migrants) provides empirical support for this notion. The study was conducted among adults from Ghana living in rural and urban Ghana and Amsterdam, Berlin, and London (Boateng et al., 2017). Using data from 3846 adults aged between 40 and 70, the authors estimated a 10-year risk of cardiovascular disease using the Pooled Cohort Equations and logistic regressions to determine the association of migration on cardiovascular disease (Boateng et al., 2017). The results suggest that the risk of cardiovascular disease was significantly increased for Ghanaian men living in Amsterdam and Berlin compared with men living in rural Ghana. Also, cardiovascular risk increased with longer stay in Europe. Although, the study focuses on one minoritised population

whose migration history might differ from other minoritised populations, it provides evidence of the impact of migration on health and how health problems that start earlier in the life course manifest in later life.

The inequalities in health between minoritised people living in affluent countries and those from the majority population may be the result of life style changes and adaptations to one's lifestyle after migration, but also, health care access, acculturative stress as a consequence of feelings of social isolation, discrimination, alienation and discrimination (Boateng et al., 2017). When it comes to inequalities in older people, conceptual frameworks such as the double jeopardy hypothesis and the cumulative advantage/disadvantage theory have been put forth to explain the inequalities faced by older minoritised. The double-jeopardy hypothesis posits that racial discrimination throughout one's life and age discrimination in later life may interact to produce steeper health declines for people from minoritised ethnic groups compared to White people as both groups age (Ferraro & Farmer, 1996). The double jeopardy hypothesis offers a rudimentary explanation to the observed between-group ethnic inequalities in later life (Evandrou, 2000). It takes an additive approach to explaining ethnic inequalities, and it does not account for the heterogeneity of minoritised ethnic group populations. It is, therefore, limited in its use to address matters concerning ageing and ethnicity (Burr & Mutchler, 2011).

The cumulative advantage/disadvantage is an alternative to the double-jeopardy hypothesis. It asserts that advantages and experiences earlier in one's life can lead to further advantages, whereas disadvantages experienced in early life have a high possibility of leading to additional risks and disadvantages in later life (Dannefer, 2003). By shifting attention to the wider stratification processes linked to the accumulation of human capital and other forms of capital, work, and career trajectories and the intergenerational transmission of poverty, it allows for the

specification of both between- and within-group differences as related to key trajectories and outcomes (Burr & Mutchler, 2011).

This study proposes intersectionality⁸ as a useful framework to understand inequalities faced by older minoritised people. Intersectionality, draws attention to the effects between and across various levels in society, including macro-level processes (e.g. global and national-level institutions and policies), meso-level or intermediate-level processes (e.g. provincial and regional-level institutions and policies), and micro level processes (e.g. community-level, grassroots institutions and policies as well as the individual or 'self') (Hankivsky, 2014, p. 9). As such, rather than comparing bi-modal inequalities in race or age separately or emphasizing cumulative disadvantages, intersectionality captures discrete combinations of multiple sources of disadvantage (O'Reilly & Zuccotti, 2016; Zuccotti & O'reilly, 2018). Crucially, because people live simultaneous positioning in their everyday practices, they can be both disadvantaged and privileged at the same time (Collins & Chepp, 2013). Thus, intersectionality enables researchers to focus on differences and commonalities as well as disadvantages and privileges. In doing so, it has the potential to shift the focus from dimensions of disadvantage when researching older people from minoritised ethnic groups, towards the benefits of ethnic group belonging which many have called for (Phillipson, 2015; Torres, 2015; Zubair & Norris, 2015).

2.2.2.5 Barriers to accessing services

Structural barriers have been said to contribute to increasing older minoritised people's vulnerability to social isolation and loneliness. These barriers are often beyond the control of the individual and include a lack of transport and accessibility, inadequate services, and lack of awareness of available services (Garcia Diaz, Savundranayagam, Kloseck, & Fitzsimmons, 2019). Findings from a

⁸ A critique of intersectionality framework is provided in chapter three which reports on the research design and methodology

study conducted by Manthorpe, Moriarty, Stevens, Hussein, and Sharif (2010) provide evidence of the existence of these types of barriers for older minoritised people living in the UK. A series of consultations were held with older minoritised people, including service users and carers, with the view of informing the evaluation of the National Service Framework for Older People (Manthorpe et al., 2010). The participants in this study reported difficulties in obtaining information about systems and services for older people and a lack of translation services for those who did not speak English (Manthorpe et al., 2010). Some older minoritised people highlighted the need to make the content more relevant to different communities (*ibid.*). In addition to the lack of information, funding for services was also an issue. For example, some local authorities had reduced funding to services used mainly by people from minoritised ethnic groups (e.g. lunch clubs and healthy living groups) (*ibid.*). Such measures have the potential to disrupt social interaction and participation which can then lead to social isolation and loneliness.

The issue of access to services may be especially pertinent for older minoritised people with language difficulties. Green et al. (2014) echo this notion. Their explorations of access to health care among increasingly diverse European societies illuminated the vulnerability faced by those who lack fluency in the local language, have no knowledge of how the healthcare systems operate and may have not yet developed social networks from which to draw navigational support. People in these positions may require linguistic and conceptual assistance to access and engage with services at crucial points (*ibid.*). They also recognise the complexity of formal European systems and call for formalised navigational support to assist particular groups in western Europe to access health care (*ibid.*). Arguably, the concept of navigational assistance can also be applied to social services that support older minoritised people with language difficulties to reduce their vulnerability to social isolation and loneliness.

It is important also to consider the impact of the experiences of racism and discrimination on access to service or navigational assistance. Manthorpe et al. (2010) found that many people who arrived in Britain in the 1950s and 60s had faced discrimination, and may, therefore, be unwilling to access council services in later life (ibid.). This finding highlights how early experiences of racism and discrimination can influence the decisions of older people in later life which can inadvertently lead to social isolation and loneliness. While the study did not set out to address the experiences of social isolation and loneliness, the study highlights the complex interplay between language difficulties, inadequate funding, and experiences of racism which serve to hinder access to vital services that provide opportunities for older minoritised people to socially interact, thereby, leading to social isolation and feelings of loneliness.

Decades of racism and discrimination experienced by minoritised ethnic group people has eroded their trust in statutory organisations (Lammy et al., 2017). Recent events, such as the Windrush scandal reported in Chapter 1, are likely to have further eroded this trust. On the one hand, a lack of trust means that some minoritised people may be more likely to decline offers of care and support from state institutions, including local authorities, welfare and healthcare organisation (Pushkar, 2020). This may have the effect of further marginalising a population that was already marginalised, to begin with (ibid.). This, in turn, can result in social isolation and loneliness. On the other hand, distrust in state institutions may lead older minoritised people to seek out local community-based services to address their needs. There is, therefore, a need to ensure that grassroots organisations that cater for or minoritised people are supported as they may be vital not only for maintaining their wellbeing but also for preventing social isolation and loneliness.

2.2.3. The need for further studies

2.2.3.1 UK based studies

Although there were a number of studies reporting on the prevalence of social isolation and loneliness in older minoritised people, studies qualitatively exploring the lived experiences of social isolation and loneliness in this population are sparse. In the early part of the 21st century, qualitative studies exploring the experiences of older minoritised people living in the UK identified social isolation and loneliness as themes (Afshar, Franks, Maynard, & Wray, 2008; Butt & O'Neil, 2004; Yu, 2000). These studies were generally driven by the growing numbers of older minoritised people living in the UK and were reflective of the expanding interest on older people from minoritised ethnic groups at the time. However, the focus of these studies was neither on social isolation nor loneliness.

One study exploring the lived experiences of loneliness among people from minoritised ethnic backgrounds was identified. The study employed a mixed-methods approach and was conducted by British Red Cross (2019). Some of the findings were drawn from a survey of 952 people (69% of whom were from a minoritised ethnic background). They conducted 22 interviews and focus groups with people from minoritised ethnic backgrounds (*ibid.*). They carried out 42 interviews with people from both White British and minoritised ethnic backgrounds experiencing or at risk of loneliness and coping with bereavement, a health condition or both. They also conducted 40 interviews with representatives from loneliness and support groups for minoritised ethnic people and mapped 221 loneliness services (British Red Cross, 2019).

The study found that people from minoritised ethnic groups were more at risk of experiencing specific factors that caused loneliness, for example, feelings of not belonging, and discrimination (British Red Cross, 2019). They also experienced greater obstacles to accessing help to join community activities, making social

connections and creating a sense of belonging (ibid.). The findings suggest that belonging to a community, where one can feel valued, included, safe and able to participate in community activities) was helpful in tackling loneliness. Further, a large proportion of all ethnic groups in the survey worried what people would think if they told them they were lonely. As such, the study highlights the stigma attached to loneliness (ibid.). These findings are in line with those of Mann et al. (2017) who report that people find it difficult to talk about loneliness. They might hold shameful and negative attitudes to being lonely and, in some cases, it can be underreported in questionnaires (ibid.).

The findings of the British Red Cross (2019) exploration provide crucial information not only about the processes that lead to loneliness in minoritised people, but also about the mechanisms that can reduce loneliness. The authors recommended sustainable funding to tackle loneliness and investment in community integration projects. They proposed that educators, employers, government and service providers should address discrimination (British Red Cross, 2019). They called on government to dedicate a part of its loneliness awareness campaign to tackle stigma and also suggested further research to explore the prevalence of loneliness in people from minoritised ethnic groups and to develop guidance in using well known measures of loneliness with people from different cultural backgrounds (British Red Cross, 2019).

The above study had certain limitations that made it difficult to draw conclusions about the experiences of loneliness for older people from minoritised ethnic groups. First, details on the ages of those who took part in the interviews was lacking. This, therefore, made it difficult to establish how many older minoritised people took part in the study and what their particular experiences were. Second, concerning the survey, the authors indicated that because the research sample was not nationally representative, conclusions about the national prevalence of loneliness among different ethnic groups should not be drawn from the findings

of the study (British Red Cross, 2019). Further, they acknowledged the difficulties in researching minoritised populations and called for a large-scale, nationally representative quantitative study to be conducted to explore the prevalence of loneliness among people from minoritised ethnic backgrounds as well as the intersectionality with other social categories such as age, disability, gender religion/belief, and socio-economic background (British Red Cross, 2019). Despite these limitations, this study adds to the sparse literature in this field by providing insight into the triggers of loneliness amongst people from minoritised ethnic groups living in the UK.

2.2.3.2 International studies

Beyond the UK, few studies have purposefully looked at the lived experiences of social isolation, and loneliness in older minoritised people using qualitative approaches. Cela and Fokkema (2017) explored the experiences of older Albanian and Moroccan migrants living in Italy and Park, Morgan, Wiles, and Gott (2019) looked at social isolation and loneliness in older Asian migrants living in New Zealand. The experience of social isolation and perceptions of loneliness in older Chinese migrants living in Australia (Ip, Lui, & Chui, 2007) and USA (Dong, Chang, Wong, & Simon, 2012) have also been explored.

While the social, political and historical context of older migrants in Australia, New Zealand, USA and Italy differs from that of older minoritised people in the UK, some processes that increased vulnerability identified in these studies were similar to those already discussed in this chapter. These include language barriers, poor health, restricted finances, discrimination and poor access to services (Cela & Fokkema, 2017; Dong et al., 2012; Ip et al., 2007; Park et al., 2019). However, these studies also illuminated issues pertinent to late-life migrants that can lead to social isolation and loneliness such as, an increasing dependence on family members and having a restricted network following late-life migration (Ip et al., 2007; Park et al., 2019). Some even reported the lack of meaningful relationships with non-related

age peers and the absence of close friendships and integration as a key cause of loneliness for this population (Cela & Fokkema, 2017; Dong et al., 2012).

These studies also underscored cultural barriers that can place some older minoritised people in positions of vulnerability, including insufficient support, increasing dependence on family members and self-imposed solitude to avoid being a burden to the family (Ip et al., 2007; Park et al., 2019). Arguably, these cultural barriers may be influenced by familism, *'a cultural value that refers to strong identification and solidarity of individuals with their family as well as strong normative feelings of allegiance, dedication, reciprocity, and attachment to their family members, both nuclear and extended'* (Knight & Sayegh, 2010, p. 7). Garcia Diaz et al. (2019) argue that this component of culture can lead to social isolation and loneliness because those who believe that family should look after emotional and social needs might be more inclined to seek support within the family. Relatedly, these values may prevent individuals from seeking social interaction outside the family context (Garcia Diaz et al., 2019). These beliefs can serve to restrict one's social network, thereby, increasing the likelihood of social isolation and loneliness, especially in the context of migration where one's network might be restricted further. It is also essential to consider that the social relationships of older minoritised people that are shaped by the values of familism may be disrupted by, for example, restrictive immigration policies that divide families or shifts from extended households to nuclear families (Ahmad & Walker, 1997). This can lead to a loss of the roles held by older people, which in turn can lead to social isolation and loneliness (Schirmer & Michailakis, 2018).

Older minoritised people living in the UK are often said to come from migrant groups that are associated with collectivist cultures with different components of communalism, familism, and filial piety and acculturation that may impact on how support networks are configured (Burholt et al., 2017). As suggested by the findings from the studies conducted in Italy, New Zealand, Australian and Canada, it is possible for those who uphold their values of familism to experience social

isolation and loneliness when their expectations about familism are not met. However, the research exploring cultural values and their role in increasing social isolation and loneliness in the UK is lacking. If we are to advance our knowledge in this area, studies that purposefully look at their experiences of social isolation and loneliness are required.

Based on the information provided thus far, the studies exploring social isolation and loneliness in older minoritised people living in the UK have focused on examining the prevalence of loneliness and isolation and factors contributing to their vulnerability (Burholt et al., 2017; Victor et al., 2012; Victor et al., 2020). The review has highlighted that relying on age-related risk factors for social isolation and loneliness is inadequate to the understanding of older minoritised people's vulnerability to social isolation and loneliness. Instead, age related-risk factors intersect with negative experiences of migration, racism, discrimination, immigration policies, and health and socioeconomic inequalities experienced throughout the life course to place older minoritised people in positions of vulnerability. However, no studies evaluating interventions aimed at reducing social isolation and loneliness in older minoritised people were identified⁹. For this reason, a review of existing systematic reviews of social isolation and loneliness for older people in general was conducted to understand the efforts undertaken to address social isolation and loneliness in older people thus far, and where older minoritised ethnic group people fit within these efforts.

2.3 INTERVENTIONS FOR SOCIAL ISOLATION AND LONELINESS IN OLDER PEOPLE

Given their negative impact on health and well-being, there exists a variety of interventions and services aimed at identifying, preventing and alleviating social

⁹ When this study was first conceived, there were no systematic reviews evaluating social isolation and loneliness interventions for older people from minoritised ethnic groups. However, at the time of writing, Salway et al., (2020) published the findings of a participatory evidence synthesis which sought to produce new insights relating to initiatives aiming to address loneliness among minoritised population. Given that the review included minoritised populations of very different age groups and circumstances, this statement still stands. The findings of the review will be discussed in chapter nine.

isolation and loneliness. Most interventions that address social isolation and loneliness adopt four main strategies; to improve social skills, to enhance social support, to increase opportunities for social contact or to address social cognition deficits (Masi, Chen, Hawkley, & Cacioppo, 2011). These strategies can be delivered on a one-to-one basis (e.g. befriending, mentoring or buddying) or in a group format (e.g. lunch clubs, social groups or community groups). They can be implemented in person, over the telephone, through the use of information technology, the internet or via video-conferencing (Centre for Policy on Ageing, 2014). For older individuals, interventions tend to be tailored around common events in later life such as bereavement, divorce, caregiving, illness, disability or retirement. However, the critical question is which of these interventions are effective and suitable in reducing social isolation and loneliness in older people from minoritised ethnic groups? To answer this question, a discussion of the systematic reviews of social isolation and loneliness interventions for older people is necessary. Systematic reviews are reviews of existing research using explicit, accountable rigorous research methods (Gough, Oliver, & Thomas, 2017b). They are key as they provide a more comprehensive and stronger picture based on many studies and settings rather than a single study (Gough, Oliver, & Thomas, 2017a). As such, they are an important form of ensuring cumulative learning and that research moves forward.

2.3.1 Previous systematic reviews

Over the years, several systematic reviews have been conducted in an attempt to identify interventions that are effective in reducing social isolation and loneliness in older people living in the community (Cattan, White, Bond, & Learch, 2005; Chen & Schulz, 2016; Cohen-Mansfield & Perach, 2015; Dickens et al., 2011; Findlay, 2003; Gardiner, Geldenhuys, & Gott, 2016; Hagan, Manktelow, Taylor, & Mallett, 2014; Masi et al., 2011; Poscia et al., 2018; Shvedko, Whittaker, Thompson, & Greig, 2018). Successful interventions were found to be those that utilised existing community resources, aimed to build community capacity and

involved older people in the planning, implementation and evaluation stages (Findlay, 2003). Other reviews found that interventions that incorporated an educational component, were targeted at specific groups (bereaved men, caregivers, lonely women) with some level of facilitator and/or participant control were more likely to be effective than those that provided one-to-one social support, advice and information, or health-needs assessment (Cattan et al., 2005). None of the interventions included in this review was targeted at older people from minoritised ethnic groups.

A later review conducted by Dickens et al. (2011) reported similar findings where interventions offered at a group level were more likely to be beneficial compared to one-to-one interventions. Also, interventions that were defined as theoretically-based tended to be more beneficial than those that were not (Dickens et al., 2011). Examples of theoretical frameworks used by effective interventions include the Geriatric Rehabilitation Nursing Model and the Eden Alternative Model. The former was used as a theoretical basis for a randomised controlled trial of older people suffering from loneliness (Routasalo, Tilvis, Kautiainen, & Pitkala, 2009) while the latter's impact on loneliness, boredom and helplessness was assessed in a quasi-experimental study of older residents of a long-term care facility (Bergman-Evans, 2004).

While Cattan et al. (2005) and Dickens et al. (2011) found group interventions to be more effective than one-to-one interventions, the results of more recent reviews report contradictory findings. In their reviews, Hagan et al. (2014), Cohen-Mansfield and Perach (2015) and Gardiner et al. (2016) did not find group interventions to be more effective than one-to-one interventions. Cohen-Mansfield and Perach (2015) observed that group interventions were less often evaluated as effective compared to one-to-one interventions which were more often evaluated as potentially effective. Similarly, Gardiner et al. (2016) found one-to-one animal interventions (e.g. pet owning or animal-assisted therapy) and

one-to-one interventions involving technology also to be effective. The authors concluded that effective interventions were not restricted to group settings. These differences have been suggested to be as a result of earlier reviews focusing on quantitative outcome studies and failing to take into account other forms of evidence (Gardiner et al., 2016). Other factors such as the duration of an intervention may also explain this contradiction. Findlay (2003) proposed that group interventions are more likely to be effective if they run for five months or more. By contrast, the group interventions included in the review by Hagan and colleagues only ran from 6 to 12 weeks (Hagan et al., 2014). Evidently, the effectiveness of interventions vary, not only by intervention type, but also by duration. Given that the mechanisms underlying one-to-one interventions and group interventions differ and that each intervention might be appropriate for different people in different circumstances, perhaps the focus should be on understanding how these interventions work, rather than making comparison between the two.

The results of these recent reviews also suggest that education interventions focused on social network enhancement and maintenance could reduce loneliness in older individuals (Cohen-Mansfield & Perach, 2015). In addition, adaptability, community participation as well as productive engagement were noted as characteristics of effective interventions (Gardiner et al., 2016). Others have found that interventions that involve introducing new technologies were effective, prompting the authors to recommend further research into using such technologies to reduce loneliness in older people (Cohen-Mansfield & Perach, 2015; Poscia et al., 2018). That these interventions would be effective for older minoritised people is unclear and requires further exploration.

Few reviews have meta-analysed their findings. Masi et al. (2011) conducted a meta-analysis of loneliness interventions. However, the focus of this review was not solely on older people, but included children, adolescents and adults (Masi et

al., 2011). More recently, Shvedko et al. (2018) reviewed the effects of physical activity interventions on social isolation, loneliness or low social support in older adults. Although they found no effect of physical activity for loneliness, social support or social networks, they found a small significant positive effect favouring the intervention group for social functioning with strongest effects obtained for physical activity interventions, group exercise setting, diseased populations, and delivery by a medical healthcare provider (Shvedko et al., 2018). Again, in both these meta-analyses, ethnicity was not evaluated as a potential moderator despite its potential to influence the effectiveness of such interventions.

2.3.2 Critiques of previous systematic reviews

In reviewing the existing systematic reviews, three critiques were identified. The first critique pertains to the types of studies included in these systematic reviews. Except for the reviews conducted by Chen and Schulz (2016) and Gardiner et al. (2016), past systematic reviews of social isolation and loneliness in older people have focused on outcome evaluation studies that investigate whether changes in outcomes occur as a result of the intervention. As such, they are unsuitable for the full understanding of complex concepts. The inclusion of process evaluation studies in a review can help to establish what happens in an intervention rather than what works (Gardiner et al., 2016). They can further unveil the modifiable components of interventions that may be crucial in determining the success or failure of an intervention (Harris, Kneale, Lasserson, McDonlad, et al., 2015). Process evaluations can also allow the mapping of the variety of processes undertaken as part of an intervention (Harris, Kneale, Lasserson, McDonlad, et al., 2015). Thus, the inclusion of both outcome and process evaluation studies in a systematic review can contribute to a comprehensive understanding of interventions as the focus is not only on what works, but also how, for whom, in what respects and in what circumstances (Pawson, Greenhalgh, Harvey, & Walshe, 2005).

The second critique relates to the types of interventions included in these reviews. Very few reviews have narrowed their scope to focus on a specific type of intervention aimed at reducing the experience of social isolation and loneliness. Cattan et al. (2005); Landeiro, Barrows, Nuttall Musson, Gray, and Leal (2017) and Shvedko et al. (2018) reviewed the efficacy of health promotion interventions for reducing social isolation and loneliness in older people; with the latter homing in on physical activity interventions. However, only outcome evaluation studies were included in the syntheses. Given the variety of interventions targeted at social isolation and loneliness coupled with the contradictory evidence of group interventions, it would be opportune to focus on a particular intervention to gain a nuanced understanding of the processes and efficacy of these interventions for older people. Chen and Schulz (2016) addressed this issue by focusing on information and communicating technologies. Their decision to include both outcome and process evaluations offered insights into the underlying mechanisms underpinning the observed variations in information and communicating technologies interventions (Chen & Schulz, 2016).

The third critique concerns the lack of consideration for older people from minoritised ethnic groups. Compared to older people from the white majority ethnic group, high rates of loneliness have been reported in some categories of older minoritised people (Victor et al., 2012; Victor et al., 2020). Yet, current systematic reviews lack a theory-based framework that reflects the life course experiences of older minoritised people. With the increasing diversity of the older population (Lievesley, 2010), understanding what is required of interventions that can also/better meet the needs of older minoritised people is vital. This critique illuminates the importance of the need for systematic reviews of social isolation and loneliness to be generalisable to older people from minoritised ethnic groups. It is to this discussion that we turn in the following section.

2.3.3 Generalisability in systematic reviews

In an era where policy and practice are expected to be evidence based, generalisability is a critical issue for systematic reviewers (Kneale, Thomas, O'Mara-Eves, & Wiggins, 2018). Generalisability can be defined as *'the extent to which the results of a study based on measurement in a particular patient population and/or a specific context hold true for another population and/or in a different context'* (Sculpher et al., 2004, p. 2). It is often used interchangeably with external validity; the extent to which the results of a study hold true in another setting (Hoffmann et al., 2017) and transferability; whether an intervention would have the same effectiveness in another setting or context (Wang, Moss, & Hiller, 2006). It is also used synonymously with applicability; the process of determining how review results relate to another specific situation, context, or intervention (Waters et al., 2006). However, an important distinction between generalisability and applicability made by Wang et al. (2006) is that the former tends to focus on the outcomes of the interventions whilst the latter focuses on processes.

Public health professionals are increasingly expected to use research evidence in their decision-making processes (Yost et al., 2014). Because of their ability to synthesise evidence from multiple studies, both qualitative and quantitative, systematic reviews can be a helpful resource for public health professionals. Information provided by reviewers on generalisability, applicability or transferability enables them to assess the relevance of the results to their individual settings (Waters et al., 2006) or as Nasser, van Weel, van Binsbergen, and van de Laar (2012) put it, to adequately answer questions such as 'can the results of this systematic review be extrapolated to my patient?' However, historically, systematic reviews have typically focused on the internal validity (the extent to which observed covariation should be interpreted as a causal relationship) of the research and have not consistently incorporated information on generalisability into their conclusions (Avellar et al., 2017; Steckler & McLeroy, 2008).

2.3.3.1 The consequences of failing to address generalisability

Systematic reviews have been criticised for failing to consider and/or report the generalisability of their results (Ahmad et al., 2010; Matt & Navarro, 1997; Nasser et al., 2012; Wang et al., 2006). The failure to consider generalisability impacts on all those involved in the research process. For populations, a lack of generalisability can result in the implementation of interventions that are inappropriate or even harmful (Lorenc & Oliver, 2014). Take, for example, the implementation of reminiscence group therapy for older people with dementia. By employing the skills that they still have, reminiscence can give people with dementia a sense of competence and confidence. However, for some, this type of therapy can sometimes provoke painful memories (Social Care Institute for Excellence, 2015). This extends to older minoritised people living in the UK who are the main focus of this thesis. As stated in the introductory chapter, many migrated to the UK in the 1950s and 60s and their early migration experiences were characterised by discrimination and racial tensions. It is possible for reminiscence therapies to invoke memories of these early experiences and cause undue distress. Thus, if reminiscence group therapy was found to be effective for older white people with dementia, it would be important to consider the generalisability of the therapy to older minoritised people, and different groups of minoritised people, before implementation.

For researchers, a failure to consider generalisability could lead to the bypassing or underutilisation of their evidence by public health professionals in their decision-making processes. In fact, findings from a systematic scoping review of the use of evidence in public health decision making at a local level in England revealed that on some occasions, the opinions and advice of experts were utilised more than other robust forms of evidence, including National Institute for Health and Clinical Guidance, other national guidelines, systematic reviews and meta-analyses (Kneale, Rojas-Garcia, Raine, & Thomas, 2017). Moreover, one of the barriers to the use of research evidence included issues around access and

availability of applicable research evidence. Without generating evidence that is applicable to the experiences of older people from minoritised ethnic groups, we risk policies being developed that are either not informed by evidence, or worse still, that make no attempt to provide for older minoritised people's needs because of an absence of evidence on what's needed or what works.

For all parties involved, it has been said that the lack of information on generalisability is a contributor of the failure to translate research into public health practice (Steckler & McLeroy, 2008). Some have argued that because systematic reviews (and meta analyses) often base their conclusions and recommendations on multiple studies involving slightly different populations, measures, settings and even variations of interventions, their conclusions are likely to be more suitable for generalising than those of a single primary study which can only inform us about specific interventions, populations and measures (Matt & Navarro, 1997; Task Force on Systematic Review and Guidelines, 2011). Others posit that the very act of combining evidence can be justified more on the grounds of replicating the results to a similar population or setting but not to a different population or setting (Green & Glasgow, 2006). However, this additive approach neither addresses the needs of decision makers nor does it address the different domains of generalisability (Kneale et al., 2018). If they are to contribute to the evidence-based policy and practice movement, systematic reviewers need to provide sufficient detail for decision makers to make judgements about which populations and settings the results can reasonably be applied (Nasser et al., 2012). As will be illustrated in chapter three, this study took steps to ensure that the findings of the systematic review were applicable to the population of interest.

A focus on older minoritised people when assessing the suitability and effectiveness of social isolation and loneliness interventions can be said to portray them as essentially different from older white people and thus, requiring different kinds of interventions. An intersectionality framework alerts us to the fact that the

interplay between micro, meso level and macro level processes produces vulnerability for some whilst reducing vulnerability for others (Hankivsky, 2014). As such, this thesis recognises that not all older minoritised people are lonely and isolated and in need of intervention. In fact, existing interventions and services for social isolation and loneliness may, indeed, address their needs. However, we have to acknowledge that the life course trajectories of many older minoritised people differ from those of older white people. Many have experienced multiple forms of disadvantage, placing them at risk of social isolation and loneliness (See section 2.2.2.4). Further, many have experienced and continue to experience racism, discrimination, marginalisation and exclusion (Bécares et al., 2020; Hewitt, 2020). These experiences not only result in a lack of trust in state institutions as mentioned above, but they also exacerbate existing inequality and marginality in minoritised ethnic group people. It is, therefore, imperative that existing interventions for social isolation and loneliness are assessed to establish whether they take into consideration the life course experiences of older minoritised people and whether they do indeed meet their needs.

2.4 RATIONALE, RESEARCH AIMS AND OBJECTIVES

Based on the information presented in this chapter, we know that when compared to older white people, many older minoritised people are vulnerable to the experiences of social isolation and loneliness (Burholt et al., 2017; Victor et al., 2020; Victor & Yang, 2012). We also know that in the UK, the research infrastructure for exploring these phenomena in this population is poor. More quantitative research exploring prevalence and comparative studies have been called for, yet many large-scale surveys lack adequate numbers of older minoritised people (Bécares et al., 2020). This makes it difficult to explore social isolation and loneliness in older minoritised people adequately. The review also revealed the need for qualitative studies exploring the lived experiences of social isolation and loneliness in older minoritised people.

Crucially, there was a lack of research evaluating interventions for social isolation and loneliness in older minoritised people¹⁰. Existing systematic reviews have not been conducted with older minoritised people's life course experiences in mind. As such, it is unclear as to whether existing interventions would reduce social isolation and loneliness in this population. It is also unclear as to whether these interventions would be suitable, acceptable or appropriate for older minoritised people. Evaluating interventions is important as it is an essential part of understanding what impact interventions have, for whom and in what circumstance, and they can help inform future interventions (Clarke, Conti, Wolters, & Steventon, 2019). Given their vulnerability to social isolation and loneliness and their projected increase in numbers in the coming decades, the evaluation of social isolation and loneliness interventions for older minoritised people should be prioritised.

It is against this background that this study is conducted. The aim of this study is to assess the effectiveness and suitability of interventions on social isolation and loneliness for older people from minoritised ethnic groups. Given that very few studies have focused on social isolation and loneliness in older minoritised people few studies will have directly assessed social isolation and loneliness among this population. Thus, in order to address this aim, this study set out to

- Understand quantitatively whether the prevalence of social isolation and loneliness is different among older people from minoritised ethnic groups compared to older white people.

¹⁰ When this study was first conceived, there were no systematic reviews evaluating social isolation and loneliness interventions for older people from minoritised ethnic groups. However, at the time of writing, Salway et al., (2020) published the findings of a participatory evidence synthesis which sought to produce new insights relating to initiatives aiming to address loneliness among minoritised population. Given that the review included minoritised populations of very different age groups and circumstances, this statement still stands. The findings of the review will be discussed in chapter nine.

- Develop a deep understanding of how social isolation and loneliness is experienced by older minoritised people.
- Use this information to understand their construction of their needs
- Review interventions on social isolation and loneliness for older people.
- Assess the size of the gulf between what older people from minoritised ethnic groups consider are their needs and what is offered

The overall findings aim to provide a better understanding of social isolation and loneliness in older minoritised people and add to the sparse literature in this area. Further, the findings will help in identifying not only what works, but why and how interventions work to prevent or alleviate social isolation and loneliness in older minoritised people. Findings such as these can be directly applicable to policy as they are not only sensitive to the needs of older people from minoritised ethnic groups, but they also provide crucial information on how interventions can meet what older minoritised people consider to be their needs. In the next chapter, a detailed description of the research design and methodology used to address these objectives is provided.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Based on the evidence presented in the introduction, older people from minoritised ethnic groups were identified as an under-researched population vulnerable to social isolation and loneliness. The literature review highlighted the need for comparative studies on social isolation and loneliness in older minoritised people, the need for research on the lived experiences of older minoritised people, and the need for studies evaluating the interventions for social isolation and loneliness for older minoritised people. This study aims to assess the effectiveness and suitability of social isolation and loneliness interventions for older people from minoritised ethnic groups. To do so, this study seeks to

- i. Understand quantitatively whether the prevalence of social isolation and loneliness is different among older people from minoritised ethnic groups compared to older white people.
- ii. Develop a deep understanding of how social isolation and loneliness is experienced by older minoritised people.
- iii. Use this information to understand their construction of their needs
- iv. Review interventions on social isolation and loneliness for older people.
- v. Assess the size of the gulf between what older people from minoritised ethnic groups consider are their needs and what is offered

In this chapter, I present the research process and the selected research design and methodologies chosen to address the objectives of this study. The chapter is organised as follows. First, the research process is described together with an overview of the methods of data collection, and the modes of analysis used in this study. Second, the research design and the justifications for selecting it will be presented. This will then be followed by the practical and methodological considerations which lead to a discussion about the intersectionality-informed

stance adopted in this study. The chapter will conclude with a discussion on the ethical considerations and limitations of the study.

3.2 RESEARCH PROCESS

To address the objectives of the research, this study was conducted in four phases¹¹, each with its own aims, research questions/objectives, methods of data collection and analysis. The findings of each phase are reported in separate chapters. Given the variety of methods used in this study, only a brief overview of these methods is provided in this chapter. To enhance the readability of the thesis, a full description of the methods used in each phase will be provided in the respective empirical chapters in which the phases are discussed. The results and findings from each phase add to the sparse literature in this area. However, taken together, they provide evidence-based findings that can not only inform future interventions, but findings that can also be useful to practitioners and policymakers alike. A summary of the research process is provided in Table 3.1 below.

3.2.1 Phase one: An exploration of ethnic variations in the friendship networks of older people living in the UK

The aim of the first phase was to explore ethnic variations in the friendship networks of older people living in the UK. As will be elaborated in chapter four, analysis of data from Understanding Society: the UK Household Longitudinal Study was possible, albeit with limitations due to the few numbers of older minoritised people in the survey. A quantitative research strategy was used. Descriptive statistics and logistic regression models were used to examine ethnic variations in different dimensions of the friendship network amongst older people and the

¹¹ These phases were not distinct enough to be considered separate studies. There was a high degree of iterative movement between them, and it is because of the fluidity between them that they were considered phases.

associations between ethnicity and these dimensions while controlling for key variables.

3.2.2 Phase two: An exploration of the social networks of older people from minoritised ethnic groups living in the UK

In phase two, in-depth interviews were conducted with older minoritised people about their social networks. They were then analysed using pen-portrait analysis to establish the processes that produced and reduced vulnerability to social isolation and loneliness. It was crucial to uncover how these processes could be used to develop ideas about the types of interventions that would be useful in preventing social isolation and loneliness in older minoritised people. The findings of the first two phases were key in addressing the first two objectives; to understand quantitatively whether social isolation and loneliness is likely to be different among older people from minoritised ethnic groups compared to older white people and to develop a deep understanding of how social isolation and loneliness is experienced by older minoritised people.

3.2.4 Phase three: A mixed-method systematic review of community-based group interventions for social isolation and loneliness in older minoritised people

Based on the findings of phase one and two, a systematic review of community-based group interventions was conducted in phase three. An initial search for interventions had returned few studies focusing on older minoritised people, as such the review would include interventions for older people regardless of ethnicity. This systematic review included both outcome and process evaluation studies to establish, not only what works to reduce social isolation and loneliness in older people, but also why and how interventions work. In doing so, it addresses the limitations of past systematic reviews that have focused on outcome evaluation studies which are unsuitable for the full understanding of complex concepts. This phase was conducted in two stages.

Table 3.1. Summary of research process

Overall objectives of this study				
<p>Objective 1: To understand whether the prevalence of social isolation and loneliness is different among older people from minoritised groups compared to older white people.</p> <p>Objective 2: To develop a deep understanding of how social isolation and loneliness is experienced by older minoritised people.</p> <p>Objective 3: To use this information to understand their construction of their needs</p> <p>Objective 4: To review interventions on social isolation and loneliness for older people.</p> <p>Objective 5: To assess the size of the gulf between what older people from minoritised groups consider their needs and what is offered.</p>				
	Phase 1	Phase 2	Phase 3	Phase 4
Aims	To explore ethnic variations in the friendship networks of older people living in the UK	To explore the social networks of older minoritised people living in the UK	To assess the effectiveness of community-based group interventions for social isolation and loneliness in older minoritised people and how they work	To assess whether community-based group interventions meet the needs of older people from minoritised ethnic groups
Objectives addressed	Objective 1	Objective 2	Objective 4	Objective 3 & 5
Chapter	4	5	6 & 7	8 & 9
Research strategy	Quantitative	Qualitative	Mixed-methods	Mixed-methods
Research questions/ Objectives	<p>1. To examine how dimensions of the friendship networks of older minoritised people differ in comparison with those of older white people</p> <p>2. To explore the association between ethnicity and dimensions of the friendship network while controlling for socio-demographic variables.</p>	<p>1. What processes produce/reduce vulnerability to social isolation and loneliness in older minoritised people living in the UK?</p> <p>2. How can these processes be used to develop ideas around the types of interventions that can be useful in preventing social</p>	<p>Phase 3a</p> <p>1. To identify if community-based group interventions that target social isolation and loneliness in older people living in the community are effective.</p> <p>2. To assess the impact of interventions and whether these vary</p>	<p>Phase 4a</p> <p>1. How do older minoritised people position themselves?</p> <p>2. What are their preferences/attitudes towards social participation?</p> <p>Phase 4b</p>

		isolation and loneliness in older minoritised people.	<p>by intervention type, intervention duration, intervention setting, as well as participants' socio-demographic factors.</p> <p>Phase 3b</p> <p>1. Identify the processes shaping the implementation of community-based group interventions</p> <p>2. To assess whether these processes can explain the between-studies differences observed in the interventions for loneliness identified in the previous chapter</p>	<p>1. To what extent do the most effective interventions match the principles for interventions derived from older minoritised people's preferences and positioning?</p> <p>2. Do the shared characteristics and the opportunities to connect made available to participants in the interventions align with those reported by older minoritised people?</p> <p>3. To what extent do the cognitive approaches adopted in the most effective interventions address the needs of older minoritised people?</p>
Data sources & methods	Secondary data: Understanding Society: UK Household Longitudinal Study	Primary data: In-depth interviews with older minoritised people	Secondary data: Systematic Review	Secondary data: In-depth interviews from phase 2, findings from phase 3b and phase 4b
Analysis	Descriptive statistics and Logistic regression models	Pen-portrait analysis	Meta-analysis, subgroup analysis, Narrative Synthesis, Intervention Component Analysis and Qualitative Comparative Analysis	Dialogic/performance analysis and cross-study synthesis

In phase 3a reported in chapter six, data from the outcome evaluations were meta-analysed to address the question of intervention effectiveness. In phase 3b reported in chapter seven, the process evaluations were narratively synthesised to identify the processes associated with effective interventions. The findings of this synthesis were subsequently used in the intervention component analysis (ICA) and qualitative comparative analysis (QCA) in phase 3b to explain the differences between the effective and non-effective interventions identified in phase 3a. Unlike past interventions, this systematic review is mixed, both in terms of the types of studies included and the methods of synthesis used.

3.2.4 Phase four: An assessment of the extent to which community-based group interventions meet the needs of older people from minoritised ethnic groups

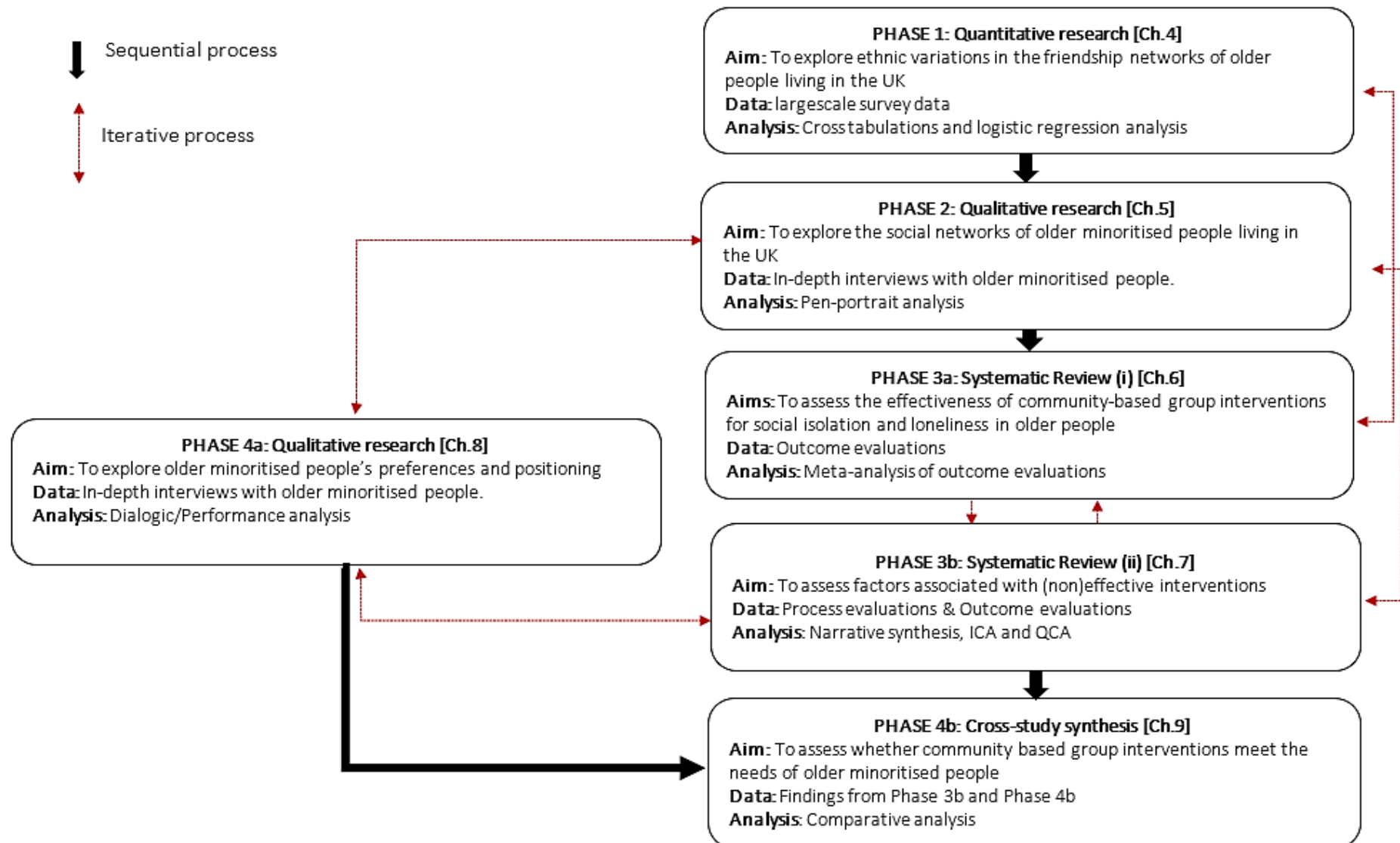
The overall aim of phase four was to assess whether community-based group interventions meet the needs of older minoritised people. Like phase three, this phase was conducted in two stages. In phase 4a, reported in chapter eight, the interviews conducted in phase two were revisited and analysed using dialogical/performance analysis to identify how older minoritised people positioned themselves and their preferences in relation to social participation. This phase provided a richer understanding of older minoritised people's life course experiences, thereby, also addressing the second objective. The findings of this analysis were then used to generate various principles for interventions. These principles were then used in phase 4b, reported in chapter nine, to interrogate the interventions identified as most effective in the systematic review to establish their suitability and acceptability for older minoritised people. This phase helped in understanding what was required of interventions to better meet the needs of older people from minoritised ethnic groups living in the UK. In so doing, this chapter helped to assess the size of the gulf between what is needed by older people from minoritised ethnic groups and what is offered.

3.3 OVERALL RESEARCH DESIGN

Figure 3.1¹² below depicts the research process described above. This research combines both primary and secondary research and uses quantitative and qualitative research strategies to address the objectives of the study. For all intents and purposes, the research design can be defined as what Creswell (2017) considers a mixed-methods sequential explanatory research design which begins with a quantitative phase that is followed with a qualitative phase. The aim of the qualitative phase is partly to help in explaining the quantitative findings in more depth and partly to gain an in-depth understanding of participants' insider perspectives (Creswell, 2017). It is said that an explanatory design is well suited to a study in which qualitative data can help to explain results which are non/significant, outlying, confusing or surprising (Creswell, 2017). The phases in this study exemplify this design. As will be illustrated in the upcoming chapters, the qualitative data in phase two were used to expound the results of the quantitative analysis of survey data and add insider perspectives.

¹² Given the complex research design used in this study, a visual representation of the research design will be signposted at the beginning of each of the empirical chapters to depict the phase of the research being discussed in relation to the other phases.

Figure 3.1 A visual representation of the research design and chapters in which phases are discussed



Further, the findings of the dialogical/performance analysis of in-depth interviews conducted in phase two were used to assess whether the effective interventions identified through the QCA in phase 3b were suitable and acceptable for older minoritised people.

It is important to note that phase 4a was conducted alongside the systematic review. Thus, there is an embedded concurrent element within this research design. In addition, although this research design is sequential, it has a high degree of iteration. The iterative processes in this study are depicted by the red, dashed arrows in figure 3.1 above. Iteration can be recurrent, where analysis continues cyclically through multiple rounds of mixed-methods data collection and analysis until the researchers are satisfied with the outcomes (Alwashmi, Hawboldt, Davis, & Fetters, 2019). It can also involve the revisiting of earlier stages to incorporate new knowledge gained from practice (Lucero et al., 2018). Iteration in research can lead to multiple and integrated perspectives and, therefore, an enriched understanding of a phenomenon under investigation (De Lisle, Seunarinisingh, Mohammed, & LeePiggott, 2017; Lucero et al., 2018).

In this study, iteration involved revisiting the findings of previous phases to either clarify, operationalise, inform or direct analyses in the subsequent phases. For example, the findings of phase one were revisited in phase 3a to help clarify the types of interventions to be included in the systematic review. Also, the findings from the dialogic/performance analysis in phase 4a and pen-portrait analysis in phase two were used to inform the interventions component analysis. Iteration was also required in phase 3b. In response to the findings of the meta-analysis, ICA and QCA were conducted to identify the configurations of particular conditions found in (non)effective interventions (Brunton, O'Mara-Eves, & Thomas, 2014). The process required a subset of outcome evaluations to be selected. This involved returning to the meta-analytic models created in phase 3a and selecting appropriate studies for use in the ICA and QCA. In light of this, the research design

used in this study can be considered to be an iterative mixed-methods sequential explanatory research design with an embedded concurrent component.

3.3 RATIONALE FOR THE RESEARCH DESIGN

It is clear from figure 3.1 above that this iterative mixed-methods sequential explanatory research design with an embedded concurrent component is a complex research design. Any research process, including the research design of choice, can be influenced by social contexts (e.g. institutional structures, disciplinary conventions, societal priorities), interpersonal structures (e.g. research ethics, participants, research teams, editors/reviewers) and even personal contexts (e.g. philosophical assumptions, theoretical models, background knowledge)(Clark & Ivankova, 2016). The research design in this study was chiefly driven by the lack of research in this area and the need to ensure that the findings were generalisable and applicable to older minoritised people. However, the mixed-methods research design was also influenced by other factors that fall under the three rationales proposed by Brannen (2005a) for choosing a mixed-methods research strategy; paradigms, pragmatics and politics. It is to these rationales that we turn in the following section starting with the need for generalisability and applicability, followed by the three rationales proposed by Brannen (2005a).

3.3.1 Generalisability and applicability

3.3.1.1 The need for generalisability and applicability

To understand why the need for generalisability and applicability was key to informing the research design, it is important to place this discussion within the context of the gaps in literature discussed in the last chapter. Amongst other issues, the critical review of the literature illuminated a lack of research on the lived experiences of social isolation and loneliness in older minoritised people and the need for investigations into which interventions work to reduce social isolation and loneliness in this population. As such, it is difficult to ascertain if there are

dimensions of social isolation and loneliness that are particular to this population. It is equally difficult to ascertain the extent to which existing interventions address these dimensions. To address this gap, this study set out to assess the effectiveness and suitability of social isolation and loneliness interventions for older people from minoritised ethnic groups. One of the objectives was to understand, not only whether social isolation and loneliness interventions work, but also why and how they work. Because systematic reviews can help researchers generate knowledge about the effectiveness of interventions as well as the underlying mechanisms in which they operate (Gough et al., 2017b), the decision was made to conduct a systematic review. A systematic review is a review of research literature using systematic, explicit and accountable methods (Gough, Oliver, & Thomas, 2012). Their overall strengths are attributed to their rigour, transparency and the fact that their conclusions are drawn from multiple studies which makes them more reliable than the conclusions of individual studies (Dixon-Woods et al., 2006).

Some systematic reviews adopt methods of synthesis such as meta-analyses which are well suited to provide a 'big fact' (Glass, 2000) based on the inclusion of multiple studies. However, *'little effort is invested in trying to plot the complex, variegated landscape that most likely underlies our crude average, (Glass, 2000, p. n/a)*. As such, meta-analyses are less suited to provide nuanced answers (ibid.). Systematic reviews have also been criticised for not being implementable in practice because *'the technical process of stripping away all but the bare bones of a focused experimental question removes what practitioners and policymakers most need to engage with: the messy context in which people get ill, seek health care (or not), receive and take treatment (or not), and change their behaviour (or not)'* (Greenhalgh, 2012, p. 371).

A lack of contextual information in systematic reviews makes it difficult to transfer or apply the findings of a systematic review to other settings and populations. As noted in the previous chapter, systematic reviews have tended to focus on the

internal validity (the extent to which observed covariation should be interpreted as a causal relationship) of the research to the detriment of generalisability (Avellar et al., 2017; Steckler & McLeroy, 2008). A failure to address generalisability and applicability in systematic reviews can result in the implementation of interventions that are inappropriate or even harmful (Lorenc & Oliver, 2014). It can lead to the bypassing or underutilisation of evidence by public health professionals' in their decision-making processes and contribute to the failure to translate research into public health practice (Steckler & McLeroy, 2008). Given that the vast majority of research on social isolation and loneliness had been conducted on older people from the white majority ethnic group, and the lack of interventions of social isolation and loneliness targeted at older people from minoritised ethnic groups, ensuring the systematic review and its findings were applicable to this population was of paramount importance, especially if the findings were to be taken up by policymakers and practitioners.

3.3.1.2 Addressing generalisability in systematic reviews

Addressing generalisability in systematic reviews is complicated by the fact that reviewers cannot be expected to consider each and every variation that may be of interest to decision-makers (Avellar et al., 2017). However, several strategies have been proposed to address the generalisability of systematic reviews. For instance, before the review begins, systematic reviewers can consult stakeholders to set the scope and definitions of the review, to prioritise the review questions and to ensure the relevance of the review (Haddaway et al., 2017). Whilst stakeholder engagement on topics of interest, prior to beginning the systematic review poses challenges relating to additional resources, funding, and time constraints, it increases the likelihood that the review findings will be utilised (Keown, Van Eerd, & Irvin, 2008).

Gruen, Morris, McDonald, and Bailie (2005) encourage systematic reviewers to consider contextual factors, extrinsically and/or intrinsically, to enhance the generalisability of their reviews. Such an exercise is bound to increase the usefulness of their systematic reviews to decision-makers in diverse settings (ibid.). Intrinsically, reviewers can address key contextual factors through planned stratification or subgroup analysis (ibid.). Extrinsically, generalisability can be tackled by addressing questions pertaining to the relative importance of the issue under investigation, the relevance of the outcome measure, the practicality of the intervention, the appropriateness of the intervention and the cost- effectiveness of the intervention (ibid.).

Kneale et al. (2018) propose three approaches to enhancing the generalisability of systematic reviews to specific populations using secondary data. One approach entails systematic reviewers engaging in a purposeful exploration before starting the systematic review and use the results of preliminary secondary data analysis to guide the systematic reviews/meta-analysis (ibid.). Through recalibration, systematic reviewers can also use secondary data analysis to change the estimates given in meta-analyses during the review to enhance the generalisability of the results to a specific population (ibid.). Finally, systematic reviewers can engage in purposeful exploration after a systematic review and use systematic reviews/meta-analyses to structure secondary data analysis and explore how generalisable the findings of the review are (ibid.). These three approaches to enhance generalisability of systematic reviews can be used in conjunction or as standalone approaches.

Given the sparse research on social isolation and loneliness in older people from minoritised ethnic groups, a purposeful exploration using secondary data prior to starting the review was considered necessary. Such an undertaking would help in understanding the ambiguities in older minoritised people in order to inform the systematic review (Kneale et al., 2018). This approach would not only address the first objective; to better understand social isolation and loneliness in older

minoritised people, it would also ensure that the systematic review findings were applicable to older minoritised people from the start, thereby, strengthening the underlying conceptual framework of the systematic review (ibid.).

Phase one of this study represents this purposeful exploration using secondary data analysis. As will be expounded on in chapter four, the findings of this exploration were followed up by a qualitative investigation in phase two. The combined findings led to the decision to focus the systematic review on community-based group interventions which were found to play a role in protecting older minoritised people from social isolation and loneliness. Thus, the research design was influenced by the decision to conduct the exploratory phases before starting the systematic review. This ensured that the systematic review had a strong conceptual framework and that the review was applicable to older minoritised people from the outset, thereby enhancing the generalisability of its findings. Having discussed how the exploratory phases conducted prior to the systematic review influenced the research design, the next section discusses the paradigmatic, pragmatic and political rationales that also influenced the mixed-methods research design adopted in this study.

3.3.2 Paradigmatic rationale

According to Brannen (2005a), the justification for adopting a mixed-methodology strategy for those who cite paradigmatic issues can be seen as depending on the extent to which they seek to produce different types and levels of explanation. Researchers influenced by paradigmatic reasons think about their research questions in relation to epistemological assumptions (ibid.). They are urged to consider the types of knowledge they aim to generate with their research (ibid.). The paradigmatic rationale also applied to this study. As mentioned in the previous section, the systematic review was selected to address the overall aim of the study which was to assess the effectiveness and suitability of social isolation and loneliness interventions for older minoritised people living in the UK. Data from

outcome evaluation studies can be aggregated to tell us what works (Gough et al., 2012). True to positivist assumptions, reviewers strive to remain impartial and objective so as to eliminate bias (Bryman, 2012; Creswell & Clark, 2007).

However, aggregative systematic reviews are not suitable for telling us how and why interventions work (Pawson et al., 2005) or whether they are acceptable for certain populations. To produce this type of knowledge, configurative synthesis methods are best suited to generate theories about the underlying mechanism of the interventions that make them non/effective (Dixon-Woods et al., 2006). The paradigmatic rationale also provides the justification for the second phase, where in-depth interviews were required to fully understand the results of the quantitative analysis conducted in the first phase. Furthermore, qualitative methods that adopt an interpretivist epistemology, are best suited to provide an in-depth understanding of the suitability and acceptability of interventions for the target population (Candy, King, Jones, & Oliver, 2013).

3.3.3 Pragmatic rationales

For pragmatists not only do the research questions influence the research design, but the outcomes, the feasibility of research methods, the skills of the researcher and availability of resources also play a role in the overall study design (Brannen, 2005a). For some, adopting a mixed-methods research design can in fact be influenced by the requirements of the funding authorities (Giddings, 2006). Thus, researchers may adopt a mixed-methodology research design *'if the research questions and practicalities of the research context suggest it'* (Brannen, 2005a, p. 10). Pragmatic factors partially influenced the mixed-methods research design of this study. For example, time and resources were a factor. This is exemplified in the last phase of the research. It would have been ideal to conduct further interviews with older minoritised people about the findings of the review to establish the acceptability and suitability first-hand. However, due to a lack of time

and resources, the decision was made to revisit the interviews conducted in phase two and analyse them using dialogic/performance analysis.

3.3.4 Political rationale

Social justice researchers working with marginalised or oppressed groups may adopt mixed-methods strategies to achieve a holistic understanding of social inequality and power dynamics in society and in research relations (Brannen, 2005a). This rationale is especially relevant in this study. The previous chapters detailed how older minoritised people living in the UK are under-represented in research on social isolation and loneliness. The decision to adopt an iterative approach to this research was driven by the need to ensure that older minoritised people remained at the centre of the investigations throughout the study, thereby privileging their experiences. Arguably, the way in which iteration was used in the study resembles community participation. de-Graft Aikins et al. (2020) stress the importance of community participation, empowerment, and engagement for addressing not only the complex health and developmental needs of deprived communities, but also for reducing inequalities in health driven by structural and geopolitical processes. The iterative process is also akin to engaging stakeholders in systematic reviews. It has been argued that stakeholder engagement in systematic reviews gives voice to others in society, thereby, making the research process democratic (Gough et al. 2017). It results in research that better reflects people's needs and priorities and leads to more relevant, higher quality research that is more widely communicated (Oliver & Rees, 2017).

The generalisability/applicability rationale discussed earlier in this section is also a political one. Torres (2019b) notes that currently research at the intersection of ageing and ethnicity has tended to focus on '*stating the obvious (i.e. that belonging to a minority group increases a person's chances of experiencing inequalities of different kinds)*' (p.177). She argues for a social-justice informed agenda which

requires a shift from research that focuses '*on who these older ethnic minorities are, and what they need, to what practitioners and policymakers can do to address these older people's needs*' (Torres, 2019b, p. 177). Ensuring that the systematic review findings are tailored to addressing the needs and perspectives of older people from minoritised ethnic groups is a step towards social justice as it increases the possibility of the review findings being used by policymakers and practitioners.

3.4 PRACTICAL AND METHODOLOGICAL CONSIDERATIONS

As evidenced above, the mixed-methods research design was influenced by several factors. This section highlights some practical and methodological considerations in the research design; in particular issues concerning proficiency, re-use of qualitative data, and the "paradigm wars".

3.4.1 Proficiency

The first consideration is a practical one. Conducting a mixed-methods study requires researchers to be proficient in different methodologies. Research that is conducted poorly will yield results that are dubious regardless of how many methods have been used (Bryman, 2012). It was, therefore, important to ensure I had the expertise to conduct secondary analysis of survey data, pen-portrait analysis, systematic reviews, meta-analysis, narrative synthesis, intervention component analysis, qualitative comparative analysis and dialogic/performance analysis. During the course of the PhD programme, intensive training for each of these methods was undertaken to obtain the skills required to execute the overall research design to a high standard. A list the courses attended to ensure proficiency in using the selected methods to address the aims and objectives of this study is provided in Appendix 3.1.

3.4.2 Re-using qualitative data

The second methodological consideration relates to the re-use of qualitative data (also referred to as re-working or revisiting qualitative data). It is a form of secondary data analysis. Often, secondary data analysis is associated with quantitative data where pre-existing data collected for a different purpose is re-analysed (Heaton, 2004). Phase one of this study where survey data from Understanding Society was used to analyse ethnic variations in friendship networks of older people living in the UK, exemplifies this type of data re-use. In the past, secondary data analysis was rarely associated with qualitative data. However, over the past decade, qualitative researchers have become much more interested in re-using qualitative data (Andrews, 2013). There is now growing acceptance of qualitative data re-use as a recognised methodology (Bishop & Kuula-Luumi, 2017). Researchers who re-use qualitative data might do so to investigate new/additional research questions, to verify, refute or refine existing research, or to synthesise research as is the case in meta-analysis or meta-ethnography (Heaton, 2004).

In the fourth phase of this study, data from the in-depth interviews conducted in phase two was re-used to investigate new research questions to address the acceptability and suitability of the social isolation and loneliness interventions for older minoritised people. The decision to re-use the available data was based on practicality and ethics. Initially, to assess the suitability of interventions for social isolation and loneliness for older minoritised people, I had considered re-interviewing the participants who had participated in phase two of this study and/or conducting focus group interviews with older people from minoritised groups. However, given the limited time and resources, collecting more data was not feasible. Moreover, focus group interviews were deemed an inappropriate method to discuss sensitive topics such as social isolation and loneliness (Power, Hannigan, Carney, & Lawlor, 2017). With the data that had already been collected

through in-depth interviews with older minoritised people readily available, the decision was made to re-use the available data, thereby, making full use of the material and preventing the misuse of resources.

3.4.2.1 Key debates surrounding re-use of qualitative data

The practice of re-using qualitative data has been much debated by researchers, archivists and academics for a several of reasons (Bornat, 2003). This section discusses the two key debates surrounding the re-use of qualitative data; context, and epistemological considerations. A third key issue, ethics, will be discussed in section 3.6 where the ethical considerations of the overall thesis are presented.

(i)Context

It is argued that qualitative data is co-constructed and, therefore, it cannot be understood outside the conditions within which it was produced (Andrews, 2013). Thus, when other researchers re-use qualitative data, they are not privy to the interaction that took place between the interviewer and the interviewee that resulted in the interview transcripts. Those who challenge the re-use of qualitative data posit that it is impossible for another researcher to interpret the original work, or to interpret it differently because the secondary researcher lacks the contextual information from the original research (Bishop, 2014). Such information can help researchers make sense of the data, thereby, contributing to the overall interpretation.

Given that I had collected the original data which were re-used in phase four, the issue of context may not be pertinent to this instance of re-use. Indeed, the interviews were revisited after nearly two years, and some might argue that recalling each and every detail of the interaction would have been impossible. However, the transcripts, pen-portraits, audio recordings and field notes were available to ensure contextualisation was still possible. Also, given the iterative

nature of the study, there was a continual engagement with the original interview data throughout the study. In any case, it has been argued that access to the context may give the primary researcher a distinctive relationship with the original data, however, gaining insight from the data depends more on the researchers' analytical capabilities, not just their closeness to the data (Bishop, 2014).

(ii) Epistemological considerations

Re-using qualitative data gives rise to some epistemological questions. For example, Mauthner, Parry, and Backett-Milburn (1998) have argued that although archives can be a rich resource for conducting historical and methodological exploration, they are not compatible with an interpretive and reflexive epistemology (Mauthner et al., 1998). Their argument is based on the assumption that provided that background information is available, archived data can readily be re-used (Mauthner et al., 1998). They question the positivist and realist ontology and epistemology underlying the model of archiving and re-using data arguing that this model does not attend to the reflexive construction of qualitative data. In other words, reusing data is a contentious issue because reflexivity, something that is essential when re-using data, is not something that can be archived (Moore, 2017). Another epistemological concern relates to multiple interpretations. Bishop (2014) points out that a key concern of qualitative data that is archived is that it might be used to reach different, even opposing, conclusions from what the primary researcher concluded, for reasons other than context.

The epistemological issue concerning reflexivity raised above would be pertinent if the data being re-used were collected by a different researcher. Because, the research questions for phase four were different and a new mode of analysis was adopted, the issue of multiple interpretations was also not pertinent. In phase two, the interviews were analysed using pen-portrait analysis. The interviews were then re-analysed using dialogic/performance analysis in phase four. Also,

answering the research questions in phase two required attention to broad patterns in the data. In contrast, the research questions in phase four dictated that attention was directed towards particularity rather than broad descriptions of data. As will be seen, narrative analysis is one such method that illuminates these particularities (Shukla, Wilson, & Boddy, 2014).

Thus far, the key debates have focused on the re-use of archived data by other researchers. Andrews (2013) reminds us that when revisiting data, not only are we likely to view our own data differently over time, but we are also likely to view things differently from one another. This issue is one that is relevant to this study, given that the data collected in phase two was revisited at a later date with a different set of research questions and a different mode of analysis. The initial interviews were conducted in the early stages of the research project just as I was beginning to understand social isolation and loneliness in older minoritised people. As mentioned earlier, the analysis in phase four was conducted almost two years after the initial interviews. On the one hand, I acknowledge that the interpretations of the revisited data was influenced by the knowledge, skills and experiences accumulated over the course of the last few years through the reading materials, the courses and conferences attended, as well as the findings from the previous phases. Thus, the data were being re-used from a different, more complex researcher perspective. On the other hand, the iterative process in this study required continual engagement with the data collected in phase two such that, there was never really a substantial duration of time spent apart from the original data. It can thus be argued that the iterative process ensured continual reflexivity and kept the contextual information at the fore.

3.4.3 “Paradigm wars”

This section discusses the last methodological consideration relating to the qualitative/quantitative divide. Mixed-methods designs are now extensively used

in research (Allmark & Machaczek, 2018). However, concerns have been raised about whether paradigms can and/or should be mixed. Guba and Lincoln (1994) argue that paradigms such as constructivism and positivism/post-positivism cannot be logically accommodated because their basic beliefs on ontology, epistemology and axiology are incompatible. For example, the underlying belief for those who adopt an etic, positivist epistemology is that true precision can only be attained by adopting a rigorous approach and by reducing all aspects of our universe to a common numerical system (McQueen & Knussen, 2002). In contrast, those who adopt an emic, interpretivist epistemology reject methods of natural and physical sciences to analyse the human discourse and action in preference of an emphasis on the ways in which people interpret their social world (Bryman, 2012; Miles & Huberman, 1994).

These two paradigms are often presented as incompatible as they represent two fundamentally different ways to which the social world can be investigated (Brannen, 2005b). Some like Giddings (2006) go as far as saying that mixed-methods research rarely reflects a constructivist world view. For her, *'the majority of studies use the analytic and prescriptive style of positivism, albeit with a postpositivist flavour'* (Giddings, 2006, p. 200). To add to this issue of incompatibility, there is also the concern about how and when in the research process the 'mixing' occurs. It has been argued that for those who do adopt mixed-methodology research designs, what exactly is being synthesised, and how the synthesis takes place remains vague (Baškarada & Koronios, 2018).

To address these concerns, this study adopts a sequential research design. Each stage is conducted separately and the results of one phase are used to inform the subsequent phases. For example, the results of the quantitative analysis in phase one were further explored by conducting in-depth interviews in phase two. Also, the findings from the systematic review were interrogated using the findings of dialogic/performance analysis in phase four. The iterative component of this study does not interfere with the sequential process as the iteration process involved

revisiting previously completed stages. Further, conducting the dialogical/performance analysis alongside the systematic review was not an issue given that objectives and research questions of these two phases were different. The methods of data collection, analysis, interpretation and dissemination used in this study respect the underlying ontological, epistemological and axiological assumptions of the paradigm being used. The visual representation of this design presented at the start of the chapter clearly depicts how and where the different phases come together. Moreover, the evidence from all the phases is brought together and is discussed in chapter ten. As such, there is transparency throughout the whole research process. This research design provides evidence that different methodologies can indeed, be successfully combined under one study without compromising the underlying philosophical assumptions of each paradigm.

Having discussed the practical and methodological concerns of the mixed-methods research design and how this study has addressed these concerns, we turn to the conceptual framework that both supports and informs the mixed-methods research design adopted in this study.

3.5 INTERSECTIONALITY FRAMEWORK

3.5.1 Intersectionality

The mixed-methods strategy adopted in this study is supported by the intersectional framework introduced at the beginning of this thesis. Intersectionality frameworks encourage reflections on how multiple social categories at the micro-level (e.g., intersections of gender, ethnicity, age) intersect with macro-level structural factors (e.g. poverty, racism, ageism, sexism) to shape people's social identities, life experiences, and opportunities (Bowleg, 2012; Fang et al., 2016). In the previous chapters, this framework illuminated how older minoritised people were placed in positions of vulnerability to social isolation and loneliness owing to the intersection of age and ethnicity with adverse outcomes

of health and socio-economic inequality, negative post-migration experiences and harmful immigration policies. It was found better to explain the vulnerability of older minoritised people than the double-jeopardy hypothesis (Dowd & Bengston, 1978) which asserts that being older and from a minoritised ethnic group could lead to negative outcomes. As explained in the previous chapter, this hypothesis takes an additive approach that homogenises older minoritised people. Further, it focuses on the negative aspects of ethnic group belonging (Burr & Mutchler, 2011). The intersectionality framework enables recognition of the heterogeneity of older minoritised people and illuminates the complexity of social isolation and loneliness. Unpacking this complexity requires a multi-level analysis of the intersecting factors, processes and structures that influence older minoritised people's experiences of social isolation and loneliness. An intersectionality framework offers the potential for such an analysis.

Hankivsky and Christoffersen (2008) argue that *'mixed-methods approaches are considered the most suited to the intersectionality paradigm because they can produce both macro and micro level data and provide the opportunity to examine their concurrent production'* (p.279). This notion is supported by Perry (2009), who adds that an intersectional framework shares key assumptions with mixed-methods research. For example, in terms of holistic inquiry, intersectionality rejects binary, dichotomous thinking in the same way that mixed-methods research rejects having to choose between constructivism and positivism (Perry, 2009). In terms of epistemology, mixed-methods research focuses on appreciating knowledge production in ways that account for diverse, converging perspectives and different ways of knowing. Intersectionality takes a similar approach in that it focuses on converging identities and discriminations and on the intersection of oppression (Perry, 2009). Lastly, in relation to structure and agency, mixed-methods research allows for the collection of both quantitative and qualitative data that accounts for power, history and context. Similarly, intersectionality

allows for a critical conceptualisation of power and identity. Further, it encourages the analysis of the role of institutional structures (Perry, 2009).

3.5.2 Criticisms of intersectionality

It is important to note that intersectionality has received several criticisms. Some have argued that not only do intersectionality researchers use black women as the prototypical intersectional subject, but also that intersectionality lacks a precise definition, a defined methodology and empirical validity (Nash, 2008). Dietze, Yekani, and Michaelis (2018) argue that intersectional analysis often focuses on gender, race, and class, thereby, excluding other social categories such as ability, age, religious belief or sexuality. They add that intersectionality often centres on social categories to the detriment of conditions of inequality and power relations which should be given due attention (Dietze et al., 2018). Further, they believe that intersectionality research views difference as a marker of disadvantage and privileged positions are often not at the centre of investigations (Dietze et al., 2018).

Some of the methodological criticisms can be used to advance intersectionality as will be discussed in section 3.5.3 below. However, other criticisms are reflective of a failure to engage with the extant intersectionality literature that is now available across different disciplines. Take, for example, the criticism that intersectionality focuses on gender, class and race as the standard social categories of analysis (Dietze et al., 2018). Indeed, scholars of gender, class, and race studies laid the foundations of intersectionality as a framework to explore a range of social phenomena (Collins & Bilge, 2016). Since then, intersectional frameworks have been used by others in areas such as criminal justice (Parmar, 2017), education (Gross, Gottburgsen, & Phoenix, 2016), public health (Sen, Iyer, & Mukherjee, 2009) and social work (Keating, 2016).

Torres (2019a) conducted a major reassessment of the intersection between ethnicity and research in the field of ageing over the course of twenty years. A key limitation of the scholarship within social gerontology was the absence of intersectional analyses which is assumed to be fundamental for reconciling structure and agency without promoting cultural essentialism. Further, the scholarship was unconcerned with the different forms of subordination and oppression that exists (Torres, 2019a). For her, *'the imagination of scholarship of ethnicity and old age is content with shedding light on the inequalities that minority ethnic and racial populations experience but lacks a commitment to combatting the injustices that these groups are believed to face'* (Torres, 2019a, p. 168). In saying this, intersectionality has been considered by some social gerontology mainly in relation to different marginalised groups of older people such as older Lesbian, Gay and Bisexual people (Cronin & King, 2010), and older migrant women (Charpentier & Quéniart, 2017; Ferrer, Grenier, Brotman, & Koehn, 2017; Saltus & Pithara, 2014). Evidently, these studies do not only focus on gender, race, and class, but on other categories such as sexuality, age, and migrant status.

The criticism concerning a lack of focus on the conditions of inequality and power relations can arguably be said to stem from a lack of understanding or engagement with core intersectionality literature. For instance, in their text which they describe as an invitation for entering the complexities of intersectionality, Collins and Bilge (2016) lay out the core ideas of an intersectionality framework which include inequality, relationality, power, social context, complexity, and social justice. They emphasise that these core ideas are not always present in all investigations, and that they all do not carry equal weighting (Collins & Bilge, 2016). Crucially, this criticism ignores the fact that scholars of intersectionality do not just focus on either social categories or inequalities and power relations. For them, *'Race', class and gender, for example, are social categories that incorporate relations of power and involve inequitable distribution of resources in intersection'* (Phoenix, 2006, p. 25). The literature review chapter exemplified how social categories such as age

and ethnicity, intersected with migration-related factors, socioeconomic and health inequalities, racism and discrimination, hostile immigration policies to place some older minoritised people in positions of vulnerability to social isolation and loneliness. As such, intersectionality research can, and does engage with conditions of inequality and power relations.

This study also illustrates that intersectionality research does not always focus on illuminating positions of disadvantage. Intersectionality posits that social categories interact within connected systems and structures of power to privilege some people while disadvantaging (oppressing) others, depending on their context and characteristics (Hankivsky, 2014). In fact, because people live simultaneous positioning in their everyday practices, they can be both disadvantaged and privileged at the same time (Collins & Chepp, 2013; Phoenix, 2006). Moreover, intersectionality alerts us to the fact that privilege and disadvantage are not static and ahistorical, but contingent on time and context (Hulko, 2009). Indeed, in the introduction and literature review, an intersectionality lens was used to illustrate how older minoritised people can become vulnerable to social isolation and loneliness. As will be illustrated in the chapters that follow, an intersectional lens also led to the identification of processes that served to reduce vulnerability to social isolation and loneliness. As such, intersectionality research doesn't just focus on disadvantage.

3.5.3 Challenges of using an intersectionality framework

While qualitative, mixed-methods research and evidence syntheses appears to be ideally suited to intersectionality's inherent complexity and multiplicity, there are several issues to consider. Given that a majority of studies applying intersectionality frameworks employ qualitative data techniques (Gross et al., 2016), qualitative methods for intersectional health research are well-established and are in regular use (Fielding-Miller, Hatcher, Wagman, Swendeman, & Upadhyay, 2020). However, there is a lack of guidance for quantitative researchers

who seek to conduct intersectionality research in this area (Bowleg, 2012). Similar concerns have been raised by Gross et al. (2016) who note that despite the increasing popularity of quantitative intersectional research, there is a lack of clarity over how quantitative researchers can apply an intersectionality framework. In the same vein, researchers seeking to apply an intersectional framework to mixed-methods are said to be '*in many ways entering uncharted territory*' (Hankivsky & Grace, 2016, p. 124).

The situation for quantitative research is slowly changing with a burgeoning of publications offering guidance on how intersectionality can be applied to quantitative methods in areas such as health inequalities, (Bauer & Scheim, 2019), and education (Gross et al., 2016; McMaster & Cook, 2018). The number of studies illustrating the application of an intersectionality framework to mixed-methods research is also growing with examples from research on education (Gross et al., 2016; Maramba & Museus, 2011), gender transformation (Fielding-Miller et al., 2020), and transnational professionalisation processes (Ruiz Ben, 2018). To my knowledge, mixed-methods intersectional research on social isolation and loneliness in older minoritised people has not been conducted. As such, there is a lack of guidance as to how an intersectionality framework can be employed in this area. While, much can be learned from existing studies, Bowleg (2012) helpfully points out that public health scholars need not wait for the methodological challenges of intersectionality to be resolved to incorporate intersectionality into their theoretical frameworks, designs, analyses, and interpretations. What is needed is an intersectionality-informed stance (Bowleg, 2012). This stance involves not only a natural curiosity and commitment to understanding how the intersection of multiple social categories privilege and disadvantage some, but also involves the development of questions and measures a priori to allow for an intersectionality-informed analysis (Bowleg, 2012).

3.5.4 Intersectionality-informed approaches and analyses

The methods and modes of analysis employed in this study adopt an intersectionality-informed stance. McCall (2005) identifies three approaches to intersectional analysis; anti-categorical, inter-categorical and intra-categorical. The anti-categorical approach views analytical categories as fluid rather than fixed and pre-specified (McCall, 2005; Phoenix, 2006). By challenging the *singularity, separateness, and wholeness of a wide range of social categories*, this approach underscores how social categories and their interconnectedness are socially constructed (McCall, 2005:1778; Phoenix, 2006). The inter-categorical approach focuses on multiple inequalities between socially constructed groups (McCall, 2005). Its point of departure is that there exist relationships of inequality among socially constructed groups, and the main task of the inter-categorical approach is to illuminate those relationships (ibid.). The intra-categorical approach involves the analyses of difference and similarities within a single social category at a micro level. Researchers who adopt this approach tend to focus on particular groups to reveal the complexity of their lived experiences (ibid.).

In phase one, regression modelling was used to identify associations between social categories like ethnicity and the likelihood of having fewer friends, friends who were family members and friends who lived locally while controlling for certain factors. While the small numbers of older minoritised people in the sample hindered complex intersectional analysis, the phase adopted an inter-categorical approach to intersectional research. The approach to data collection in phase two also adopted an intersectional-informed stance. At the beginning of each interview, participants were invited to talk about their life stories and the experiences and events that they deemed important, starting from wherever they liked (Wengraf, 2001). This approach provides good evidence of the everyday lives of the participants and the meanings that they attached to events and experiences. It is supported by Christensen and Jensen (2012) who consider life-story narratives an important methodological approach in an intersectional

analysis because they enable researchers to grasp the '*complex processes of identification and positioning*' (p.114). Only older minoritised people were eligible to participate in the interviews. As such, phase two adopted an intra-categorical approach to intersectional analysis. This phase was also concerned with uncovering the processes that produced vulnerability as well as processes that reduced vulnerability to social isolation and loneliness. This focus on positive aspects of ethnic group belonging is in line with intersectionality's commitment to illuminating privilege and disadvantages resulting from the intersection of multiple intersecting social categories (Collins & Bilge, 2016). Further, it responds to calls made for gerontological research to move beyond focusing on disadvantages faced by older minoritised people (Phillipson, 2015; Zubair & Norris, 2015).

In phase 3b, qualitative comparative analysis (QCA), was conducted to explain the differences between the effective and non-effective studies identified in the meta-analysis. QCA is a non-probabilistic method that uses mathematical set theory to study complex phenomena (Kahwati et al., 2016). It has been proposed as a potential method to complement traditional evidence synthesis in systematic reviews of complex interventions (Kahwati et al., 2016). It allows for the identification of key intervention components, implementation/contextual features and their combinations that are present when an intervention is successful (Sutcliffe, Kneale, & Thomas, 2018). As mentioned above, Collins and Bilge (2016) underscore six core ideas of intersectional frameworks, namely complexity, relationality (connectedness), inequality, social context, power, social justice. QCA's commitment to addressing complexity and context taps into two of the core ideas, i.e., complexity, and social context. Further, QCA's recognition of multiple causal pathways mirrors intersectionality's attention to multiplicity (Hankivsky & Grace, 2016). Thus, QCA fits well with intersectional theorisation (Gross et al., 2016).

The data collected in phase two was re-used to address issues of acceptability and suitability in phase four. Given that an intersectionality-informed stance was adopted in phase two, it then follows that phase four is automatically intersectionality-informed for the reasons discussed above. However, owing to the use of dialogic/performance analysis, this phase is intersectionality-informed in its own right. Riessman (2008) alludes to intersectionality when she states that dialogical/performance analysis can *'uncover the insidious ways that structures of inequality and power-class, gender, and race/ethnicity- work their way into 'simple' talk about a life affected by illness'* (p.115). Moreover, in this method of analysis, context is given considerable attention as personal narratives are situated in wider economic and historical contexts (Riessman, 2008). Evidently, both dialogical/performance analysis and intersectionality attend to context and share a commitment to illuminating inequality, connectedness and multi-level analysis. Having illustrated how this study adopts an intersectionality-informed stance, the next section offers a reflection on ethical issues that had the potential to impact on the study and how these were addressed.

3.6 ETHICAL CONSIDERATIONS

Ethics approval for the study was obtained from UCL Institute of Education. For each of the phases, there were a variety of ethical issues to be considered. These are discussed below.

3.6.1 Phase one: Quantitative analysis of survey data

3.6.1.1 Consent, anonymity, confidentiality

Researchers who work with archived secondary survey data do not deal with the recruitment of participants. However, informed consent is an issue worth considering. It has been said that informed consent is not a one-off event, but it is something that is to be renegotiated over time especially if one's research involves prolonged periods fieldwork (British Sociological Association, 2004). Data from the Understanding Society: UK Household Longitudinal study adheres to ethical

guidelines as detailed in the fieldwork documentation where procedures obtaining consent are explained (University of Essex, Institute for Social and Economic Research, NatCen Social Research, & Kantar Public, 2016). As detailed in this documentation, the participants were assured that their data would be kept confidential in accordance with the Data Protection Act. They were provided with an information sheet and also informed of the right to withdraw. In addition, every three years, their consent is sought once again in keeping with the British Sociological Association's guidelines (ibid.). The data are deposited with the UK Data Services, which aims to provide users with access to a range of data resources that will allow high quality social and economic research (UK Data Service, 2017). The data obtained for analysis was downloaded through the servers at UCL to ensure a secure transfer. Once the data were obtained from the UK Data services, it was securely stored on UCL drives, which are password protected. After the research, my supervisors will ensure that the data remain secure on the password protected UCL systems. The data were already anonymised to maintain confidentiality and, thus, cannot be linked to individuals. This, therefore, means that there will be no risk to the research participants.

3.6.2 Phase two: In-depth interviews

3.6.2.1 Recruitment, consent, anonymity, right to withdraw

In phase two, people aged 65 and above living in the UK who self-identified as belonging to a minoritised ethnic group, were recruited through generic purposive sampling. Due to limited time and resources, individuals within my social network who fit the criteria of the target population were approached and asked to participate. I also approached colleagues, friends and family members and asked them to recommend individuals whom they believed would be willing to participate in the study. Given that colleagues, friends and family members can be considered gate-keepers, and those recruited in this manner may feel that they have no choice but to participate in the study, measures were adopted to address this concern. All participants were provided with an information sheet by me, or

the gate-keepers (See appendix 3.1). They were given time to read the information and contacted at a later date to confirm if they were happy to take part. Those that were happy to do so were contacted and an interview date and time was arranged. They were also reminded and assured of their right to withdraw from the study at any point without any penalty or prejudice. All participants were interviewed only once.

Participants were asked to sign a consent form once they read the information sheet. The font size on the information sheet and consent form was set to 15 (See appendix 3.2). This font size is based on the guidelines from the British Society Gerontology (2012) which recommends a minimum font size of 14 for consent forms and information sheets. The forms were piloted to ensure they were legible. There was an option to read the form out to those with difficulties. However, none of the participants required assistance of this nature. Before the interviews began, the participants were reminded and assured that their names and any other identifying details would remain anonymous and that their information would remain confidential. They were also informed that only my supervisors and I would have access to their data and that their information would be stored in a secure location (the encrypted password protected computers and drives at UCL). Once the research is complete, the participants will be sent a letter thanking them for their contribution and participation in the research and given a brief summary of the findings.

3.6.2.2 Pilot interviews

Owing to the sensitivity of the topic, prior to the interviews, conversations were held with five older people known to me to gauge how they would feel about talking about social isolation and loneliness. Some indicated that it would not be an issue. However, it was pointed out that for those who may not wish to discuss these issues, they could be asked whether they knew people who were

experiencing loneliness. Following this exercise, pilot interviews were conducted to test the interview schedule before the interviews (see appendix 3.6). The first interview schedule included semi-structured questions, and during the piloting stage, it was quickly established that the semi-structured questions were somewhat closed, and as a result, the interviews were short. The decision was made to start the interviews with a single question to elicit narratives (Wengraf, 2008). This allowed the participants to talk about their lives from any point they liked. Once they had finished, if they had not touched on key areas deemed important for addressing the objectives of the study, follow up questions were asked. This approach will be discussed in detail in chapter five.

3.6.2.3 Risk to the participants

There are ethical issues around cognition, memory and informed consent that may arise when conducting research on older people, especially for those in care or nursing homes. Further, the processes of vulnerability to isolation and loneliness for those living in residential care homes or nursing homes differ from those living independently in the community. For this reason, those residing in residential care homes or nursing homes, and those living in the community with diminishing cognitive abilities were excluded. Only those living independently in the community with the capacity to give their consent were eligible to take part in this study. During the interview, I kept in mind factors such as the presence of unrelieved pain, illness, emotional or physical discomfort, and visual, hearing or speech impairments to avoid any undue distress to the participant if these issues arose. I also spoke clearly to ensure I was heard. In addition, the participants were given enough time to respond so that they did not feel rushed during the interview. The participants were informed that they could stop the interviews at any point if need be.

For participants who were lonely or socially isolated, I could have been the first person they had talked to in great length in a long time. For this reason, I considered that some might choose to confide in me or perhaps even expect more contact. I ensured that I did not overstep the boundaries of the interviewer-researcher relationship. In one case, when asked for advice, I provide information of impartial services that would be able to assist them with their query.

3.6.2.4 Risk to the researcher

As well as ensuring that the participants were safe, and not at risk of distress during the interview, I also considered minimising the risk to my physical safety. I ensured that the interviews were conducted in a neutral location. I informed my supervisors of the date, time and location of each of the interviews, and they were notified once the interviews were complete. Three of the interviews were conducted over the phone, three were conducted in a public library, and four were conducted in the participants' home. A risk assessment of the libraries was conducted to ensure that interviews could be held in a quiet place in order to eliminate extraneous noises. All exit points were identified as were the safest routes, and the best time to travel to the interview location to ensure I was on time and I was as safe as possible. Social isolation and loneliness are sensitive topics. For this reason, I considered the emotional impact of the participants' responses on me as well as on them. As such, arrangements were made to contact my supervisors about concerns about my emotional well-being as soon as possible if required.

3.6.3 Phase three: Mixed-methods systematic review

3.6.3.1 Justification for the review

It is unethical to conduct research for research's sake, and the same applies to conducting systematic reviews. The Centre for Reviews and Dissemination (2008) encourages researchers who are about to embark on a systematic review

to justify the need for their review by ensuring that there are no systematic reviews on the same topic. This study adhered to these guidelines and prior to starting the review, an exploration of various sites on whether any systematic reviews exploring the effectiveness of community-based group interventions aimed at reducing social isolation and loneliness in older individuals was conducted. This exercise returned no completed or on-going reviews with the same topic.

3.6.3.2 Protocol registration

Registering a systematic review is good practice as it ensures the transparency of the work by making it public and even makes it possible to publish the protocol and obtain feedback (Oliver, Dickson, Bangpan, & Newman, 2017). Registration also alerts others to the work being undertaken and to avoid duplication, which is a waste of resources. One such platform for doing so is PROSPERO International prospective register of systematic reviews. It invites registration of protocols for systematic reviews in crime, education, health and social care, international development, justice, public health, and welfare where there is a health-related outcome (Centre for Reviews and Dissemination University of York, 2020). The register aims to provide a comprehensive listing of systematic reviews registered at inception to help avoid duplication and reduce the opportunity for reporting bias by enabling comparison of the completed review with what was planned in the protocol (Centre for Reviews and Dissemination University of York, 2020). In this study, a systematic review protocol was registered on PROSPERO on the 22nd of January 2019. It can be accessed via the link below https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019119623 (Protocol Registration ID:119623).

3.6.3.3 Informed consent

It is often argued that the informed consent given by the participants of an original study is only for that one study and researchers intending to use the same data for

a different study should also obtain informed consent (The Research Ethics Guidebook, 2017). It would be unethical to breach the ethical guidelines by using the data of these participants without their consent. However, in this systematic review, the results were not based on individual-level data but rather, they were based on the reports, findings and conclusions of authors. In addition, the information used in the study was available in the public domain. Thus, no ethical guidelines were breached.

3.6.3.4 Unethical studies

Many have raised concerns regarding the possibility that some systematic reviews may include studies with a number of ethical issues that could undermine the conclusions drawn from these reviews (The Research Ethics Guidebook, 2017; Vergnes, Marchal-Sixou, Nabet, Maret, & Hamel, 2010; Weingarten, Paul, & Leibovici, 2004). With this in mind, all the studies that were included in the systematic review were quality assessed and screened for ethical issues. This included an assessment of whether the authors obtained informed consent, adhered to confidentiality, assessed the risk of participants, a research committee granted ethical approval, and the presence of publication bias or conflicts of interest. If this information was unavailable, the studies were regarded as having a high risk of bias.

3.6.4 Phase four: An assessment of the extent to which community-based group interventions meet the needs of older people from minoritised ethnic groups

As mentioned above, the in-depth interviews conducted in phase two were re-used in phase four and analysed using dialogic/performance analysis. Ethical questions of anonymity, consent and confidentiality are brought to the fore when qualitative data is archived and other researchers are allowed to access the information for different research purposes (Bishop & Haaker, 2017). This practice runs the risk of exposing the identities of participants, thereby, breaching confidentiality and anonymity that may have been guaranteed when consent was

initially given (Mauthner et al., 1998). Relatedly, participants who may have consented to their data being used for one purpose may object to the same data being used for a different purpose (Social Research Association, 2003).

The ethical challenges of anonymity and confidentiality were not considered as much of an issue as they would be if I were using data collected by someone else, or if the data I had collected was being used by another researcher. This was mainly because I conducted the interviews, and as such, I already knew the participants. Further, when transcribing the interviews, I took the necessary steps to anonymise their data to ensure confidentiality. Concerning consent, although the research questions in the fourth phase differed from those in the second phase, they were, nonetheless, still related to social isolation and loneliness. Arguably, the participants were still taking part in the same research project albeit, at a later stage of the research

3.7 LIMITATIONS OF THE STUDY

The limitations of each phase will be considered in the respective chapters. This section details the key shortcomings of the overall study. First, the participants who took part in the interviews were all living in urban areas of South East England. This was likely the result of the approach taken to recruit participants, which relied on my personal contacts. Perhaps the recruitment of people from other parts of the UK, especially rural areas, would have resulted in different conclusions. However, Black, Asian and other minoritised ethnic populations living in England and Wales are not evenly distributed but are concentrated in London and the other urban cities of the West Midlands, Greater Manchester and West Yorkshire (Centre for Policy on Ageing, 2013). The applicability of the findings will be considered in greater detail in the forthcoming chapters.

All the participants who took part in this study were proficient in the English language. They had no difficulties in communicating their thoughts and views

during the interviews. However, the study did not include the views and lived experiences of older minoritised people who were not proficient in English. It is highly likely that their experiences would have differed from those of people who were proficient in English. It would have been ideal to recruit participants with language barriers to gain insight into this aspect of social isolation and loneliness. Such a process would have had to involve other researchers to recruit, interview and then translate the interviews for the analysis to take place. However, the limited time and resources meant that pursuing this line of inquiry was not feasible.

This study excluded older minoritised people living in residential care homes, nursing homes, and those living in the community with diminished mental and physical capacity. Their experiences of social isolation and loneliness are equally as important especially since loneliness is even more common in long-term care facilities (Simard & Volicer, 2020). The prevalence of severe loneliness among older people living in care homes ranges from 22% to 42% compared with 10% for those living independently in the community (Victor, 2012). To my knowledge, the prevalence of social isolation and loneliness for older minoritised people in long-term care facilities is unknown. However, given the high rates, of loneliness and isolation in community-dwelling older minoritised people, there is reason to believe that the prevalence rates in these facilities might also be high. Future studies are required to establish, not only the prevalence rates, but also the experiences of social isolation and loneliness for older minoritised people in long-term care/nursing facilities.

Although the writing of the thesis was done during the COVID-19 pandemic, the data used in this study were collected before the pandemic. As mentioned in the introduction, the COVID-19 pandemic and the measures adopted by different governments across the globe (including the UK government) to stop the spread of the virus are likely to negatively impact older minoritised people and increase

their vulnerability to social isolation and loneliness. This is chiefly a consequence of the lockdown measures, the need for vulnerable people to shield, the need to observe social distancing as well as the disproportionate impact of the virus on minoritised ethnic people living in the UK. In phase two of this study, community-based groups were found to be protective in reducing vulnerability to social isolation and loneliness for older minoritised people. These are likely to be affected by the restrictions imposed on gatherings in public places. As such, the overall findings will need to be interpreted in light of the changes wrought by the coronavirus pandemic.

3.8 CONCLUSION

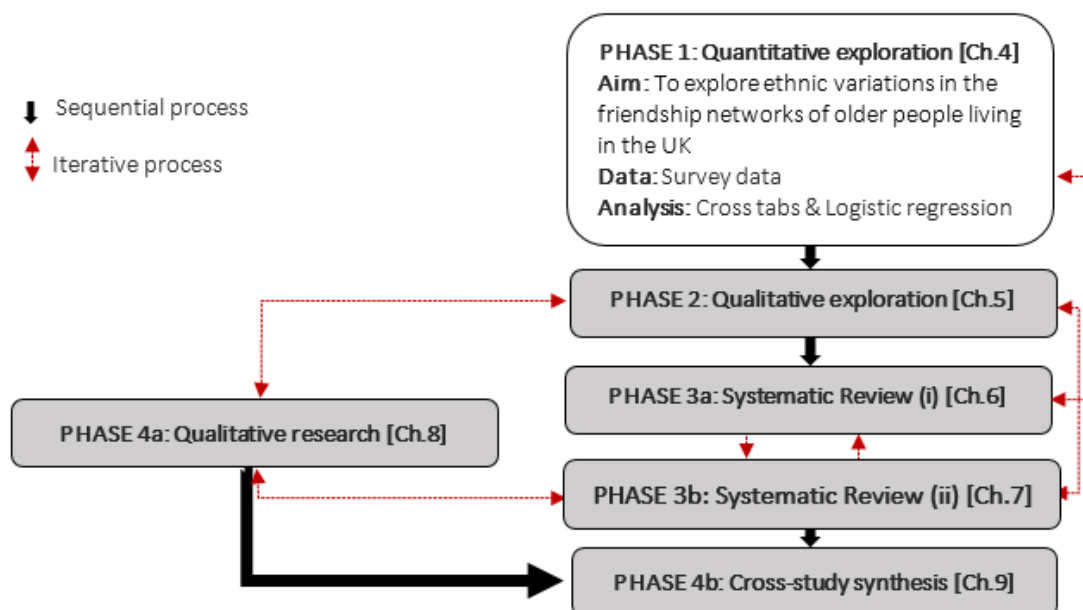
This chapter has provided an overview of the iterative mixed-methods sequential explanatory research design with an embedded concurrent component. The study was conducted in four phases to address the aims and objectives. The rationale for choosing this mixed-methods research design was not only based on pragmatic, political and paradigmatic reasons, but it was chiefly driven by the need to ensure the findings of the mixed-methods systematic review were generalisable and applicable to older people from minoritised ethnic groups living in the UK. The chapter has illustrated how the research design is supported by an intersectional framework as well as how an intersectionality-informed stance informs the methods and analyses. The practical, methodological and ethical issues relating to the qualitative/quantitative divide, re-use of secondary data and proficiency have been discussed as have ethical issues arising from each phase. The chapter has concluded with a reflection on the limitations of the overall research design. The next chapter presents the methods and findings of phase one; the first exploratory phase where secondary data were used to gain insight into social isolation and loneliness in older people from minoritised ethnic groups.

CHAPTER 4: A QUANTITATIVE EXPLORATION OF THE FRIENDSHIP NETWORKS OF OLDER PEOPLE: ARE THERE ETHNIC DIFFERENCES?

4.1 INTRODUCTION

This chapter reports on phase one which addresses the first objective of this study; to understand quantitatively whether the prevalence of social isolation and loneliness is different among older people from minoritised ethnic groups compared to older white people. In chapter three, the four-phase iterative mixed-methods research design used to address the aims and objectives of this study was presented. The chapter also provided the conceptual justification for conducting secondary data analysis prior to the systematic review. This exploratory phase was envisaged to have the potential for contributing to a better understanding of social isolation and loneliness in older minoritised ethnic group people. In turn, the results of such an exploration would help to strengthen the conceptual framework of the systematic review, for example, by helping to gain insight into important factors to include in the review, clarifying the research questions, or selecting the approach to analysis.

Figure 4.1. A visual representation of the research design highlighting Phase 1



The secondary data analysis represents the first phase of this study depicted in the figure 4.1 above. It is the focus of this chapter which is structured as follows. First, the aims of this phase are presented. They are placed in the context of the discussions in the introduction and literature review. A detailed account of the procedures for conducting this secondary data analysis is followed by a presentation of the results and a discussion of the meaning of the key results for the systematic review and for advancing knowledge on social isolation and loneliness in older minoritised people.

4.1.1 Aims



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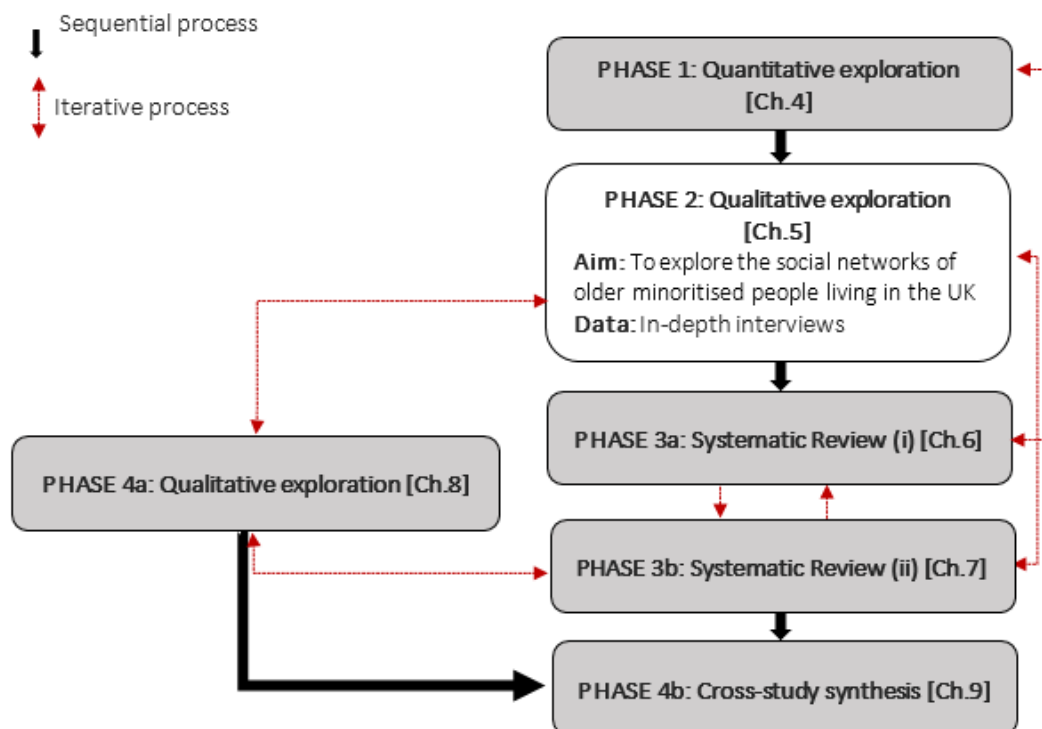
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CHAPTER 5: A QUALITATIVE EXPLORATION OF THE SOCIAL NETWORKS OF OLDER MINORITISED ETHNIC GROUP PEOPLE

5.1 INTRODUCTION

The first phase of this study, reported in the last chapter, set out to explore ethnic variations in the friendship networks of older people using data from Understanding Society: UK Household Longitudinal Study. The results suggest that compared to older white people, older minoritised people may have friendship networks that are not only less accessible geographically, but also restricted in size, thereby, placing them at risk of social isolation and loneliness. The small numbers of older minoritised people in the sample, coupled with a lack of appropriate variables measuring the quality of the friendship network, social isolation and loneliness meant concrete conclusions that could inform the systematic review could not be drawn. Instead, qualitative work was required to explore the results of phase one further.

Figure 5.1. A visual representation of the research design highlighting Phase 2



This chapter reports on the qualitative exploration, which represents the second phase of this study. Figure 5.1 above depicts where this phase sits in relation to the other phases. The chapter is structured as follows. First, I present the aim of this phase, followed by a detailed description of the procedures undertaken to collect and analyse the data in this phase. The findings will then be presented and discussed. The chapter will conclude with the limitations of this phase and the implications of the findings for the systematic review.

5.1.1 Aims

The results of the quantitative analysis, (Phase one of the empirical research, reported in chapter four), raised further questions relating to the friendship networks of older minoritised people relating not only to their friendship networks, but also their social networks as a whole and the role the members play in reducing social isolation and loneliness. This second phase, therefore, aims to explore qualitatively the social networks of older minoritised people living in the UK. The decision to focus on the wider social network and not just the friendship network was for two reasons. First, the first two chapters in this study alerted us to the conflicting narratives regarding the role that family and friends play in reducing social isolation and loneliness in older minoritised people. On the one hand, as reported in the introduction, it is often assumed that older minoritised people live in large households that protect them from social isolation and loneliness (Khan, 2017). On the other hand, current scholarship underscores the important role that friends play in warding off feelings of loneliness in older minoritised people (Cela & Fokkema, 2017). Focusing on the wider social network allows for an exploration of the role that family members, friends and others play in reducing social isolation and loneliness in older minoritised people.

Second, social networks are central to both social isolation and loneliness. To recall, social isolation can be defined as a lack of contacts, interactions and quality support between people and a social network (Dickens et al., 2011). Loneliness has

been described as an unwelcome feeling that occurs when there is a discrepancy between a person's desired relationships and their actual relationships (Hughes, Waite, Hawkley, & Cacioppo, 2004). As such, interviews that focus on the wider social network would give insight into aspects of social isolation and loneliness that might otherwise be missed if participants are asked to talk directly about these matters. Moreover, talking about one's social network might be easier for those who may not be comfortable talking about social isolation and loneliness.

With this in mind, I set out to explore the social networks of older minoritised people with a view of answering the following the research questions

1. What processes produce vulnerability to social isolation and loneliness in older minoritised people?
2. What processes reduce vulnerability to social isolation and loneliness in older minoritised people?
3. How can these processes be used to develop ideas around the types of interventions that can be useful in preventing social isolation and loneliness in older minoritised people?

In answering these questions, this phase seeks better to understand social isolation, loneliness and the life course experiences of older minoritised people in order to address the second objective of this study; to develop a deep understanding of how isolation/loneliness is experienced by older minoritised people. As will be illustrated, the findings of this exploration were instrumental in informing the systematic review in phase three.

5.2 METHODS

5.2.1 Recruitment & data collection

The full recruitment process was reported in chapter three when discussing ethics (See section 3.6.2). It will, therefore, be mentioned briefly in this section. Recruitment and data collection took place between July 2017 and September 2017. For this phase of research, generic purposive sampling was employed. In this approach, selecting individuals is fixed and formed a priori as the criteria used to recruit participants are formed by the research question (Bryman, 2012). Older people aged 65 and above from minoritised ethnic groups living in the UK were eligible to take part provided they did not live in residential care homes or nursing homes. There were no restrictions as to whether they were lonely or socially isolated. This ensured the inclusion of a diverse sample of older minoritised people for this study to generate insight into different types of social networks and different processes that produce/reduce social isolation and loneliness. Participants were approached about participating in the study by myself and members of my network, (e.g. colleagues, friends, and family members), who acted as gatekeepers. Upon first contact, participants were offered an information sheet with details about the study. I then contacted those who had agreed to take part in the study via email or telephone to arrange a suitable time and place to conduct the interview.

As stated in chapter three, I obtained ethical clearance from UCL, Institute of Education before conducting the interviews. Three of the interviews were conducted over the telephone, three were conducted in a public library, and four were conducted in the participants' homes. I obtained written consent for the seven interviews conducted in person and verbal consent for the telephone interviews. All the interviews were conducted in English and were recorded. Translators were not required as all the participants spoke in English. The lengths of the interviews varied from 42 minutes to 4 hours. Throughout the interview, I was vigilant for signs of discomfort or embarrassment.

Only one participant was known to me prior to the start of the study as they were the parent of close contact. In saying this, interactions with this participant in the past were usually brief and always took place in the company of my contact. The rest of the participants were not previously known to me but were relatives or acquaintances of the friends, colleagues and family members that I had approached to help me recruit participants for this study.

Given the diversity of older minoritised people living in the UK, I was keen to capture the experiences of both men and women born in a variety of countries outside the UK. This was in line with tenets of intra-categorical intersectionality research. The first few participants who had agreed to be interviewed were mostly men. To ensure that the experiences of women were also included in the sample, I focused my attention on ensuring that women were also represented. This approach might have meant that potential male participants may have been overlooked in favour of female participants. However, it was important to include participants from different genders, born in different countries with a range of migration histories and lived experiences.

5.2.2 Narrative approach to interviewing

The in-depth interviews conducted in this phase were informed by narrative research, in particular, the Biographical Narrative Interpretive Method (BNIM), where interviews are designed to start with a single initial narrative question (Wengraf, 2001). BNIM's focus is *'on eliciting narratives of past experience rather than (just) explicit statements of present or remembered 'position''* (Wengraf, 2008, p. 3). Its attention to earlier perspectives, life stories and biographies (Wengraf, 2001, 2008) enables in-depth insight into the evolution of the lived experiences of social isolation and loneliness in ways that other methods might not. It can help to bring together layers of understanding about an individual, their culture, and how they have created change (Hollway & Jefferson, 2012). This attention to the wider context and multiple perspectives means that it is in line with the core tenets of an intersectionality framework.

As reported in chapter three, the decision to adopt this approach to the interviewing was made in response to the pilot interviews, which highlighted the restrictiveness of the pilot semi-structured interviews. Although the pilot interview schedule had all questions believed to be important to address the objectives of this phase, the participants provided direct responses to the questions I asked. In consequence, the interviews were short, and the data collected was limited. The decision was, therefore, made to start the interviews with a single question to elicit narrative (Wengraf, 2008). This allowed the participants to talk about their lives from any point they liked. If they had not touched on key areas deemed important for addressing the objectives of the study, I asked follow-up questions from the interview schedule.

Not only does this approach provide good evidence of the everyday lives of the participants and the meanings that they attach, but it also helps to redress any power differentials inherent in the research (Elliott, 2005). For example, in structured and semi-structured interviews, an interviewer imposes ways of answering by choosing the theme, the topics, and even the order of the questioning (Hollway & Jefferson, 2012). As such, the interviewer sets the agenda and remains in control of the information that is produced (Hollway & Jefferson, 2012). In contrast, interviews that adopt a narrative approach are sufficiently open-ended to allow participants to express themselves as fully as possible and in any manner that they choose (Phoenix & Brannen, 2014).

This approach has the potential to overcome the challenges of talking about social isolation and loneliness, which some might consider stigmatised and sensitive (Mann et al., 2017). The approach was also sensitive to the needs of those older people who might need time to recall past events and experiences. It provided an opportunity to build rapport with the participants. In line with the intersectionality framework, this approach provided a platform for marginalised voices, thereby,

giving them agency. The findings of such approaches can facilitate and inform the development of well-targeted and cost-effective interventions and strategies (Bowleg, 2012) for social isolation and loneliness.

5.2.3 Reflexivity and the research process

As indicated in chapter one, I considered myself both an insider and an outsider. As a black woman from a minoritised ethnic group living in the UK, the participants and I shared a racialised/ethnicised identity. As an outsider by virtue of my age, gender, country of birth and possibly, my student researcher identity, I benefited from in-depth explanations of the participants' experiences. For instance, when talking about a day centre, one participant went into detail when explaining what happens in a day centre for older people. It may be that she positioned me as someone with no knowledge or experience of visiting a day centre, and she positioned herself as someone knowledgeable in this field, especially since her line of work involved working with older people. As such, any inherent power dynamics in relation to my position as a researcher, and the participant's position as the researched, were challenged because she related to me from a position of knowledge and experience (Lundgren, 2012).

As an insider by virtue of my racialised identity, I expected my insider status to help build rapport and trust with the participants. This turned out to be the case with some participants. It is possible that our shared racialised identity allowed them to talk freely about shared experiences of culture, language, and food. The participants used phrases such as 'our people', 'our culture', 'our community' to denote our shared identity. One participant who was born in East Africa and was familiar with the Swahili language, was happy to share phrases and words that she could remember in Swahili. Evidently, the intersection of my ethnic background, country of birth and language/linguistic competence were key to building rapport with this participant. I felt that the many participants were able to talk to me

openly about the differences between their experiences in the UK compared to their experiences in their countries of birth. As such, my position as an insider may have led to the production of narratives around cultural differences that may otherwise have not been produced if we did not share the same racialised/ethnicised identity.

As discussed in the introduction, a shared racialised/ethnicised identity is not always helpful and does not always help interviewees to bond with the interviewer (Bourke, 2014). I found that the intersection of my racialised identity with my age, gender, country of birth, perceived social class and researcher status hindered me from pursuing certain lines of enquiry with one participant. For example, before beginning an interview with one male participant who was born in West Africa, I decided to confirm his age to ensure he was eligible to participate. However, he told me not to worry about his age and assured me that he was definitely eligible to participate.

It occurred to me that my position as a younger person questioning an older person might not be in line with the norms that govern how older people interact with younger people in his culture. I reflected upon my cultural upbringing where young people do not discuss certain topics with older people as a sign of respect. Therefore, during that particular interview, I was hesitant to pursue certain lines of questioning for fear of offending the participant and subsequently ending the interview. These were mostly questions relating to his personal life, including his marital status and living arrangements. In saying this, the approach to interviewing used in the second phase of this study allowed participants to talk about themselves freely from any point they liked. As such, this type of information was easily gleaned from his narratives. Evidently, in this study, different social categories intersected in complex ways to influence,

both positively and negatively, the research process and the data that was collected.

5.2.4 Sample

Ten older people from different minoritised ethnic groups took part in this study. I had planned to interview more participants for this study, however, I stopped the interviews after the tenth participant when there were no new theoretical insights contributing to addressing the objectives of the research (Baker & Edwards, 2012). The participants were born in different countries in East Africa, West Africa, Southern Africa, South East Asia, and the Caribbean Islands¹³ (see Table 5.1 below). The sample consisted of five men and five women aged between 65 and 90 living independently in the community and not in residential care homes or nursing homes. Four participants were married, three were widowed, one was divorced, and one was single. One participant did not provide information about his marital status¹⁴. The participants had been living in the UK for varying lengths of time, ranging from between 15 years to 63 years. Five lived alone while the rest lived with their spouses and/or children and grandchildren. The health problems reported by participants in this sample included severe backaches, diabetes, work-related injuries, and injuries from motor vehicle accidents, aching joints and body pains. Some were survivors of heart attack and stroke. One participant mentioned that they had no health problems, but they were conscious that becoming weaker was inevitable as they progressed into later life.

Concerning their current occupational status, all participants were retired except for two, who were still in part-time employment. In terms of former and current occupations, there was a mix of occupations in the sample ranging from shopkeepers to cleaners. I assigned a social class value to the occupations using

¹³ The broad geographical regions have been used in place of the actual countries. I acknowledge that doing so may strip away important contextual information, however, it ensures the anonymity of the participants who were few in number and living in one region in England.

¹⁴ See section 1.6.3 and 5.2.3 for a detailed discussion on my position as a researcher and how it impacted on the interviews

the Standard Occupational Classification (SOC2010) as can be seen in the list below (Institute for Social and Economic Research, 2021).

- **I -Professional, etc occupations:** *Shop keeper (1)*
- **II -Managerial and Technical occupations:** *Teacher (4), Nurse (2), Accountant(1), Laboratory assistant (1), Electrical technician(1)*
- **IIIN -Skilled occupations - Non-manual:** *Retail/sales associate (1)*
- **IIIM -Skilled occupations – Manual:** *Jeweller (1)*
- **IV -Partly skilled occupations:** *Poultry handler (1), Care worker (1), Animal vaccine handler (1), machine operator (2), factory worker (3)*
- **V -Unskilled occupations:** *cleaner (1)*
- **VI -Armed forces:** (0)

The numbers in parenthesis represent the number of participants in this sample with this occupation. Some participants, like Mr Hall, had one occupation throughout his working life. Others like Mr Fiaz, Mr Gill and Mrs Lambert had three occupations. There was evidence of both upward and downward social mobility experienced throughout the life course of the participants. For example, Mrs Lambert had a professional occupation back in her home country. Upon arrival to the UK, the only work she was offered was categorised under partly skilled occupations. As such, she moved from Social Class II to IV. She retrained and later secured a job in managerial/technical occupations, thereby moving back up to Social Class II. Similarly, Mr Fiaz arrived in the UK as a skilled tradesperson (IIIM). He, too, experienced downward social mobility as he could only find work in the partly skilled occupation category (IV). He later found a job in the skilled trades occupation (IIIM) but later moved back down to Social Class IV and V.

Table 5.1. Characteristics of study participants

Name^a	Sex	Age group	Marital Status	Place of Birth	Years in UK	No of years retired	Current occupational status	Living Arrangement
Mr Bilal	M	70-74	Divorced	East Africa	45-49	05-09	Retired	Lives alone
Mrs Chakrapani	F	65-69	Widowed	East Africa	45-49	15-19	Retired	Lives alone
Mr Edosa	M	70-74	-	West Africa	40-44	05-09	Retired	Lives alone
Mr Fiaz	M	65-69	Married	East Africa	45-49	00-04	P/T work	Lives with wife & adult children
Mr Gill	M	70-74	Married	S/East Asia	55-59	05-09	Retired	Lives with spouse
Mr Hall	M	70-74	Married	The Caribbean	55-59	15-19	Retired	Lives with spouse
Miss Isaacs	F	80-84	Single	The Caribbean	45-49	20-24	P/T work	Lives alone
Mrs Jide	F	70-74	Widowed	West Africa	50-54	10-14	Retired	Lives with son, daughter-in-law & grandchildren
Mrs Khuboni	F	65-69	Widowed	Southern Africa	15-19	05-09	Retired	Lives alone
Mrs Lambert	F	85-89	Married	The Caribbean	60-64	25-29	Retired	Lives with spouse

Key: P/T work= Part time work; ^a The participants were given pseudonyms for anonymity in line with general data protection regulations

The downward social mobility experienced by some participants in this study is in line with findings from the First Ethnic Minority Survey conducted by the Policy Studies Institute in the 1960s which highlighted the downward mobility experienced by some immigrants following their entry into Britain (Daniel, 1968). The findings of this study illuminate the vulnerability of many migrants who are often employed in “the 3-D jobs” (dirty, demeaning and dangerous) (Agyemang et al., 2017). These jobs are often concentrated in informal, un- or lightly regulated sectors of economies where there is little respect for labour and other protection (World Health Organization, 2010). Not only are these jobs labour intensive, temporary or seasonal, but they are also hazardous with consequences for the physical and mental well-being of migrants (Agyemang et al., 2017; World Health Organization, 2010).

5.2.5 Analysis

The BNIM-informed approach adopted to interviewing participants in this study generated rich, complex accounts. The first stage of the analysis, therefore, involved managing the rich material generated and pen-portraits were deemed suitable for this purpose. The following section introduces pen-portraits and their potential. This will then be followed by a description of how pen-portraits were created and analysed to address the research questions of this study.

5.2.5.1 Pen-portraits

Pen-portraits are a structured way to summarise a whole interview for future reference, thereby, acting ‘*as a substitute whole for a reader who will not have access to the raw data*’ (Hollway & Jefferson, 2012, p. 70). They can provide researchers with a means of engaging holistically and creatively with rich and complex material (Campbell, Mcnamara, & Gilroy, 2004; Golsteijn & Wright, 2013). In analytic induction or comparative analysis, data are reduced to smaller units, thereby, becoming disconnected from the context from which it came (Quigley,

Trauth-Nare, & Beeman-Cadwallader, 2015). In contrast, pen-portraits summarise the important elements of an interview but retain the rich narrative details (Quigley et al., 2015). These holistic summaries can then be used to communicate interview data in a meaningful and accessible way (Campbell et al., 2004).

5.2.5.2 Creating pen-portraits

To create the pen-portraits, I first listened to the audio recordings of the interviews and read the transcripts and field notes. As per guidance offered by Campbell et al. (2004), I identified issues, characteristics, key factors, and critical incidents relevant to the research aims and highlighted quotes, metaphors, dilemmas and behaviours that exemplified the themes identified. Hampsten (2015) argues that effective portraits are those that resist a formulaic pattern and reveal the personality of the individual. However, because there was certain information that was required to answer the research question, it was difficult not to take a formulaic approach to the creation of these pen portraits. Therefore, a flexible but systematic approach was adopted. A pro forma was developed to elicit specific information for each participant, ensuring key information relevant to the research aims were included while still allowing for the inclusion of events, concepts and experiences unique to each participant (Appendix 5.1). The collated data were then woven together to form a narrative account of each participant. This process involved several iterations as I went back and forth to the recordings and transcripts to ensure that I had captured all the information relevant to the research aims.

The completed pen-portraits were rich, descriptive and based on the participants' narratives of their experiences, migration histories, social networks, including friends, families, living arrangements, hobbies, health, and views on social isolation and loneliness. They included short extracts from the transcripts and/or indication points in the interview where particular narratives were produced. In what follows, I present excerpts from a few pen-portraits to illustrate the details

that were included in the pen-portraits. Please see appendix 5.2 for two examples of complete pen-portrait.

The excerpt below is taken from a section of Mrs Chakrapani's pen portrait. It illustrates her migration history and her first impressions of the UK

She came to the UK as a refugee following the expulsion of Asians from Uganda. She arrived with her husband, her parents-in-law and her two sisters-in-law. They were among the first refugees to arrive and they stayed in a refugee camp for a month in contrast to many others who were in the camp for 6 months. Her father went back to India and later passed away. Her siblings came a few months later. She tells me that the experience of being a refugee was difficult. The UK government was trying to accommodate people, but it wasn't easy as Britain was a small island and there were several thousand Ugandan Asians. Her sentiments about moving are seen when she says

"...if people choose to migrate on their own accord, it is ok but the experience of arriving as a refugee was a whole different ball game..."

The excerpt below taken from Mr Bilal's pen portrait showcases his hobbies

In relation to his hobbies, he is fanatic about golf and plays often. He used to play competitive golf in a league and was the overall champion in his area. He even used to play in the snow but says that that level of fanaticism is gone due to age as illustrated when he says

"Now age is my handicap. You know... now I cannot swing as before but I still play"

Other than golf he likes reading and tells me that hours will pass by without him knowing when he reads. He enjoys watching international films that are intellectually stimulating but doesn't like Bollywood or Hollywood films. He also enjoys the theatre. When asked how often he goes, he says that he goes once in a while. His other hobby is birdwatching. He goes out on the dawn patrol and records the species of birds in the area. He tells me that a month ago he saw a gold finch. That was a really good experience as they are often not easily spotted. As there aren't any new birds to watch. He doesn't go as often but he is planning a trip to Norfolk to see whether he may spot different birds.

The excerpt below taken from Mr Gill's pen portrait gives us insight into Mr Gills' network of friends and family

Mr Gill has three siblings all who live in the UK. They all have children apart from the youngest who is single and lived with their mother until she passed away almost two decades ago. He visits them often and takes his son to see the youngest sibling who lives in a different city.

When asked about the friends and colleagues that his children grew up with, he says that some have died, and some have moved on. He has three colleagues that moved the same time as he did. He also mentions that he doesn't have any uncles and aunts who are still alive in the UK. However, he has cousins who live in the UK. He used to go and visit his cousin, but he is unable to do so as seen below

"...but um he's [cousin] still alive but I haven't seen him for years. The last time I saw him was his wedding. That's the boy. The other cousins they are still alive, I'm in contact with them but because of my eyesight and all I can't drive so two of them have been to see us a couple of times, but I used to go there at least twice a year..."

He says that he doesn't have any relatives in his country of birth but he still has friends out there that he corresponds with by email.

The excerpt below taken from Miss Isaac's pen portrait captures the extent of her faith

When asked about situations where there may have not been anyone to help, she says that she has never been in such a situation. She then tells me that when such a situation arose, she didn't go to anybody but God. This is illustrated when she says

"I can tell you, when I was in that situation, I didn't go to anybody, but I was... I just cried out to my God and He helped and I was never the same again. He just brought me to an awareness. So it's not mankind to help you. Once you know Jesus, you have everything. You can call on him at any time."

She thanks God that she is in good health but acknowledges that age is something that one cannot avoid as illustrated when she tells me

"...at the moment I am physically fit, mentally alert, you know, emotionally stable [laughs] spiritually strong [laughs] but there is a time when you are going to get weak. You cannot prevent it."

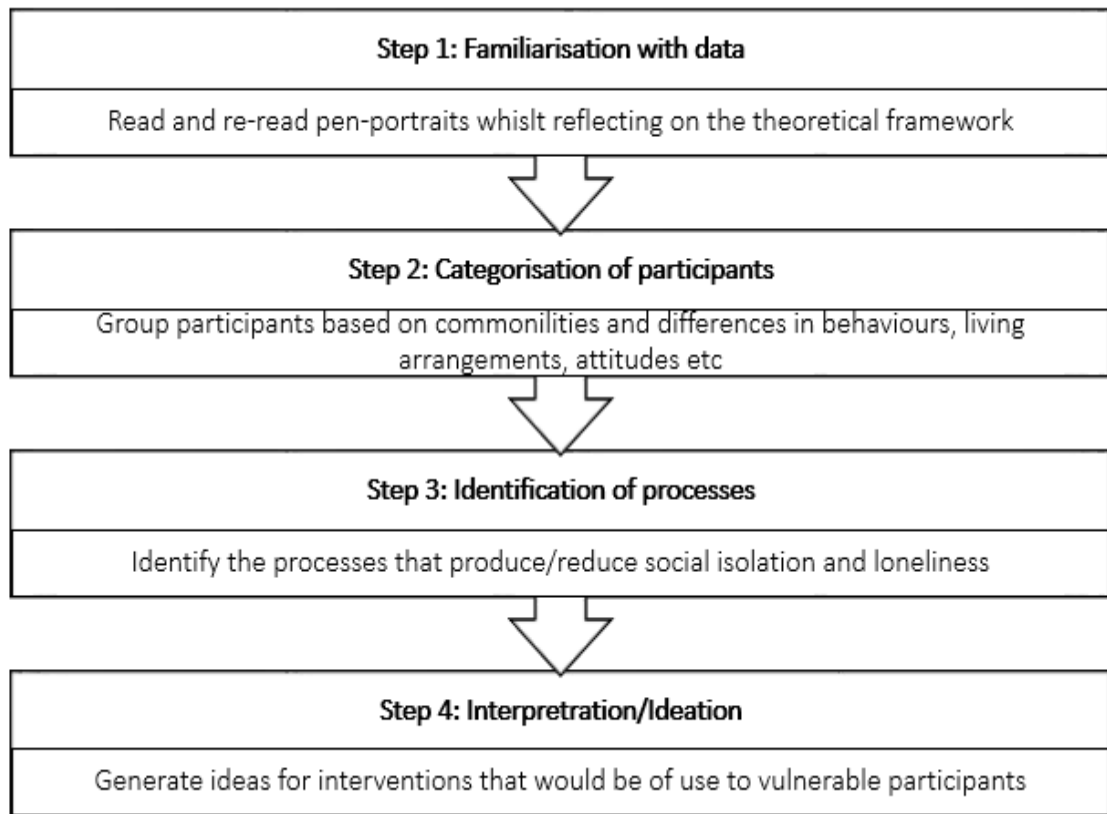
5.2.5.3 Pen-portrait analysis

Having adopted a narrative approach to interviewing, I may have been expected to use narrative analysis to make sense of the data. However, I used pen-portrait analysis instead. This was primarily because conducting narrative analysis would have required a considerable amount of time which was limited. Further, there were other objectives in the study that also needed to be addressed. Given the richness of the pen-portraits, I decided to use pen-portrait analysis. Few researchers have analysed pen-portraits in themselves (Sheard et al., 2017), however, there is an agreement that the depth, detail and wholeness of pen-portraits allow for analysis which, in turn, can facilitate reflection and development of ideas, especially when practical implementation and decision-making are required (Golsteijn & Wright, 2013; Tod et al., 2012; Walker, Liddell, McKenzie, Morris, & Lagdon, 2014). This potential of pen-portrait analysis was considered key to this study. The findings of such an exploration would be useful for informing the next phase of the study; the systematic review of social isolation and loneliness interventions for older people. Evidence that such an undertaking is possible and fruitful is provided by Walker et al. (2014) who used pen-portraits to identify the factors which drove household fuel poverty and determine specific measures

needed to address them. Similarly, Tod et al. (2012) used pen-portraits as an accessible communication method as well as a reflective method to analyse the capacity of the National Health Service to respond to the needs of older people vulnerable because their homes are likely to be cold, in line with the Cold Weather Plan (Tod et al., 2012).

Pen-portrait analysis is a relatively underdeveloped field. Thus, to guide my overall approach, I turned to works by Tod et al. (2012), Sheard et al. (2017), Walker et al. (2014) and Golsteijn and Wright (2013) who, as mentioned above, have previously analysed pen-portraits. I conducted the analysis in concert with their approaches as in the four steps detailed in figure 5.2 below.

Figure 5.2. Steps taken to analyse pen-portraits



Step 1: Familiarisation with data

The first step involved familiarisation with the data where the constructed pen-portraits were read and re-read. After I had familiarised myself with the material, I returned to the pen-portraits with the following in mind:

- the theoretical framework of the risk factors for social isolation and loneliness such as marital status, household composition and health (Wenger et al., 1996),
- factors relating to social networks such as the availability of close kin and close friends,
- the level of involvement with friends, family, neighbours and community integration (Wenger, 1991),
- perceived barriers and facilitators to social participation and level of support provided/received.

Step 2: Categorisation of participants

The second step involved the categorisation of participants into groups with similar characteristics in terms of living arrangements, personalities, needs and attitudes or behaviours. Through this exercise, I identified four groups of older people that will be discussed in the findings section. This process was much like thematic analysis where patterns in the data are identified, analysed and reported (Braun & Clarke, 2006). I used handwritten notes as well as used Microsoft Word, Microsoft Excel and XMind (mind mapping software) to identify, record and organise these similarities.

Step 3: Identification of processes that reduce/produce vulnerability

In the third step, I identified the processes and behaviours that produced and reduced vulnerability to social isolation and loneliness identified in each group. Evidence contributing to processes that produced/reduced vulnerability were identified from the pen-portraits and then recorded and organised using Microsoft

Word, Microsoft Excel and XMind. By including processes that reduce loneliness and isolation, this investigation responds to calls made by Phillipson (2015) for social gerontologists to *'move away from largely descriptive research about the health and social problems associated with ethnic group membership and consider some of the advantages instead'* (p.929). I identified five processes that appeared to reduce older minoritised people's vulnerability to social isolation and loneliness and four processes which increased their vulnerability to social isolation and loneliness.

Step 4: Interpretation/Ideation

The last step involved bringing together the findings from the first three stages for holistic interpretation and ideation. Based on the findings from the first three stages, I reflected upon the types of measures, strategies, interventions and services that could be used to prevent/alleviate social isolation and loneliness. Given that this phase was an exploratory phase which would help inform the systematic review of social isolation and loneliness interventions in the next phase, this interpretation/ideation stage was especially important in generating ideas for the types of interventions that could be assessed based on the lived experiences of older minoritised people. The exercise resulted in the identification of four types of interventions with the potential to reduce vulnerability to social isolation and loneliness amongst older minoritised people based on their lived experiences.

5.3 FINDINGS

The findings of the pen-portrait analysis are presented in four sections as detailed below

- a) Characteristics of the four groups identified through the segmentation process.
- b) Processes that produce vulnerability to social isolation and loneliness
- c) Processes that reduce vulnerability to social isolation and loneliness
- d) The findings generated following the interpretation/ideation exercise

5.3.1 Characteristics of the four groups identified through the categorisation process.

Table 5.2 below presents the four groups identified following the categorisation process, the participants who broadly fell into the categories and the main characteristics of these groups. These groups had varying levels of vulnerability to social isolation and loneliness as will be illustrated in the following section. A brief description of the participants in each group is provided below.

Table 5.2. Four groups identified through pen-portrait analysis

Group	Participants in this group	Shared characteristics
Restricted by poor health/caring duties	Mrs Chakrapani Mrs Jide Mrs Lambert	All female, retired, diverse social networks, some suffer from limiting long term illnesses that affect social participation and past activities, all have varying degrees of caring responsibilities.
Actively engaged with family and community	Mr Fiaz Mr Hall Mr Gill	All married, all male, all live with spouses, socially active with diverse social networks, all have several activities and hobbies to keep them busy, embedded within community
Seeking a community	Mrs Khuboni	Widowed, retired, lives alone, experiences loneliness, has a restricted network, friends do not live locally, seeks community groups to join, unable to find services for older people in her local area
Well informed about local services	Miss Isaacs Mr Edosa Mr Bilal	Emphasise independence and self-reliance, belong to community groups, well informed about the services in the area, have several activities/hobbies to keep them busy

5.3.1.1 Restricted by poor health/caring duties

This group of participants consists of three women. Mrs Chakrapani is in her mid-60s. She is widowed and lives alone. She was born in East Africa and came to the UK as a refugee in the 1970s with her family. Her children, grandchildren and siblings also live in the UK. Mrs Jide, who is in her early 70s, was born in West Africa. She studied in the UK and then went back to her country of birth to work until she retired. However, she frequently travelled to the UK. She now lives with her son, his wife and her grandchildren. She still travels to her country of birth frequently, where her other children and grandchildren live. Mrs Lambert is in her mid-80s. She was born in one of the Caribbean islands and came to the UK in the 1950s to work. She lives with her husband and has children who live in the UK. The women in this group are all retired, and all have a diverse network consisting of both friends and family members. As will be illustrated in the following section, they all have health-related problems/caring responsibilities that hinder their social activities.

5.3.1.2 Actively engaged with family and community

This group consists of three men. Mr Fiaz is in his mid-60s and lives with his wife and two children. He was born in East Africa and came to the UK in the 1970s as a refugee. He works part-time. Mr Hall, who is in his early 70s, was born in one of the Caribbean islands. He came to the UK in the 1960s to study. However, his plans to study did not materialise, and he ended up working. He is retired and lives with his wife. His children and grandchildren also live in the UK. Mr Gill, who is in his early 70s, was born in South East Asia. He came to the UK as a teenager in the 1960s with his parents and siblings. He lives with his wife and has children who also live in the UK. The men in this group have social networks that consist of both friends and family members. They are active in family life, have several hobbies and activities to keep them busy and are all embedded within their communities.

5.3.1.3 Seeking a community

There was only one participant in this group; Mrs Khuboni. She is a retired, widowed woman in her late 60s who lives alone. She was born in Southern Africa and came to the UK in her mid-50s to help care for her grandchildren. She can, therefore, be considered a late-life migrant. She travels back to her country of birth as often as she can. She reported being lonely and was in search of a community group to join.

5.3.1.4 Well informed about local services

This group consists of two men and a woman. Miss Isaacs is a single woman in her late 70s who lives alone and works part-time. She was born in one of the Caribbean Islands and came to the UK in the late 1960s to work. Mr Bilal, who is in his early 70s, is retired and lives alone. He is divorced, and his children are deceased. He was born in East Africa and came to the UK in the late 1960s to study. His social network consists mainly of friends. Mr Edosa is a retired man in his early 70s. He was born in West Africa and, at the time of the interviews, he had been living in the UK for around 40 years. He has family members who live in the UK and regularly keeps in touch with family members back in his country of birth. The participants in this group emphasised their independence and some emphasised their self-reliance. They all belonged to community-groups and were well informed about what was available in their local area.

5.3.2 Processes that produce vulnerability to social isolation and loneliness

Through the pen-portrait analysis, five processes that produced vulnerability to social isolation and loneliness were identified, namely poor health, caring responsibilities, cold weather, 'busy-ness' of friends and family and perceived cultural differences. Some of these processes were particular to the specific

groups mentioned in Table 5.2 above, while some were shared across groups. This section presents and discusses these processes.

5.3.2.1 Poor health

Poor health was identified as a barrier to social participation, thereby, placing some at risk of social isolation and loneliness. In particular, the participants who were restricted by poor health/caring duties, (Mrs Chakrapani, Mrs Lambert and Mrs Jide), had health problems such as chronic back pain, hearing loss, poor eyesight and dietary restrictions which interfered with their social interaction and activities. For example, Mrs Chakrapani suffered from a stroke a few years prior to the interview. The medication she takes as a result of the stroke led to her gaining weight. She now has to watch what she eats and has even stopped going out for meals with friends because of her dietary restrictions as illustrated by the excerpt below

“... friends I used to invite sometimes, we used to go out for meals, I've stopped doing that now...because, I don't eat a lot...I didn't have breakfast, that's why I am having this [cake and tea]. I had just a little bit of cereal to make up with my tablets, yeah...” -Mrs Chakrapani,

This excerpt illustrates the mechanisms through which poor health can impact on social activities through dietary restrictions, thereby, producing the vulnerability to social isolation and loneliness for some. This finding is supported by Charmaz (1983), who highlights that people with chronic illness may restrict themselves voluntarily when they experience a loss of control, embarrassment from unpredictable illness. This was the case with Mrs Chakrapani, who stopped going out to eat with her friends. According to Charmaz (1983) early friendships of those in Mrs Chakrapani's situation are likely to wane as those with a chronic illness no longer share the same social worlds. They are, therefore, likely to be vulnerable not only to social isolation but also to a loss of self (ibid.).

Similarly, Mrs Jide's poor health has had a negative impact on her interactions with members of her social network. She also has problems with her eye-sight and chronic back pain that limits her mobility. The excerpt below exemplifies how health conditions can hinder her social interaction. It was taken from a section in Mrs Jide's interview where she was discussing visiting her friends.

"Some of my friends they always come from [Reading] to see me...one of them is not well now. Because of this my condition I couldn't go to [Reading] to see her" -Mrs Jide

The excerpt highlights how health conditions can prevent people from offering emotional support to members of their social networks. It is possible that continual inability to maintain social interaction can negatively impact on social relationships. The findings support those of other studies that have found older people with current poor health or worsening health are at an increased risk of social isolation and loneliness (Emerson & Jayawardhana, 2016; Victor, Scambler, Bowling, et al., 2005). It is important to note that although Mrs Lambert suffers from chronic back pain, it is the health of her husband that mostly hinders her ability to participate in. This issue will be explored further in the section 5.3.2.2 when discussing caring responsibilities.

In line with the intersectionality framework, there is a gendered aspect to poor health that is worth noting. For example, the men who were identified as being actively engaged with family and community (Mr Fiaz, Mr Hall, Mr Gill) also reported various health problems. For instance, Mr Fiaz, suffered from a stroke two years before the interview. He also has diabetes and has limited shoulder movement. Mr Hall has had surgery on his shoulders to relieve a repetitive strain injury, but he still experiences constant pain. Mr Gill, had an accident in his 30s that damaged his optical nerves. As such, he has problems with his vision. He also has mobility problems due to an ulcer that developed in his ankle.

Unlike the women who were restricted by poor health/caring duties, their health issues were not a barrier to social participation. They appear to have all adjusted their activities, hobbies and even their daily schedules to accommodate their health problems. This finding is in line with studies that have reported ethnic inequalities in health being pronounced in later life with older women from minoritised ethnic groups reporting higher levels of limiting longstanding illness compared to other population groups (Bécares, 2013). As such, it is important to consider how poor health intersects with social categories such as age, gender, and ethnicity to place some minoritised people in positions of vulnerability to social isolation and loneliness.

5.3.2.2 Caring responsibilities

Caring responsibilities were also identified as a barrier to social participation for some participants, especially for the women identified as being restricted by poor health/caring duties. For example, Mrs Lambert is a retired woman in her late 80s. She is a full-time carer for her husband, who lives with her. The brief excerpt below describes her situation and the impact that it has on her.

“my husband has dementia and erm... it takes a lot of me... and I'm not very well myself” –Mrs Lambert

This short excerpt alerts us to the fact that for Mrs Lambert, not only do her caring duties impact her negatively, but she also has to contend with poor health. Charmaz (1983) argues that social isolation increases as the ill person wears out family and friends. Continuous immersion in illness, whether from crisis or fear, takes a toll on those who are responsible for their care (ibid.). This was the case with Mrs Lambert. As can be seen in the excerpt above, she was quite aware of the strain of caring for someone with a chronic illness.

As such, although she lives with her spouse, and interacts with others, she is vulnerable to the experiences of loneliness and social isolation as a result of the intersection of her age, her caring duties and her poor health. She has been offered respite services but has declined it because she doesn't trust that her husband will be ok left in the care of others. Her children come to help her from time to time, but she acknowledges that they have lives of their own. She used to enjoy travelling, but she is unable to do so due to her caring responsibilities. The excerpt below illustrates this point. It is the response she provided when I asked her about travelling out of the country.

“At the moment, I cannot see me travelling going anywhere because I’ve got [Albert] to look upon...” – Mrs Lambert

The above excerpt illustrates the impact of being a full-time carer and how it can impact on one's interactions with others. These findings add to the literature that reports that carers often attribute loneliness or social isolation to the lack of time or financial resource to socialise and the difficulty of leaving the house as a result of caring responsibilities (Carers UK, 2017).

Further evidence of the impact of caring on social participation is provided by Mrs Chakrapani and Mrs Jide, who help with the care of their grandchildren. For example, when asked about visiting friends, Mrs Jide responds that friends do not come to visit her owing to their caring responsibilities as illustrated by the excerpt below.

“You know everybody is busy. They don’t have much time to come except those elderly ones like me who doesn’t go to work again. Even though they don’t go to work, at times they help their children like bringing the children from school and all that so nobody really has the time over here in England. It is in Africa where they have the time” – Mrs. Jide

Not only does she highlight the impact of caring responsibilities on the time available for social interaction, but she also highlights that the experience of grandparental care differs between countries. Similarly, caring responsibilities keep Mrs Chakrapani and her peers busy with the situation being described as being difficult as illustrated in the excerpt below

“But everybody has got grandchildren and babysitting. I think it has become harder for us now...older generation... Because children need us more and it’s hard...” – Mrs. Chakrapani.

Taken together, these excerpts highlight the notion of time and place. Mrs Chakrapani alludes to the fact that the current cohort of grandparents may be expected to help with the care of their grandchildren compared to previous cohorts. Data from the Labour Force Survey analysed by Roantree and Vira (2018) indicate that the proportion of working-age mothers in paid work rose from 50% in 1975 to 72% in 2015. It is plausible that some working age mothers are likely to depend on grandparental care to allow them to participate in the labour market. However, social class should also be considered. The children of these women may have sought their help due to the inability to afford formal childcare in the UK. Bordone and de Valk (2016) provide support for this notion as their findings reveal that the proportion of grandparents engaging in grandparental care in Europe is higher among older people with a migrant background due, in part, to greater economic need as well as the role of family norms. Thus, it is important to consider the intersection of social class and financial insecurity with ethnicity, migrant status, occupational status and culture to understanding how older minoritised people come to care for their grandchildren and how this can increase their vulnerability to social isolation and loneliness. This type of intersectional analysis illustrates how factors at the structural level (e.g. sexism, gender roles, occupational status, and migration, and financial insecurity) intersect to shape vulnerability to social isolation and loneliness at the micro level.

Gender is also worth noting because although grandfathers can, and do provide care, grandmothers often play the central role in childcare (Hoff, 2015). This might be because, women, in many cultures, tend to be actively engaged in kin-work and as such, the involvement of the grandmother becomes normative and expected (Barnett, Scaramella, Neppl, Ontai, & Conger, 2010). In saying this, some of the men in this sample did provide care to their children and grandchildren. For instance, all the men in the group that was identified as actively engaged with family and community had a role to play in caring for their children. For instance, Mr Fiaz has two adult sons who require frequent medical check-ups. He often accompanies them for hospital appointments. Mr Hall occasionally looks after his grandchildren. However, none of them reported that these caring responsibilities impacted on their ability to develop or maintain interactions with their social networks. For this reason, caring responsibilities for older minoritised people may be more acute for women than it is for men. Given that vulnerability to social isolation and loneliness appears to be gendered, it can be argued that powers of oppression, such as sexism, shape some of the processes that produce/reduce vulnerability. This finding illustrates the importance taking into account power relations and how they inextricably intersect with social categories to shape the experiences of privilege or penalty both between and within groups (Hankivsky, 2014).

5.3.2.3 Cold weather

Although climatic conditions were not an issue for all participants, it was a problem for the one participant who stated that she was lonely and as such, it is considered a factor that can lead to loneliness and isolation. At the time of the interview, Mrs Khuboni, had been living in the UK for the least number of years. The cold weather during the winter and autumn months sometimes hindered her from going out for social activities or to interact with people. The excerpt below illustrates this theme. It was produced in response to a question I asked about how often she played bingo

“Sometimes I say I want to go to bingo. I won’t be feeling alright. My pains, joints (.) Then I will be thinking, ‘Should I go?’ Then, the day will be gone! You know, because of the weather. You don’t even see the, oh the...the sun - so I can’t go anywhere” -Mrs Khuboni

The above excerpt highlights that the cold weather determines whether she ventures outside for social activities like bingo. At a different point during the interview she revisits the issue of the cold weather. The excerpt below was taken from a section in the interview when she relayed her conversation with another older minoritised woman she met on a day out in the city.

“...We start talking, she’ll start telling you about what happened at war...about the war...how are they missing home. And you also tell her ‘I am missing home also’ and if the weather is like this, especially when it’s cold...cause we come from a warm side, that place is warm. We are not used to this cold. We get all these things...arthritis...” -Mrs Khuboni

This excerpt underscores how late-life migration and climatic conditions interact to impact on one’s social experiences. Moreover, she believes that the cold weather contributes to certain illness and this belief may lead her to stay indoors when it is cold, thereby, isolating herself. Both Mrs Khuboni and the woman she refers to are portrayed as missing their countries of origin and the cold weather in the UK can exacerbates this feeling. The excerpt highlights that for people who migrate, loneliness and isolation is not only the manifestation of quality and quantity of interaction with members of a social network, but it can be exacerbated by climatic conditions. This link between homesickness and weather was also highlighted by Kļave and Šūpule (2019) who analysed the return experiences of Latvian returnees from various age and social status groups, who left Latvia within a period between 1991 and 2011. The in-depth interviews

revealed that the homesickness reported by some participants related to a longing for Latvian nature and weather conditions (Kļave & Šūpule, 2019). For Mrs Khuboni, late-life migration intersects with climatic conditions to increase her vulnerability to social isolation and loneliness.

5.3.2.4 The 'busy-ness' of friends and family

The pen-portrait analysis revealed that some participants had a desire to spend time with their children who lived locally. However, their children had hectic schedules which stood in the way. The excerpt below exemplifies this theme. It is a response given by Mrs Khuboni to a question I had asked about how often she met with her family for social activities and meals.

"...cause they [children] are always busy. Now I was saying to my daughter – I said, 'Oh now I'm lonely, the children go to school, I've got no friends...'"
– Mrs Khuboni

Based on this excerpt, Mrs Khuboni responds by stating that her children are always busy. Perhaps, she doesn't spend as much time with them as she would want. She follows this up with a statement about her loneliness and alludes to the reasons why she is lonely. As stated earlier, she had come to the UK to care for her grandchildren who are now teenagers. They no longer need her in the ways they used to when they were younger. The statement is suggestive that she is lacking a role now that she no longer cares for her grandchildren. Her loneliness is also exacerbated by a lack of friends and adult children being busy compounds the issue.

Mr Edosa supports this notion of 'busy-ness' by indicating that young people nowadays do not have time to help their parents. He was careful to tell me that he wasn't saying that adult children did not want to help their parents. Rather, he believes that they don't have time for their parents because they have to get on with their lives. The same sentiment was echoed by Miss Isaacs. During the interview, she told me that she tries to keep in touch with her family members

back in her country of origin, but this was not always reciprocated. She attributes this to modern life, as illustrated below.

“I keep in touch with relatives from [the Caribbean Islands] and things like that. They don’t always keep in touch with me. But you know, when they call me, I am always there at the end of the phone if I could give them good advice, I give them good advice and things like that and that’s life. This is modern day world. They have their family, they are busy people and I am a busy person also...” – Miss Isaacs

It can be argued that the participants in this study hold certain expectations about the younger generation spending time with the older generation. These expectations may stem from the fact that minoritised people living in the UK come from countries that have been linked to collectivism, for example, countries in Africa, Asia, the Islands in the Pacific and South America (Singelis, 1994). People from collectivist cultures are said to value interdependence and are orientated towards cohesion, commitment and obligation (Burholt et al., 2017). It may be that the participants in this study share these values. However, they recognise work-related pressures faced by the younger generation, which make it difficult for them to meet these expectations.

Findings from the third UK Working Lives survey, which draws on a representative sample of UK workers support this notion. In exploring the extent to which work-life spills over into personal life and vice versa, Williams, Zhou, Zou, and Gifford (2020) found that respondents were more likely to report their job affected their personal life rather than the other way around (25% versus. 7%). A similar proportion of respondents reported that they found it difficult to relax in personal time because of their job to those stating their job affects personal commitments (around 20%) (Williams et al., 2020). Given these findings, it is possible that a poor work-life balance can affect how and when people interact with members of their social networks with serious consequences for social isolation and loneliness.

5.3.2.5 Perceived cultural differences

Perceived cultural differences were identified as a process that increased the vulnerability of older minoritised people to social isolation and, loneliness. During the interview, Mrs Khuboni narrated several stories of the experiences of older people living in the UK. One such story was about an older woman living on her own whose children did not visit often. She was dependent on formal services for transportation and meals. The excerpt below is Mrs Khuboni's reflection on the story.

"That kind of life will make me think oh it's better to go to Africa...and then after you- There is people, people in the village... the won't neglect you, they will come and talk to you, visit you...yeah" -Mrs Khuboni

In her reflection, Mrs Khuboni compares the experiences of older people living in the UK and in Africa. The excerpt highlights that she considers that older people in the UK are neglected. The negative experiences of some older people in the UK prompt her to consider returning to her home country, where she believes there is a sense of community which protects older people from neglect.

This notion is supported by Mr Edosa, who also reported that if he was back in his country of birth, there would be people in the community to check if he needed assistance. Like Mrs Khuboni, he narrated stories of the negative experiences of older people in the UK where children did not visit their parents because they were often busy. Based on these stories, he reflects on his own experiences as captured in the excerpt below.

"If I was home, they would be couple of people at the door... they want to find out what is wrong, 'Why have you- Where are you?' 'We haven't seen you today, are you ok?' you know, people will come to you,' let me check what I can do for you"- Mr Edosa

These excerpts highlight that Mr Edosa believes that older people's experiences in their home countries differ from the experiences that they face in the UK. The excerpt suggests that a sense of community is more likely in their home countries than in the UK. The excerpt below from Mrs Jide provides further support for this notion. It was taken from a section in the interview where she described social interaction with her neighbours. Based on her experiences, she believes that people in the UK often keep to themselves, thereby, contributing to loneliness unlike in Africa.

"People are lonely here than in Africa. They are lonely here. Africa people they are not lonely at all. Even though you don't have anybody...your relation, even friend can stay with you at home, a whole day, do everything for you" Mrs Jide

In the excerpt, she highlights that in Africa, even those with no close relations would not be neglected. People from the community, including friends, would provide companionship and support.

Despite the belief that older people's experiences were seen as favourable in their countries of origin compared to the UK, many participants felt that returning permanently to their countries of origin was not an option due to the economic conditions, crime, and the lack of adequate health services available in those countries. This is captured by the excerpt below. It was the response that Mrs Khuboni provided when asked about where she would prefer to retire

"I'll say here is fine and then I'll be going up and down to [Southern Africa] mmm...because really – you know there at home – our economy in [Southern Africa] also...Here everything you get, medication, health. Everything. The problem is just the weather" -Mrs Khuboni

This excerpt highlights that the decision to return back to their countries of origin is impacted by wider societal factors. It provides evidence that refutes the 'myth of return' discussed in the introduction (chapter one). To recall, the 'myth of

return' refers to the belief that at some point in the future, diaspora communities will return to their homeland (Kasbarian, 2009). Mrs Khuboni alludes to the poor economic situation that might impact her if she were to retire back in her country of birth. In contrast, she acknowledges the benefits of living in the UK, in relation to healthcare provision. As seen in the excerpt, these participants opt to travel back and forth between the UK and their countries instead. Evidently, as indicated by Bolognani and Erdal (2017), Mrs Khuboni's return ideas are not translated into immediate plans for actual return. As mentioned in the introduction, loneliness is described as an unwelcome feeling that occurs when there is a discrepancy between a person's desired relationships and their actual relationships (Hughes et al., 2004). It can thus be argued the discrepancy between the desire to live in their countries of origin and the practicalities of doing so can result in negative experiences. This finding has implications for how loneliness could be conceptualised for older minoritised people. It can be said to relate not only about discrepancies relating to social relationships, but also discrepancies relating to a particular way of life.

5.3.3 Processes that reduce vulnerability to social isolation and loneliness

Having presented the processes that produce vulnerability to social isolation and loneliness, the next section focuses on five processes that reduced this vulnerability namely having meaningful contact with peers, keeping busy, participating in community groups, using technological devices, and awareness of local services.

5.3.3.1 Having meaningful contact with peers

For the participants in this study, the size or type of network appeared less important in reducing vulnerability to social isolation and loneliness. Rather, it was meaningful contact with members of their social network that appeared to be

important. The participants in this study reported meeting with friends and family members to celebrate birthdays, observe anniversaries of those who had passed away, pray, socialise, catch up and even organising community events. Through the pen-portrait analysis, I identified the critical role that peers play in reducing vulnerability to social isolation and loneliness in older minoritised people. Peers were reported to provide companionship and support, which, served to reduce vulnerability to both social isolation and loneliness. The excerpt below is taken from the interview with Miss Isaacs, a single woman in her eighties who lives alone. Here, she talks about a long-term friend who had been staying with her for a month.

“I have a, I have a friend here- I thank God- of the same mind... you know, we think alike... this is the friend of 50 something years...and we are about the same age...and so we sat down and we were talking discussing about the Bible... discussing about, you know, about the problem that we have at church because our, our, our pastor isn't very well so we are praying and fasting...” Miss Isaacs

Miss Isaacs' use of the phrase 'I thank God' as she describes her friend underscores the importance of peer relationships for her. She is grateful to be in the company of someone her age who shares similar values. They engage in activities in which they are both interested. Mr Bilal also highlights the importance of peer relationships, explaining that when he travels back to his country of birth, he regularly attends the *Baraza*; a gathering where older men meet to discuss various issues. In the excerpt below, he describes how he has stopped attending because his peers no longer attend and those who attend are now younger than him.

“Oh its er... some- mostly people that er...I knew when I was a kid there...but er...there are very few of them left now, you know, because we are entering 70...the age of 70... So I have lost a lot of my friends. [B: mmm hmm] so... baraza... the young ones are coming in now and er...”

last time I went, you know, they were so young, I had to stop going because people of my age are no longer there” Mr Bilal

The excerpt alludes to the importance of the shared sense of history with people he knew from childhood. The absence of his peers is significant enough for him to stop going to the baraza which he enjoys. It is possible that Mr Bilal no longer identifies with the younger participants as they may not share the same childhood experiences. Given that friendships are key in identity construction and identifying with friends who are similar to you provides continuing confirmation of who you are (Allan, 2010), the younger cohort might not have been able to provide this confirmation for Mr Bilal.

The importance of peer relationships was not restricted to non-kin relationships. Siblings were also identified as playing a crucial role in reducing vulnerability to social isolation and loneliness. All but two participants talked about their siblings. For instance, those whose siblings lived in the UK often visited their siblings and their families. The excerpt below illustrates the social activities that Mr Hall and his siblings engage in that help to reduce vulnerability to social isolation and loneliness.

“...yeah so, we met we meet up and they [siblings] come to us sometimes... I must admit this year we haven't had a mee- gathering at ours normally I have a barbecue and... a couple times a year... but this year we haven't managed to because they've been quite a bit of illness in different erm... you know areas of the family” Mr Hall

Those with siblings outside the UK, like Mrs Jide, and Mr Hall also keep in touch via telephone. Also, when they travel back to their countries of origin for holiday, they visit each other socially. Some participants, like Mr Fiaz, have siblings in the UK and abroad. They often visit each other socially and even go on holidays together. The following excerpt is a response to a question I asked him about whether he keeps in touch with his siblings.

"Yeah, yeah...because er, tomorrow I'm going to see my - the eldest brother. He's er, 81 I think- 80, 81...He lives in [Bristol] [Interviewer: Ah, I see]. 'cause - we came together from [East Africa]"- Mr Fiaz

As such, siblings are not only family members, but they can also be considered friends. These special relationships should be recognised as being key to reducing the vulnerability to both social isolation and feelings of loneliness. This finding adds to the sparse literature on sibling relationships in later life. Similar views have been reported by Langer and Love (2019). They recognise that because siblings have a shared history of lifetime experiences, sibling relationships are unique in social networks in later life (Langer & Love, 2019). In fact, individuals who report positive relationships with siblings found that their *'interactions decreased feelings of loneliness, provided emotional support and validation of earlier life expectations, and built feelings of closeness and sibling solidarity'* (Langer & Love, 2019, p. 574).

5.3.3.2 Keeping busy with activities of interest

The pen-portraits analysis revealed that keeping busy through activities and hobbies helped to stave off feelings of loneliness and isolation. For instance, Mr Bilal enjoys golfing, birdwatching and going to the theatre. These activities keep him busy and entertained, thereby, reducing his vulnerability to social isolation and loneliness. Mr Hall's hobbies are cooking and gardening. However, he is also a member of the residents association where he lives. As such, he has varied roles that keep him busy and increase his interaction with others, thereby, reducing his vulnerability to loneliness and social isolation. The quotes below exemplify this theme. They are drawn from conversations around loneliness and isolation during the narrative interviews.

"Myself... luckily... I have not experienced any form of loneliness. I haven't got time for that [laughs]...." -Mr Hall

The brief excerpt indicates that Mr Hall is not lonely. It also gives us an insight into how he conceptualises loneliness. He states that he does not have time for loneliness alluding to the idea that his social roles keep him occupied enough for him not to be lonely. He conceptualises loneliness as something that one might experience if one has nothing to do. Other participants in this study also associated loneliness with not being busy. The excerpt below provides further evidence of this notion.

“Well the only thing I can assimilate to that [loneliness] is someti...I mean as I say now I use the computer a lot and all that and I can sit glued to it for ages and sometimes I use Skype and talk to my sisters and all that ...If I can catch them but uh...I find that if I’m not doing something- Mind you the thing is the other hobby I have is I go for bus rides and stuff like that since I’ve got the concessionary pass now I use the buses a lot...” – Mr Gill

In the above excerpts, Mr Gill also hints at the idea that he might experience loneliness when he isn’t busy. However, he goes on to explain that he often enjoys bus rides, which are free because his age entitles him to a bus-pass. This hobby can be seen as protective of loneliness as it keeps him busy doing something that he enjoys in the company of other people. These findings are consistent with those of Power et al. (2017) who conducted qualitative investigations exploring the meaning of loneliness in socially isolated older people in rural Ireland. Their participants perceived loneliness as a consequence of inactivity. They reported keeping busy to ward off loneliness by watching television, reading books and doing crosswords (Power et al., 2017).

Similar findings are noted by Cela and Fokkema (2017), whose participants kept busy with kin-related chores to avoid loneliness. However, for some older women, being busy with family members left them no time to build relationships outside the family context (Cela & Fokkema, 2017). This gendered aspect was also evident

in this study. In discussing the processes that produced vulnerability, caring responsibilities were identified as a barrier to social participation for Mrs Jide, Mrs Chakrapani and Mrs Lambert. As such, it is important to consider whether the source of being busy is associated with activities that one has chosen, activities 'imposed' by others, or circumstances outside one's control. Keeping busy can be argued to be produced by the intersections of various social categories such as gender, age, ethnicity, cultural norms which, in turn, influence vulnerability to social isolation and loneliness. As for Mr Bilal, Mr Hall and Mr Gill, the roles and activities that keep them busy do not appear to be imposed, and they serve to reduce their vulnerability to social isolation and loneliness.

5.3.3.3 Participation in community groups

The participants whose in-depth interviews indicated that they were neither lonely nor isolated belonged to community groups of people with similar backgrounds/interest language. These community groups were identified as important for reducing vulnerability to social isolation and loneliness because members of such groups often got together for entertainment, to socialise, to reminisce, to seek advice/guidance/information and offer emotional support. This notion is illustrated by the quote below. It is a response to a question I had asked Mr Edosa about the sources of emotional support available to him.

"...er...but there is sort of a community meetings where we- once every two months, we all come together to discuss issues" Mr Edosa

In the excerpt, Mr Edosa says that he receives support from a community group. The 'we all' that he refers to in the excerpt are people living in the UK with whom he shares a common language. Others, like Mr Bilal enjoys attending the *Baraza* when he visits his country of origin as reported earlier. Similarly, Mrs Lambert, a full-time carer for her husband who has dementia, said that she found going to a day centre with people from the same background beneficial as illustrated below.

"..erm it's very.. it's very ha- It's very good. It's that time where you meet people of your... of your own... background and so on which is just good and we play games like dominos or scrabble or...you know whatever [interviewer: yeah] or just sit down and have a chat with somebody that you don't see every day and erm it's very good" – Mrs Lambert

In the above excerpt, Mrs Lambert highlights the social aspects of attending the local community group which she evaluates positively. Attending such gatherings provides people with the opportunity to socially interact and consequently, reduces one's vulnerability to social isolation and loneliness.

In some cases, the community groups that these participants belonged to were linked to their hobbies. For instance, Mr Gill, who enjoys bus rides, belongs to a bus user's association. Similarly, Mr Bilal, who enjoys playing golf, belongs to a local golf league. As such, these community groups provide a means for participants to keep busy doing something they enjoy, thereby, reducing their vulnerability to social isolation and loneliness.

As a distillation of the much longer in-depth interviews, the pen-portraits also helped to identify that feeling lonely was interlinked with not belonging to any community organisations. This was the case for Mrs Khuboni, who said that she was in search of a community group to join where she could meet people and even volunteer. This is illustrated by the excerpt below. It was taken from a section in the interview where Mrs Khuboni was telling me about how she makes an effort to go out and meet people.

"Cause I was just thinking about joining this club. My daughter told me, she said if I go to the library that there is this club where they take... each... other old people. You go out like for a day's trip or you can go out on a cruise. [Interviewer: Oh nice!]. So all those things I'm looking at to see if I can join" – Mrs Khuboni

The excerpt illustrates that Mrs Khuboni is in search of a community to join where she can engage in social activities with others. It underscores the approaches that people take to deal with loneliness. Arguably, she is looking for a place where she can belong. The need to belong can be considered a fundamental human motivation that often implies a sense of loyalty, social immediacy, 'feeling at home' as well as being socially safe in either a transient or stable way (Baumeister & Leary, 1995; Woldeselassie, 2017). People's failure to meet their belongingness needs can not only lead to loneliness, but also anxiety, depression, grief, and relationship problems (Baumeister & Leary, 1995). This might be especially important for older minoritised people whose sense of national belonging might have been disrupted or severed following migration from their countries of origin. Perhaps for Mrs Khuboni who moved to the UK later in life, such clubs might offer that sense of belonging.

5.3.3.4 Using technological devices

Both modern and traditional technological devices were identified as tools that kept participants connected to members of their social networks, some of whom didn't live in the UK. As such, the pen-portraits helped highlight the increasing importance of technology in reducing vulnerability to loneliness. The participants in this study used telephones and web-based applications such as Skype and WhatsApp, to communicate with social-network members, particularly those living abroad. Mr Edosa highlighted the importance of using technology to communicate with his loved ones abroad as illustrated in the quote below where he describes how he feels after a phone conversation with his family back in his country of origin.

"Every other day they [family] contact me...'how are you doing?' whatever...you know. I call them too so... and whenever I am contacting them, after that I feel I should- I want to go back home and not even be here" - Mr Edosa.

The excerpt not only highlights the importance of technological devices for maintaining contact with members of a social network, but also highlights a longing for being back with members of his network in his country of origin. For Mrs Khuboni, technology also appeared to be helpful but, only to a certain extent. This is summed up in the excerpt below when she says

"=You see the good thing now we've got these easy communications but even...it's not the same. You can communicate, you can Skype, you can WhatsApp. You see the person but it's not the same as going to see them there. You know what I mean?" - Mrs Khuboni

From the excerpt above, Mrs Khuboni, who experiences loneliness, has a variety of ways to communicate with people from her country of origin. Communication is not only limited to voice calls but the applications she mentions also allow for video calls. Yet, she is still lonely suggesting that she requires more than phone calls and video calls. This excerpt attests to the fact that loneliness is a complex issue that cannot be approached using technology alone.

For some, technology was helpful in warding off loneliness and isolation. Miss Isaacs pointed out the importance of the radio in reducing her vulnerability to social isolation and loneliness as illustrated in the excerpt below.

"[Good News] Radio is a companionship...you could always hear someone talking something good from that station." – Miss Isaacs

She also mentioned that listeners could call in with their problems and they receive emotional support. Her depiction of radio as companionship is of significance. For her, the radio station is not only a source of information or entertainment, but it is also an avenue for support, and company. Listeners are, therefore, active rather than passive listeners. This makes interactive radio stations an invaluable

technological tool for reducing vulnerability to social isolation and loneliness in older people.

5.3.3.5 Having good knowledge of local services

The participants whose in-depth interviews indicated that they were not lonely appeared to have good knowledge of the services available in their local areas. They were aware of the different programs and events available to older people and could choose the community services that they wanted to access as illustrated in the excerpt below. It is taken from a section in the interview where Mr Bilal was describing the services available to older people.

“...there’s a lot to be done. A lot of activities in this country and er....I was talking about golf because that’s what I like but you know, you could go angling, you know, you could er... it.., there’s a lot, a lot...” –Mr Bilal

The excerpt highlights that in some areas, older people have access to services that can help them engage in activities based on their interest. He was referring to services offered by the local council in his area. Some like Miss Isaacs referred to services provided to older people by the church. The excerpt below is a response to a question I asked about what services her council offers.

“Oh well, my church does that [interviewer: ok fine] there is lots of.... thing... you have one club called [Action] Club where they- the over 50s meet... so if you want you could go there...and they have- All- Thing...right now they, you know, they have a (inaudible) in the church... and they have programs a few weeks ago they went into an outing, like, you know, a picnic in the park and things like that and so on..”.- Miss Isaacs

As can be seen above, some older people may not rely on their local council for services. Instead, they opt for services offered by non-governmental organisations

such as the church. It also brings to our attention the key role that faith-based institutions play in reducing vulnerability to social isolation and loneliness.

It is important to note that having good knowledge of local services may be inadvertently linked to the number of years spent in the UK. This association is based on the observation that those who had been living in the UK for the longest period of time (e.g. Miss Isaacs, Mrs Edosa, Mr Bilal, Mr Hall, Mr Gill) were able to access and navigate local services better than those who had been in the UK for a shorter period (e.g. Mrs Khuboni). From an intersectionality perspective, early migrant status intersects with age and ethnicity to reduce vulnerability to social isolation and loneliness whilst late-life migrant status intersects with age and ethnicity to increase this vulnerability for others. As indicated earlier, Mrs Khuboni was the one participant who stated she was lonely and was in search of community groups and services to join. In the UK, many studies have documented the difficulties faced by older minoritised people in accessing culturally-appropriate health and personal social services of satisfactory quality (Manthorpe et al., 2010). The experience of Mrs Khuboni adds to this literature. However, this study illustrates the benefits that come from ensuring older minoritised people are aware of local services. This awareness reduces their vulnerability to social isolation and loneliness.

5.3.4 Findings generated following the Interpretation/Ideation exercise

To recall, the last step of the pen-portraits analysis involved bringing together the findings from the first three stages for holistic interpretation and ideation which is a process involving the development and generation of new ideas based on the findings. Based on the processes that reduced and produced vulnerability discussed above, I reflected on the measures, strategies, interventions that would be useful for the participants who were vulnerable to social isolation and/or loneliness. The process resulted in the identification of four types of interventions

with the potential to reduce vulnerability to social isolation and loneliness amongst older minoritised people based on their lived experiences. These were; information interventions, health promotion interventions, technology-based interventions, and community-based group interventions. It is to these that I turn in the following section.

5.3.4.1 Informative interventions

The participant that reported being lonely was unaware of all the services in her area that she could access to help alleviate her loneliness. In contrast, those participants whose in-depth interviews indicated that they were least vulnerable to social isolation and loneliness appeared to be well informed about the local services that were available to them. They were able to seek out services to keep them busy or to engage with others, thereby, reducing their vulnerability to loneliness. Based on this observation, informative interventions could be targeted at older minoritised people, who are unaware of services available to them, in an attempt to impart invaluable information that can help them address feelings of loneliness and isolation. Such interventions can be easily tailored and made relevant to cater for those who don't speak English and can be communicated via email, post, or in person in different settings. However, their effectiveness may be conditional on the availability and the ability of the services to meet the needs of older minoritised people.

5.3.4.2 Health promotion interventions

Poor health was considered a barrier to social participation for some participants like Mrs Chakrapani and Mrs Jide who suffered from long-term illnesses. As such, health promotion interventions could help them and other people in similar situations to manage their health problems, thereby, allowing them to remain independent and socially active for as long as possible. However, it is essential to bear in mind that the health problems of these participants were not acute but

chronic, stemming mainly from their occupations. For example, Mrs Jide's former occupation involved heavy lifting which contributed to her back problems. Similarly, Mrs Chakrapani's job required working very long hours while standing. For this reason, health promotion interventions should start early in the life course ensuring more people reach later life in good health and are aware of how to avoid the ill effects of their occupations.

5.3.4.3 Technology-based interventions

In this study, participants used telephones and internet-based applications such as Skype and WhatsApp, to communicate with their friends and families both within the UK, and abroad. One even used radio for companionship, to enhance mood and to stay informed. As such, interventions that make use of such technologies may play a key role in helping older minoritised people maintain the relationships they have with their dispersed social networks. This, in turn, can reduce their vulnerability to social isolation and loneliness. However, as noted earlier, while some participants found this technology helpful, others preferred face-to-face communication. For this reason, technology-based approaches might be useful in conjunction with other strategies to help reduce vulnerability. On their own, they are unlikely to be sufficient to offset the social isolation and loneliness.

5.3.4.4 Community-based group interventions

Those whose in-depth interviews indicated that they were least vulnerable to loneliness and social isolation belonged to community groups of various kinds where they regularly met. These were mostly participants in the group identified as being actively engaged with family and community; Mr Fiaz, Mr Gill and Mr Hall and those identified as being well-informed; Miss Isaacs, Mr Bilal and Mr Edosa. Members of these community groups shared similar background, language, history, or had similar interests. Based on the findings from the pen-portrait analysis, these groups offered a sense of belonging, activities to keep older

minoritised occupied, opportunities to socialise with other people including peers, as well as the opportunity to seek advice and receive financial or emotional support. As such, community-based group interventions could have the potential to reduce vulnerability to social isolation and loneliness.

5.4 DISCUSSION

This phase (2) built upon and expanded the findings of phase one reported in the previous chapter. It set out to explore the social networks of older minoritised people with the aim of identifying the processes that produced and reduced vulnerability. One of its aims was to inform the systematic review of the third phase of this study. The findings highlight that poor health, caring responsibilities, cold weather, the 'busy-ness' of members of a social network and perceived cultural differences produced vulnerability to social isolation and loneliness. In contrast, meaningful contact with peers, hobbies/activities to keep busy, belonging to a community group, technology, and a good awareness of local services appeared to reduce vulnerability to social isolation and loneliness. This exploration also alerted us to the ways in which social categories such as age, gender, ethnicity, late-life migration, marital status, health status, and being a carer intersected to place some older minoritised people in positions of vulnerability while reducing the vulnerability of other older minoritised people. These findings were then used to reflect upon the types of interventions that could be useful in preventing social isolation and loneliness in this population; information interventions, health promotion interventions, technology-based interventions, and community-based group interventions.

I considered which of the above interventions could be further explored in the systematic review. I ruled out health promotion, technology-based and information interventions because, on their own, they may be insufficient for addressing social isolation and loneliness. Furthermore, health promotion interventions do not address the structural inequalities in the labour market that

increase minoritised people's vulnerability to social isolation and loneliness in later life. The findings from the pen-portrait analysis suggested that community-based group interventions were a fruitful avenue to pursue. They provide the opportunity for fostering social contact and providing social support that can reduce vulnerability to social isolation and loneliness. They can be tailored around life course transitions such as retirement and bereavement. In addition, they can easily incorporate elements of information-based, technology-based and health promotion interventions identified above.

5.4.1 Limitations

This was a small study with only ten participants who were all living in urban areas in the South East of England at the time of the interviews. Perhaps I would have arrived at different conclusions if those from rural areas and other regions of the UK were also included. However, the majority of older minoritised people reside in urban areas (Centre for Policy on Ageing, 2013). Also, there are shared experiences faced by older minoritised people, for example, geographical separation from wider social networks following migration, perceived cultural differences, that make it possible to apply these findings to other minoritised ethnic group people living in different parts of the UK.

I encountered two challenges of working with pen-portraits. The first relates to the process of creating pen-portraits. Researchers are required to ensure that participants have been represented fairly in the narratives (Thomas, 2012). When creating pen-portraits, researchers should carefully select what information goes into the completed portraits, and this is usually dependent on key factors and critical incidents relevant to the research aims (Campbell et al., 2004). Since pen-portraits are shorter than the interviews themselves, some information will inevitably be left out. Some argue that what gets left out can be just as important as what gets included (Lawrence-Lightfoot, 2005), thus raising concerns about the

validity of the pen-portraits. To address concerns about validity, I used a pro forma to ensure that key information from each participant relevant to the aims of the study was included. It is important to note however, that any analyses are, however, reductive of richness and holism.

The second challenge relates to the novel way in which the pen-portraits were used. Pen-portraits are commonly used in social sciences as an analytical aide-mémoire (Sheard et al., 2017). In this study, they were used for their original purpose, but I went beyond this function to make them the major site of qualitative analysis. They were also a tool to structure and inform different research components in that the findings were used to inform the next phase of the research. As yet, only a handful of studies have analysed pen-portraits in these ways (Golsteijn & Wright, 2013; Sheard et al., 2017; Tod et al., 2013). The analysis shares similarities with thematic analysis. However, unlike in thematic analysis, where the analysis focuses on the transcripts, the pen-portraits are the main site of analysis. Further, the end-goal of the pen-portrait analysis did not stop at the identification of themes. Instead, the end-goal was to generate practical information concerning interventions that would inform the systematic review. Having provided a transparent and explicit account of the analysis, I hope to have contributed to the methodological development of pen-portrait analysis for others to build on or refine.

5.5 CONCLUSION

Despite these challenges, the findings from the pen-portrait analysis have provided a good understanding of the life course experiences of older minoritised people and the processes that produce/reduce their vulnerability to social isolation and loneliness. In doing so, this phase has added much-needed insight into this under-researched area. They complement the results from the quantitative analysis reported in chapter four in relation to poor health, living arrangements and geographical location. Crucially, based on the lived experiences

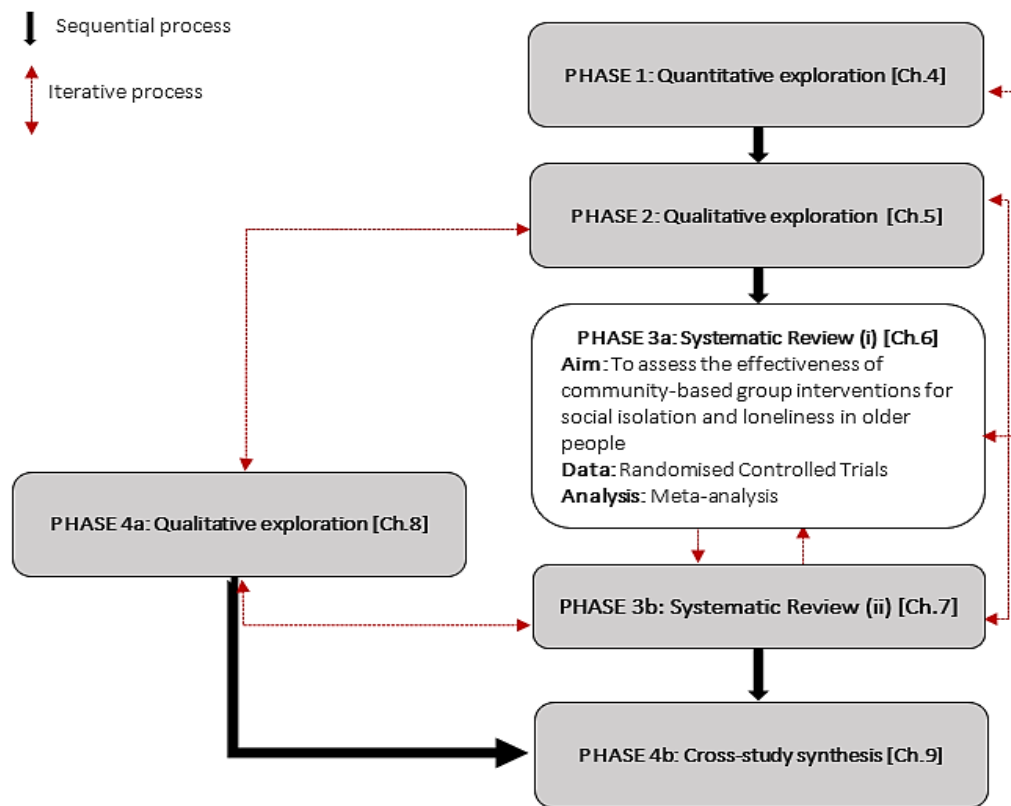
of older minoritised people, the findings identified a key area which the systematic review can focus; community-based group interventions. They were found to play a key role in reducing vulnerability to social isolation and loneliness. However, their effectiveness and suitability for older minoritised people remain unresearched. It would, therefore, be feasible to explore not only whether existing community-based groups can reduce social isolation and loneliness in older people, but also how they do so. To address this issue, a mixed-methods systematic review would be helpful. The next chapter reports on phase 3a, the first part of the mixed-methods systematic review of community-based group interventions for social isolation and loneliness in older people.

CHAPTER 6: A SYSTEMATIC REVIEW AND META-ANALYSIS OF COMMUNITY-BASED GROUP INTERVENTIONS FOR SOCIAL ISOLATION AND LONELINESS IN OLDER PEOPLE

6.1 INTRODUCTION

This chapter is one of two chapters that reports on the systematic review of community-based group interventions for social isolation and loneliness in older people. In chapter five, the analysis of the in-depth interviews with older people from minoritised ethnic groups suggested that community groups reduced vulnerability to social isolation and loneliness in older people from minoritised ethnic groups. Based on these findings, a decision was made to conduct a systematic review of community-based group interventions and their impact on social isolation and loneliness in older people. The review would include interventions of older people regardless of ethnicity since very few interventions focusing on older minoritised people were available. Given the aim of assessing the effectiveness of community-based group interventions as well as their underlying mechanisms, a mixed-methods systematic review was conducted. This chapter reports on the first part of this review, phase 3a. Figure 6.1 below illustrates where this phase sits in relation to the other phase.

Figure 6.1. A visual representation of the research design highlighting Phase 3a



The chapter is structured as follows. First, the overall methods of the mixed-methods systematic review will be described. Thereafter, the first set of results from the review will be presented. The focus of this chapter, therefore, will be on the aggregative synthesis of data extracted from randomised controlled trials (RCTs). The results will contribute to an understanding of whether community-based group interventions work to reduce social isolation and/or loneliness in older people. The second set of results, which investigate the mechanisms behind effective interventions, will be reported in chapter seven. The procedures and the results of this systematic review are reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines which seek to improve the reporting quality of systematic reviews (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009).

6.1.1 Aims

The overall aims of the systematic review were to examine existing research to establish whether community-based group interventions were effective in reducing social isolation and loneliness in older people and how they worked to do so. In particular, the review sought to

- Identify whether community-based group interventions that target social isolation and loneliness in older people living in the community were effective.
- Assess the impact of interventions and whether these vary by age, gender, ethnicity, health status, the severity of loneliness or isolation at baseline as well as the intensity and duration of the interventions.
- Identify the processes shaping the implementation of community-based group interventions, and the processes associated with effective interventions.

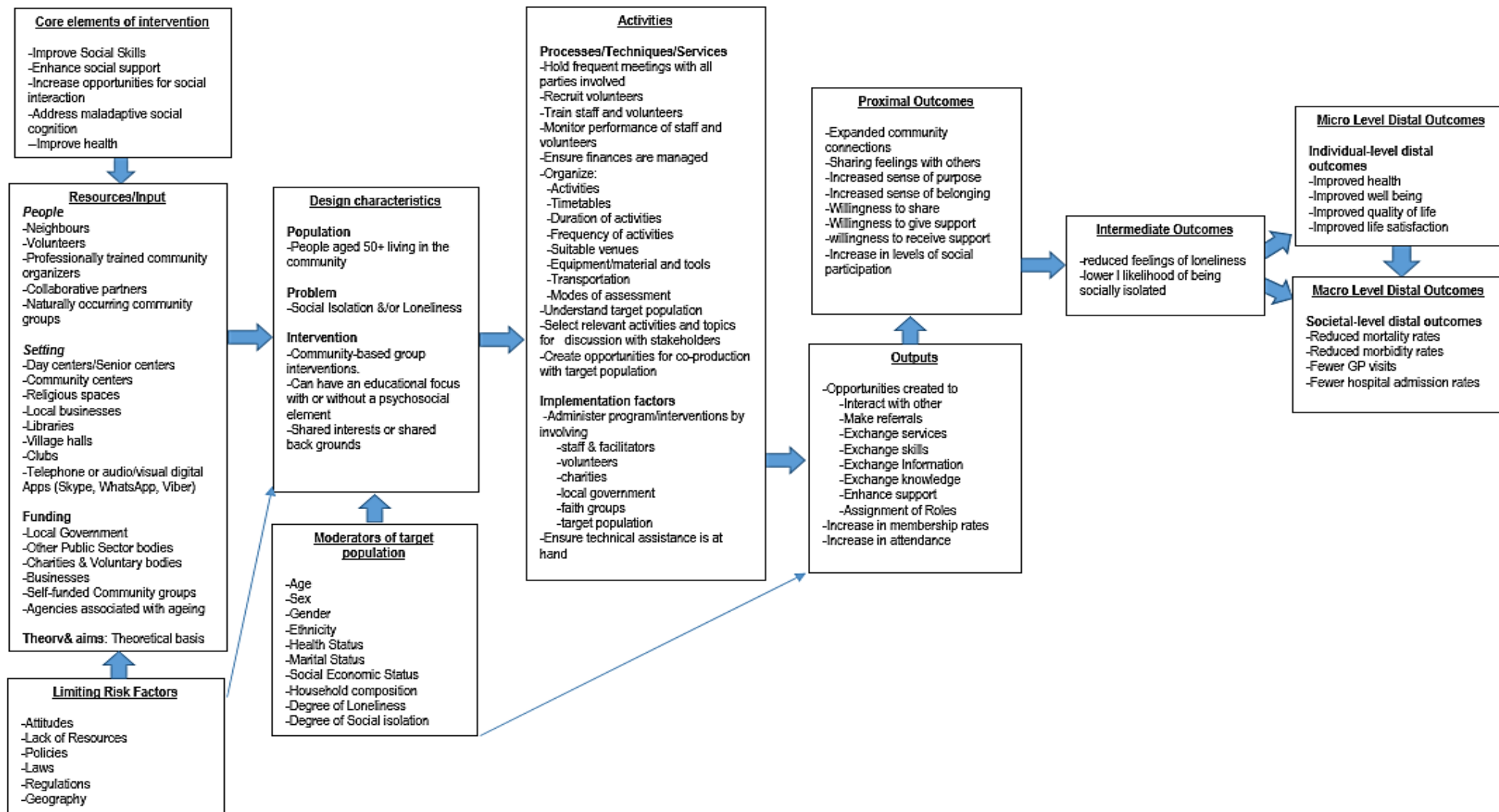
As will be illustrated in the coming sections, addressing these objectives will require a range of synthesis methods and different study designs; including process evaluation studies and outcome evaluation studies.

6.1.2 Logic model

A logic model was developed explicitly for this review to help integrate the stages of synthesis and also to clarify the interpretation of the overall findings (See Figure 6.2). A logic model is a *'summary diagram which maps out an intervention and conjectured links between the intervention and anticipated outcomes in order to develop a summarised theory of how a complex intervention works'* (Baxter et al., 2014, p. 2). They have been suggested as a tool that can provide additional insights beyond that obtained through conventional review methods (Baxter et al., 2014). In this study, the development of the logic model was informed by a set of guidelines and principles proposed by Kneale, Thomas, and Harris (2015) for good practice when creating logic models. The process included

- Familiarisation with the literature on social isolation and loneliness and the ways in which community groups can lead to reduced vulnerability.
- Working backwards and identifying the key pre-conditions to develop a causal chain.
- Identification of the intermediate outcomes and the changes necessary to achieve the distal outcomes.
- Specification of the outputs of the intervention.
- Placing the modifiable design characteristics in sequence after intervention inputs.
- Specification of the standard intervention inputs and the core elements of the intervention, population characteristics and context characteristics.
- Sharing the logic model with others and refining it accordingly (Kneale et al., 2015)

Figure 6.2. Logic model for community-based group interventions that target social isolation and loneliness in older people



6.1.2.1 Core elements, Resources, Limiting risk factors

As can be seen in figure 6.2 above, the core elements of community-based group interventions were improving social skills, enhancing social support, providing opportunities for social interaction, addressing maladaptive social cognition and improving health. These elements were based on the main approaches to addressing social isolation and loneliness identified in the literature (Masi et al., 2011; Rowe et al., 2011; Shvedko et al., 2018). Interventions of any kind would require resources. In this review, it was hypothesised that community-based group interventions would require personnel to aid with recruitment, delivery, evaluation and reporting. The intervention would need to be delivered in an appropriate setting, which could accommodate groups of older people and any needs they may have. Such settings could perhaps include day centres, community centres, religious spaces, and clubs. Given that some interventions are delivered remotely, telephones and online applications such as Skype would also be required. These elements were informed particularly by the findings of the previous research stages reported in chapter four and five where older minoritised people's networks were found to be geographically dispersed and that technology was used by older minoritised people to keep in touch with members of their networks. Financial resources would need to be considered to pay for personnel, venues, web applications and associated equipment, refreshments, and even reimburse participants for their time and any cost they may incur.

Input from theory was regarded as a resource for guiding the interventions to achieve reductions in levels of social isolation and loneliness. This feature was informed by past systematic reviews that have indicated that interventions with a theoretical underpinning are more effective than those without (Dickens et al., 2011). Contextual factors such as laws and regulations and even geography were considered to have the potential to limit the delivery of the intervention or negatively impact on resources. Most recently, the COVID-19 pandemic and the

policies put in place to arrest its curb have made it difficult for people to meet in large groups in close proximity (HM Government, 2020).

6.1.2.2 Design characteristics, Moderators of target population and Activities

The design characteristics were informed by the typical conceptual frameworks of systematic reviews of effects which specify a causal link between who and what the review is about, what it is being compared with, and the possible consequences of the intervention to the population in question (Oliver et al., 2017). Previous research stages informed the design characteristics of this review which is concerned with community-based groups (Interventions) aimed at reducing social isolation and loneliness (Problem) in older people (Population).

Concerning moderators of the target population, the literature indicates that age, gender, ethnicity, migration status, marital status, household size, social network type, and being a carer have been identified as risk factors for social isolation and loneliness (Bernard, 2013; Steptoe, Shankar, Demakakos, & Wardle, 2013b; Wenger et al., 1996). The findings of the in-depth interviews conducted in phase two of this study supported these findings but also illustrate how these social categories intersect to place some people in positions of vulnerability. For this reason, population factors listed in figure 6.2 above were hypothesised to have the potential to impact on the effectiveness of the interventions.

It was also hypothesised that the activities undertaken in delivering the intervention would influence whether community-based group interventions would be successful in reducing social isolation and loneliness in older people. Implementation factors (e.g. program delivery, availability of technical assistance) and processes/techniques/services (e.g. recruitment, training, and monitoring facilitators, co-production) were expected to influence the delivery of the

intervention which would then impact on its effectiveness to reduce social isolation and loneliness.

6.1.1.3 Outputs and Outcomes

The outputs were considered in the light of the core elements of the interventions described above. Community-based group interventions for social isolation and loneliness in older people were expected to create opportunities for older people to interact, allowing them to learn and exchange skills to help them confidently interact, develop new social ties and/or maintain ties with members of their social networks. The interventions were also expected to increase older people's awareness of services, information and knowledge which they could then use to address social isolation and loneliness.

The above outputs were hypothesised to lead to individual-level changes such as expanded community connections, willingness to provide/receive support, an increased sense of purpose and belonging. With time, these proximal outcomes would result in reduced feelings of social isolation and loneliness. In the long-term, these reduced feelings of loneliness and social isolation would then lead to improved health, wellbeing, quality of life and life satisfaction with a knock on effect on societal level outcomes such as reduced mortality and morbidity rates, fewer GP practice visits and hospital admissions. The logic model was refined throughout the review and revisited upon completion to construct a theory of change representing the evidence pertaining to the underlying mechanism of community-based group interventions for social isolation and loneliness in older people.

6.2 METHODS

6.2.1 Protocol and registration

As reported in chapter three, the systematic review protocol was registered on Prospero International prospective register of systematic reviews on the 22nd of January 2019 (Protocol Registration ID: 119623). It was important to register the protocol to ensure the transparency of the review by making it public, and allowing for the possibility of receiving feedback and even the possibility of publishing the review (Oliver et al., 2017).

6.2.2 Eligibility criteria

6.2.2.1 Participants

As reported in the introduction, this study uses a cut off age of 65 years to define older people in line with organisations such as the National Institute for Health and Care Excellence (NICE) (2015), and the National Health Service (NHS) (NHS, 2020). However, some people self-define as older persons even though they may be younger than 65. Given the lack of consistency in defining older people, studies were included if most or all of their participants were aged 50 years and above living in high-income Organisation for Economic Co-operation and Development (OECD) countries. This cut off age is in line with studies for older people such as the English Longitudinal Study of Ageing (ELSA) and the Health and Retirement Survey (HRS) which are resources of information on the health, and economic circumstances of people aged 50 and over (Banks et al., 2016; Health and Retirement Study, 2017).

6.2.2.2 Interventions

This review excluded studies that reported on interventions conducted in care homes. It only included studies that reported on interventions conducted in a community setting and administered by lay people and/or professionals to a group

of older people living independently, in their own homes and communities, with the aim of addressing social isolation and/or loneliness.

The interventions were included provided they were administered in a group format in the community, regardless of the approach to reducing social isolation (e.g. to improve health, social skills, enhance social support, increase opportunities for social contact, address social cognition deficits (Masi et al., 2011; Rowe et al., 2011). Studies were also included regardless of the mode of delivery (i.e. face to face, over the telephone, or through synchronous video/voice over IP calls via applications such as WhatsApp, Skype, or Viber). The decision to focus on these modes of communication was based on the results of phase one which suggested that the networks of older minoritised people might be less geographically accessible. As such, they may rely on other modes of communication. Also, in phase two, older people from minoritised ethnic groups used Skype, WhatsApp, and telephones to keep in touch with members of their social networks.

Given that social isolation and loneliness are high on the policy agenda (HM Government, 2018a), there were some studies that included social isolation and loneliness as outcome measures but whose primary focus may not be to reduce social isolation and/or loneliness. Such studies may be conceptualised differently. As such, only interventions that focused on social isolation and or loneliness as a main outcome and articulated the mechanisms that could diminish levels of loneliness and/or social isolation were included. This inclusion criterion reduced the likelihood of including interventions that were too broad in focus. Such interventions could have added unwanted heterogeneity into the review. They may not adequately explain how and why community-based group interventions work to reduce social isolation and loneliness in older people.

6.2.2.3 Comparison

The comparison groups were no community-based group intervention, standard treatment groups or waitlist control groups. Variants of the same interventions or other interventions were included if they had the same parameters in terms of characteristics of the participants and the location of the delivery

6.2.2.4 Outcome

Studies were included if they included social isolation and loneliness as primary or secondary outcomes measured using widely recognised tools. These include the UCLA Loneliness Scale (Russell, Peplau, & Ferguson, 1978), the De Jong Gierveld Scale (de Jong Gierveld & Kamphuis, 1985), the Campaign to End Loneliness Measurement tool for loneliness (Campaign to End Loneliness, 2017) and the Lubben Social Network Scale (Lubben, 1988) the Duke Social Support Index (Landerman, George, Campbell, & Blazer, 1989), The Friendship Scale (Hawthorne, 2006) and the Social Disconnectedness Scale (Cornwell & Waite, 2009) for social isolation. Studies that used other measures of social isolation and loneliness were included, but their reliability and validity were discussed and included as an item in the risk of bias assessment. It was important to include both social isolation and loneliness because both terms are often used interchangeably within the literature.

6.2.2.5 Study design

In this review, different study designs were permitted based on the different research questions. For example, randomised controlled trials (RCTs) were included to identify whether community-based group interventions that target social isolation and loneliness in older people living in the community were effective and to assess the impact of the interventions and whether these varied by intervention type, intervention duration, intervention setting and participant's

socio-demographic factors. Linked process evaluations of the above RCTs were included to uncover the underlying processes that make effective interventions successful. In addition to these linked studies, other studies using any recognized quantitative instruments or qualitative methods to collect or analyzed process-related outcomes were included if they were linked to an intervention.

6.2.2.6 Dates, publication type and language

Due to limited resources, only primary studies conducted in English were included. There were no restrictions on the date or type of publication.

6.2.3 Information sources

Between August 2018 and October 2018, searches were conducted on ASSIA (Applied Social Sciences Index and Abstracts), The Cochrane Library, Cumulative Index to Nursing and Allied Health Literature, EMBASE, Google Scholar, Medline, PubMed, Psych Info, Science Direct, Scopus, Social Services Abstracts, Sociological Abstracts and Web of Science core collection for relevant literature. To reduce the impact of publication bias, Open Grey was used to search for grey literature. Also, past systematic reviews of social isolation and loneliness in older people and reference lists of key articles were manually searched for relevant studies. Authors of relevant studies which were in progress or were missing the full text online were also contacted.

6.2.4 Search

Appendix 6.1 details the full search strategy used in the databases listed above when searching for relevant data. Table 6.1 below is an example of one of the search strategies used in this review. The search terms were based on the population, the outcome and the study design. As can be seen in the table below,

alternative terms for social isolation, loneliness, older people, and RCTs were used to search titles, abstracts, and the keywords of the databases.

Table 6.1. Search strategy – Scopus

Scopus (12.10.2018)
<pre>(((TITLE-ABS-KEY (lonel*)) OR (TITLE-ABS- KEY ((emotion* PRE/3 lonel*))) OR (TITLE-ABS- KEY ((social* PRE/3 lonel*))) OR (TITLE-ABS- KEY ((social* AND isolat*))) OR (TITLE-ABS- KEY ((social* PRE/3 isolat*))) OR (TITLE-ABS- KEY ((emotion* PRE/3 isolat*))) OR (TITLE-ABS- KEY ((social* PRE/2 exclu*))) OR (TITLE-ABS- KEY (isolat* PRE/2 (elder* OR old*))))) OR (TITLE-ABS- KEY ((social* PRE/2 alienat*)))) AND ((TITLE-ABS- KEY (ag?ng)) OR (TITLE-ABS-KEY (elder*)) OR (TITLE-ABS- KEY (geriatric)) OR (TITLE-ABS-KEY (senior*)) OR (TITLE-ABS- KEY (older*)) OR (TITLE-ABS-KEY ((old* AND age*))) OR (TITLE-ABS- KEY (retire*))) AND (((TITLE-ABS-KEY (trial*)) OR (TITLE-ABS- KEY (match*)) OR (TITLE-ABS-KEY (assign*)) OR ((TITLE-ABS- KEY ((randomi?ed AND controlled AND trial*))) OR (TITLE-ABS- KEY ((rct*))) OR (TITLE-ABS- KEY ((controlled AND clinical AND trial*))) OR (TITLE-ABS- KEY ((clinical AND trial*))) OR (TITLE-ABS-KEY (random*)) OR (TITLE-ABS- KEY (placebo*)) OR (TITLE-ABS-KEY (group*))))) AND NOT ((TITLE-ABS- KEY (animals))) AND NOT ((TITLE-ABS-KEY (animals))) AND (TITLE-ABS- KEY (humans))))))</pre>
<i>Title, ABS: abstract, KEY: Keyword</i>

6.2.5 Study selection

The studies identified in the search were imported into EPPI-Reviewer 4, a specialist systematic review management software (Thomas, Brunton, & Graziosi, 2010). After de-duplication, a sample of studies were screened by two reviewers on title and abstract using the following eligibility criteria

- Population (participants aged 50+),
- Intervention (Community-based group intervention),
- Comparator (standard treatment/no intervention/waitlist control)
- Outcome measure (Social isolation and/or loneliness)

- Study Design (RCTs),
- Language (English)
- Country (OECD countries)

Differences were reconciled through discussion. Thereafter, the titles and abstracts were screened by one reviewer. A sample of titles and abstracts were double screened to ensure consistency in applying the eligibility criteria. During the single screening, when it was difficult to ascertain the eligibility, the study was included for second opinion and subsequently double screened. The studies which were included based on title and abstract were subjected to full text screening. Similarly, a sample of studies were subjected to full text screening where differences were reconciled through discussion.

6.2.6 Data collection process and data items

6.2.6.1 Process evaluations

Data from the process evaluations were independently extracted by two reviewers using a data extraction tool (Appendix 6.2) that included information on

- Interventions characteristics (e.g. theoretical basis, intervention type)
- Participant characteristics (e.g. age, gender, ethnicity, health status)
- Indicators of effectiveness (e.g. observed changes, measurement tool used)
- Indicators of successful implementation (e.g. dosage, duration, attrition, adherence)
- Any other processes

Differences were resolved through discussion.

6.2.6.2 Outcome evaluation studies

Similarly, data from relevant studies were extracted by two reviewers using a data extraction tool developed by adapting the Cochrane Collaboration data collection form for intervention reviews (The Cochrane Collaboration, 2014) (Appendix 6.3). It was also informed by The Cochrane Public Health Group (2011) data extraction

template and The Cochrane Consumers & Communication Review Group (2016) data extraction template for included studies. The data extraction tool for the RCTs included information such as

- General information (e.g. author, title, year of publication, location, journal)
- Study characteristics (e.g. Aims, Design, Unit of allocation, Ethical approval)
- Participants characteristics (e.g. setting, recruitment, sample size, age, gender, health status, ethnicity)
- Intervention characteristics (e.g. type, implementation, duration, frequency, comparison group, follow-up)
- Outcome (e.g. time point, results)
- Results (e.g. social isolation and/or loneliness)
- Other information (e.g. author's conclusions, references to other relevant studies)

Social isolation is seen by many as a multidimensional concept that captures both the quantity *and* quality of support (Dickens et al., 2011). There were several studies which included different dimensions of social isolation related to the quantity or the quality of support, for example, the number of confidants, social support, or satisfaction with contacts. On their own, these dimensions may not capture social isolation in its entirety. However, they can provide information about the different facets of social isolation, especially in the absence of many studies that focus on social isolation. Consequently, data on these indicators were extracted for inclusion in the meta-analysis. Table 6.2 below presents the various dimensions of social isolation extracted from the RCTs. To allow for appropriate comparisons to be made, different models for studies that used multidimensional scales and those that used single indicators of social isolation were created.

Table 6.2. Indicators of social isolation

- | |
|--|
| <ol style="list-style-type: none"> 1. Multidimensional measure of social isolation 2. Evaluation of the quality/satisfaction with support, contacts, network size 3. Social support 4. Frequency of interaction 5. Network Size |
|--|

During the Intervention Component Analysis (ICA) process, features underlying effective interventions identified in the process evaluations were extracted from the RCTs. The strengths, limitations and/or any other important information signalling the success/failure of the interventions as reported by authors in the discussion section were also extracted as part of the ICA in preparation for the Qualitative Comparative Analysis (QCA). Any disagreements were resolved through discussion. Authors of some interventions were contacted by email for missing information. (See Appendix 6.4 for the ICA data extraction tool for RCTs and Appendix 6.5 for a sample of the evidence table showing the data extracted from one of the RCTs).

6.2.7 Critical appraisal

6.2.7.1 *Quality assessment of process evaluations*

The quality of all process evaluations that met the inclusion criteria was assessed by two reviewers using a quality appraisal tool that was used by Harris et al. (2019) in a mixed-methods systematic review of school-based self-management interventions for asthma in children and adolescents. The tool was informed by O'Mara-Eves et al. (2013) and Harden et. al. (2004) and is available in Appendix 6.6. It evaluates processes related to reporting quality, population and selection factors, and reliability and transferability. An overall rating of 'Low risk' of bias, 'High risk' of bias, or 'Unclear risk' of bias was assigned to each study.

Studies with a high risk of bias were not excluded from the synthesis. Instead, their strengths and limitations were discussed in relation to the overall body of evidence.

6.2.7.2 Risk of bias in RCTs studies

All RCTs that met the inclusion criteria were subjected to a risk of bias assessment independently using the Cochrane Collaboration's tool for assessing the risk of bias (Appendix 6.7). Information on sequence generation, allocation concealment, blinding, incomplete outcome data, selective reporting and other issues were assessed in each study and a judgement of 'Low risk' of bias, 'High risk' of bias, or 'Unclear risk' of bias was assigned to each study by one reviewer. To reduce reviewer bias, all RCTs were uploaded to RobotReviewer, a machine learning system that automatically assesses bias in clinical trials with reasonable accuracy (Marshall, Kuiper, & Wallace, 2015).

6.2.8 Summary measures

The studies in this review included loneliness and social isolation indicators measured using different instruments. As such, in preparation for the meta-analysis, the standardised mean difference was calculated if the authors provided the mean, sample sizes and standard deviation. The standardised mean difference was deemed the most appropriate summary statistic to use in this study because the studies assessed similar outcomes using different measurement instruments (Higgins, Li, & Deeks, 2019). When this data were missing, the standardised mean difference data were calculated using the f-value, t-value or p-values and associated sample sizes using the tools made available on EPPI-Reviewer in conjunction with the Campbell collaboration web-based effect-size calculator (Thomas et al., 2010; Wilson, n.d.). For the few studies that reported binary data, the odds ratios were calculated.

6.2.9 Synthesis of results

Before proceeding to the methods of synthesis used in this review, it is crucial to clarify the sequencing of the synthesis and the factors that influenced it. In the registered protocol, a qualitative comparative analysis (QCA) of process evaluations was to be conducted first to identify the configurations of the intervention, participant and contextual characteristics associated with the effectiveness of an intervention (Hayanga, Kneale, & Phoenix, 2019). The QCA findings would then be used to inform hypotheses about potentially effective intervention strategies which could then be tested in a regression analysis. A meta-analysis was also planned to assess the effectiveness of interventions. In the event that the data were too heterogeneous and inadequate for a meta-analysis, a narrative synthesis was to be conducted (Hayanga et al., 2019). However, the number of process evaluations included in this review was not sufficient to conduct the planned QCA. The decision was, therefore, made to conduct the meta-analysis of RCTs and a narrative synthesis of the process evaluations first. QCA, in conjunction with intervention component analysis (ICA), was then utilised to understand the heterogeneity in the meta-analysis. These synthesis methods are discussed below.

6.2.9.1 Meta-analysis

'Meta-analysis is an analytical framework that involves the use of statistical methods to combine the numerical results of two or more studies' (Thomas, O'Mara-Eves, Kneale, & Shemilt, 2017, p. 224). In this study, data from the 13 RCTs were synthesised using meta-analysis. All outcomes were assessed and grouped in a model according to the type of outcome (loneliness, social isolation or its indicators) and point of measurement (post-intervention score, follow-up score or change score). When a model included different summary measures, these were converted accordingly. For example, a majority of the studies reported the means and standard deviations which were then used to work out the effect sizes. However, some studies reported on binary data which were used to calculate

odds ratios and their standard errors (Pynnonen, Tormakangas, Rantanen, Tiikkainen, & Kallinen, 2018). To include these measures in the models, the odds ratios were converted to effect sizes using a formula proposed by Chinn (2000) and Borenstein, Hedges, Higgins, and Rothstein (2009). Full details of these calculations are provided in Appendix 6.8.

The effect sizes and their 95% confidence intervals were then imported to Stata SE 15, and all outcomes were combined statistically using a random-effects model which was considered the most appropriate model. Fixed-effect models assume that all the included studies share a common effect size and any difference between them are the result of sampling errors (Thomas et al., 2017). However, in this systematic review, the studies were conceptually combined based on their outcome measures. As such, they were not considered to be identical in the sense that the true effect size was exactly the same for all the studies (Borenstein, Hedges, & Rothstein, 2007). Rather than assume one true effect size, the random-effects model allows that there is a distribution of true effect sizes and that each study is representative of its own population of studies (Borenstein et al., 2007; Thomas et al., 2017).

The I-squared statistic (I^2) was calculated to assess the amount of heterogeneity in the studies that was due to differences between studies (Thomas et al., 2017). A considerable I^2 statistic may require follow-up moderator analyses to explore reasons for the between-study differences (Masi et al., 2011). As a rough guide, a value of 0% to 40% might not be important, 30% to 60% may represent moderate heterogeneity, 50% to 90% and 75% to 100% may represent substantial and considerable heterogeneity respectively (Ryan, 2016). However, the size of the I^2 statistic was interpreted in light of the size and direction of effects, and the strength of evidence for heterogeneity (Ryan, 2016). Only models with heterogeneity levels of 70% and above will be subjected to further analysis of the

drivers of heterogeneity. In this review, sub-group analysis was used to explore and explain considerable heterogeneity.

6.2.9.2 Narrative synthesis

A narrative synthesis of the process evaluation studies was conducted to help understand the mechanisms behind effective interventions. Narrative synthesis refers to *'an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis'* (Popay et al., 2006, p. 5). The approach taken to synthesise the process evaluations was informed by the guidelines set out by Popay et al. (2006) which involves four stages which will be discussed in detail in chapter seven.

6.2.9.3 Intervention component analysis (ICA) and qualitative component analysis (QCA)

In this review, QCA was employed to uncover the underlying mechanisms behind a subset of interventions included in the meta-analysis. QCA is a methodological approach used to explore causality in complex interventions by exploring which configurations of particular conditions are mostly found in effective and non-effective interventions (Brunton et al., 2014). Instead of focusing on single variables, QCA focuses on configurations of factors; seeking to identify which features of an intervention are both necessary and sufficient to make an intervention effective (Thomas, O'Mara-Eves, & Brunton, 2014).

Prior to conducting the QCA, ICA was employed to gain a better understanding of the selected studies. ICA, which aims to reveal what an ideal version of the intervention looks like, was specifically developed to bridge the gap between evidence of effectiveness and practical implementation of interventions (Sutcliffe, Thomas, Stokes, Hinds, & Bangpan, 2015). A key strength of ICA is its ability to illuminate hidden or overlooked intervention features and barriers and facilitators

only identified in practical application of interventions (Sutcliffe et al., 2015). The stages and the findings of ICA and QCA will be presented in detail in chapter seven.

6.2.10 Risk of bias across studies

Owing to the small numbers of studies included in the meta-analyses models, it was not possible to investigate the potential impact of publication bias for all models. However, an assessment of publication bias was conducted on the largest model.

6.2.11 Additional analyses

A sensitivity analysis was conducted to assess whether the pooled effect size would have changed if one study with a large effect size was omitted. A pre-specified subgroup analysis of some models was also conducted to determine if the effect sizes differed according to the age group, gender, intervention duration, screening participants for loneliness at baseline and quality of the study. Although there were 17 RCTs included for data extraction, the largest meta-analyses model consisted of only 11 studies. It was, therefore, not possible to conduct a meta-regression which would have allowed for the effects of multiple factors to be assessed simultaneously (Higgins & Green, 2011). Any such analyses would have been underpowered.

6.3 RESULTS

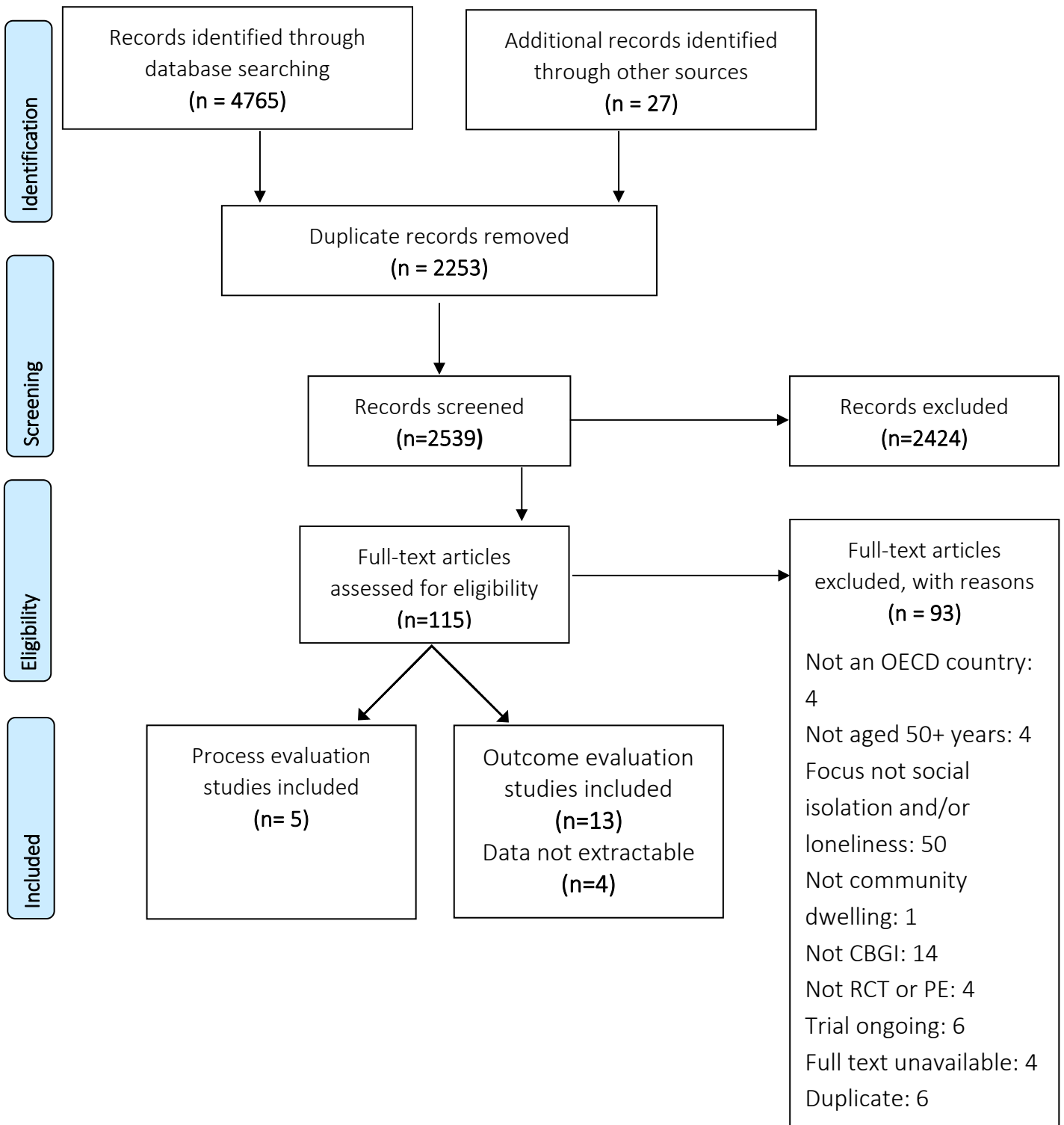
As noted in the introduction, only the results of the meta-analysis are presented in this chapter. The meta-analysis addresses the first two objectives which seek to uncover whether community-based group interventions work to reduce social isolation and loneliness in older people and whether the impact varies by selected interventions and participant characteristics. In contrast, the findings of the narrative synthesis, ICA and QCA were used to understand the processes behind effective interventions. In doing so, they address the last objective, which is

concerned with uncovering how community-based group interventions work to reduce social isolation and loneliness in older people. These findings will be presented in the next chapter.

6.3.1 Study selection

The electronic search of relevant databases yielded 4765 references. After de-duplication, there were 2539 studies to be screened. A total of 2424 studies were excluded because they were not published in English, not conducted in OECD countries, not involving older participants aged 50+ years living in the community, not RCTs or process evaluations, or not community-based group interventions. 115 studies were included for full-text assessment. Of these, 22 were eligible for further analysis (17 RCTs and 5 process evaluations). Figure 6.3 below is a flow diagram detailing the excluded and included studies in this review.

Figure 6.3 PRISMA Flow Diagram (Moher et al., 2009)



6.3.2 Study characteristics

A full description, including study characteristics, of all the 17 included RCTs is available in Appendix 6.9

6.3.3 Risk of bias within studies

6.3.3.1 Risk of bias of randomised controlled trials

Table 6.3 below details the overall risk of bias ratings for all the randomised controlled trials, included in the review. Out of the 17 RCTs, four were rated as low risk, two trials were rated as high risk, and 11 trials were rated as having an unclear risk of bias.

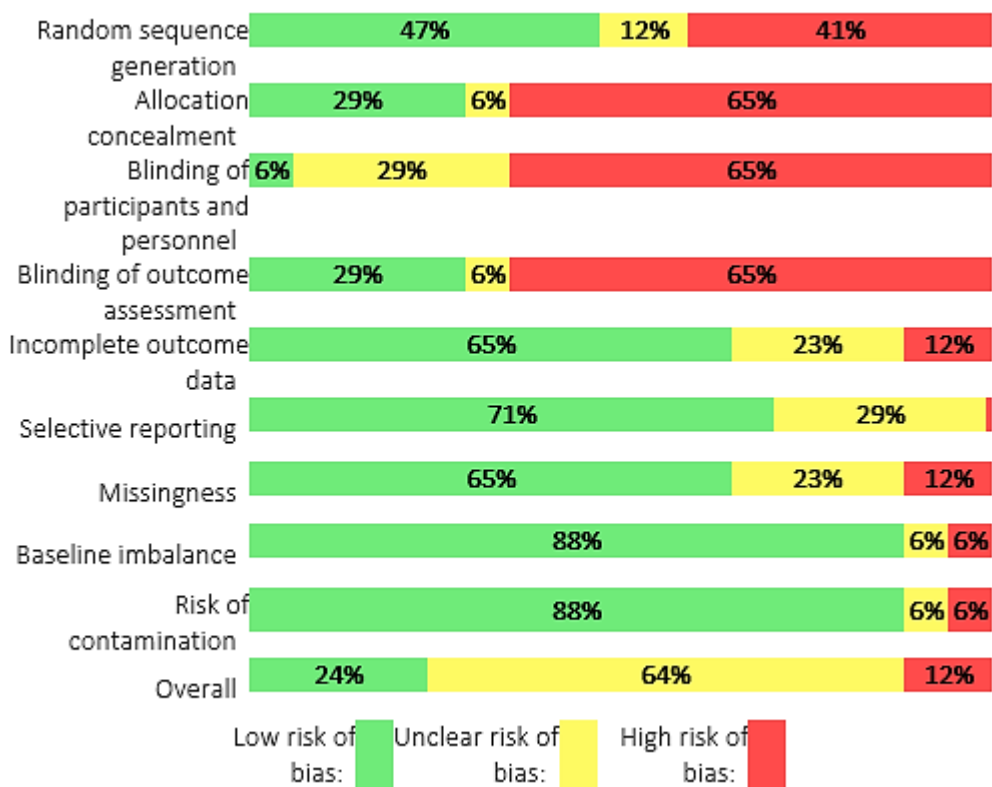
Table 6.3 Risk of bias ratings for included RCTs

Study	Random sequence generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Missingness	Baseline imbalance	Risk of contamination	Overall
Andersson (1985)	?	?	-	-	+	+	?	+	+	?
Cohen-Mansfield (2018)	-	-	?	+	+	+	+	+	+	+
Creswell (2012)	+	-	+	+	?	+	+	+	+	+
Ehlers (2017)	+	-	-	-	?	?	+	+	+	?
Fukui (2003)	-	-	-	-	+	+	+	+	+	?
Harris (1978)	-	-	-	-	-	+	-	+	+	-
Hartke (2003)	-	-	-	-	+	?	+	+	+	?
Kremers (2006)	-	-	-	-	+	+	+	+	?	?
Larsson (2016)	+	+	?	+	+	+	?	?	-	?
Mountain (2014)	+	+	?	+	+	+	+	+	+	+
Mountain (2017)	+	+	?	?	+	+	+	-	+	+
Shvedko (2020)	+	+	-	-	+	?	?	+	+	?
Pynnonen (2018)	+	-	?	+	+	?	+	+	+	?
Routasalo (2009)	+	+	-	-	-	?	-	+	+	?
Saito (2012)	?	-	-	-	?	+	+	+	+	?
Theeke (2016)	-	-	-	-	?	+	?	+	+	-
Woodward (2011)	-	-	-	-	+	+	+	+	+	?

Low risk of bias: ■ Unclear risk of bias: ■ High risk of bias: ■

Figure 6.4 below displays the overall distribution of the risk of bias across all studies. Most trials appeared to address sources of bias related to incomplete outcome data, selective reporting, missingness and risk of contamination. Consequently, they were rated as having a low risk of bias in these areas. Fewer trials adequately addressed sources of bias linked to allocation concealment, blinding of participants and personnel, blinding of outcome assessment. For this reason, many of these studies were rated as having a high risk of bias in these areas. It is important to note, however, that some sources of bias such as blinding of participants, may be relevant for clinical drug trials and may be challenging to address in social intervention trials.

Figure 6.4 Distribution of risk of bias ratings for included Randomised Controlled Trials



6.3.4 Results of individual studies

It was not possible to extract data from four of the include trials because the information required was not provided by the authors or if it was provided, it was provided in a format that was not useable for this review (Ehlers et al., 2017; Harris & Bodden, 1978; Routasalo et al., 2009). From the remaining 13 studies, a variety of measures were extracted. For example, final scores of loneliness measured post-intervention and at follow-up, as well as change scores (Andersson, 1985; Cohen-Mansfield et al., 2018; Theeke et al., 2016). Some studies included social and emotional loneliness (Kremers, Steverink, Albersnagel, & Slaets, 2006; Mountain, Gossage-Worrall, Cattan, & Bowling, 2017; Mountain et al., 2014). One study measured social isolation post-intervention (Shvedko, Thompson, Greig, & Whittaker, 2020) and several others included social isolation indicators such as social support (Saito, Kai, & Takizawa, 2012), satisfaction with social contacts (Larsson, Padyab, Larsson-Lund, & Nilsson, 2016), social contacts (Andersson, 1985) and social interaction (Theeke et al., 2016). A summary of outcomes measures, effect sizes and standard errors extracted from each study is available in Appendix 6.10.

6.3.5 Synthesis of results

Although there was a range of outcome measures extracted from the included outcome evaluation studies, not all could be meta-analysed because of conceptual differences. In some cases, there were not enough studies measuring the same outcome to pool together. This section reports on the outcome measures that were meta-analysed to illustrate the overall impact of community-based group interventions on loneliness and selected indicators of social isolation in older people. In total, there were 12 models; nine of which are summarised in table 6.4. These models had few included studies and/or low levels of heterogeneity and will be discussed first. The remaining models are summarised in table 6.5 and will be

discussed in detail. They included a larger number of studies, and there was considerable heterogeneity.

6.3.5.1 Satisfaction with confidants/social contact/interaction, social support, social loneliness, emotional loneliness and loneliness.

Table 6.4 below summarises the results of the meta-analyses of the effects of community-based group interventions on social isolation indicator 3 and 4, social loneliness, emotional loneliness and overall loneliness. Alongside these outcome measures are the types of scores and measurement points, the number of participants and studies included, the effect sizes and confidence intervals, and the results from the heterogeneity and overall effect tests. The number of participants ranged from 75 to 509. One model had six studies. The number of studies in the remaining models ranged from 2-3 studies.

Based on the meta-analysis results presented in this table, there is little evidence that community-based group interventions for older people reduce social loneliness at follow up (SMD=-0.15, CI -0.35 to 0.04; Participants=409), emotional loneliness at follow up (SMD=-0.03, CI -0.23 to 0.14; Participants=409), loneliness post intervention (SMD= -0.09, (CI= -0.3 to 0.12; 509 participants) and loneliness change scores post-intervention (SMD=-0.42, CI=-0.89 to 0.04; Participants=326). In contrast, the results of the meta-analyses provide clear evidence that community-based group interventions can increase satisfaction with social contact/interaction/confidants in older people, both offline, (SMD=0.71, CI=0.11 to 1.31; Participants = 101) and online (SMD=0.69, CI=0.13 to 1.25; Participants = 101). However, the moderate levels of heterogeneity ($I^2 = 52.1\%$ and 45.2% respectively) and the small number of studies in these models precluded further exploration. As such, these findings must be interpreted with caution.

Table 6.4 Summary of meta-analyses results of models with a small number of studies and/or low levels of heterogeneity.

Outcome measures	Measurement point and score type	Number of Studies	Number of Participants	Standardised mean difference (95% Confidence intervals)	Test of heterogeneity	Test of overall effect
Social Isolation Indicator 3: Satisfaction with confidants/social contact/interaction (Online)	Change score at Follow up	3	101	0.69, (0.13, 1.25)	Chi-squared = 3.65 (d.f.=2) p = 0.161 I ² =45.2%	z=2.42 p=0.016
Social Isolation Indicator 3: Satisfaction with social contact/confidants/interaction (Offline)	Change score at follow-up	3	101	0.71, (0.11, 1.31)	Chi-squared= 4.17 (d.f.=2), p=0.124 I ² =52.1%	z=2.33 p=0.020
Social Isolation Indicator 4: Social Support	Post-intervention score	2	75	0.16 (-0.55, 0.88)	Chi-Squared= 0.05 (d.f.=1), p=0.827 I ² =0%	z=0.44 p=0.663
Social Isolation Indicator 4: Social Support	Follow-up score	3	137	0.95, (0.00, 1.90)	Chi-squared=7.89 (d.f. 2), p=0.019 I ² =74.7%	z=1.96 p=0.050
Social Isolation Indicator 4: Social Support	Change score at follow-up	2	87	0.72 (0.27 to 1.17)	Chi-squared=0.03 (d.f.=1), p=0.869 I ² =0%	z= 3.12 p=0.002
Social loneliness	Follow-up score	3	409	-0.15 (-0.35, 0.04)	Chi-squared=0.90 (d.f.=2), p=0.636 I ² =0%	z=1.54 p=0.124
Emotional loneliness	Follow-up score	3	409	-0.03 (-0.23, 0.14)	Chi-squared=0.05 (d.f.=2), p=0.973 I ² =0%	z=0.31 p=0.759
Loneliness	Change score post-intervention	3	326	-0.42, (-0.89, 0.04)	Chi-squared = 6.67 (d.f. = 2), p=0.036 I ² =70%	z=1.78 p=0.075

Loneliness	Post-intervention score	6	509	-0.09, (-0.3, 0.12)	Chi-squared=2.66 (d.f. = 5), p = 0.752 I ² =0.0%	z=0.82 p=0.414
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While there was very little evidence that community-based group interventions increased social support in older people post intervention, (SMD=0.16, CI= -0.55 to 0.88; Participants=75), there was clear evidence that these interventions increased social support at follow up (SMD=0.95, CI=0.00 to 1.90; Participants = 137) and when change scores were used (SMD=0.72, CI=0.27 to 1.17; Participants = 87). There was considerable heterogeneity (I²=74.7%) in the model which meta-analysed the effects of community-based group interventions on social support measured at follow-up. This heterogeneity could have been investigated using subgroup analysis, but the small numbers of studies preclude further exploration.

Table 6.5 below summarises the results of the meta-analyses of the effects of community-based group interventions on loneliness at follow up (including change scores) and loneliness 0-6 months post-intervention. Two of these models had considerable heterogeneity and, all the models included a higher number of studies compared to the models in Table 6.4 above. The number of studies in these models ranged from seven to eleven, and the number of participants ranged from 515 to 966. In the following section, a detailed description of each model is provided.

Table 6.5 Summary of meta-analyses results of models with a higher number of studies and/or high levels of heterogeneity.

Outcome measures	Measurement point and score type	Number of Studies	Number of Participants	Standardised mean difference (95% Confidence intervals)	Test of heterogeneity	Test of overall effect
Loneliness	Follow-up score	8	873	-0.30, (-0.67, 0.06)	Chi-squared=37.01 (d.f. = 7), p = 0.000 I ² =81.1%	z=1.62 p=0.105
Loneliness	Change score at follow up	7	515	-0.52 (-0.86, -0.18)	Chi-squared=17.13 (d.f. = 6), p = 0.009 I ² =65%	z=3.00 p=0.003
Loneliness	0-6 months post intervention	11	966	0.25 (-0.55, 0.04)	Chi-squared=37.61 (d.f. = 10), p = 0.000 I ² =73.4	z=1.71 p=0.088

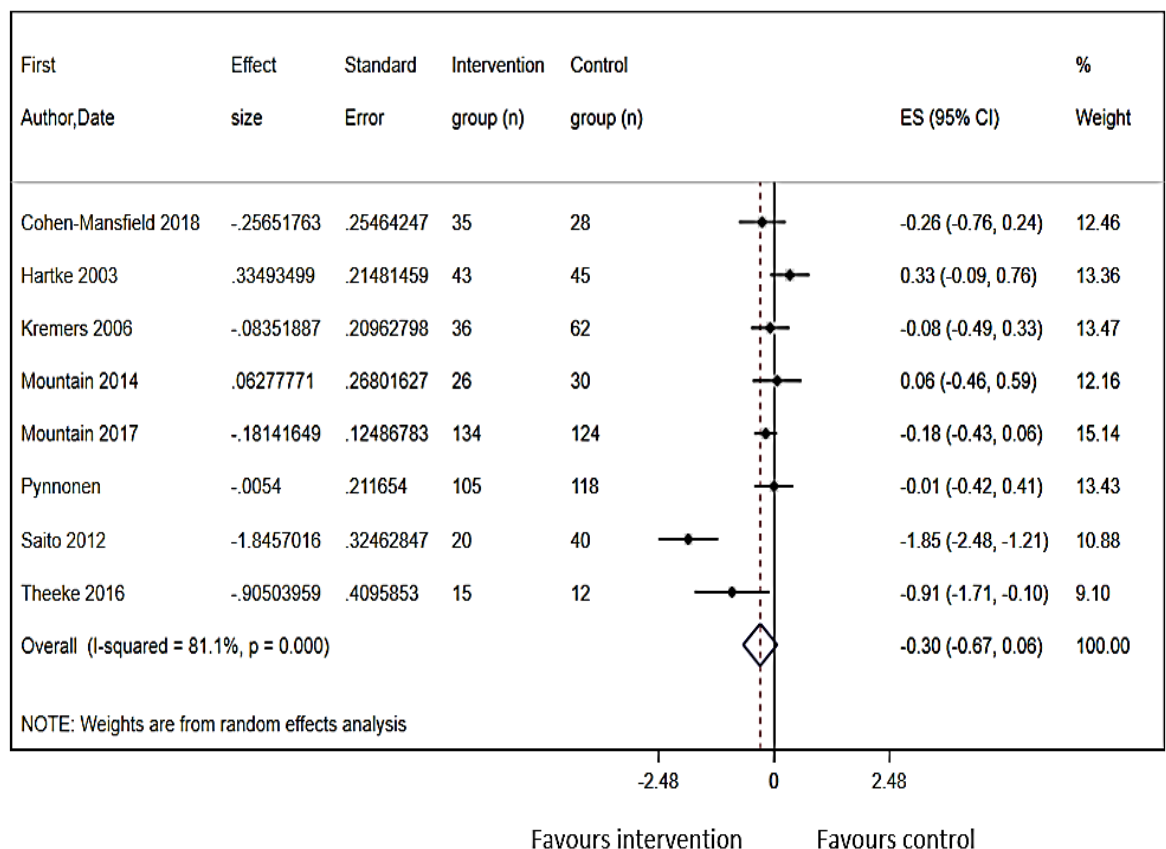
6.3.5.2. Loneliness scores at follow-up

Data from eight studies contributed to the meta-analysis of the impact of community-based group interventions on the final scores of loneliness at follow-up (See figure 6.5 below). The follow-up periods of these interventions varied from three months after the end of the intervention in some studies (Cohen-Mansfield et al., 2018; Theeke et al., 2016) to six months after the end of the intervention (Kremers et al., 2006; Mountain et al., 2014)(Pynnonen et al., 2018; Saito et al., 2012 (Hartke & King, 2003; Mountain, Windle, et al., 2017). As can be seen in Figure 6.5 below, there was inconsistency in the magnitude and direction of the effect size with some studies showing no impact (Pynnonen et al., 2018), some studies showing a negative impact (Hartke & King, 2003; Mountain et al., 2014) and others showing positive impact on loneliness (Cohen-Mansfield et al., 2018;

Saito et al., 2012; Theeke et al., 2016). As such, even at follow-up, there is little evidence that loneliness in older people can be reduced by community-based group interventions (SMD=-0.30, 95% CI -0.67 to 0.06; Participants=873).

Interestingly, the effect size for Saito et al. (2012) was considerably larger than the effect sizes for the other seven studies. A sensitivity analysis was conducted to investigate the implications of removing this study from the analysis (See Appendix 6.11). The exclusion of Saito et al. (2012) reduced the levels of heterogeneity ($I^2 = 35.6\%$) and the overall effect size (SMD=-0.08, 95% CI-0.29, 0.12; Participants=813). As such, the above conclusions remain the same.

Figure 6.5 Forest plot of comparison: Effect of community-based group interventions versus usual care on loneliness at follow-up



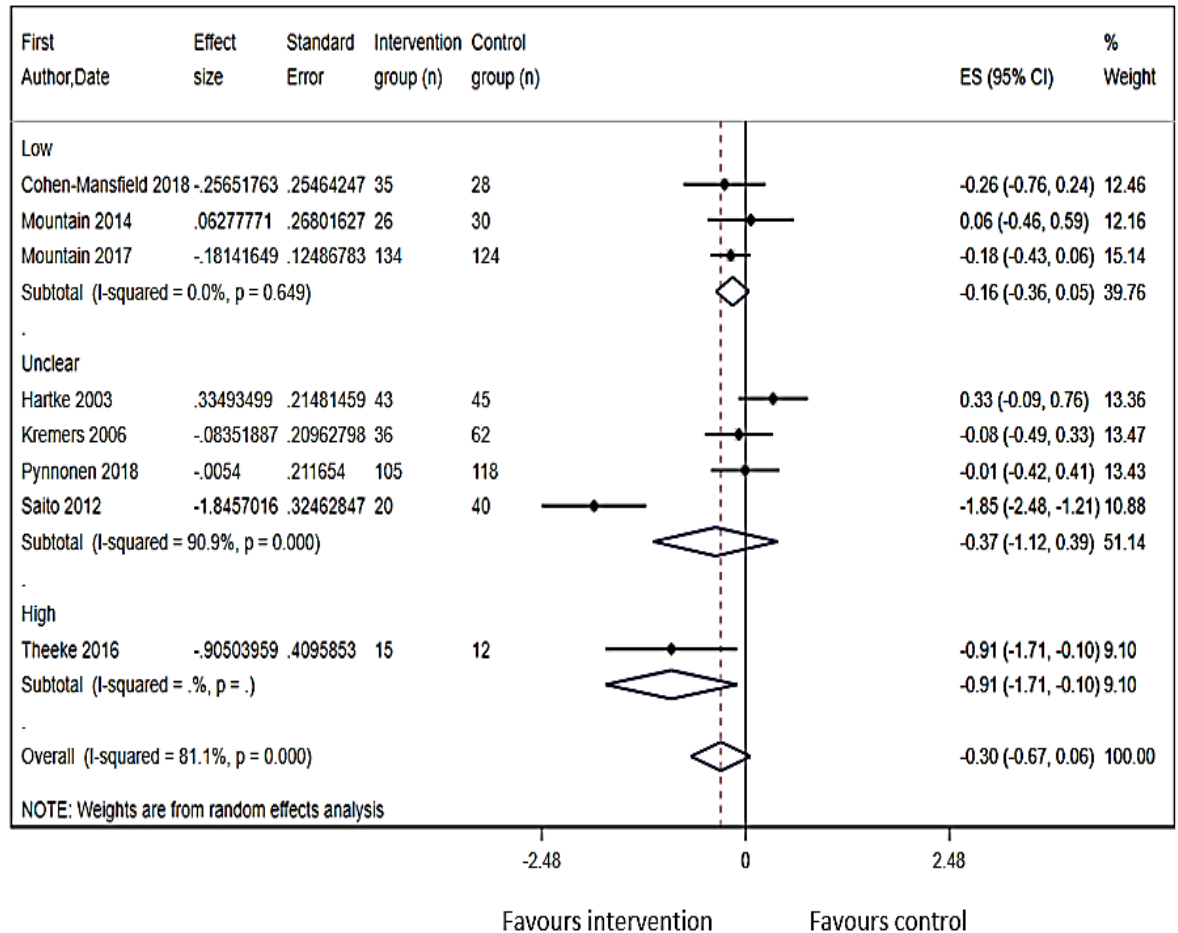
Chi-squared = 37.01 (d.f. = 7) p = 0.000; I-squared=81.1%; Tau-squared = 0.2134; Test of ES=0: z= 1.62 p = 0.105

Subgroup analysis: Loneliness scores at follow-up

Given the high levels of heterogeneity ($I^2=81.1\%$), pre-specified subgroup analyses were conducted to investigate whether intervention duration, screening for loneliness at baseline, age group, and the gender would explain the variation between the studies. However, there was no evidence that these factors were behind the high levels of heterogeneity (see appendix 6.12 for all subgroup analysis forest plots for this model). A further subgroup analysis was conducted to assess whether the quality of the studies could explain the high levels of heterogeneity. According to the figure 6.6 below, the evidence that community-based group interventions can reduce loneliness in older people derived from studies that were rated as having a low risk of bias (SMD=-0.16, CI=-0.36 to 0.05; Participants = 377) (Cohen-Mansfield et al., 2018; Mountain et al., 2014; Mountain, Windle, et al., 2017) and unclear risk of bias (SMD=-0.37, CI=-1.12 to 0.39; Participants = 469) (Hartke & King, 2003; Kremers et al., 2006; Pynnonen et al., 2018; Saito et al., 2012) remained uncertain.

The study conducted by Saito et al. (2012) appeared to be driving the heterogeneity in the group of studies which were rated as having an unclear risk of bias. Also, the one study that had a high risk of bias showed clear evidence that the intervention could reduce loneliness (SMD=-0.91, CI=-1.71 to -0.10; Participants = 27) (Theeke et al., 2016). As such, despite the fact that this study was the smallest study with the least number of participants, had less precise results and was assigned the least weight in this analysis (9.1%), it appears to drive some of the heterogeneity explained by subgroup analyses examining the quality of included studies. It must be noted that with only eight studies in this model, the analyses were likely to be underpowered, and as such, the analyses must be interpreted with caution. Given that other factors might be driving the heterogeneity, qualitative comparative analysis was used for further exploration as will be discussed in chapter seven.

Figure 6.6 Forest plot of comparison: Effect of community-based group interventions versus usual care on loneliness at follow-up sub-grouped by risk of bias rating

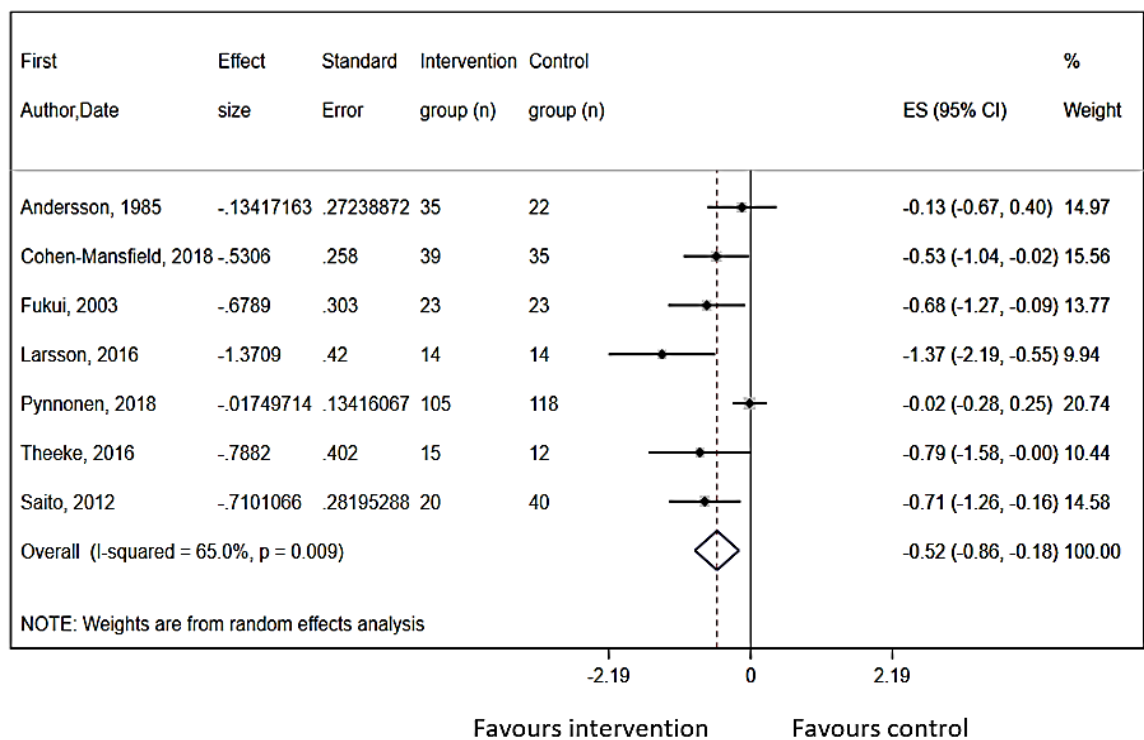


6.3.5.3. Loneliness change scores at follow-up

Seven studies contributed data to the meta-analysis of the impact of community-based group interventions in reducing loneliness from baseline to follow-up. Follow-up periods varied with two studies measuring change in loneliness after three months (Cohen-Mansfield et al., 2018; Theeke et al., 2016), and three studies measuring change in loneliness after six months (Andersson, 1985; Fukui, Koike, Ooba, & Uchitomi, 2003; Saito et al., 2012). Larsson et al. (2016) measured change in loneliness after 8.5 months and, Pynnonen et al. (2018) measured change in loneliness after 18 months. Figure 6.7 below illustrates the direction of the effect size was consistent across all studies with all seven studies showing a

positive impact. However, the magnitude varied across the studies, ranging from -0.02(-0.28, 0.25)(Pynnonen et al., 2018) to -1.37 (-2.19,-0.55)(Larsson et al., 2016). Together, these studies provide clear evidence that community-based group interventions can lead to changes in loneliness from base line to follow-up. A subgroup analysis was not conducted owing to the fact that an I^2 statistic of 65% was not considered high enough for further exploration.

Figure 6.7 Forest plot of comparison: Effect of community-based group interventions versus usual care on change in loneliness from baseline to follow-up



Chi-squared = 17.13 (d.f. = 6) p = 0.009; I-squared= 65.0%; Tau-squared = 0.1276; Test of ES=0: z = 3.00 p = 0.003

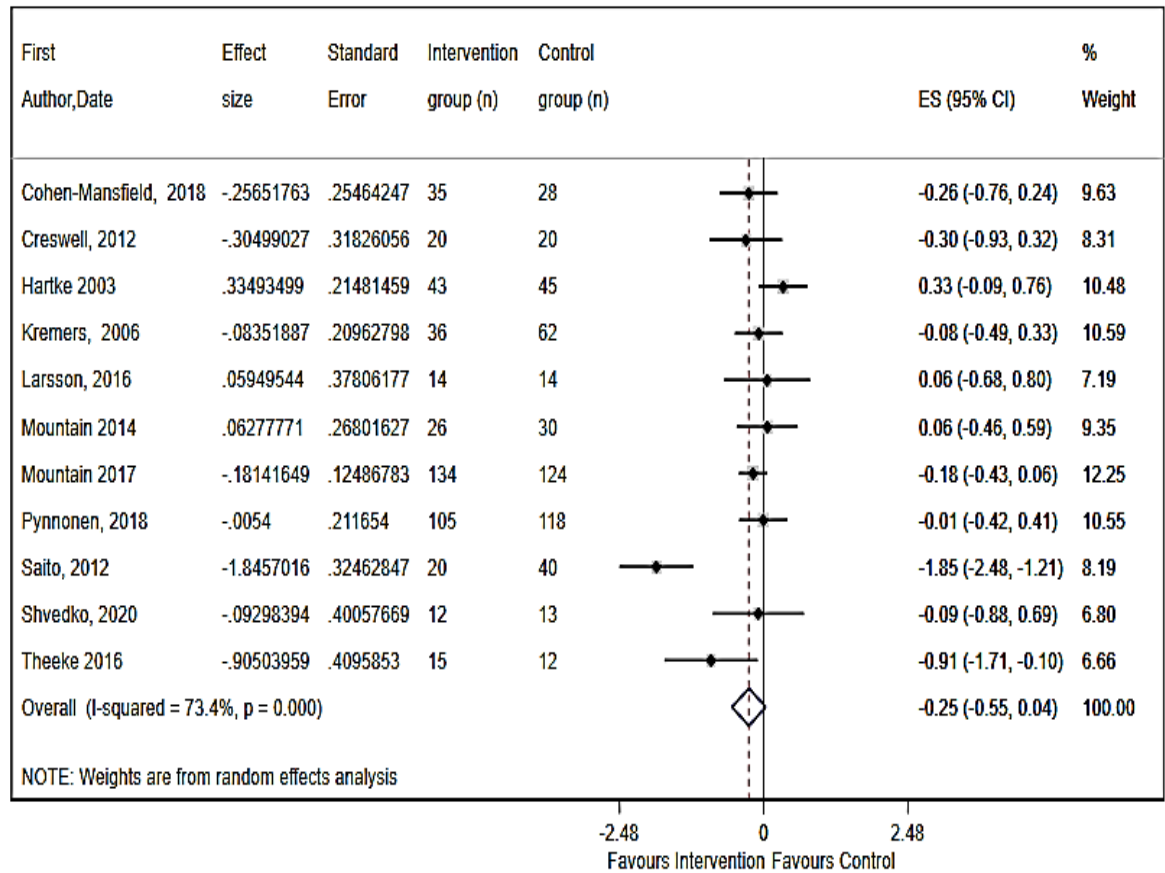
6.3.5.4. Loneliness measured between 0-6months post-intervention

The meta-analyses models presented thus far, show considerable variation in the way that loneliness was measured. Some studies reported final loneliness scores post-intervention. Others reported final loneliness scores at follow-up. Still, others focused on change scores post-intervention and/or follow-up. The models were

created based on these measuring points. However, they resulted in some models having few studies. For this reason, a model that consolidated the final scores was created. This model included all studies that measured loneliness as close to 6 months post-intervention as possible. 11 studies met this criterion and contributed data to the meta-analysis of the impact of community-based group interventions on loneliness. These studies were also used in the ICA and QCA as will be reported in chapter seven.

As illustrated in figure 6.8 below, there was inconsistency in both the size and magnitude of the effect sizes. Four studies showed a moderate to large positive impact (Cohen-Mansfield et al., 2018; Creswell et al., 2012; Saito et al., 2012; Theeke et al., 2016). Another four studies showed a small positive impact (Mountain et al., 2014; Pynnonen et al., 2018; Shvedko et al., 2020). Three studies showed a negative impact (Hartke & King, 2003; Larsson et al., 2016; Mountain et al., 2014). The results are strongly suggestive, but ultimately inconclusive as to whether community-based group interventions can reduce levels of loneliness in older people (SMD= -0.25, CI=-0.55 to 0.04; participants = 966).

Figure 6.8 Forest plot of comparison: Effect of community-based group interventions versus usual care on final loneliness scores (up to 6 months).



Chi-squared = 37.61 (d.f. = 10) p = 0.000. I-squared = 73.4%. Estimate of between-study variance Tau-squared = 0.1655; Test of ES=0; z = 1.71; p = 0.088

As can be seen in figure 6.8 above, the effect size reported by Saito et al. (2012) was considerably larger than the effect sizes reported by other studies. A sensitivity analysis was conducted by removing this value. This resulted in much lower levels of heterogeneity ($I^2 = 9.4\%$) and a much more conservative effect size (SMD=-0.09 CI=-0.25 to 0.06) (Appendix 6.13). Even after the sensitivity analysis, there was little evidence that community-based group interventions reduce loneliness in older people.

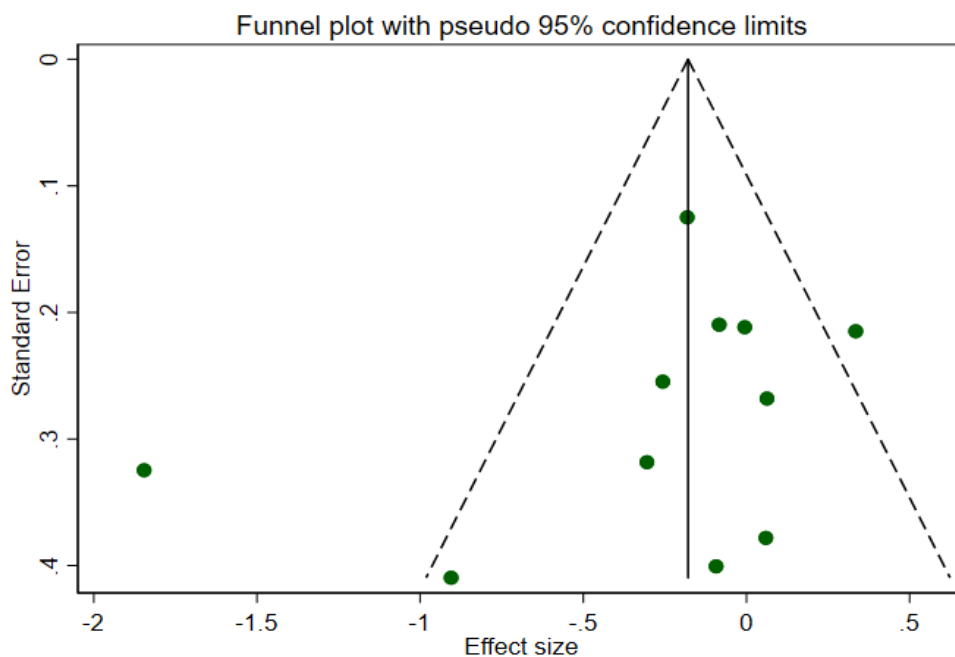
With an I^2 statistic of 73.4%, a pre-specified subgroup analysis was conducted. The results suggested that the heterogeneity shown in figure 6.8 above was not explained by age group, gender, assessment of loneliness levels at baseline, or the

duration of the intervention (See Appendix 6.14 for the subgroup analyses forest plots).

Publication bias

Given the possibility that the results of the meta-analysis may have been systematically biased due to the ways in which the studies were selected for publication, checks for publication bias were conducted (Thomas et al., 2017). The studies in this model were assessed for publication bias using a funnel plot; ‘a simple scatter plot of the intervention effect estimates from individual studies against some measure of each study’s size or precision’ (Higgins & Green, 2011, p. n/a). It graphically displays whether the results of a meta-analysis may have been affected by publication or other types of bias. Figure 6.9 below, provides visual evidence of weak evidence of publication bias. This is because the studies form an inverted funnel shape and there is the presence of a study in the lower left of the funnel, where less positive studies should be. However, the studies in this review sought to reduce loneliness, therefore, a lower effect size was positive.

Figure 6.9 funnel plot with pseudo 95% confidence intervals



The majority of studies lie on either side of the vertical line within the funnel which represents the pooled effect size. Arguably, the funnel plot is in some sense, symmetrical. However, the interpretation of funnel plots is said to be prone to some level of subjectivity (Debray, Moons, & Riley, 2018). Several tests have been proposed for addressing this issue and detecting funnel plot asymmetry which can signal the presence of small studies that are predominately in one direction (usually the direction of larger effect sizes) (Debray et al., 2018). Egger's test is one such test which can be conducted if a meta-analysis has ten or more studies (Higgins & Green, 2011). It quantifies the funnel plot symmetry and performs a statistical test. The results of the Egger's test conducted to assess the funnel plot asymmetry are presented in Table 6.6 below.

Table 6.6 Egger's test for small-study effects/funnel plot asymmetry

Number of studies= 11				Root MSE =1.949		
Std_Eff	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
bias	-1.551908	1.631281	-0.95	0.366	-5.242123	2.138307

The table shows that the p-value of Egger's test is not significant ($p=0.366$) which means that there is weak evidence of substantial asymmetry in the forest plot and therefore, no evidence of publication bias.

6.4 DISCUSSION

6.4.1 Summary of evidence

In this review, data extracted from randomised controlled trials were meta-analysed to explore whether community-based group interventions for social isolation and loneliness in older people were effective. In relation to social isolation indicators, there was mixed evidence around the impact of community-

based group interventions on social support. For example, while there was uncertainty as to whether the community-based group interventions increased social support in older people post-intervention, there was clear evidence that social support was increased when measured at follow-up and when change scores were reported. A systematic review of social isolation interventions for older people conducted by Dickens et al. (2011) report similar results. They found *'indications that social isolation interventions may have wide-ranging benefits including structural social support, functional social support, loneliness, and mental and physical health'* (p1.9). However, it is inappropriate to compare the results of this review with those of Dickens et al.'s review where no outcomes were meta-analysed and the review included both one-to-one and group interventions.

What the results of this review suggest is that community-based group interventions might have longer term benefits on social support as opposed to short term benefits. Further explorations may be needed to unpack these findings. Moreover, as there are different types of social support (e.g. functional emotional, instrumental), investigations could be conducted to establish which of these types of social support are linked to reductions in social isolation and or loneliness. In saying this, these findings must be interpreted with caution for two reasons. First, these conclusions are based on a small number of studies. Second, because change scores are negatively associated with the baseline score, participants with a worse baseline score will be more likely to experience a high change score (Fu & Holmer, 2015). As such, change scores might inadvertently introduce unwanted bias.

Based on the evidence of three studies, there was some indication that community-based group interventions had a small but positive impact on levels of satisfaction with social contact/interaction/confidants (Fukui et al., 2003; Larsson et al., 2016; Theeke et al., 2016). Arguably, an evaluation of one's network can be considered an evaluation of loneliness. This is because loneliness is described as

an unwelcome feeling that occurs when there is a discrepancy between one's actual and desired relationships (Hughes et al., 2004). This finding is of importance because an improvement in the level of satisfaction with one's network can be said to reduce this discrepancy and, therefore, reduce loneliness. However, given the small numbers of studies included in these models and the use of change scores, which can be more biased than final scores post-intervention or at follow-up, these results are tentative.

In relation to loneliness, the results of the meta-analysis indicate that the evidence of the impact of community-based group interventions on loneliness measured post-intervention and at follow-up remains unclear. Similar conclusions were reached about the impact on both social and emotional loneliness at follow-up. One model where data from studies reporting loneliness at follow-up were meta-analysed revealed considerable heterogeneity ($I^2=81.1\%$). Subgroup analyses of this model by intervention duration, assessment of loneliness levels at baseline, age, and gender could not explain the high levels of heterogeneity. Interestingly, study quality may be behind the high levels of heterogeneity in this model. However, this result was heavily influenced by two studies, one of which was rated as having a high risk of bias (Theeke et al., 2016), and the other which was rated as having an unclear risk of bias (Saito et al., 2012). There was, however, some evidence that community-based interventions had a small but positive impact on the loneliness change scores of older people. This evidence was based on change scores measured from baseline to follow-up reported by seven studies. Given the small numbers of studies, and the fact that change scores must be interpreted by caution, further investigations are needed as to why some studies have a positive impact on loneliness while other studies appeared to be harmful.

6.4.2 Strengths and Limitations

The fact that only studies published in English were included may have resulted in potential bias in this review. However, given the time and resources available, it was not possible to include studies published in other languages. Given the limited time and resources for conducting this systematic review, RobotReviewer was used to address these issues. It is a machine learning system that (semi-) automates evidence synthesis using machine learning and natural language processing (RobotReviewer.net, 2020). Users can upload RCT reports and access automatically determined information relating to the participants, intervention, comparators, outcomes, study design, and risk of bias (RobotReviewer.net, 2020). In assessing the risk of bias, Robot Reviewer only assessed random sequence generation, allocation concealment, blinding of participants and personnel, and blinding of outcome assessments (Marshall et al., 2015). It did not include other sources of bias such as selective reporting and risk of contamination which were part of the risk of bias assessment tool used in this review.

In relation to subgroup analysis, not all factors outlined in the protocol could be assessed (e.g. intensity of the intervention, health, socio-economic status and ethnicity). This is because some of this information was not reported by the authors or if they were reported, they were in formats that could not be combined with other studies. Also, as per the protocol, a meta-regression analysis was planned. However, given that many of models had fewer than 10 studies (Thompson & Higgins, 2002) it was not possible to explore the relationship between moderating variables and the outcome measures. Moreover, as mentioned above, key moderating variables such as health, ethnicity, and socio-economic status were unavailable.

Despite these limitations, this systematic review had a number of strengths. First, to reduce the likelihood of incomplete and biased reporting in this review, a protocol was registered on Prospero, the international database of prospectively

registered systematic reviews in health and social care (Centre for Reviews and Dissemination University of York, 2020; Shamseer et al., 2015). Title/abstract screening and data extraction of a sample of the studies was conducted by two reviewers to reduce reviewer bias. In addition, to enhance the reporting quality of this mixed-methods systematic review, the preferred reporting items for systematic reviews and meta-analyses (PRISMA) checklist was used as a guide (Moher et al., 2009). Relatedly, another strength of this review lies in its transparency in reporting on all outcomes that could be conceptually combined regardless of the point of measurement and type of score. Higgins and Green (2011) advise review authors not to focus on change scores from baseline unless this method of analysis was used in some of the study reports. In light of this advice, this review presented both the change scores and final scores (at follow-up and post-intervention) for transparency and carefully considered the evidence presented by each of these scores.

Another strength of this review was that the meta-analysis was restricted to studies using an RCT design which some consider more reliable than studies adopting other designs (Saito et al., 2012). Also, this review focused on one type of intervention; community-based group interventions, rather than including a variety of interventions. This allowed for a better understanding of this one type of intervention. As already indicated, the intervention type was driven by the life course experiences of older minoritised people living in the UK. Incorporating the experiences of relevant stakeholders leads to findings that reflect their needs and priorities, thus making the review more useful to policymakers (Rees & Oliver, 2017). It is findings such as these that can be generalisable to older minoritised people living in the UK.

The decision to only include studies that focused on social isolation and/or loneliness addresses the limitations of previous reviews which have been very broad in focus leading to contradictory findings (Cattan et al., 2005; Dickens et al.,

2011; Findlay, 2003). For example, in some interventions, social isolation and loneliness were indeed, included as outcome measures despite the main aim of the intervention being something other than to reduce social isolation and loneliness. Past reviews have included interventions of this nature. For example, in their review, Cattan et al. (2005) included an RCT which was conducted to investigate the effects of aerobic and toning exercises on subjective wellbeing. In this RCT, they assessed the role played by physical activity participation and social support in changes in subjective wellbeing over time (McAuley et al., 2000). This intervention was excluded from this review because although loneliness was included as a measure of subjective wellbeing, the intervention appeared to focus on comparing the benefits of aerobic to toning exercise. As such, it had a different program theory to other interventions which were solely focused on reducing loneliness. Further, the data were not extractable since the authors do not provide separate intervention and control group measures for loneliness after the intervention.

Similarly, in their review of social isolation interventions for older people, Dickens et al. (2011) included a study that assessed social, behavioural, and emotional aspects of the life of older people with a handicap in a day-care unit (Lokk, 1990). The intervention set out to '*ameliorate the passivity factor in treatment (by means of improved personal control and social activation)*' (Lokk, 1990, p. 165). The outcome measures included indicators of social isolation (e.g. number and availability of social contacts) as well as a single item question on loneliness. However, the focus of this intervention was on the amelioration of under-stimulation and not on the reduction of social isolation and/or loneliness. Moreover, the link between under-stimulation and loneliness was not theorised. For these reasons, this intervention was excluded from this review. The studies included in this review were solely of community-based group interventions that explicitly sought to reduce social isolation and loneliness in older people. This strict inclusion criterion reduced the likelihood of including interventions that were too

broad in focus. Such interventions may have added unwanted heterogeneity into the review.

6.5 CONCLUSION

Based on change scores, there is some indication that community-based group interventions may improve social support and satisfaction with social contacts/interactions/confidants and reduce loneliness at follow-up. However, it is common practice for reviewers to look at final scores which are often more conservative than change scores. When final scores are taken into consideration, the evidence that community-based group interventions reduce loneliness and improve social support is mixed; with some studies showing evidence of effectiveness, and others reporting no impact or even a negative impact. The next chapter addresses this uncertainty. It draws on narrative synthesis, interventions component analysis and qualitative comparative analysis to understand why it was that some studies were effective. The findings will contribute to our understanding of the mechanisms underpinning (non)effective interventions.

CHAPTER 7: A SYSTEMATIC REVIEW OF COMMUNITY-BASED GROUP INTERVENTIONS FOR SOCIAL ISOLATION AND LONELINESS IN OLDER PEOPLE: HOW DO THEY WORK?

7.1 INTRODUCTION

In the previous chapter, the mixed-methods systematic review was described and the first set of results from the meta-analysis were reported. The aim was to provide evidence of whether community-based group interventions for social isolation and loneliness were effective for older people and whether effectiveness varied by the characteristics of participants and interventions. Chapter six showed that the evidence of effectiveness from the systematic review was mixed with some studies reporting a positive impact and others reporting a negative impact of community-based group interventions on loneliness and social isolation. The pre-specified subgroup analysis of post-intervention loneliness scores showed that some intervention and participant characteristics could not explain the differences between studies. Further, the non-availability of some key participant characteristics (e.g. health, ethnicity and socioeconomic status) and the small numbers of studies included in the meta-analyses precluded the use of meta-regression to explore the inconsistent effect sizes in meta-analysis. In consequence, the differences between the studies remained unexplained.

This chapter presents the second set of findings from the mixed-methods systematic review. It reports on how narrative synthesis, intervention component analysis and qualitative comparative analysis were employed to identify the combinations of interventions/participants/contextual features that may be associated with (non)effectiveness. In doing so, this chapter explores the differences between studies observed in the meta-analysis that could not be explained using traditional methods employed by systematic reviewers to investigate heterogeneity.

7.1.1 Aims

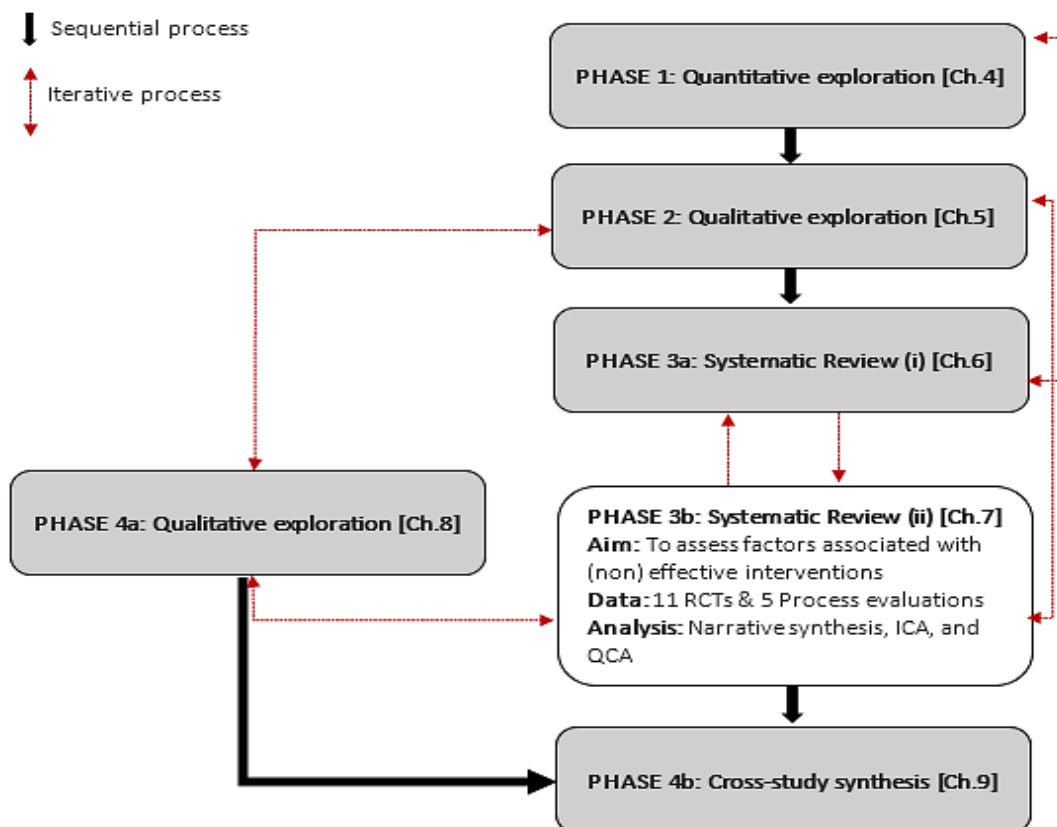
The objectives of the second part of the systematic review are as follows

- To identify the processes shaping the implementation of community-based group interventions
- To assess whether these processes can explain the between-studies differences observed in the interventions for loneliness identified in the previous chapter.

7.2 METHODS

The chapter represents phase 3b depicted in figure 7.1 below. For a description of the methods, see chapter six. This chapter focuses on the synthesis methods used in this phase. To address the above objectives, narrative synthesis, intervention component analysis and qualitative comparative analysis were employed.

Figure 7.1. A visual representation of the research design highlighting phase 3b



The red arrows in figure 7.1 indicate the iterative processes in this study. As can be seen, there is a high degree of iteration between this phase and other phases. Narrative synthesis of the five process evaluation studies systematically reviewed was employed to help theorise the ways in which the interventions worked. After this, eleven RCTs that contributed to the meta-analysis in the previous phase were used as a means of understanding the drivers of heterogeneity. This was achieved using learning from the in-depth interviews analysed using pen portraits in phase two, and dialogical/performance analysis in phase 4a. The findings of the combined synthesis reported in this chapter allowed for a better understanding of why and how community-based group interventions work to reduce loneliness in older people.

7.3 SYNTHESIS METHODS AND FINDINGS

7.3.1 Narrative synthesis

Popay et al. (2006) define narrative synthesis as *'an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis'* (p.5). The process does not merely involve a simple description of the main features of different studies in turn (Ryan & Cochrane Consumers and Communication Review Group, 2013). Rather, it involves rigorous evaluation and a robust interpretative synthesis of the effectiveness or implementation of the interventions included. The approach taken to the narrative synthesis was informed by the guidelines set out by Popay et al. (2006) which involves four stages:

1. Developing a theory of how and why community-based group interventions work to reduce social isolation and loneliness.
2. Developing preliminary synthesis of findings from the process evaluations
3. Exploring relationships in the data

4. Assessing the robustness of the synthesis

The guidelines offer advice for reviewers interested in answering questions of both effectiveness and implementation (Popay et al., 2006). Given that the focus was at this stage of the research was not on effectiveness but implementation, the guidelines provided for reviewers interested in implementation were followed. In what follows, a brief description of each stage is provided, together with the tools employed in this study and the findings of each stage.

7.3.1.1 STAGE 1: Developing a theory of how the intervention works, why and for whom

In this first stage, reviewers are encouraged to consider the rationale for the interventions, the main theories and pathways whereby an intervention has been successful (Ryan & Cochrane Consumers and Communication Review Group, 2013). This can be done by developing a theory of change which can help reviewers interpret the findings of the review and will be useful in assessing the applicability of these findings (Popay et al., 2006). As reported in the previous chapter, a logic model was created prior to starting the review to help integrate the stages of synthesis and also, to clarify the interpretation of the overall findings. Given that the logic model described the pathways and theories of how interventions may work, the narrative analysis moved on to the next stage.

7.3.1.2 STAGE 2: Developing a Preliminary Synthesis

The purpose of the second stage is to develop an initial description of the results of the studies included and to organise the studies so that patterns in the factors/processes reported to impact on the implementation of an intervention can be identified across the studies (Popay et al., 2006, p. 13). A table detailing the study characteristics, intervention characteristics, and participant characteristics was created to help get a better understanding of the studies (Appendix 7.1). It is

important to note that the process evaluation studies included focused on different processes. Some authors focused on reach and fidelity (Andersson, 1984; Goedendorp, Kuiper, Reijneveld, Sanderman, & Steverink, 2017), some focused on the training of facilitators and how they implemented the intervention (Jansson, Savikko, & Pitkala, 2018) while others focused on feasibility and acceptability (Theeke, Mallow, Barnes, & Theeke, 2015). Participants' views (Stewart, Craig, MacPherson, & Alexander, 2001), and barriers to implementation (Goedendorp et al., 2017) were also some of the processes that were reported. Thematic analysis was used to identify patterns across the studies. A conceptual map with the full codes and categories that constitute these processes is available in Appendix 7.2. Through this process, two barriers and three facilitators were identified as impinging on implementation. These are discussed below.

Facilitators of intervention success

(i) A theoretical underpinning

Various authors note the importance of theory in influencing implementation. This notion is exemplified by Andersson (1984) who reported on a psychosocial support group intervention for older women. The intervention was informed by the CCC framework, which is based on socio-psychological concepts related to loneliness: social Comparison, personal Control and availability of a Confidant. The facilitators who facilitated the group meetings reported feeling conflicted in the connection between research needs and practical work. They felt that they were doing the work for the sake of research (Andersson, 1984). However, they followed the CCC design regardless of their scepticism. Despite their concerns, the author reports that the intervention was successful. Andersson concluded that the CCC design of this intervention would work in a natural setting free of experimental restrictions. Moreover, it was not dependent on the facilitators' enthusiasm (Andersson, 1984).

The importance of theory to intervention success was also emphasised by Theeke et al. (2015) who reported on the LISTEN intervention; a five-week intervention delivered in 2-hour sessions which focus on belonging, relationships, role in the community, loneliness as a health challenge, and the meaning of loneliness. This intervention was based on story theory and principles of cognitive restructuring (Theeke et al., 2015). The authors highlighted that the unique combination of two theoretical frameworks provided the necessary components so that the intervention was acceptable to the participants. In addition they emphasised that the Medical Research Council framework used in developing the intervention contributed to positive evaluations of feasibility and acceptability (Theeke et al., 2015).

(ii) *Thorough pre-planning, adherence to protocol, monitoring, and training*

Attention to intervention fidelity, through meticulous pre-planning, following protocols and monitoring, was noted as important in ensuring the intervention was delivered as planned (Andersson, 1984; Goedendorp et al., 2017; Jansson et al., 2018; Theeke et al., 2015). In one study, thorough pre-planning allowed the interventionists to mitigate structural and environmental challenges (Theeke et al., 2015). The facilitators in this intervention ensured participants had '*parking accommodations that included an option of free valet parking, reserving rooms for the interventions sessions that facilitated audio/video recording, ensuring appropriate lighting for those with low vision, and providing seating for those with functional limitations*' (Theeke et al., 2015, p. 4). While it is true that some problems might arise that are beyond the facilitator's control, thorough pre-planning can ensure minimal disruptions, enhance participants' experience and keep the focus on the intervention.

In the intervention reported by Goedendorp et al. (2017), high program fidelity was attributed to the majority of the teachers receiving training and following the intervention protocol. In this intervention, older women were taught the six self-

management abilities identified by Subjective Management of Well-being theory (Goedendorp et al., 2017). The authors also noted that monitoring the implementation of the intervention may have contributed to the success of the intervention (Goedendorp et al., 2017). Similarly, Jansson et al. (2018) reported that through meticulous training and monitoring, the facilitators of the Circle of Friends intervention ensured the fidelity of key elements and structure of the intervention which subsequently led to its success. This intervention sought to enhance interaction amongst lonely older people through supporting them in continuing their group meetings and interaction within their group without group facilitators (Jansson et al., 2018).

(iii) Screening for social isolation and loneliness

In all the interventions, efforts were made to reach participants who were regarded as being vulnerable to social isolation and loneliness and who would, therefore benefit from the intervention. This was achieved in several ways in the different studies. For example, Andersson (1984) only included participants they considered to be at high risk of loneliness; older unmarried/widowed/divorced women who were living alone and reported loneliness. Similarly, the social support group intervention was intended for bereaved women who are a group at an increased risk of experiencing loneliness (Stewart et al., 2001). Some interventions went a step further and screened the participants for loneliness before allocation to the intervention group (Andersson, 1984; Goedendorp et al., 2017; Jansson et al., 2018; Theeke et al., 2015). For instance, Theeke et al. (2015) only included participants with a UCLA loneliness score above 40. Similarly, Goedendorp et al. (2017) required that a criterion for being lonely had to be met.

Stewart et al. (2001) who reported on the social support intervention for widowed seniors did not screen for levels of loneliness. They reported that during the intervention, the widows in one of the support groups agreed to stop meeting

after five sessions (of a possible 20 sessions). The women in this group all had lower loneliness and isolation scores at baseline when compared to the women in other groups. The authors concluded that the length of time since bereavement was a factor in the success of the intervention as those who benefited most from this support group intervention had been bereaved within the previous two years (Stewart et al., 2001). These findings illustrate the importance of screening for levels of loneliness to ensure that those in need receive the intervention since (lack of) need can impact on the success of the intervention.

Barriers to implementation

(i) Small group size

Andersson (1984) who reported on the psychosocial support group for older women, noted that small group size was a limitation impinging on implementation. In their study, the group meetings consisted of 3-5 people. If one or two people failed to attend a session, it could result in the cancellation of the session (Andersson, 1984). Given that there were only four sessions in this intervention, attendance was vital. As such, interventionists need to consider the ideal group size that is large enough not be affected by non-attendance but not too large that participants are unable to bond and form intimate relationships.

(ii) Unforeseeable events

Relatedly, unforeseeable events outside the interventionists' control were identified as barriers to implementation. Theeke et al. (2015) reported that problems such as participant discomfort impacted on participant satisfaction. Also, bad weather and car trouble were reasons given as to why some participants did not attend some intervention sessions (Theeke et al., 2015). As stated above, attendance is key and can impact on the success of an intervention. However, in some cases, interventionists may not be able to mitigate all unforeseeable events.

7.3.1.3 STAGE 3: Exploring the relationships between studies

In this third stage of the synthesis, reviewers interrogate their data rigorously to identify and understand why interventions do or do not have a positive impact, or to understand how and why certain barriers and facilitators to implementation operate (Popay et al., 2006). In this review, the information provided by the authors in the process evaluations, coupled with the views of the facilitators' and participants (where available) were used to understand the processes that enabled social isolation and loneliness to be reduced. Drawing upon the similarities and differences of the studies, four mechanisms by which social isolation and loneliness could be reduced were identified. These were Targeting cognitive processes, Giving participants an active role, Learning new skills and Group experiences. These are discussed in the next section.

Mechanisms leading to reductions in social isolation and loneliness

(i) Targeting cognitive processes

All interventions appeared to target cognitive processes such as emotions, beliefs and thought patterns to reduce loneliness. Lonely people are said to have certain cognitive biases and attributional styles and interventions that target cognitive processes aim to shift maladaptive cognitions (Mann et al., 2017)¹⁵. Interventions that target cognitive processes can perhaps change how people perceive, for example, their social networks or their circumstances, which can then lead to changes in loneliness and isolation. The cognitive processes targeted in these interventions included positive thinking (Theeke et al., 2015), self-management abilities, (Goedendorp et al., 2017), and control (Andersson, 1984). In other interventions, participants were able to share coping strategies (Jansson et al., 2018; Theeke et al., 2015). Many of these interventions proposed that targeting these processes would reduce social isolation and loneliness in the participants who took part.

¹⁵ This study provides supporting information and is not a process evaluation included in the review.

(ii) *Giving participants an active role*

Two interventions allowed the participants to play an active role in the intervention, both during and/or after the sessions. For instance, the facilitators in the Andersson (1984) intervention, were only present for the first and last sessions to allow the participants to speak freely and avoid participants merely responding to intensive attention from the facilitators. Similarly, the facilitators who took part in the Circle of Friends intervention gradually relinquished control of leading the sessions, thereby, allowing participants to eventually run the sessions (Jansson et al., 2018). These interventions shifted from an approach that views participants as dependent and passive individuals in receipt of an intervention. Instead, participants were empowered to take an active role giving them some level of responsibility and personal control which is said to help older people avoid loneliness (Perlman , Gerson, & Spinner, 1978)¹⁶.

(iii) Learning

Learning was identified as a mechanism by which loneliness could be reduced. In the Subjective Management of Well-being intervention, participants were taught the six core self-management abilities (Goedendorp et al., 2017). They were also taught how to apply these abilities to the five dimensions of well-being. Homework assignments provided them with an opportunity to practice applying the self-management abilities. These abilities were deemed important for managing one's physical and social resources in such a way that physical and social well-being were achieved and maintained, and that losses in physical and social resources are managed optimally (Goedendorp et al., 2017, p. 1178). Ultimately, these skills would help them to address their feelings of loneliness.

¹⁶ This study provides supporting information and is not a process evaluation included in the review.

Some participants in the LISTEN intervention reported that a desire to learn was influential in their participation. Their feedback also indicated that participants were involved in at least one new activity after learning about them from other group members (Theeke et al., 2015). This type of learning is informal and can be said to be the byproduct of group interaction that took place during the intervention. As such, the learning that takes place need not be formal but can also be informal as participants learn from each other. The learning in this intervention can be said to have led to increased levels of social participation which in turn can influence social isolation and loneliness.

(iv) Group experiences

In analysing the data extracted from the process evaluation studies, three group experiences were identified as mechanisms by which social isolation and loneliness in older people could be reduced.

Providing an opportunity for social comparison

Through the process of social comparison, (especially with a lower standard of comparison), a person's self-concept, motivations, and behaviours might be altered (Krause & Weber, 2018)¹⁷. In one study, one of the aims of the intervention was to create an opportunity to compare one's own past experiences with others (Andersson, 1984). In another study, participants were able to hear how others coped with loneliness. They then adopted new behaviours (Theeke et al., 2015). Other participants were able to compare their situations and realised that they were not alone and were doing well (Stewart et al., 2001). This finding highlights the importance of the group dynamic, which provides the opportunity for people to make social comparisons which can then lead to changes in self perception of loneliness.

¹⁷ This study provides supporting information and is not a process evaluation included in the review.

Create an opportunity for social interaction

Given that social interactions are central to both social isolation and loneliness, it was unsurprising that many interventions attempted to remedy these problems by creating opportunities for structured social interaction. All the interventions afforded older people the chance to interact with others and participants appreciated the opportunity to openly talk, share their stories, and be listened to in confidence (Theeke et al., 2015). Some interventions explicitly aimed to allow participants to find a confidant (Andersson, 1984) which has been suggested to be associated with less loneliness.

Creating an opportunity for emotional support

While social interactions are central to social isolation and loneliness, Weiss (1973)¹⁸ argues that there is a distinction between emotional and social loneliness. When individuals lack friends or companions, they experience social loneliness. On the other hand, when individuals lack an intimate relationship, they experience emotional loneliness (Weiss, 1973). Creating an opportunity for social interaction can indeed, address social loneliness. Similarly, creating an opportunity for emotional support can address emotional loneliness. A number of interventions provided the opportunity for participants to give and receive emotional support where participants were able to share their feelings (Jansson et al., 2018; Stewart et al., 2001; Theeke et al., 2015). One of the strategies adopted by interventionists to reduce social isolation and loneliness is to *provide* social support (Mann et al., 2017). The findings of this narrative synthesis highlight two important issues. First, the type of social support is important in that the focus was on

¹⁸ This study provides supporting information and is not a process evaluation included in the review.

emotional support. Second, the participants in these interventions were not *provided* with support. Rather, the support was reciprocal.

7.3.1.4 STAGE 4: Judging the robustness of synthesis




The purpose of this stage is to provide an assessment of the strength of the evidence for drawing conclusions about the facilitators and/or barriers to implementation identified in the synthesis. (Popay et al., 2006). The techniques that reviewers can use to assess the robustness of synthesis include weight of evidence, best evidence synthesis and critical reflection (Popay et al., 2006). Given that all process evaluation studies were quality assessed as data extraction was being performed, the decision was made to use the findings of the quality assessment to judge the robustness of synthesis. A critical reflection on the narrative synthesis process was also conducted. These are discussed below.

Quality assessment

Table 7.1 below lists the items assessed to judge the quality of the process evaluations using a quality assessment tool used by Harris et al. (2019) who also conducted a mixed-methods systematic review (See appendix 6.6). The studies were assigned a rating of high-risk, low-risk or unclear risk of bias across each of the domains.

Table 7.1 Quality assessment ratings for included process evaluation studies

	Transparent and Clearly Stated Aims	Explicit theories underpinning and/or literature review	Transparent and clearly stated methods and tools	Selective reporting	Harmful effects	Population and sample described well	Continuous evaluation	Evaluation participation equity and sampling	Tools and methods of data collection reliable	Tools and methods of data analysis reliable	Performance bias/neutrality/credibility	Reliability of findings and recommendations	Transferability of findings	Overall risk of bias of PE
Andersson (1984)	+	+	+	+	?	+	+	?	?	+	?	?	+	+
Goedendorp (2017)	+	+	+	+	-	+	?	?	?	-	+	?	+	-
Jansson (2018)	+	+	+	+	-	?	-	?	?	+	?	?	+	-
Stewart (2001)	+	+	+	-	?	+	+	?	?	+	?	?	?	?
Theeke (2015)	+	+	+	+	+	+	+	+	+	?	-	+	+	+

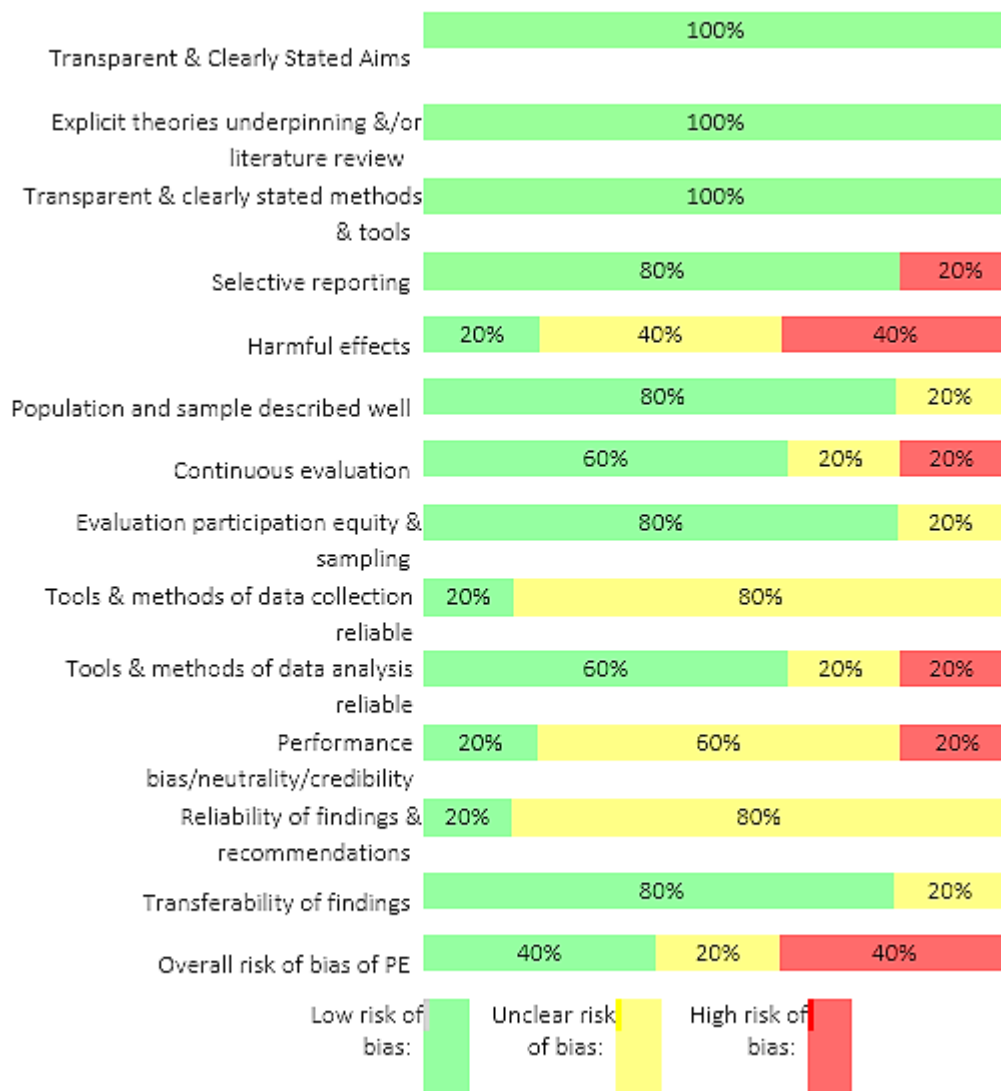
Low risk of bias:  Unclear risk of bias:  High risk of bias: 

The last column in table 7.1 above provides the overall quality assessment rating. Two studies were rated as having a low risk of bias (Andersson, 1984; Theeke et al., 2015). Two studies were rated as having a high risk of bias (Goedendorp et al., 2017; Jansson et al., 2018) and one study was rated as having an unclear risk of bias (Stewart et al., 2001).

Figure 7.2 below displays the overall distribution of the risk of bias across all studies. The reporting quality across all studies was of a high standard. Consequently, the risk of bias in this domain were rated as low. Most of the studies inadequately reported on harmful effects. However, the descriptions of the

population and sample characteristics were adequate. Although a majority of studies provided enough data to illustrate how they arrived at their findings, there was variation in the reliability of the tools and methods of data collection and analysis. However, most studies assessed the transferability of their findings to future studies/trials. In addition, there was adequate information provided to identify the facilitators and barriers to running similar interventions in future.

Figure 7.2 Distribution of quality assessment rating for included process evaluations



Critical reflection of the narrative synthesis

Having completed the four narrative synthesis stages, the findings were assessed, discussed with other review members and revised. The quality assessment was conducted by two reviewers. Two studies were randomly selected for a quality assessment comparison. The differences between reviewers were discussed, and the reviewers came to an agreement on the quality of the studies. Following this exercise, the remaining studies were quality assessed by one reviewer. A conceptual map detailing where the codes were derived from in each study was also shared discussed with other reviewers (Appendix 7.2). These procedures helped to add rigour and transparency, thereby, contributing to the robustness of the synthesis process.

Although the number of process evaluations included in this synthesis was few, the findings of the narrative synthesis revealed a range of facilitators to implementation, as well as the mechanisms through which community-based group interventions could reduce social isolation and loneliness in older people. These included activating group processes, targeting cognitive processes, ensuring program fidelity, learning new skills, screening, attention to program fidelity and use of theory. Given the mixed findings relating to the effectiveness of community-based group interventions for reducing loneliness reported in the last chapter, the key questions at this stage of the synthesis were

- Which of these processes or which combinations of processes are critical in reducing levels of loneliness and social isolation?
- Could any of these processes explain the differences between the effective and ineffective interventions that were meta-analysed in the first part of this review?

Questions such as these are important because their answers are likely to inform intervention transportability and theory development, replication as well as the

development of adaptations to optimise interventions to the local context (Melendez-Torres et al., 2018). Otherwise put, answering these questions can increase the relevance and utility of this systematic review to policymakers and practitioners by systematically evaluating the sources of difference between studies that influence effectiveness (or ineffectiveness) of an intervention (Thomas et al., 2014).

To address these questions, intervention component analysis (ICA) and qualitative comparative analysis (QCA) were employed. As already mentioned, QCA facilitates the exploration of causality in complex interventions by exploring which configurations of particular conditions are mostly found in (non)effective interventions (Brunton et al., 2014). As will be illustrated, a key element of the QCA process is the selection of appropriate theories about critical intervention features to base the analysis on. Intervention component analysis (ICA) was undertaken to address this process. To enhance the readability of the chapter, ICA is presented first. In the next section, the procedures for conducting ICA are described alongside the findings, which were then used in conducting QCA.

7.3.2 Intervention component analysis (ICA)

The overall aim of ICA is to *'identify what an effective intervention 'looks like''* (Sutcliffe et al., 2015, p. 4). It uses qualitative data procedures to arrive at an inductively derived understanding of the nature of interventions (Sutcliffe et al., 2015). It is useful in situations where existing program theory has been unable to explain the difference in outcomes and where crucial information about intervention is suboptimal (Sutcliffe et al., 2015). In this review, the meta-analysis results indicated that the evidence of the impact of community-based interventions on loneliness was mixed. Further, there were only five process evaluation studies included in the review. ICA was, therefore, deemed appropriate to use in these circumstances.

ICA has the potential to illuminate hidden or overlooked intervention features, and barriers and facilitators (Sutcliffe et al., 2015). It offers a formal and rigorous approach to extracting information which helps reduce reviewer interpretation bias. This method also helps reviewers move away from simple descriptive accounts of included studies towards a synthesis of findings which can generate new knowledge (Sutcliffe et al., 2015). It was anticipated that the resulting information would facilitate the development and articulation of relevant theories about critical intervention features to be tested in the QCA (Sutcliffe et al., 2015).

Conducting ICA takes place in two stages. The aim of stage one is to understand how interventions differ from one another. Stage two is concerned with identifying the intervention characteristics which appear to explain differences in outcomes (Sutcliffe et al., 2015). In this review, only the procedures for stage one were followed because QCA was used to identify the intervention characteristic that appeared to explain the differences in outcome. In fact, QCA has been proposed as another method that may be suitable for testing the conclusions of an ICA with stage two being likened to '*a 'crisp set' QCA without the formal testing for coverage and consistency*' (Sutcliffe et al., 2015, p. 10). In the next section, the procedures for conducting ICA in this review are described in detail.

7.3.2.1 Understanding differences between studies

Step 1: Effectiveness synthesis

The process of understanding the differences between studies involves two separate and parallel processes; an effectiveness synthesis and the identification of intervention characteristics. Given that an effectiveness synthesis of RCTs had already been conducted in the previous phase, the analysis moved on to identifying which intervention characteristics appeared to be important (Sutcliffe et al., 2015). The analysis focused on the 11 randomised controlled trials (RCTs)

which contributed to the meta-analysis of the impact of community-based group interventions on final loneliness scores (up to six months).

Step 2: Identifying important intervention characteristics

At this point, the findings of the narrative synthesis of the included process evaluation studies reported earlier in this chapter were revisited. The narrative synthesis illuminated the facilitators of implementation (use of theory, screening for lonely participants, attention to program fidelity) and mechanisms for reducing loneliness (attention to group processes, targeting of cognitive processes, learning new skills). The goal at this stage was to assess whether there was evidence of these processes in the 11 randomised controlled trials. At the same time, the introduction and discussion sections of these trials were qualitatively analysed by two reviewers to capture interventionists' reflections and accounts of the experience of using the intervention (Sutcliffe et al., 2015). During this process, the strengths and limitations of the intervention were also identified. An evidence table was created to guide the extraction exercise and to capture the relevant information extracted from the 11 RCTs (Appendix 6.4 and 6.5).

At this point in the synthesis, the findings of the pen-portrait analysis of in-depth interviews conducted in phase 2 were incorporated. To recall, these findings revealed that community groups of people with shared interest, language, history, background, faith, or ethnicity were found to reduce vulnerability to social isolation and loneliness (chapter five). The findings of dialogic/performance narrative analysis conducted in phase 4a were also incorporated. These findings (reported in chapter eight) not only supported the pen-portrait analysis findings, but they also highlighted the need to consider individual circumstances given the different barriers to participation that some participants faced. Incorporating the lived experiences of older minoritised people ensured that the systematic review

was sensitive and generalisable to older people from minoritised ethnic groups living in the UK.

Step 3: Categorising captured evidence and using it for theorisation

The combined findings were categorised into seven domains. A summary of the domains, some supporting evidence and theories generated after the intervention component analysis are detailed in Table 7.2 below. As can be seen in the table, some theories were generated from seven themes based on implementation and the lived experiences of older minoritised people. These are discussed below.

(i) Attention to program fidelity

Just as in the process evaluation studies, attention to program fidelity was considered an important feature in outcome evaluation studies. For example, some interventionists went to great lengths to ensure that the protocol was followed, facilitators were trained and monitored to increase the likelihood of the intervention being delivered as planned so as to reduce loneliness in older people (Mountain et al., 2014). It was, therefore, hypothesised that program fidelity would be an important feature of effective interventions.

Table 7.2 Example evidence contributing to the theories generated following the ICA process

Domain	Cases contributing to evidence	Example quotes from cases to support the domain	Theories generated based on ICA findings
Approach to reducing loneliness	11	"The basic idea behind the intervention was that by giving the participants a possibility to interact and by promoting social integration their loneliness would decrease" (Pynnonen et al., 2018, p. 78)	They include an element of social interaction where group processes are activated
Program fidelity	7	"A strength of our study is that volunteers received standardised training and delivered an intervention that is manualised and therefore more reproducible than most interventions intended to ameliorate social isolation or loneliness" (Mountain et al., 2014, p. 10)	They take measures to ensure intervention protocol is followed and that facilitators are trained and monitored
Intervention underpinning	9	"LISTEN integrates the key concepts from narrative therapy and cognitive behavioural therapy to offer the participants the opportunity to share a narrative of their personal experience of loneliness" (Theeke et al., 2016, p. 8)	They are underpinned by theory, previous review findings or past effective interventions.
Participants in need	8	"Identifying older people when they are beginning to decline and taking action at that point is crucial to the success of preventive interventions." (Mountain, Windle, et al., 2017, p. 633)	They adopt strategies to ensure that only participants in need are recruited
Use of one-to one session	6	"The study is pioneering in its individualization of treatment options to the needs of the participants, as it is the first study that combines individual and group intervention options, and it allows the participants to choose based on what is acceptable to them" (Cohen-Mansfield et al., 2018, p. 73)	They may use one-to-one sessions to support participants or give them choice
Group cohesion	9	"The program participants in this study could share their common experiences of residential relocation, which helped reduce loneliness and/or improve subjective well-being. Therefore, we can consider a targeted population approach in community settings as a promising option" (Saito et al., 2012, p. 545)	They recruit participants with shared common background/identity/interests and provide opportunities for participants to connect over these shared experiences
Adaptability	8	"The occupational therapists' ability to work in a client-centred way, to tailor the intervention to the individual and to support meaningful goal-directed online activities (Larsson et al., 2013) might have influenced the positive results." (Larsson et al., 2016, pp. 634-635)	They allow participants to address their individual needs if need be.

(i) *Participants in need*

Another important intervention feature identified was the inclusion of participants in need. In some interventions, it was noted that a limitation was not reaching the population that would have been in need of the intervention (Mountain, Windle, et al., 2017). Other interventions included people based on their age, while others, while others included vulnerable populations (e.g. caregivers, single women living alone, migrants) to increase the likelihood of included people in need of the interventions (Hartke & King, 2003; Saito et al., 2012). Some interventions even assessed the levels of loneliness of eligible participants and including only those who had high levels of loneliness in the intervention (Larsson et al., 2016; Theeke et al., 2016). Based on these findings, including participants in need was seen as an important intervention characteristic that could have an impact on loneliness.

(ii) *Intervention underpinning*

The intervention component analysis process illuminated the fact that interventions were not only informed by theory, (Cohen-Mansfield et al., 2018; Creswell et al., 2012; Theeke et al., 2016), but they were also informed by effective interventions identified by past systematic reviews and meta-analyses of social isolation and loneliness. For instance, Shvedko et al. (2020) based their intervention on the results of a systematic review of physical interventions (Shvedko et al., 2018). Similarly, the intervention conducted by Saito et al. (2012) was informed by the results of past systematic reviews of loneliness and isolation (Cattan et al., 2005; Findlay, 2003; Masi et al., 2011). On the other hand, the designs of the interventions reported on by Kremers et al. (2006) and Larsson et al. (2016) were influenced by other interventions which reported positive outcomes. With interventions being based on theory and past interventions, the underpinnings of the intervention were considered an important feature that could influence the effectiveness of an intervention.

(iii) Approach to reducing loneliness

Another important feature identified was the approach adopted by interventions to reduce loneliness. Past systematic reviews have indicated that interventions that adopt a cognitive training approach are more effective than those that adopt other approaches (enhancement of social access, social skills and social support (Masi et al., 2011). In fact, some interventions were based on the findings of this meta-analysis (Cohen-Mansfield et al., 2018; Theeke et al., 2016). However, not all interventions adopted this approach. Moreover, the views of the participants who took part in the review as reported in some of the process evaluation studies and the findings from the in-depth interviews conducted with older minoritised people in phase two of this study suggested that older people rated social interaction as a key element in reducing loneliness (Creswell et al., 2012; Hartke & King, 2003; Theeke et al., 2016). Given that there were a variety of approaches to reducing loneliness, it was hypothesised that the approach adopted would impact on the effectiveness of the intervention.

(iv) Use of one-to one session

The use of one-to-one sessions during the intervention was an important feature identified through ICA. In some interventions, one-to-one sessions were offered before the group intervention started to prepare participants for the group session (Mountain et al., 2014). Other interventions used one-to-one sessions alongside the group interventions to provide support throughout the duration of the intervention (Larsson et al., 2016; Mountain, Windle, et al., 2017). In another intervention, one-to-one sessions were offered instead of group interventions to give the participants choice and a sense of control (Pynnonen et al., 2018), which has been found to be important in dealing with loneliness (Andersson, 1984). The availability and use of one-to-one sessions was thought to be a feature that would impact on the effectiveness of the interventions.

(v) *Adaptability*

This domain was based on the lived experiences of older minoritised people. The first was adaptability where the needs of the participants were considered to be important to intervention effectiveness. This domain was informed by the fact that some participants like Mrs Lambert, Mrs Jide and Mrs Chakrapani had caring responsibilities that sometimes interfered with social participation. Others like Mrs Khuboni were affected by the weather such that when it was cold, she preferred to stay in her home instead of venturing outdoors. Moreover, a handful of studies recognised the importance of tailoring the interventions to the needs of the participants (Cohen-Mansfield et al., 2018; Larsson et al., 2016; Saito et al., 2012). As such, it was thought adaptability or the ability to tailor the interventions to the needs of the participants would be an important feature of effective interventions.

(vi) *Group cohesion*

Group cohesion was considered important because it was not only based on the informal evidence from the cases as seen in table 7.2 above (Hartke & King, 2003; Saito et al., 2012; Theeke et al., 2016), but also from in the in-depth interviews with older minoritised people. Those that appeared to be protected from social isolation and loneliness belonged to a community-based group of shared interests/background. As will be seen in the next chapter, the dialogic/performance analysis of phase four further highlighted the importance of shared language, gender and interest. Taking these findings into account, it was hypothesised that interventions where participants had shared characteristics/identity/interest or were given the opportunity to connect over these shared characteristics, would be more effective than those that did not.

Having identified the important intervention characteristics and generated theories to explain how community-based group interventions may work to reduce social isolation and loneliness in older people, the analysis turned to qualitative comparative analysis, where these findings were used explore which

combinations of the aforementioned characteristics were mostly present when interventions were (non)effective.

7.3.3 Qualitative comparative analysis (QCA)

Instead of focusing on single variables (known as conditions), QCA focuses on configurations (known as combinations of conditions) of factors (Sutcliffe et al., 2018). The aim is to identify the necessary and sufficient conditions for obtaining the desired outcome (Melendez-Torres et al., 2018). This process of identifying configurations of various intervention processes present when interventions were found to be successful in reducing loneliness and social isolation was undertaken in several stages. QCA is often conducted in 6 stages (Thomas et al., 2014). However, in this study, there were some preliminary steps taken before embarking on the QCA. All the steps, including the preparatory stages are outlined in the following section. The reporting of the QCA was guided by the Critical Appraisal of Reviews Using QCA tool (Kneale & Sutcliffe, Forthcoming).

7.3.3.1 Step 1: Identifying a configural question

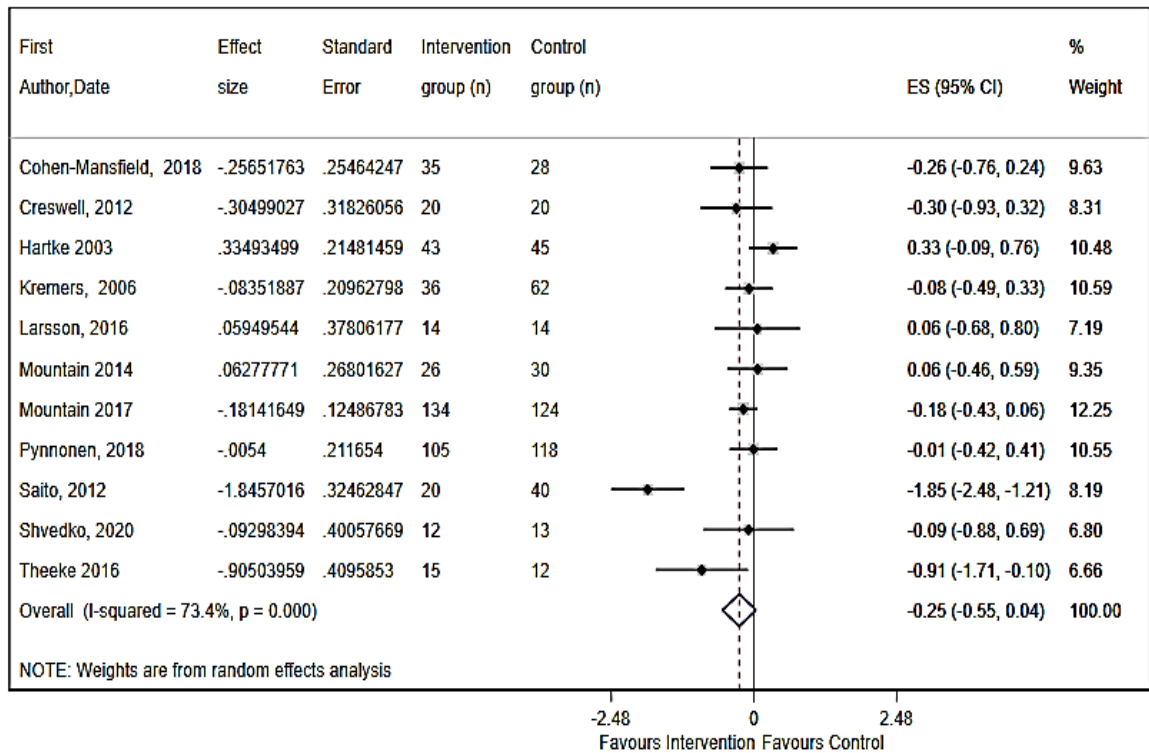
The first step of QCA process was to formulate a configural question which is designed to identify the combinations of conditions that lead to the outcome of interest (Kahwati et al., 2016; Sutcliffe et al., 2018). Given the interest in identifying the key ingredients that differentiated more effective from less effective interventions, the configural question for this review was “What are the critical features of effective community-based group interventions for older people that lead to substantial reductions in loneliness?”

7.3.3.2 Step 2: Identifying cases for use in analysis

In QCA terminology, studies are referred to as cases (Sutcliffe et al., 2018). To identify cases for use in the QCA analysis, the meta-analysis models were revisited. As already indicated, the studies meta-analysed to examine the effect of

community-based group interventions versus usual care on final loneliness scores (up to six months) were selected as cases (See figure 6.8 below).

Figure 6.8 Forest plot of comparison: Effect of community-based group interventions versus usual care on final loneliness scores (up to 6 months).



The justification for selecting these studies as cases was based on three reasons. First, the cases were conceptually coherent in that they reported on final loneliness scores which tend to be more conservative than change scores (which were also reported) (Higgins & Green, 2011). Second, out of all the models, the selected model included the highest number of studies (11). Studies that have employed the use of QCA have included 10-50 cases and there is promise for analysing more than 50 cases (Greckhamer, Misangyi, & Fiss, 2013). While there is debate over the maximum number of cases one can analyse, there is a general agreement that the minimum number of cases required to allow for enough cases to exhibit all configurations is 10. As such, the number of cases selected was within

the recommended number of cases for QCA. Last, Thomas et al. (2014) recommend that reviewers should seek cases with both positive and negative outcomes. As can be seen in figure 6.8 above, out of the eleven selected cases, there were eight effective cases. Four of these, Saito (2012), Theeke (2016), Creswell (2012) and Cohen-Mansfield (2018) had an effect size of between -0.3 and -1.8. Another four; Mountain (2017), Shvedko (2018), Kremers (2006) and Pynnonen (2018) had smaller effect sizes of between -0.2 and -0.005. The remaining three cases were not effective and had effect sizes of between 0.05 and 0.3 (Hartke & King, 2003; Larsson et al., 2016; Mountain et al., 2014). The variations in outcome meant that these cases had enough diversity and similarity to effectively demonstrate synthesis using QCA (Thomas et al., 2014).

7.3.3.3 Step 3: Building a data table

The information extracted from the ICA was used to build a data table for the next step of the QCA (see table 7.3 below). The aim of the data table was to capture the presence or absence of the features of effectiveness in the 11 cases. A data table consists of rows which represent cases and columns which represent the outcomes and conditions (effective features of the cases)(Thomas et al., 2014). There are two approaches that reviewers can adopt to operationalise the data used to populate the data table; crisp-set calibration or fuzzy-set calibration (Kneale, Thomas, Bangpan, Waddington, & Gough, 2018). In a crisp-set QCA, cases are assigned a value of '1' when a condition is present or assigned a value of '0' when a condition is absent. In contrast, in fuzzy-set QCA, conditions are assigned values between '0' and '1' (Kneale et al., 2018). As such, fuzzy-set QCA allows for greater flexibility in categorisation because partial evidence of conditions are considered (Kahwati et al., 2016; Thomas et al., 2014). Given the variation in intensity of some conditions, a combination of crisp-set and fuzzy-set calibration was employed in this review.

Table 7.3 Data table for community-based group interventions based for social isolation and loneliness in older people

Study	Effect Size	CI over threshold	Social skills training	Enhancing social support	Social access	Social cognitive training	Monitoring facilitators	Training facilitators	Adherence to protocol	Based on theory	Based on review findings	Based on past interventions	Targets vulnerable populations	Includes those with impaired health/cognition/mobility	Screen for levels of loneliness	1-to-1 sessions prior to group intervention	1-to-1 sessions alongside group intervention	1-to-1 sessions instead of group intervention	Recruiting those with shared characteristics	Creating opportunities to connect	Different modes of interaction/adaptability
Saito, 2012	-1.85	0	0	1	1	0.66	0	0	0	0	1	0	1	0	0	0	1	0	1	1	0.33
Theeke, 2016	-0.91	0	0	0.66	0.66	1	1	1	1	1	1	0	1	0	1	0	0	0	1	1	0.33
Creswell, 2012	-0.30	1	0	0.33	0.33	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0
Cohen-Mansfield 2018	-0.26	1	1	1	1	1	1	1	0	1	1	1	0	1	1	0	1	1	0.66	1	1
Mountain, 2017	-0.18	1	0	0.33	1	0	1	1	1	0	0	1	0	0	0	0	1	0	0	0	0.66
Shvedko, 2020	-0.09	1	0	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	0.33	1	0
Kremers, 2006	-0.08	1	0.33	0.33	0.33	1	0	0	0	1	1	0	1	0	0	0	0	0	0.33	0	0.33
Pynnonen, 2018	-0.01	1	0	0.33	1	0.33	0	0	0	0	1	1	1	0	1	0	0	1	0.33	1	0.66
Larsson, 2016	0.06	1	0	1	1	0	0	1	0	1	0	0	0	0	1	0	1	0	0	0	1
Mountain 2014	0.06	1	0	1	1	0	0	1	1	0	1	0	0	0	0	1	0	0	0	0	0
Hartke 2003	0.33	1	0	0.66	0.66	1	0	0	0	1	0	0	1	0	0	0	0	0	1	0.33	0.33

Cases were assigned values of '0' when the condition was not present, a value of '0.33' when there was limited evidence of the condition, a value of '0.66' when there was substantial evidence of the condition and a value of '1' if there was clear evidence of the condition. A coding scheme with details of how each condition was operationalised is available in Appendix 7.3. The completed data tables for each theme identified through the ICA are provided above in Table 7.3. The table consists of 19 conditions which reflect the seven themes. The cases are listed in order of most effective and grouped in three different outcome categories. The first four cases, highlighted in the lightest shade of grey, belong to the most effective outcome category with the effect sizes ranging from -0.26 to -1.85. Three cases reported in the darker shade of grey belong to the modestly effective category with effect sizes ranging from -0.01 to 0.18. The three cases highlighted in the darkest shade of grey belong to the not effective category as they were not effective in reducing loneliness in older people (0.06 to 0.33).

7.3.3.4 Step 4: Building truth tables

As per the guidance offered by Thomas et al. (2014) the next step of the QCA process was to construct truth tables. A truth table reveals all the possible combinations of conditions (also known as configurations) in a QCA model and the number of these configurations observed in each outcome category (Melendez-Torres et al., 2018). Each configuration is itself a set and cases with the same configuration are included in a set, while cases with different configurations belong to a different set (Thomas et al., 2014). The analysis, therefore, shifts from exploring individual cases and conditions to exploring configurations of conditions (Thomas et al., 2014). Given the seven domains of important intervention features identified through the intervention component analysis, several truth tables were created based on these domains.

Model 1. Lived experiences model

Table 7.4 below is a truth table based on the experiences of older minoritised people identified through the pen-portrait analysis and the dialogic/performance analysis. It examined whether conditions such as shared characteristics, opportunity to connect and adaptability triggered successful outcomes. Rows A to G present the different configurations in this model. *'The number of logically possible truth table rows in an analysis is equal to 2^k , where k is equal to the number of included condition sets'* (Kahwati et al., 2016, p. 7). With three conditions included in this model, the truth table below could potentially feature up to 8 possible configurations (i.e. 2^3).

Table 7.4 Lived experiences truth table

Configuration (1=Present; 2=Absent)	Shared characteristics	Opportunity to connect	Adaptability	Outcome	No of cases in configuration	Consistency score	Proportional Reduction in inconsistency score
A	1	1	0	1	3	0.901	0.876
B	1	1	1	0	1	0.833	0.800
C	0	1	1	0	1	0.670	0.507
D	0	1	0	0	1	0.653	0.000
E	0	0	1	0	2	0.497	0.242
F	0	0	0	0	2	0.333	0.000
G	1	0	0	0	1	0.330	0.000

A:Saito 2012, Theeke, 2016, Creswell, 2012; B:Cohen-Mansfield 2018; C:Pynnonen 2018; D: Shvedko, 2020; E:Mountain, 2017, Larsson, 2016; F:Kremers, 2006, Mountain 2014; G:Hartke, 2003

The three columns representing the conditions are followed by an 'outcome' column which has rows populated with a '1' when configurations are considered

to be effective or a '0' when configurations are considered not effective (Boulton et al., 2020). To the right of the 'outcome' column is a column in which the number of cases reported in each configuration is presented. This column is followed by the 'consistency' score column which captures how consistently empirically observed configurations are linked to the outcome (Greckhamer, Furnari, Fiss, & Aguilera, 2018). A value of '1' in the rows of the 'consistency' column indicates that all cases in the configuration were strong members of the condition set and the most effective outcome set. It provides strong evidence that the intervention characteristics is associated with reductions in loneliness. A value of '0' indicates no evidence that the intervention characteristics trigger reductions in loneliness. The values in between '0' and '1' indicate the variation in the level of intensity. Very low consistency scores across configurations indicate that the configurational model is an inadequate explanatory model for the outcome and should, therefore, be reconsidered (Greckhamer et al., 2018).

The last column displays the 'proportional reduction in inconsistency' scores which is an alternative measure of consistency developed for fuzzy set analysis (Ragin, 2017). It is important to consider the proportional reduction in inconsistency score to reduce the likelihood of simultaneous subset relations of configurations in both the outcome and its absence (Greckhamer et al., 2018). These scores should be high and ideally not too far from raw consistency scores (e.g. 0.7); *'configurations with PRI scores below 0.5 indicate significant inconsistency'* (Greckhamer et al., 2018, p. 489). In line with Thomas et al. (2014) the threshold for consistency was set at 0.8. As can be seen in table 7.4 above, out of a possible 8 combinations, only seven were presented; one of which was successful. The model had one successful configuration supported by three studies (Creswell et al., 2012; Saito et al., 2012; Theeke et al., 2016) with two out of three conditions being present. With both consistency scores being above 0.8, the model was considered for further exploration.

Model 2. Approaches to loneliness, Model 3. Participants in need, Model 4. Program fidelity, Model 5. Intervention underpinning and Model 6. Use of one-to-one sessions

Five other models based on the remaining domains were tested. The truth tables constructed for these models are available in appendix 7.4. Overall, four models had one successful configuration supported by one study. Model 5, which was based on *Intervention underpinning*, had two successful configurations one supported by one study in which all three conditions were absent (Creswell et al., 2012) and the other supported by one study with all three conditions present (Cohen-Mansfield et al., 2018). All five models were limited by low coverage of outcomes and were, therefore, not considered for further analysis.

Model 7. Consolidated model

As reported above, the truth table based on older minoritised people's lived experiences (Table 7.4 above), showed one successful configuration supported by multiple studies. The consistency was above 0.8, and as such, the model warranted further exploration. The decision was made to create a consolidated model which incorporated the three conditions from the lived experiences model and cognitive training condition from the 'approaches to reduce loneliness' model. Table 7.5 below is the truth table for the consolidated model. It includes four salient conditions which represent the key aspects of interventions, the types of participants that would be involved and their level of involvement. As can be seen in table 7.5 below, eight out of a possible 16 configurations are reported (i.e. 2^4). There are two successful configurations. The first is supported by three cases in which three out of four conditions are present. The second is supported by one study in which all four conditions are present. The consistency score and the proportional reduction in inconsistency score are both above 0.8 in the two successful configurations. These high scores provide strong evidence that these intervention features are associated with a successful outcome.

Table 7.5 Consolidated truth table

Configuration (1= Present; 2=Absent)	Cognitive training	Shared characteristics	Opportunity to connect	Adaptability	Outcome	No of cases in configuration	Consistency score	Proportional reduction in inconsistency
A	1	1	1	0	1	3	0.890	0.876
B	1	1	1	1	1	1	0.833	0.800
C	0	0	1	0	0	1	0.653	0.000
D	0	0	1	1	0	1	0.500	0.000
E	1	0	0	0	0	1	0.493	0.000
F	0	0	0	1	0	2	0.398	0.242
G	1	1	0	0	0	1	0.330	0.000
H	0	0	0	0	0	1	0.254	0.000

A:Saito 2012, Theeke, 2016, Creswell, 2012; **B:**Cohen-Mansfield 2018; **C:**Shvedko, 2020; **D:**Pynnonen 2018; **E:** Kremers, 2006; **F:** Mountain, 2017, Larsson, 2016; **G:**Hartke 2003; **H:**Mountain 2014

In accordance with the guidance offered by Thomas et al. (2014) the quality of the consolidated truth tables was checked. The first check involved assessing the availability of a good spread of cases across the different configurations, and that both positive and negative occurrences of the outcome are well covered (Thomas et al., 2014). The second check involved the checking for contradictory configurations (identical configurations that are present in both positive and negative outcomes) (Melendez-Torres et al., 2018). Given that there were two configurations with positive outcomes and six with negative outcomes, the consolidated truth table shows reasonable spread in terms of outcomes. The spread in terms of data was good with eight configurations spread across the 11 cases. An assessment of the consolidated truth table (and all the other truth tables) for contradictory configurations revealed none.

7.3.3.5 Step 5: Resolving contradictory configurations

With no contradictory configurations found in the truth tables, the analysis moved on to the next step.

7.3.3.6 Step 6: Boolean minimisation

At this stage of the analysis, QCA software was used to analyse the truth tables. The software uses Boolean algebra to reduce multiple configurations of conditions that lead to outcomes to their instrumental parts (Harris, Kneale, Lasserson, McDonald, et al., 2015; Thomas et al., 2014). First, the consolidated truth table was analysed for solutions with as many cases as possible. Using the consistency threshold of 0.8 in consolidated truth table (Table 7.5) the top two rows were identified for analysis. Based on these rows, successful outcomes could be expressed as

COGTRAINING*SHAREDID*OPPCON*ADAPT+

COGTRAINING*SHAREDID*OPPCON*adapt=> SUCCESFULOUTCOME

[Key: Upper case = condition is present; Lower case = condition is absent; * = logical and; + logical or; => leads to; COGTRAIN =cognitive training; SHAREDID = Shared characteristics/background/identity; OPPCONN= Opportunity to connect; ADAPTABILITY= adaptability; SUCCESFULOUTCOME = most effective intervention]

Next, Boolean minimisation was applied to eliminate as many conditions as possible to achieve the simplest expression of the conditions associated with triggering a successful outcome (Boulton et al., 2020; Thiem & Duşa, 2013). Table 7.6 below shows the complex solution generated following Boolean minimisation.

Table 7.6 Complex Solution

	Solution Consistency	Proportional Reduction in Inconsistency	Solution coverage	Studies
COGTRAIN*SHAREDID*OPPTOCONN	0.917	0.910	0.646	Saito 2012, Theeke, 2016, Creswell, 2012; Cohen-Mansfield

[Key: Upper case = condition is present; Lower case = condition is absent; * = logical and; COGTRAIN = cognitive training; SHAREDID = Shared characteristics/background/identity; OPPCON = Opportunity to connect]

The solution includes three out of the four conditions in the consolidated truth table; cognitive training, shared characteristics, and the opportunity to connect. That the fourth condition was excluded suggests its presence or absence made no difference to the solution and as such, it was not essential. The solution consistency indicates the proportion of cases with this configuration that obtains a successful outcome (Thomas et al., 2014). The high solution consistency of 0.917 suggests a configuration with these three conditions in an intervention, would be sufficient to trigger a successful outcome. The solution coverage indicates the proportion of cases with a successful outcome with this configuration (Thomas et al., 2014). The solution coverage of 0.646 suggests these three conditions can explain the most effective interventions (Cohen-Mansfield et al., 2018; Creswell et al., 2012; Saito et al., 2012; Theeke et al., 2016). Overall, this solution suggests that interventions that have the following features belonged to the most effective outcome category.

COGNITIVE TRAINING and SHARED CHARACTERISTICS and OPPORTUNITY TO CONNECT

7.3.3.7 Step 7: Consideration of logical remainders cases

At this stage of the QCA process, the analysis turned to the consideration of configurations which were not present in any cases. Such configurations are

known as logical remainders (Thomas et al., 2014). Their presence (also known as limited diversity) complicates the analysis of causation and makes it difficult to draw firm conclusions (Ragin & Sonnett, 2005). As such, logical remainders need to be identified and addressed. Table 7.7 below is the consolidated truth table with all 16 possible configurations (i.e. 2^4).

Table 7.7 Consolidated truth table with logical remainders

Configuration (1=Present; 2=Absent)	Cognitive training	Shared characteristics	Opportunity to connect	Adaptability	Outcome	No of cases in configuration	Consistency score	Proportional reduction in inconsistency
A	1	1	1	0	1	3	0.890	0.876
B	1	1	1	1	1	1	0.833	0.800
C	0	0	1	0	0	1	0.653	0.000
D	0	0	1	1	0	1	0.500	0.000
E	1	0	0	0	0	1	0.493	0.000
F	0	0	0	1	0	2	0.398	0.242
G	1	1	0	0	0	1	0.330	0.000
H	0	0	0	0	0	1	0.254	0.000
I	0	1	0	0	?	0	-	-
J	0	1	0	1	?	0	-	-
K	0	1	1	0	?	0	-	-
L	0	1	1	1	?	0	-	-
M	1	0	0	1	?	0	-	-
N	1	0	1	0	?	0	-	-
O	1	0	1	1	?	0	-	-
P	1	1	0	1	?	0	-	-

A:Saito 2012, Theeke, 2016, Creswell, 2012; B:Cohen-Mansfield 2018; C:Shvedko, 2020; D:Pynnonen 2018; E:Kremers, 2006; F:Mountain, 2017, Larsson, 2016; G:Hartke 2003; H:Mountain 2014

A look at the 'number of cases in configuration' column reveals eight configurations supported by cases (A-H) and eight configurations not supported by cases (I-P), i.e. logical remainders. The presence of too many configurations not observed (compared to those that have been observed) can present problems of limited diversity. When confronted with limited diversity in QCA, researchers can use the logical remainders to develop the most parsimonious and intermediate

solution of the truth table (Ragin & Sonnett, 2005). Parsimonious and intermediate solutions differ in terms of how assumptions are made about what would have happened had logical remainders been observed (ibid.). Parsimonious solutions reduce the configurations to the smallest number of conditions possible. In developing parsimonious solutions, intermediate solutions can be produced when different subsets of the remainders that are used to produce the parsimonious solution are incorporated into the results (Ragin & Sonnett, 2005). Table 7.8 displays the parsimonious solutions developed using logical remainders.

Table 7.8 Parsimonious solutions

	Solution Consistency	Proportional Reduction in Inconsistency	Solution coverage	Unique coverage	Studies
COGTRAIN*OPPTOCONN	0.924	0.917	0.706	0.060	Saito 2012, Theeke, 2016, Creswell, 2012; Cohen-Mansfield
SHAREDID*OPPTOCONN	0.929	0.917	0.765	0.119	Saito 2012, Theeke, 2016, Creswell, 2012; Cohen-Mansfield

[Key: Upper case = condition is present; Lower case = condition is absent; * = logical and; COGTRAIN = cognitive training; SHAREDID = Shared characteristics/background/identity; OPPCON= Opportunity to connect]

As can be seen in table 7.8 above, there are two valid solutions to the truth table. Successful outcomes can thus be expressed as follows

COGNITIVE TRAINING and OPPORTUNITY TO CONNECT => SUCCESSFUL OUTCOME

OR

SHARED CHARACTERISTICS and OPPORTUNITY TO CONNECT => SUCCESSFUL OUTCOME

The intermediate solution presented in table 7.9 below is identical to the complex solution presented in table 7.6 above. The solution has high consistency, good coverage, no evidence of contradictory assumptions and no evidence that the

solutions predict the negation of the outcome. Thus, the solution suggests that generally, when this configuration of conditions is observed in an intervention (cognitive approach and shared characteristics and the opportunity to connect), it is sufficient to trigger a successful outcome.

Table 7.9 Intermediate solution for the consolidated truth table

	Solution Consistency	Proportional Reduction in Inconsistency	Solution coverage	Studies
COGTRAIN*SHAREDID*OPPTOCONN	0.917	0.910	0.646	Saito 2012, Theeke, 2016, Creswell, 2012; Cohen-Mansfield

[Key: Upper case = condition is present; Lower case = condition is absent; * = logical and; COGTRAIN = cognitive training; SHAREDID = Shared characteristics/background/identity; OPPCON = Opportunity to connect]

7.3.3.8 Step 8: Interpretation

The final stage of QCA involves the interpretation of the solution in light of the cases they are based on, the reviewer's research question and the conceptual framework which guides the review (Thomas et al., 2014). In this review, QCA was employed to identify to answer the following question

- Which of these processes or which combinations of processes are critical in reducing levels of loneliness and social isolation?
- Could any of these processes explain the differences between the effective and ineffective interventions that were meta-analysed in the first part of this review?

The QCA results suggest that adopting a cognitive approach to reducing loneliness, recruiting participants who share similar characteristics and providing participants with the opportunity to connect are critical processes that can lead to reductions

in loneliness and isolation in interventions. This combination of processes explained the differences between the eleven studies included in the meta-analysis of loneliness in chapter five where there was mixed evidence of effectiveness. The interventions which addressed these three processes were those that were most effective (Cohen-Mansfield et al., 2018; Creswell et al., 2012; Saito et al., 2012; Theeke et al., 2016).

All four interventions were based on a cognitive training approach to reducing loneliness. For example, Creswell et al. (2012) used mindfulness based stress reduction techniques such as mindful meditation exercises and mindful yoga and stretching to reduce loneliness. They were informed by Buddhist Nun Pema Chodron who posits that *'mindfulness meditation training can "turn our fearful patterns upside down"', reducing the distress that can accompany loneliness* (Creswell et al., 2012, p. 7). The intervention reported by Saito et al. (2012) which involved older people who had relocated allowed for social comparison to take place. The participants had the opportunity to evaluate their relocation experiences by communicating with other participants during the program in a supportive atmosphere. The authors suggest that some participants began to accept their experience as a preferable one and evaluated the cognitive aspects of subjective well-being more positively. Theeke et al. (2016) reported on the LISTEN intervention which was designed to bring lonely people together to offer their narrative of loneliness in a therapeutic environment and in a sequenced way, thereby, allowing for cognitive restructuring. The authors reported that the structure of the intervention facilitated a change in cognitive perspectives (Theeke et al., 2016). The participants who took part in the Cohen-Mansfield et al. (2018) intervention had the option to attend personal activity counselling sessions which helped them to address personal psychosocial barriers, such as low social self-efficacy. The activity counsellors received training in motivational interviewing and in the principles of cognitive behaviour therapy (Cohen-Mansfield et al., 2018).

These four interventions sought actively to recruit participants with shared characteristics. For example, Saito et al. (2012) recruited participants with shared experiences of migration. Theeke et al. (2016) recruited participants from the Appalachian region who have a strong sense of identity. They also had high levels of loneliness and had a chronic illness. Creswell et al. (2012) recruited participants who had a shared interest in learning mindfulness-based stress reduction program. Lastly, the participants who took part in the I-Social intervention were recruited on the basis of expressing an interest in having additional company (Cohen-Mansfield et al., 2018).

The participants in all these four interventions were provided with the chance to connect during the intervention. This was done in a number of ways, for instance, structuring sessions to allow participants the opportunity to share a narrative of their personal experience of loneliness (Theeke et al., 2016), evaluate their relocation experiences by communicating with other participants during the program in a supportive atmosphere (Saito et al., 2012) or practice and share solutions with each (Cohen-Mansfield et al., 2018). Other strategies included scheduling a day-long retreat to integrate and elaborate what participants had learned during the program (Creswell et al., 2012).

In contrast, the interventions that did not adequately attend to all three processes were either modestly effective (Kremers et al., 2006; Mountain, Windle, et al., 2017; Pynnonen et al., 2018; Shvedko et al., 2020) or not effective (Hartke & King, 2003; Larsson et al., 2016; Mountain et al., 2014). The importance of adequately addressing all three conditions is exemplified in the telephone intervention conducted by Hartke and King (2003), which was not effective in reducing loneliness. The interventionists addressed two out of the three conditions. They recruited older people providing care to stroke survivors. As such, the participants had a shared identity and shared experiences. They adopted a cognitive approach where they concentrated on caregiver appraisals and mediating factors of skills and resources according to a stress, and coping model. However, their attempt to

provide the opportunity for participants to connect was hampered by various factors. First, there were complaints about the difficulty of hearing others during the telephone conference, and many wished to have met in person. This might have hampered the process of connecting. Second, the planned in-person luncheons for the first and last session of each group were difficult to schedule and were not provided for 80% of the participants (Hartke & King, 2003). The other two interventions that were not effective in reducing loneliness did not address any of these processes (Larsson et al., 2016; Mountain et al., 2014)

A similar situation was observed in the interventions that were modestly effective in reducing loneliness. Mountain, Windle, et al. (2017) did not address any of these processes. On the other hand, Kremers et al. (2006) adopted a cognitive approach to reducing loneliness in that they sought to improve self-management abilities. They also recruited a group of participants with a shared identity; single older women. However, this group was, arguably, diverse. 14.5% had never married, 52% were divorced and 26% were widowed. In addition, it appears that the intervention was focused on teaching the women about the self-management abilities with no opportunity for the women to connect. Similarly, Pynnonen et al. (2018) and (Shvedko et al., 2020) provided the opportunities to interact but the evidence of a cognitive approach and recruitment of people with shared characteristics was weak. These observations underscore the importance of adequately addressing all three processes identified through QCA. They also confirm that these three processes can explain the heterogeneity observed in the eleven studies included in the meta-analysis which investigated the effect of community-based group interventions versus usual care on final loneliness scores and found mixed evidence.

7.4 DISCUSSION

7.4.1 Summary of evidence

The aim of this chapter was to identify the processes associated with effective interventions and whether these processes could explain the differences between effective and non-effective interventions for loneliness reported in the previous chapter. To address these aims, narrative synthesis, intervention component analysis and qualitative comparative analysis were employed. The narrative synthesis was useful in identifying a range of processes associated with effective interventions. These included activating group processes, targeting cognitive processes, ensuring program fidelity, learning new skills, screening, attention to program fidelity and use of theory. However, it was less useful in pinpointing exactly which of these features played a critical role in reducing loneliness or whether any of these processes could explain the differences between the effective and ineffective interventions identified in the previous chapter.

Interventions component analysis was then used to highlight hidden or overlooked intervention features and to develop relevant theories about critical intervention features which were then tested in the QCA. These theories were also informed by the findings from the narrative synthesis, the informal evidence from the randomised controlled trial and the lived experiences of older people from minoritised ethnic groups living in the UK. They covered seven domains (i.e. approaches to loneliness, group cohesion, participants in need, program fidelity, intervention underpinning, adaptability and use of one-to-one sessions) and formed the basis of the QCA. The findings from the QCA suggest that interventions which adopted a cognitive approach, included participants with shared characteristics and provided opportunities for them to connect, were more effective than those that did not attend to all three processes.

The findings of this review support, but also add to the findings of earlier systematic reviews and meta-analyses of social isolation and loneliness interventions. For example, a meta-analysis on loneliness interventions found that *the 'mean effect size for interventions that addressed maladaptive social cognition was larger than that for interventions that attempted to improve social skills, enhance social support, or increase opportunities for social interaction'* (Masi et al., 2011). This review found that interventions that adopt a cognitive approach but also recruit participants with shared characteristics and provided participants with the opportunities to connect were most effective. However, because Masi et al.'s meta-analysis was not limited to older people, and it also included both one-to-one and group interventions, like for like comparisons may be inappropriate. Still lessons can be learnt. The findings of Masi et al.'s meta-analysis assume that interventions adopt only one approach to reducing loneliness. This might be true in some interventions but the interventions reviewed in this analysis show that interventionists can and do adopt more than one approach to reducing loneliness (Cohen-Mansfield et al., 2018; Saito et al., 2012).

Earlier systematic reviews of social isolation and loneliness in older people have reported that successful interventions tend to have a theoretical basis (Dickens et al., 2011), utilise existing community resources, aim to build community capacity and involve older people in the planning, implementation and evaluation stages (Findlay, 2003), incorporate an educational component, target specific groups (bereaved men, caregivers, lonely women), and have some degree of facilitator and/or participant control (Cattan et al., 2005). The findings of the narrative synthesis in this mixed-methods review mirror some of these findings (e.g. use of theory, targeting specific groups, incorporating an educational component). However, other features of effective interventions such as attention to program fidelity, activating group processes and screening were also identified. Through the QCA process, this review has moved beyond listing features of effectiveness, towards identifying the combination of critical intervention features that lead to

reductions in loneliness in older people. Findings such as these can inform the design of future interventions and be readily adopted by policymakers and practitioners. However, in light of the current COVID-19 epidemic, it would be useful to first assess how community-based group interventions with these features are likely to be affected. The social distancing restrictions and lockdown measures will undoubtedly influence how older people with shared characteristics can come together and connect. Future research would be needed to establish the feasibility and acceptability of delivering interventions that adopt all three features either remotely or in person whilst adhering to social distancing regulations should these be necessary at any point.

7.4.2 Strengths and limitations

With few studies that focus on social isolation identified in the earlier part of the review, the findings and conclusions apply only to interventions for loneliness in older people. Indeed, both social isolation and loneliness are concepts that are closely linked (Hughes et al., 2004) and some of the critical interventions features identified through QCA (e.g. creating opportunities for older people to connect) might be immediately relevant to specific dimensions of social isolation. However, the inability to assess this in this review means that these findings cannot be applied to interventions for social isolation. Further research would be required to identify the critical features of interventions that target social isolation or its different dimensions.

Despite this limitation, this review had several strengths. First, two reviewers were used in this review. QCA involves abductive reasoning (Sutcliffe et al., 2018) where observed evidence is pieced together to arrive at logical conclusions. For this reason, it can be a subjective process and, it is, therefore, subject to bias. However, with two reviewers discussing the findings of each step of the review, reviewer bias was reduced. The use of interventions component analysis further reduced reviewer bias by providing a streamlined approach to extracting information

(Sutcliffe et al., 2015). In addition, the review followed the narrative synthesis guidelines (Popay et al., 2006) and CARU-QCA, to support the conduct and transparent reporting of the narrative synthesis and QCA in systematic reviews (Kneale & Sutcliffe, Forthcoming).

A second strength lies in the iterative process adopted in this review. The review drew upon the rich findings of the in-depth interviews conducted with older people from minoritised ethnic groups living in the UK and findings from earlier parts of the review (narrative synthesis and meta-analysis) which were then coherently brought together through QCA and ICA. This approach results in findings that are richer than if the review had stopped at the meta-analysis and the narrative synthesis stage. In doing so, the review makes a methodological contribution as it demonstrates how the use of an iterative mixed-methods approach to synthesis allows for the expansion of the initial research question in response to limitations of data. This approach ultimately makes better use of available data and results in a better understanding of the phenomenon at hand. Relatedly, the incorporation of the lived experiences of older people from minoritised ethnic groups ensured that the findings are generalisable to older people.

7.5 CONCLUSION

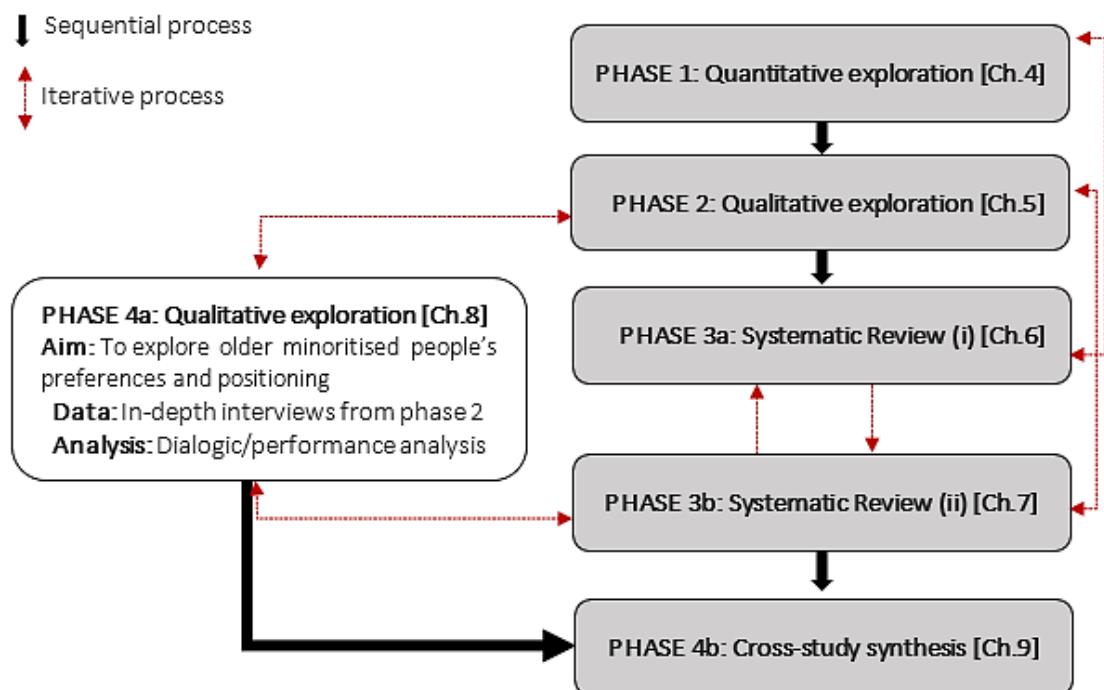
The objectives set out in this second part of this mixed-methods systematic review have been addressed using a combination of synthesis methods. Not only have the findings illuminated the mechanisms behind how community-based interventions work to reduce loneliness, but through QCA, they have also underscored the combination critical features of effectiveness (cognitive approach, shared characteristics, and opportunity to connect) that have explained the differences between studies included in the meta-analysis in phase 3a.

CHAPTER 8: A QUALITATIVE EXPLORATION OF THE PREFERENCES AND POSITIONING OF OLDER MINORITISED ETHNIC GROUP PEOPLE

8.1 INTRODUCTION

The findings of the mixed-methods systematic review reported in the previous chapters suggested that the most effective interventions adopt a cognitive approach to reducing loneliness, include participants with shared characteristics and provide participants with the opportunity to connect with others. The next stage of the overall study was to develop a deep understanding of older minoritised people's experiences to gain an understanding of their needs from their perspective. This information was then used to compare what participants accounts suggested that they needed and what is offered in community-based group interventions. Addressing these objectives was achieved in two phases (4a and 4b) as illustrated in figure 8.1 below.

Figure 8.1. A visual representation of the research design highlighting phase 4a



In phase 4a, I revisited the in-depth interviews that I had conducted with older minoritised people and re-analysed them using dialogical/performance analysis. I conducted the analysis alongside the first part of the systematic review (phase 3a). As reported in chapter six, some of the findings of the dialogical/performance analysis were then used in the intervention component analysis to generate theories about effective interventions which were then used in the qualitative comparative analysis. In phase 4b, I used the overall findings of the dialogic/performance analysis to interrogate the findings from the systematic review and assess the extent to which the most effective interventions met the needs of older minoritised people. The combined findings allowed me to assess whether community-based group interventions for social isolation and loneliness were indeed suitable and acceptable for older minoritised people living in the UK. The findings of phase 4b are reported in chapter nine.

8.1.1 Aims

This chapter reports on phase 4a which was conducted to understand

- how older minoritised people positioned themselves in relation to me, members of their social networks and the wider society
- their accounts of how much and what sort of social participation they desired and considered that they needed

The chapter is divided into three parts. First, the process of conducting dialogic/performance analysis is presented. Second, the findings of the analysis will be reported. This will then be followed by a reflection on the challenges and benefits of using dialogic/performance analysis. In the final section, the implications of the findings for community-based group interventions will be considered.

8.2 METHODS

8.2.1 Data

In this phase, I reused the data that had already been collected through in-depth interviews with the older minoritised ethnic group people interview sample. To recall, the in-depth interviews were informed by elements of the Biographical Narrative Interpretive Method (BNIM) where interviews are designed to begin with a single initial narrative question (Wengraf, 2001). Thus, at the beginning of each interview the participants were invited to talk about their life stories and the experiences and events that were important to them starting from wherever they liked (*ibid.*). This approach to interviewing not only helped to overcome the challenges of talking about social isolation and loneliness that some participants might have faced, but it also produced rich accounts by prompting them to narrate stories (past, present, future and imagined) about themselves and others. Re-using this rich material to address the objectives in this phase of the research, was practical because it saved fieldwork time in a four-phase study. It was also ethical because it made full use of the material collected, rather than only partly analysing these accounts and taking the time of more older people in order to produce similar accounts. (See chapter three for the full implications of revisiting qualitative data with a different set of research questions).

8.2.2 Dialogical/Performance Analysis

There is a general consensus that participants' attitudes, perspectives, experiences or opinions can provide insights into the potential acceptability, suitability and utility of an intervention (Candy et al., 2013; Lwembe et al., 2016; Theeke et al., 2015). It was, therefore, important to adopt an approach to analysis that could help illuminate the attitudes, preferences and opinions of older minoritised people in relation to social participation from the narratives they had recounted during the interview. Dialogical/performance analysis as detailed by

Riessman (2008) is a form of narrative analysis with the potential to capture/illuminate participants' attitudes, thereby, enabling insight into what participants may deem appropriate, suitable, and/or acceptable. It interrogates how talk between people is interactively produced and performed as narrative (Riessman, 2008). Thus, the interviewer is included as an active participant in the narrative and how it is interpreted (Riessman, 2008). It draws upon thematic and structural analysis but folds them into broader interpretive research inquiries (Riessman, 2008). In doing so, it moves from focusing on the narrator's speech (what is said and how it is said) to the complex dialogical environment (who, when, why and for what purposes) (Riessman, 2008).

Performance is central to dialogic/performance analysis. Riessman (2008) draws on the performance work of Goffman (1974) who posits that when people tell stories, they do so, not to provide information, but to present shows to an audience. Interviewees can negotiate how they want to be known through the stories they develop collaboratively with the interviewer (Riessman, 2002). Through their stories, narrators can position themselves as agentic self-constructors, or they can position themselves as less influential or less responsible, thereby, portraying themselves as victims (Bamberg, 2012). They can also give themselves and/or others active or passive roles (Riessman, 2002). This, therefore, means that if analysts pay attention to performance features and how participants position themselves, their audience and others, they can gain insight into what participants deem appropriate, suitable, or acceptable.

In addition to performance, context and language are also given considerable attention. According to Riessman (2008), '*stories don't fall from the sky, (or emerge from the innermost 'self')*'(p.105). Rather, they are situated in the wider interactional, historical, institutional, economic and discursive context. They are social artefacts that tell us as much about a society and culture as they do about an individual or a population (Riessman, 2008). This approach to analysis aligns

with dialogic approaches in the field of social psychology. For those who ascribe to this approach, human thought and action cannot be understood as belonging merely to the individual (Marstin, Wagoner, Aveling, Kadianaki, & Whittaker, 2011). It must be conceptualised in relation to others; mind and society are dialectically related as interdependent opposites in tension (Marstin et al., 2011). Similar views are echoed by Franz Rosenzweig, a prominent theologian and philosopher. He argues that dialogue does not centre on two voices in dialogue and mutual relations (Markova, 2003). Rather, it centres on two voices in a broad community in politics, ideology and social institutions (Markova, 2003). For this reason, dialogical researchers in this discipline study interrelationships between individual minds and culture and society (Marstin et al., 2011). They can be said to also attend to both language and context.

Bakhtin (1981) holds similar views. He argues that discourse is a social phenomenon that lives beyond itself. His work informs dialogic/performance analysis. For Bakhtin (1981), *'all words have the "taste" of a profession, a genre, a tendency, a party, a particular work, a particular person, a generation, an age group, the day and hour. Each word tastes of the context and contexts in which it has lived its socially charged life; all words and forms are populated by intentions'* (p.293). In other words, all text is polyphonic (i.e. multi-voiced with hidden internal politics, historical discourses, and ambiguities beyond the authors' voice) (Riessman, 2008). As such, the author/narrator does not have the only word; the authority over meaning is dispersed and embedded (Riessman, 2008). For these reasons, researchers who use dialogic/performance analysis are encouraged to scrutinise the words used by narrators, and identify narration styles and performance features (e.g. direct speech, asides to the audience, repetition, creative language, expressive sounds, and switches in verb tense). In doing so, they are attending to language but not taking it at face value (Riessman, 2008).

8.2.3 Locating narratives for Dialogical/Performance Analysis

The approach I used to identify narratives for analysis was informed by a broad definition of narratives. In this study, I defined narratives as texts that provide accounts of personal experiences and/or events (past, present, future or imagined) told by or from the narrator's perspective. This definition incorporates definitions offered by Patterson (2013) and Lasslett (1999), both of which include *events* and *experiences* bound to appear in narratives of social participation. To identify the narratives, I drew upon sections of the in-depth interviews, which included conversations relating to the social activities that the participants enjoyed, the barriers to social participation and their attitudes towards social isolation and loneliness. I looked for utterances that signalled the beginning and ending of stories (Riessman, 2008).

8.2.4 Conducting Dialogic/Performance Analysis

8.2.4.1 Dialogic/Performance analysis process

After identifying the narratives, I proceeded with the dialogic/performance analysis. The aim was to explore how participants used various narration styles and linguistic performance features to present and position themselves. For each narrative, I sought to identify

- narration styles (e.g. first-person, second person accounts), which can give insight into how participants position themselves and others
- switched verb tenses and pronouns, which underscore the narrator's agency and make stories vivid and immediate or distanced and/or past.
- expressive sounds which, signal pivotal turning points (e.g. aaah, phew, sighs)
- repetitions, which mark key moments in the unfolding sequence of events
- direct speech, which helps to build credibility

- asides where the narrator steps out of the story to engage with the audience
- break-offs, interruptions and overlaps in speech between myself and the participants which give insight into what the audience or narrators want (Riessman, 2008).
- Rhetorical questions, which can be used to persuade the audience
- Question tags, where narrators seek affirmation
- Creative language and emotive and evaluative words to get insight into how participants feel, their preferences and what they find acceptable.

I also drew upon techniques set out by Bamberg (1997), a prominent and influential conversation analyst and 'small story' talk in interaction expert who focuses on positioning and performance. He encourages analysts to ask of their material different positioning questions such as

- 'How are the characters positioned in relation to one another within the reported events?'
- 'How does the speaker position him/herself to the audience?'
- 'How do narrators position themselves to themselves?' (Bamberg, 1997).

When Riessman (2002) revisited one of her interviews with a childless woman in India, she was guided by similar questions, adding a further question:

- 'In what kind of story do narrators place themselves?'

I used the above questions to interrogate the narratives in the conversations that developed during the interviews. These techniques and questions provided a structure to the dialogic/performance analysis, providing rigour and transparency to what can otherwise appear to be an arbitrary process for novice narrative analysts (Bamberg, 1997; Riessman, 2002). I drew upon the local context, (i.e. *'the immediate context in which the interview takes place, including the interviewer–interviewee relationship'* (Phoenix, 2013, p. 74), and other sections of

the interview when it was necessary to do so. To analyse the participant's speech as performance, I included myself as an immediate audience (Riessman, 2008), but kept an open mind about other potential audiences. I also paid attention to the wider historical, cultural and/or social context to demonstrate whether the participants' narratives resisted or conformed to master narratives that circulate widely in a culture. These narratives indicate what is expected or unexpected in a life course (McLean et al., 2018). Alternative accounts of people's lives that counter master narratives (McKenzie-Mohr & Lafrance, 2017) were another important channel to gain insight into what people deem suitable or acceptable.

8.2.4.2 Transcription notation

Below is the list of the transcription notation and their meanings used in the narratives identified for analysis. They are derived from Silverman's (1993) simplified notation symbols which are oriented to conversation analysis requirements (Silverman, 1993). It was important to use a notation system that was able to capture silences, pauses, emphasis which were helpful for identifying, for example, performance features, and attitudes, all of which were key to identifying older minoritised people's preferences and positions.

- = Equal signs, one at the end of a line and one at the beginning of the next indicate no gap between the two lines.
- (.) A dot in the parenthesis indicates a tiny gap, probably, no more than one-tenth of a second
- (.2) Numbers in parenthesis indicate elapsed time in silence in tenths of a second
- ::: Colons indicate prolongation of the immediately prior sound. The length of the row of colons suggests the duration of the prolongation.
- (()) Double parentheses contain authors' descriptions rather than transcriptions.

- .,?! Punctuations indicate the speaker's intonation (Silverman, 1993, p. 398).
- [] Pronouns in brackets represent anonymisation or pseudonyms.

8.2.4.3 Example of dialogical performance analysis

Below is an extract of a conversation that developed during one of the interviews. It includes a narrative produced by a widowed, retired woman living alone (given the pseudonym Mrs Khuboni). She was born in a country in the southern part of the African continent. She came to the UK to help look after her grandchildren. At the time of the interview she was aged between 65-69 years and had been living in the UK for almost two decades. In response to a question about the government's role in helping older housebound people, Mrs Khuboni presents a rich experience narrative that includes evaluations of the experience and the course of action she would like to take in future, in light of this experience.

Mrs. Khuboni: =Yeah, maybe there can be a center for elderly people. People they go, they meet up. They, there is uh -I remember when I was in (.) in (.)[Swindon]...in [Reading] (.2) [Swindon] and [Reading]. There is a (.) there is a center there for old people. There, they play music. If –honestly, it's so nice! You find old people, they come there. Even if they come with their own chairs, they come with their -You see somebody is really enjoying. Just music and talking to people, then they play this recording which tells stories (.)? Mmm here, we haven't got it in [St. Albans]. There is no (.) like a (.)

Interviewer: Day center?

Mrs. Khuboni: Day center for older people. It's not (.) cause is, is, is, is, -You are not forced to go there. That -You, you find that if you go, you will enjoy it. You will meet other people. Then there's people there. Some will come and donate, making cupcakes. Some they will be making tea. You know they give each other duties. 'Oh! Next week it's you making tea, it's you who will be making cakes!' -You know?! People chip in, donate a pound, pound, they buy those things, they buy flour to make cupcakes or cakes so that when they meet mmm? And sometimes, they play these games

Interviewer: Yeah?(.) oh good! So that -You used to go to that in [Swindon] and [Reading]?

Mrs. Khuboni: I used to, to -Yes! When I was looking after this -When I used to work there. Then I thought, 'This is a good thing!' These people, they go and play games like bridge...different games. Cause they meet, the old - elderly people. Instead of sitting at home. And when they go home, you find that they are refreshed. And when it's the day for coming, they will all come. They enjoy that! They enjoy the company. Drinking tea, talking, laughing with somebody. Just enjoying music, that's it! Mmm?

Interviewer: ((Laughs)) I know! Oh my gosh (.) So if there was something like that in [St. Albans], then it's something that you would attend or go to?

Mrs. Khuboni: Yes! A:::h! I'll love that because I keep on asking, 'where can I go?' Me, I don't mind even going to help in the community, if there is people like (.) making food for people. Making teas for -That's what I'm trying to find now. I enjoy that.

A key theme in Mrs Khuboni's interview was the experiences of older people in care. She narrated several stories relating to this subject matter throughout the interview. The narrative above includes elements of this key theme in that she tells me about an experience she had whilst caring for an older person. Figure 8.2 below is an illustration of how I went about conducting dialogical/performance analysis.

Figure 8.2 Dialogical/performance analysis of Mrs Khuboni's narrative

1. Start of the narrative

1 **Mrs. Khuboni:** =Yeah, maybe there can be a center for elderly people. People they go, they
 2 meet up. They, there is uh -I remember when I was in (.)in (.)[Swindon]...in [Reading] (.2)
 3 [Swindon] and [Reading]. There is a(.) there is a center there for old people. There, they **play**
 4 **music**. If -honestly, **it's so nice!** You find old people, they come there. Even if they come with
 5 their own chairs, they come with their -You see somebody is really **enjoying**. **Just music** and
 6 **talking** to people, then they **play this recording which tells stories...**? Mmm here, we haven't
 7 got it in [St. Albans]. There is no(.) like a(.)

2. Activities showing social interaction

8 **Interviewer:** Day center?

9 **Mrs. Khuboni:** Day center for older people. It's not (.) cause is, is, is, is, -You are not forced to
 10 go there. That -You, you find that if you go, you will **enjoy** it. You will meet other people. Then
 11 there's people there. Some will come and donate, making cupcakes. Some they will be
 12 making tea. You know they give each other duties. **'Oh! Next week it's you making tea, it's**
 13 **you who will be making cakes!'** -You know?! People chip in, donate a pound, pound, they
 14 buy those things, they buy flour to make cupcakes or cakes so that when they meet mmm?
 15 And sometimes, they play these games

3. Aside

16 **Interviewer:** Yeah?(.) oh good! So that -You used to go to that in [Swindon] and [Reading]?

17 **Mrs. Khuboni:** I used to, to -Yes! When I was looking after this -When I used to work there.
 18 Then I thought, **'This is a good thing!'** These people, they go and **play games** like bridge(.)
 19 different games. Cause they meet, the old - elderly people. Instead of sitting at home. And
 20 when they go home, you find that they are **refreshed**. And when it's the day for coming, they
 21 will all come. They **enjoy** that! They **enjoy** the company. **Drinking tea, talking, laughing** with
 22 somebody. Just **enjoying** music, that's it! Mmm

4. Others positioned as agentic and active

23 **Interviewer:** ((Laughs)) I know! oh my gosh(.) So if there was something like that in [St.
 24 Albans], then it's something that you would attend or go to?

25 **Mrs. Khuboni:** Yes! **A:::h! I'll love** that because I keep on asking, **'where can I go?'** Me, I
 26 don't mind even going to help in the community, if there is people like (.) making food for
 27 people. Making teas for -That's what I'm trying to find now. I **enjoy** that.

5. Direct speech

6. Positive evaluation

7. Expressive sounds

8. Positions herself as agentic and ready to engage with others

In the conversation, Mrs Khuboni narrates her experience of attending a day centre for older people when she worked as a carer. In saying, '*I remember when I was in [Swindon]...*' she signals the start of the narrative (line 2). As mentioned earlier, the narrative was produced in response to a question I had asked and as such, it was co-produced. This interaction continues throughout the conversation as Mrs Khuboni expounds on the narrative in response to questions that I pose (lines 8, 16, 24). In doing so, she provides further details about her experience of attending this day centre. She positions herself as a witness who has observed the activities that people engage in when they attend these centres (e.g. playing games, talking, listening to music, eating and drinking). The detailed description of the activities that she provides suggests that she positions me as someone who has not been to a day centre before. She, therefore, provides as much detail as possible about what takes place in day centres for older people for my benefit.

Her narrative is relational in that it includes the older person that she was caring for, as well as other older people who attend the day centre. She uses performance features such as direct speech (lines 12,13, and 18) to add credibility to her narrative as well as to position some attendees as agentic and active; assigning each other roles which change from week to week (lines 9-14). The attendees are also not fully financially dependent as they contribute funds for the food and/or activities. In doing so, she paints a picture of the day centre as an organized community that benefits its members by providing roles and creating opportunities to interact socially. Later in the conversation, she produces an imagined narrative where she sees herself as an attendee and goes on to position herself as an active attendee and not a passive one, who is willing to take on a role where she will be useful to people by making food and tea (line 25-27).

In this experience narrative, Mrs Khuboni resists the master narratives held by some in society that see older people as dependent, non-agentic individuals without roles, who are in need of help from society. The aside gives additional

information that draws on the broader political and economic context (line 6/7). Mrs Khuboni states that there are no day centres in the area where she lives. The reasons for having no day centres for older people can be linked to the closure of many due to cuts in the funding of local authorities as a result of austerity measures introduced after the 2008 recession. Perhaps the day centres exist in the town in which she lives but not near where she lives. The existence of day centres in certain areas and not others can be a reflection of the inequalities faced by people living in deprived areas. As such, her aside is an example of how broader societal factors can influence personal experiences and/or narratives of them.

In this narrative, she provides a positive evaluation of the day centre, the activities and social interactions based on her observations of the attendees as seen when she says, *'you see somebody is really enjoying'* (line 5), signalling that the experiences of day centres for older people is positive. This is supported by further evaluations of the person she was caring for who is described as *'refreshed'* when she returns home (line 20). At the start of the narrative, Mrs Khuboni provides an evaluation of the day centre by saying, *'it is so nice'* (line 4). Other performance features are also evident in Mrs Khuboni's narrative. For example, when asked whether she would attend the day centre, she doesn't merely respond with a 'yes' or a 'no'. She uses expressive sounds which signal delight and says that she *'would love that'* (line 25). Using such strong emotive words like 'love' and 'so nice' suggests that attending a day centre where older people are given a role, can interact socially, and have numerous activities would be highly acceptable for Mrs Khuboni. Thus the interventions which aim to provide opportunities for social interaction may be acceptable for Mrs Khuboni if they also provide her with the opportunity to play an active role.

The remaining narratives were analysed using the same process. I acknowledge that each narrative is unique and specific to each participant. However, when I considered the narratives collectively, there were common themes that tied them

together. In the next section, I present the five themes that were identified following the dialogical/performance analysis of older minoritised people's narratives; Shared characteristics, Wider societal influences, Temporality, Resistance to master narratives and Social interaction.

8.3 FINDINGS

8.3.1 Temporality

The participants in this study narrated past, present and future imagined experiences and events. In some cases, past and future experiences were contrasted to present experiences. The narratives of four participants contributed to this theme which captures the dynamic nature of some of the experiences of older people. One narrative that exemplifies this notion is Mr Edosa's narrative below. It is an experience-centred narrative that was produced in response to a question I asked about government assistance and services available to older people in his area.

Mr Edosa: =well there are a lot of (.) There's lots of erm, community things (.) they organise like clubs. Some people, something -Pensioner, some pensioner clubs, pension (.) There are so many! But it depends on, like the way I would say back home, age is number! It all depends on how you feel in yourself

Interviewer: ok.

Mr Edosa: My experience is that I don't feel really I'm old! ((Laughs))

Interviewer: of course! ((Laughs))

Mr Edosa: I could do things, I could do things myself. I go shopping, I cook, I do all things I want to do. So, I don't necessarily have to go to clubs to socialise

Interviewer: /mhm/

Mr Edosa: You know, that's the way I look at it.

Interviewer: ok.

Mr Edosa: So:: it hasn't come to that yet and I hope it doesn't come. I hope it doesn't come to that anyway

Interviewer: No, at least then, you are alright. You are (.) Yea::h

Mr Edosa: So, you know, I don't have, I don't have to go and rely on people to come and do things for me, you know

In the narrative, Mr Edosa performs an independent self who does not need to go to clubs to socialise. This performance might be in response to my position as a younger female researcher whom he perceives is interested in vulnerable older people. Performance features such as creative language are in play in this narrative. For instance, by using the phrase, *'age is number'*, Mr Edosa doesn't position himself as old and in need of assistance. Further, he repeats the pronoun 'I' when he provides evidence of his capabilities by listing the activities of daily living that he can accomplish on his own. This serves to prove to me, an imagined audience or perhaps even himself, that although he is in his early 70s, he is still capable. He thus positioned himself as self-reliant and independent. However, he also remarked, *'it hasn't come to that yet, and I hope it doesn't come'*. This statement alludes to future, imagined experiences. It suggests that Mr Edosa acknowledges that change is inevitable and that there might come a time when he may need help with creating opportunities to socialise.

Mr Hall's narrative, which is a summary of his life after retirement, continues the thread of temporality. The narrative below was produced when he was telling me about the reasons behind his early retirement.

Mr Hall: Yeah but other than that, the transition, I can't, thinking back, I can't imagine, I can't think of any, any trauma ((laughs))

Interviewer: ((laughs))

Mr Hall: it was all plain sailing apart from thinking, or people saying, 'Oh, you have all this time now you have retired.' Well I'm afraid that's not the case ((laughs)). Quite the blooming opposite! ((Laughs))

Interviewer: ((laughs))

Mr Hall: because between the children and the grandchildren there is always something, and you know, generally pursuing what, you know, things I do around the neighbourhood, there never seems to be enough time to do anything ((laughs))

Interviewer: ((laughs))

Mr Hall: but erm, so that myth of being able to put your feet up, I'm still trying- I'm still chasing it ((laughs))

Interviewer: (laughs) if you find it please let us know

Mr Hall: yeah ((laughs)), but I'm not complaining because maybe, you know, I wouldn't be probably as content as I am in spite of sometimes, demands, you say, "Oh blooming hell, not again!" but yeah, it's a passing phase, you know, with families that is always the way isn't it? With highs, lows and in-betweens, so yeah

The narrative gives us insights into Mr Hall's experience of retirement. His use of creative language as 'trauma' and contrasting it with phrases such as 'plain sailing' helps to depict the experience as without major challenges. He uses direct speech to draw on wider narratives that depict retirees as people with plenty of time at their disposal. He asserts that for him, having 'all the time' is 'not the case'. In his narrative, he positions himself as being content with life post-retirement. When he exclaims, "*Oh blooming hell, not again!*" he acknowledges that there are demands that crop up every now and again. Arguably, his life post-retirement is not in a fixed state of contentment. He summarises the narrative by stating that family life is a passing phase "*with highs, lows and in-betweens.*"

When Kathy Charmaz's explored the concepts of self and time based on interviews she conducted with people with chronic illness and their caregivers, she found that good days and bad days were a common feature of chronic illness (Charmaz, 1991). The ebb and flow of chronic illness is a concept that is useful, not only for day-to-day life as captured by Mr Hall but also for loneliness. It forces us to think of loneliness as a fluctuating experience rather than one that is static.

In their narratives, Mrs Jide and Mrs Lambert recounted past experiences and contrasted them with their present situations to underscore the temporality of experiences as people progress through the life course. For example, during the interview, Mrs Jide, who suffers from back problems told me about operations she had on her back and the mobility problems she had experienced after the operation. The narrative below was produce in response to a question I asked

about how her social interaction was affected. The narrative below was produced when Mrs Jide talked about her back problems, she positioned herself as being somewhat dependent on her son and daughter-in-law for transportation.

Interviewer: And (.2) does this affect you know, walking? Erm, how does it -You not being able to go see your friends and things like that, or?

Mrs Jide: Erm, if they [son and daughter in law] take me, erm, I don't know. I can walk or so, but not as before.

Interviewer: not as before (.2)

Mrs Jide: like before now, as they [son and daughter in law] are in, I know they will take the children. I just go, take bus=

Interviewer: =yeah

Mrs Jide: I have Freedom Pass, go around the whole [Eastlands], go to the city centre, from there go to (.2) erm, [South Central]

Interviewer: mmm hmm

Mrs Jide: go round, even though I'm buying things or not, go round see things, buy a few things come back myself=

Interviewer:=good

Mrs Jide: but now (.2) I'm not interested, because I can't walk properly

In the narrative above, she positioned herself as being somewhat dependent on her son and daughter-in-law for transportation. However, she tells me of a time in the past when she was able to do things herself, thereby, positioning herself as once being mobile and independent. By using words such as 'but now' and 'but before' Mrs Jide is contrasting her past and her present circumstances. The narrative of her past circumstances position her as a fit and independent individual. She repeats the word 'go' and 'go round' to perhaps illustrate her independence and ability to venture out wherever she wanted in the past. In contrast, the present narrative positions her as immobile and dependent. She evaluates her situation at the end of this section by stating that she is not interested in doing things she used to do. As such, her current interests appear to be shaped by her current circumstances.

Likewise, Mrs Lambert's narrative draws our attention to the dynamic nature of experiences. She is a full-time carer for her husband and her narrative below gives

us insight into the difficulties of the role. It was produced in response to my question about what would make things easier for her after she told me of her chronic back pain which she has to manage.

Mrs Lambert: ((Sighs)) (.2) Erm (.2) Hmm (.2) that's a hard question to answer because my husband's got dementia and, erm, Alzheimer's mixed

Interviewer: ok

Mrs Lambert: erm, take that away and it would be back to the good life.

Interviewer: yeah

Mrs Lambert: understanding husband he used to be. Loving, erm, not wanting to give anybody any problems

Interviewer: of course

Mrs Lambert: just like myself so (.2) that would be if we return- Rewinding the clock, that's what you would get

Interviewer: yeah

Mrs Lambert: but then life is not like that, is it?

Interviewer: No (.2) it isn't

Mrs Lambert: so erm, got to cope- try to cope the best I can and accept whatever else is offered

Interviewer: mmm

Mrs Lambert: and if people come around just to visit some time, it's really acceptable and all.

The expressive sounds (sighing) and hesitation can be interpreted as signalling the difficulty in answering the question I posed to her. It could also be a sign of exasperation with a difficult situation which she feels that she cannot change and has to accept. This notion is supported in that she responds to my question by drawing on an imagined narrative as she tells me about turning back the clock to a time before her husband had dementia. She positions him as once being “*loving and not wanting to give anyone problems.*” At a different point during the interview, Mrs Lambert indicated that when she could, she did attend a day centre where she was able to interact with her peers as illustrated below

Luckily yesterday, erm.... I... er... one of my [children] came and stayed- stopped with my husba- stayed with my husband while I went to a- we generally go to a er.. er.. a day.. a day centre down in [Westlands] – Mrs Lambert

Mrs Lambert's narrative illuminates her preference for people coming to visit her as opposed to her leaving her husband and going out to participate in community-based group activities. Indeed, these community-based group interventions are acceptable for her as she tells me that going to day centre for older people in her area is "*...very good. It's that time where you meet people of your... of your own... background and so on which is just good...*" However, her current circumstances hinder her from fully participating so they might not be suitable at present. All of these narratives remind us of the need to move away from looking at situations as being fixed in time and space towards considering that they are subject to change. What was acceptable and suitable for someone in the past might not be suitable for them in the present and what is acceptable at present might not be suitable and acceptable in the future.

8.3.2 Shared characteristics

The narratives of three participants contributed to this theme which underscores the importance of shared characteristics for participants. For example, in his narrative above, Mr Edosa told me about the different services available in his area. After listing the services, he remarks that he doesn't "*necessarily have to go to clubs to socialise*". Mr Edosa positions himself as not open to these avenues of social interaction. By drawing on other parts of the interview, we see that he is, however, open to other channels of social interaction. When asked whether he had people around him in whom he could confide, he responded by saying that his culture and upbringing meant that people tend to keep their private lives to themselves. However, there were opportunities to meet and discuss 'issues' as seen in the excerpt below.

"...when there are occasions for, kind of get together, and I get invited, you know, then of course we open up to -Not we all. Some of them from my community belong to (.) call it union, call it association, call it whatever you like. But there is sort of a community meetings where we- Once every two months, we all come together to discuss issues" – Mr Edosa.

This excerpt suggests that he is willing to engage with a social group where people can discuss together. The group is specifically of people from his 'community', who share the same language, ethnic and cultural background and this seemed to be important to Mr Edosa.

Sharing a common language, ethnic and cultural background were not the only shared characteristics that were deemed important. Sharing a common interest was just as important. For example, in his narrative, Mr Bilal shares the joy of going to the theatre but is aware that others may not share the same interest. The narrative below illustrates this theme. During the interview, Mr Bilal indicated that he enjoyed watching plays. The narrative was produced in response to a question I asked him about where he went to watch plays.

Mr Bilal: ...Just to give you an idea of the kind of thing I like. I went to see, a long time ago, a play called '[It's my life]'

Interviewer: /mhm/

Mr Bilal: Now if I take any of my mates (.2) any of our *ethnic* people and so on, to that, they will hate me. They will say, "This is a waste of time. What is it?"

Interviewer: /mhm/

Mr Bilal: and that play (.2) for two hours, there is a chair and this woman, you know, and an arm chair and that's it and she just talks

Interviewer: really?

Mr Bilal: that's it!

Interviewer: but it's what she's saying.

Mr Bilal: yeah! You know. So (.2) how many of our people

Interviewer: ((laughs))

Mr Bilal: would go and watch something like that? You see, they like action and all that. So this is er, this is, that's the type of person I am.

By using the phrase, "*just to give you an idea of what I like*", he gives us an insight into what he finds acceptable and suitable. He narrates an experience centred narrative of a play he once went to watch. Performance features such as repetition of 'that's it' are used to draw attention to the uniqueness of this play in that it was a solo performance. Embedded in the experience centred narrative is an imagined

narrative. By using the word 'if' Mr Bilal imagines what might take place were he to take his minoritised friends to watch the play. He evaluates the outcome of such an event by stating that his minoritised friends would 'hate him'. The use of emotive words such as 'hate', creative language such as 'waste of time' together with direct speech serves to convince the audience that going to watch a solo performance in a theatre is not something that would be acceptable to Mr Bilal's minoritised friends. He uses a rhetorical question which can be said to further persuade the audience that his minoritised friends would not find such a play acceptable. In this narrative he questions whether his minoritised ethnic group friends would appreciate the solo performance play. In doing so, he highlights that when it comes to some social activities, his interests, rather than a shared ethnic background, are important. This is captured in the quote below

"I was overall champion of [Southend], [Lakeside], and so on...you know...it's a league thing you know...but now age is my handicap. you know... I can't do this swings as before but I still play. Golf... and my circles of Friends are fellow golfers" -Mr Bilal

Similarly, Miss Isaacs' narrative provides another example of the importance of another shared characteristics; shared religious belief. The excerpt below exemplifies this theme. It is a narrative which was produced in response to a question I posed to her about her sources of support.

Miss Isaacs: I deal with it through prayer and through, you know, if there is something, you know, that I want to share and we have got, from the church, we have what's called [Faith] Group.

Interviewer: /mhm/

Miss Isaacs: Because the church that I go to there are thousands of us, and about 2000

Interviewer: Oh, ok that's big

Miss Isaacs: And you wouldn't ever know everybody. You never come to so many -you might see them. You might know well, this that, but in that thing

you have (.2) let's see (.) about a dozen people who we'll meet at someone's house

Interviewer: /mhm/

Miss Isaacs: And you have the leader and, and, er, like a (.) someone who would, erm, you have the host. The host that hosts them of the house, and then you have the (.) you might have a leader who would, you know, carry on and things like that. And then we can take your individual problem there, pray for it and in, in, in together with praying generally. So then, that's where I get my support

Interviewer: Oh that's good

Miss Isaacs: My church, my church is my support

In this narrative, Miss Isaacs positions me as an outsider; someone who doesn't attend her church and positions herself as an insider who is familiar with the church and can speak with authority about it. The repetition of the phrase 'my church' signals the importance of the church in providing support. The use of pronouns such as 'us' and 'we' and words such as 'share' and 'together' when describing the [Faith] group also underscores the importance of the collective for Miss Isaacs. It also highlights the sense of belonging that the church groups offer. The aside provides additional information regarding how large the church is. In contrast, the [Faith] Group is small, with only a dozen members. It is, therefore, more intimate and perhaps enables people who share a Christian faith openly and comfortably to share their problems. Miss Isaacs also details how the [Faith] group is structured and organised, with members positioned as holding roles such as host or leader. Group members are positioned as agentic as they visit each other in their homes and can share their problems. As such, the members of her [Faith] group are positioned as accepting, welcoming and spiritually supportive of fellow members. The relationships forged at the church continue beyond the church into members' homes. She finishes the narrative by reaffirming that her church is her support which underscores the importance of shared religious belief.

8.3.3 Wider societal influences

The narratives of three participants contributed to this theme. As already mentioned, dialogical/performance analysis encourages attention to context as personal narratives are situated in wider economic and historical contexts (Riessman, 2008). Attending to the broader social context resulted in the identification of societal influences that were seen to influence participation in social activities. One of these influences was the economic context. The excerpt below illustrates this. The narrative was produced by Mr Fiaz, during a conversation about the proximity of his family members and their interaction. I asked him what he thought about the factors that contributed to loneliness and what people experiencing loneliness can do.

Mr Fiaz: lonely (.2) I don't know (.2) mmm (.2) It depends on the individuals. Individuals, you know like. I know some guys, they used to work with me, and er (.2) they lived in a council flat. They (.2) they would not go out. Nothing you know. They come, go out, go to work. From work, home. Sit at home, watch TV and then- It's so isolation you know.

Interviewer: /mhm/

Mr Fiaz: They don't mix with other people. It is creating, they, they create their own loneliness, you know like (.2)

Interviewer: ok

Mr Fiaz: (.2) If you go out mix with people (.2) But then again (.2) times were hard, in the 90s (.2) we had a recession

Interviewer: yeah

Mr Fiaz: and er (.2) all the food price, everything went up, wages were so low

Interviewer: ok

Mr Fiaz: and erm, you know people, it was hard times. Like that time, erm (.2) you cannot afford any::: like clubbing or social

Interviewer: o:::kay

Mr Fiaz: if you go out, you have to spend money,

Interviewer: of course

Mr Fiaz: to buy why drinks and this and that, you know, lots of people couldn't afford doing that (.2)

The narrative is a third person narrative of people that he used to work with. In the narrative, he explains why he believes they were lonely and isolated. He

positions them as being responsible for their loneliness and isolation. The repetition of phrases such as ‘mix with others’, ‘go out’, suggests that he believes that loneliness is easily remedied by social interaction. However, by saying, *“if you go out, you have to spend money...to buy drinks and this and that, you know, lots of people couldn't afford doing that”* Mr Fiaz indicates that broader economic factors at the macro-level (e.g. that many older people lack economic resources that would allow them to socialise in contexts requiring the spending of money) can create financial barriers to social participation at the micro-level.

This finding supports the results from Muriel and Sibieta (2009) who examined how the recessions in the mid-1970s, early 1980s and early 1990s affected living standards, poverty and inequality and their impact on different societal groups. They found that in the early 1990s, absolute poverty increased in working-age adults without dependents (ibid.). Mr Fiaz's narrative illustrates the impact of broader processes, (e.g. the recession) on individual financial resources. Evidently, these processes impact people's ability to socialise, thereby increasing their vulnerability to social isolation and loneliness.

Mrs Khuboni's narrative (above) also alludes to the influence of the global financial crisis of 2008 on older people's lives. In her narrative, she detailed her experience of accompanying an older person to a day centre when she used to work as a carer. In her retirement, she suggests that she would like to attend one of these day-centres, but tells me, *“...here, we haven't got it in [her town]”*. The lack of day-centres for older people in her area could possibly be the consequence of financial cuts made by local authorities following the austerity measures introduced after the 2008 recession. However, it could also be consequence of the lack of priority given to elder care which led to its widespread privatisation in the 1990s.

Mr Gill's narrative provides yet another example of the impact of wider societal barriers. Like Mr Fiaz, he positions individuals as being able to remedy their

loneliness through engaging in the wider community when he says, “*you've got to be willing to get out and not just sit at home feeling sorry for yourself basically.*” He enjoys travelling on buses and naturally, recommends bus travel to people who may be lonely and isolated as captured in the quote below

'look, once you've got a buss pass, you- the field is wide open as far as England is concerned' – Mr Gill

His narrative draws our attention to how the wider societal context can impact on an individual's efforts to deal with social isolation and loneliness. In the narrative below, Mr Gill recounts a conversation he had with a senior member of the Bus Users Association in his area about the lack of new timetables for customers following the changes in bus schedules

Mr Gill: but I mean, like the bus timetable, when I went to the meeting, I told [Mr Benson], he says, 'We are trying to get more information. Government say more people should use the buses and all.' I said, 'You want more people to use the buses, yet the council have taken its time. *Seven weeks.* The buses have changed. *Seven weeks* before the bus timetable is out.'

Interviewer: mmm

Mr Gill: I said, 'That's disgusting.' I said [St Paul's] church should have them. They have started giving them, sending them to [Richard] now

Interviewer: ok

Mr Gill: Because twice, I've pushed it (.2) and he gets a copy, twenty now, sent to him and I have been topping it up

Interviewer: mmm

Mr Gill: but I said, 'I keep- All the health clinics should get it. The hospitals should give timetables. They don't give them any.'

Interviewer: mmm and it's such an important thing you know

Mr Gill: Exactly! Main centres that people go to

Interviewer: yeah (.) they don't have the information

Mr Gill: mmm. So people are not aware of what's available and what they can use, especially elderly people and all, and handicapped people

Mr Gill reports that he challenges the senior member's support of the wider narrative where the government encourages more people to use public transport. However, he challenges this narrative by pointing out that some factors such as

the lack of up-to-date bus timetables is a hindrance. He uses direct speech to convince the audience of the credibility of his narrative. In the narrative, he highlights the failings of the council who have taken longer than expected to issue new timetables. He stresses and repeats the time scale of seven weeks to highlight the length of the delay. In addition, the use of emotive words such as 'disgusting' further suggests that he finds the delay and the council's failings unacceptable. Mr Gill recognises that a lack of information about bus services as well as a lack of up-to-date information on bus timetables (and timetables in general) can be a barrier to people who want to use the bus services. This finding raises questions about the wider social context. Could it be that the lack of information and a lack of updated timetables is due to the disorganisation of local authorities? Could it be that deep budget cuts experienced by local authorities have resulted in the prioritisation of other matters over timetable provision? Collectively, attention to the wider context in these narratives indicates how wider societal factors like the economic climate can impact on policy decisions which, in turn, impact individual social participation.

8.3.4 Social interaction

By attending to how older minoritised people use language in their narratives, I was able to gain insight into the preferences and attitudes of seven participants. Some of these attitudes and preferences were touched upon in the above themes to highlight the importance of social interaction. For example, Mr Fiaz and Mr Gill's narratives position older people as being able to remedy social isolation and loneliness through increased levels of social interaction. Mr Bilal's preference for theatre and golf suggests that taking part in these activities may be the basis for his social interaction. A similar observation was made based on Mrs Chakrapani's narrative, which centred around her love of cooking for others. Below is the narrative that she relayed in response to a question I asked her about the people she turns to for support.

Interviewer:..is she [sister] your- the closest person that you'd say you'd have like, if have any- if you want to talk, to talk to someone about serious things

Mrs Chakrapani: Oh yeah, my husband's older sister is, she, she had lung cancer operation

Interviewer: /mhm/

Mrs Chakrapani: So I go and visit her. I take food for her, soup and things. Whatever I cook, I take to her. She can't eat spicy food so I make really mild

Interviewer: yeah

Mrs Chakrapani: So I have friends and we- friends come visiting. I'm, I'm- I like company

Interviewer: yeah you balance it though because you said sometimes you like your books and=

Mrs Chakrapani: =Yeah, at least I have also English friends

Interviewer: mmm

Mrs Chakrapani: they come, they like my food, I cook for them, you know

Interviewer: mmm

Mrs Chakrapani: And I enjoy, I mean, it's something for me to do

Interviewer: Yeah, it is...it's amazing

Mrs Chakrapani: I love cooking (.2) because my husband loved his food and because I loved him, I loved to do all these- different, different dishes for him and-

Interviewer: that he liked

Mrs Chakrapani: And I enjoy cooking, it's therapeutic

As illustrated in the above narrative, she briefly mentions her sister-in-law as a source of support and moves on to talking about cooking for her sister-in-law to cooking for her friends and then finally, cooking for her husband. She uses positive evaluative words such as 'enjoys' and 'therapeutic' and strong emotive words such as 'love' to describe cooking, thereby, signalling her preferences. In the conversation above, she positions herself as a social person who loves company and talks of friends coming over to visit, telling me that she even has English friends and that *"they come, they like my food, I cook for them, you know."* Like Mr Bilal, cooking may be a means of interacting with others. The repetition of the word 'cook' and 'food' and other associated verbs and nouns, suggests that cooking and food are central to her social interactions. It can be argued that cooking and food is used as a tool to express her affection to others. This can be seen when she talks

about her husband's love for food. She recognises his love for food and responds by cooking various dishes for him because of her love for him.

I observed that for Miss Isaacs, social interaction was dictated by her identity as a Christian. From the narrative, about how her church is organised, it is clear that she positions the church as providing the opportunity for members to offer each other emotional support. The church also provides opportunities for social interaction. For example, at a different point during the interview when asked what her local community offered in terms of activities, Miss Isaacs responded by saying, "Oh well, my church does that." She then proceeded to list various services that her church offers as captured below.

'there is lots of...thing... you have one club called [Action] Club where they, the over 50s meet... so if you want you could go there. And they have- All-Thing...right now they, you know, they have a (inaudible) in the church... and they have programs a few weeks ago they went into an outing, like, you know, a picnic in the park and things like that and so on...- Miss Isaacs

Given that she was well embedded in her church, it is highly unlikely that the opportunities to interact socially provided outside her church would attract her. It is important to note the barriers to social interaction that were identified in these narratives. For example, Mrs Chakrapani's poor health limits her from cooking for her family and friends as often as she would like as captured below

'In [March] I cooked for my husband's death...But I was knackered (whispers). I was so tired. Honestly, three days and I was like a zombie. The pain and all that. But I cooked and they loved it' – Mrs Chakrapani

Mrs Khuboni's narrative is suggestive that attending a day centre where older people are given a role, can interact socially, and have numerous activities would

be highly acceptable. However, the cold weather sometimes hinders her from going out as captured below. This was a response she gave to a question I asked about cold weather impacting her social outings.

‘Yes! Especially when it is cold like this. You can’t go out out there but when it’s warm you can take a walk maybe go to the lake’ – Mrs Khuboni

Similarly, Mrs Lambert's situation makes it difficult for her to go out and interact socially. In her narrative, she alludes to the difficulties of being a full-time carer for her husband, who has dementia. She ends the narrative by stating, *“if people come around just to visit sometime, it's really acceptable and all.”* Her choice of the word 'acceptable' is a strong indication that receiving visitors is the most appropriate form of social interaction for her, given her caring responsibilities. However, she also recognises that other people might consider it less acceptable.

8.3.5 Resistance to master narratives of dependent elders

The dialogic/performance analysis showed that the ways in which some participants positioned themselves resisted master narratives that portrayed older people as passive, dependent and in need of assistance from the government. The narratives of six participants provided alternative accounts of their lives that countered these portrayals. For example, some positioned themselves as agentic individuals who contribute to society. In his narrative about the people not being aware of the bus services they can use, Mr Gill positioned himself as an activist who questions the local authorities on their failings to provide people with information on bus services and up-to-date bus timetables. He pushes for bus timetables to be provided in his local church and even goes further by obtaining more timetables for the church when they are about to run out. Similarly, Mrs Khuboni's narrative of her experience of attending a day centre positions some attendees as agentic and active. The same narrative suggests that she is looking

for an opportunity to be useful in her community. Mrs Khuboni imagines herself as an attendee and goes on to position herself as an active attendee who does not mind making food and tea for people. She, therefore, rejects the master narrative that portrays older people as passive and dependent.

Other participants like Mr Edosa position themselves as independent and self-reliant. He describes himself as not feeling old, stating that, *“Age is just a number”*, and *“It all depends on how one feels”*. He, therefore, rejects the homogenising of older people as a group in need of government intervention. Some narratives also portrayed older people as helpful and contributing to the care of others. For instance, Mrs Lambert positions herself as a full-time carer for her husband who copes with the little help she receives from the local authorities. Similarly, Mrs Chakrapani positions herself as a caring individual who goes to visit her sister-in-law after an operation. Not only does she visit, but she also prepares meals for her. This notion of being useful to others is also evident in Mr Hall's narrative of life post-retirement. He positions himself as busy helping his family and even around the neighbourhood. In doing so, he provides a counter-narrative to the dominant narrative that portrays retirement as a phase where people have *“all the time to put their feet up”*.

8.4 DISCUSSION

8.4.1 Summary of findings

In summary, the dialogical/performance analysis of the narratives of older minoritised people living in the UK showed the importance of social interaction in and of itself, but also through activities. Social interaction was, however, hampered by poor health and caring responsibilities for some. This confirms the findings from the pen-portrait analysis reported in chapter five. Relatedly, attention to the wider context highlighted the impact of broader societal influences (e.g. economic conditions, lack of finances) on individuals, both directly

and indirectly with consequences for social participation. Factors such as poor health, caring duties, socioeconomic factors have also been identified as risk factors for social isolation and loneliness in the literature (Bernard, 2013; Clarke & McDougall, 2014). However, what this study has illustrated is the extent to which broader societal factors intersect with individual-level factors to place some people in positions of vulnerability.

As mentioned in previous chapters, positions and categories are also shaped by structures of power (Hankivsky, 2014), including contemporary neo-liberalism. It is a political ideology that is based on market-based values, for example, competitiveness, consumerism, economic liberalisation, efficiency individual choice, privatisation, and profit maximisation (Viens, 2019). In turn, these individualistic values, influence and prioritise certain ideas that are promulgated in the ways in which state operates, including its economic and health policies (Viens, 2019). Neo-liberal economic policies are contingent on continued economic growth, thus, in times of economic hardship, austerity measures, applied mainly through social spending cuts, are often presented as a natural solution until the economy has recovered (Viens, 2019). It can be argued that these austerity measures applied during previous economic recessions resulted in cuts in services for older people. This in turn could have reduced older people's ability to socially participate, especially if they do not have the means to finance social activities, when places of interaction are not available and support provided to full time carers is inadequate. Consequently, social isolation and feelings of loneliness can ensue. As such, to fully understand and address social isolation and loneliness, these intersections, across multiple levels, must be considered. A failure to do so can result in interventions and policy responses that are simplistic, silo-ed, inappropriate and consequently, ineffective at tackling social isolation and loneliness.

Social interaction was, in some cases, influenced by shared characteristics which were also found to be of importance. In particular, some participants preferred

community groups of people who shared the same ethnic background, and language. Others showed a preference for groups of people who shared the same faith, or interest. The importance of shared characteristics can arguably be considered as a way to foster belonging. *'Belonging is described as particular kind of human sociality indicative of a sense of loyalty, social immediacy, 'feeling at home' and being socially safe in either a stable or transient way'* (Woldeselassie, 2017, p. 424). People's failure to meet their need for belonging can lead to loneliness, anxiety, depression, grief, and relationship problems (Baumeister & Leary, 1995). The sense of belongingness is not only a precursor to social connectedness but also a buffer against loneliness (Mellor, Stokes, Firth, Hayashi, & Cummins, 2008). It is possible that engaging with others who share similar characteristics gave the participants in this study a sense of belonging and connectedness, thereby, protecting them from feelings of loneliness.

The analysis also showed that older minoritised people acknowledged the temporality of experiences and situations. Some looked back fondly at their past experiences, and some were apprehensive about the future. This finding highlights the need for the planning and development of tailored, pre-emptive strategies at key stages in people's lives. One such strategy could be to find ways to support individuals to build and maintain strong networks from early in their life course that can offer support at different life-stages. Support for older people to continue with the activities that they find important could also be considered. However, it would be important for any such strategy to account for wider societal influences and individual level factors that can impact on people's ability to build and maintain networks and continue to engage with their activities.

The findings also provide an alternative picture of older minoritised people that counters ageist stereotypes which are prevalent in contemporary society (Flores-Sandoval & Kinsella, 2020). Older age is often depicted as a period of frailty and inevitable decline in capacity, with older people being characterised as a homogenous population dependent on care, burdening health and social care

spending, and hindering economic growth (Thiyagarajan, Schneiders, Nash, & de la Fuente-Núñez, 2020). However, the findings of this study suggest that older people are agentic, independent, and active contributors to society. It is possible that those who design, implement and evaluate interventions for older people may hold such stereotypes. However, findings such as these that can help counter some of these widely held assumptions which can impact on how interventions are designed and implemented.

8.4.2 Reflections on the dialogic/performance analysis process.

There were some challenges I faced when conducting the dialogic/performance analysis. Concerning subjectivity, the selection of narratives, the analysis, the interpretation and findings were heavily influenced by the knowledge I have accumulated over the years. This knowledge has necessarily been shaped by my experiences not only as a PhD student but also as a black woman living in the UK interested in the experiences of older people from minoritised ethnic groups. Others researchers may arrive at different conclusions based on their backgrounds/experiences. However, I ensured that my interpretations were supported with evidence from the accounts of the participants as well as evidence from the extant literature.

Dialogic/performance analysis encourages researchers to attend to performance features, positioning, as well as attention to the local and wider context. It was easy to get carried away describing these features. As illustrated in the example of dialogic/performance analysis presented to exemplify the method before the findings section, the process generated rich findings; only some of which could be presented in the chapter. Deciding what to present in the chapter and what to leave out was, therefore, difficult. In the end, I ensured that what I presented exemplified the themes that I had identified. Relatedly, when conducting narrative

research, it is possible to remain at the level of description, rather than undertake deeper analysis; especially with so many performative features to look out for in my case. However, the positioning questions and attention to context allowed me to go beyond what the participants said, and how they said it, towards, why, when and for whom the stories were told (Riessman, 2008). Doing so resulted in a deeper analysis and richer findings.

Despite these challenges, there were several strengths of using dialogic/performance analysis. First, it encouraged attention to the interactional nature of interviewing, which helped me to acknowledge my role in the production of these narratives. Some narratives were produced in response to my questions. Also, how I responded to their narratives helped to co-construct their narratives. Moreover, it is possible that my position as an insider, who shares a minoritised ethnic positioning with the participants, and my age, may have influenced the types of stories that were recounted.

Second, dialogic/performance analysis can be applied to revisited qualitative data. I was, therefore, able fully to utilise the rich material collected in phase two of this study. Its open approach to identifying narratives ensured that I was able to include a variety of narratives, be they event-centred, experience-centred or imagined. Attending to broader contextual processes enriched the findings and illuminated the ways in which societal issues interact to place older minoritised people in positions of vulnerability. Through dialogic/performance analysis, I have identified what is acceptable, in the way that people narrate as well as what they talk about. This approach to analysis has provided a detailed picture of the preferences of older minoritised people and how they position themselves. The findings have also given us insight into what is not acceptable to older minoritised people.

As mentioned in section 8.2.2, the approaches to the analysis used in this chapter align with dialogic approaches used by social psychologists. While there are many ways of doing dialogic research in social psychology, research in this field has been criticised for staying within the confines of the 'ivory tower' rather than into the complexities of everyday social practices (Marstin et al., 2011). Concerns have also been raised about its value for society in changing and improving people's lives (ibid.). This study contributes to the field of social psychology by illustrating how dialogic/performance analysis can be used to analyse the narratives of the day-to-day lives of older people from minoritised ethnic groups and generate findings that can be transformative. In so doing, the thesis advances dialogic research in social psychology.

8.4.3 Implications for interventions

So what did these findings mean for older minoritised people in terms of acceptability and suitability? I reflected on the findings of the dialogic/performance analysis and what implications they had for community-based group interventions for social isolation and loneliness interventions. It was essential to do so because the findings would help to assess whether the most effective community-based group interventions identified through the mixed-methods systematic review would meet the needs of older minoritised people. This information would then be used to draw conclusions about the acceptability and suitability of community-based group interventions for social isolation and loneliness for older minoritised people. For each theme I considered the key concepts and implications for social participation and generated principles for community-based group interventions (See table 8.1 below).

Table 8.1 Process and findings of the ideation process

Theme	Key concepts	Implications for social participation	Implications for interventions (Principles)
Resistance to master narratives	Agency, Independence, active roles, contributors to society, Self-reliance, capability	<ul style="list-style-type: none"> ▪ Create roles within the community for older people who may still wish to contribute to society ▪ Avoid labels that focus on old age and dependency 	<ul style="list-style-type: none"> ▪ Assign participants active roles ▪ Avoid label suggestive of reliance & dependency
Shared characteristics	Language, culture, ethnicity, interest, faith	<ul style="list-style-type: none"> ▪ Provide appropriate avenues for social interaction based on shared characteristics e.g., language, culture, ethnic background and interest ▪ Support naturally occurring groups within the society (e.g., faith groups, interest groups, local welfare groups) to reach out to new members 	<ul style="list-style-type: none"> ▪ Recruit participants who share similar characteristics ▪ Utilise naturally occurring groups
Social interaction	Social gatherings, Activities, Hobbies, Religious gatherings, Visitors	<ul style="list-style-type: none"> ▪ Support older minoritised people who are active in their communities to remain active for as long as possible. ▪ Support older minoritised people with existing hobbies to continue their activities for as long as possible. ▪ Support older minoritised people who may face difficulties to participate socially due to chronic illness, caring responsibilities, cold weather 	<ul style="list-style-type: none"> ▪ Provide avenues for social interaction ▪ Support to continue with current activities/roles
Temporality	Fluctuation; Changing and dynamic nature of life situations, impending senescence, or loss of independence	<ul style="list-style-type: none"> ▪ Recognise the changing nature of people's situations which might affect their ability to socially participate as they grow older 	<ul style="list-style-type: none"> ▪ Be adaptable to the changing needs of participants
Wider societal influences	Lack of up-to-date information, lack of appropriate meeting places, inadequate support for carers	<ul style="list-style-type: none"> ▪ Acknowledge and address wider societal barriers that hinder social participation e.g., in terms of meeting places, transportation, up-to-date information, social care support ▪ Mitigate some of the costs involved in social participation 	<ul style="list-style-type: none"> ▪ Mitigate costs incurred during intervention ▪ Address wider societal barriers

8.5 CONCLUSION

I concluded that for community-based group interventions to be suitable and acceptable for older minoritised people, they would need to

- Assign participants active roles
- Avoid labels suggestive of reliance & dependency when recruiting
- Recruit participants who share similar characteristics
- Utilise naturally occurring groups
- Provide avenues for social interaction
- Be adaptable to participants' needs
- Support the continuation of current activities/roles
- Mitigate costs incurred as a result of the intervention
- Address wider societal barriers

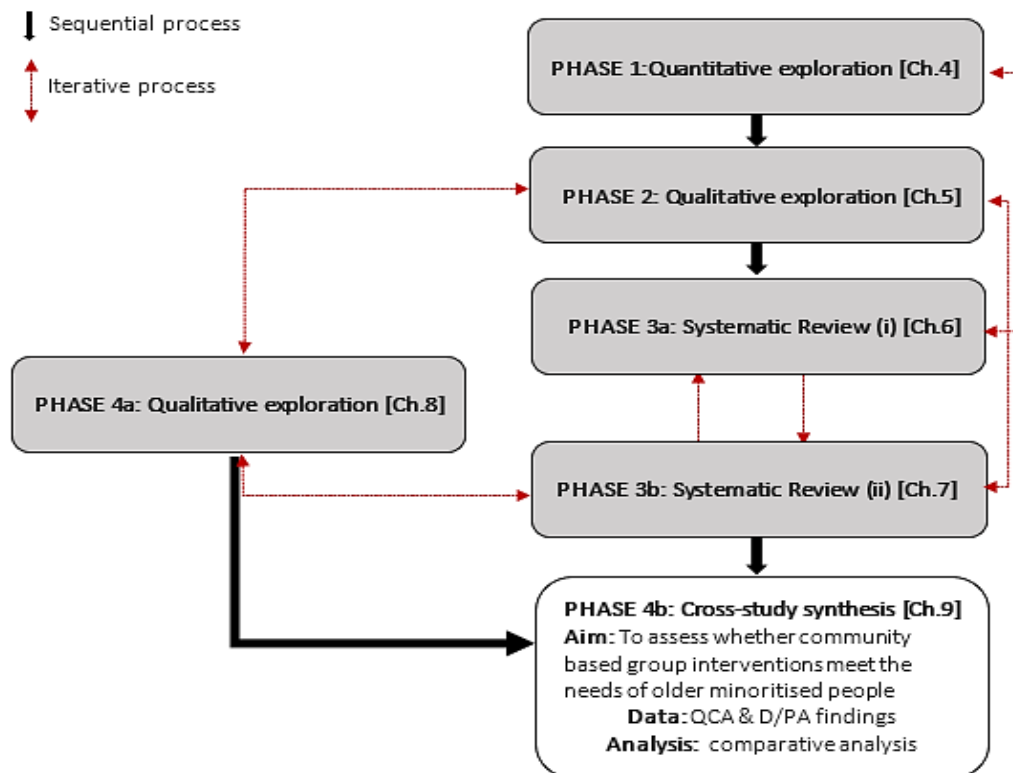
To recall, some of the findings above were used to inform the intervention component analysis and qualitative comparative analysis process reported in chapter six. It is important to note that writing this thesis was done during the COVID-19 pandemic. Measures to curb the spread of the virus have included, wearing face coverings, asking vulnerable populations to shield themselves as well as the introduction of social distancing measures (HM Government, 2020). Future research could perhaps investigate how these measures impact on the above principles. In the next chapter, I move on to the final stage of this study where I use the above principles to interrogate the community-based group interventions that were found to be most effective in reducing loneliness to assess the gap between what older minoritised people find important and what these interventions offered. In doing so, I establish whether community-based group interventions are indeed suitable and acceptable for older people from minoritised ethnic groups living in the UK.

CHAPTER 9: A CROSS-STUDY SYNTHESIS ASSESSING WHETHER COMMUNITY-BASED GROUP INTERVENTIONS MEET THE NEEDS OF OLDER MINORITISED ETHNIC GROUP PEOPLE

9.1 INTRODUCTION

The last chapter reported on the methods and findings of the dialogic/performance analysis, which illuminated the positioning and preferences of older people from minoritised ethnic groups living in the UK. Based on the findings, a number of intervention principles, which captured the needs of older minoritised people, were made. This chapter reports on the next phase of this study, phase 4b, where these principles were taken forward and used to assess whether the most effective community-based group interventions met what older people from minoritised ethnic groups considered to be their needs. Figure 9.1 below illustrates the overall research design.

Figure 9.1. A visual representation of the research design with a focus on phase 4b



As can be seen in the figure above, phase 4b is the last phase of this iterative, mixed-methods study. Through a cross-study synthesis, the findings from the dialogic/performance analysis and the qualitative comparative analysis are brought together to address the objectives of this phase. To review, the meta-analyses conducted in the first part of the systematic review (phase 3a), indicated that the evidence of the effectiveness of community-based group interventions for social isolation and loneliness in older people was mixed. Some studies reported a positive impact, and others reported a negative impact. In phase 3b, the second part of the review, qualitative comparative analysis was employed to identify the combination of features associated with effective interventions, and whether these features could explain the differences between effective and non-effective interventions. The findings indicated that the most effective interventions were those that adopted a cognitive approach to reducing loneliness, included participants with shared characteristics and provided participants with the opportunity to connect with others. Further, two pathways of component combinations that were sufficient to trigger a large effect size were identified. The first was through adopting a cognitive approach to reducing loneliness and providing participants with the opportunity to connect. The second was through recruiting participants with shared characteristics and providing participants with the opportunity to connect.

9.1.1 Aims

The aim of this last phase is to use the principles generated from the findings of the dialogic/performance analysis conducted in phase 4a to interrogate the findings of the qualitative comparative analysis in order to understand

- the extent to which the most effective interventions matched the principles derived from older minoritised people's preferences and positioning

- whether the shared characteristics and the opportunities to connect made available to participants in the interventions were closely aligned with those reported by older minoritised people
- the extent to which the cognitive approaches adopted in the most effective interventions reflect older minoritised people's preferences and positioning.

The findings were crucial not only for assessing the gap between what the interventions offered and what older minoritised people needed, but also what was required of community-based group interventions better to meet their needs. This information would be useful in assessing the suitability and acceptability of community-based group interventions for older minoritised people. This chapter is divided into two sections. First, the process of conducting the cross-study synthesis will be described. The results will be presented alongside the procedures. Thereafter, the findings will be discussed, and the implications of the findings for future interventions will be considered.

9.2 PROCEDURES AND FINDINGS

9.2.1 Data

As mentioned above, the findings from the dialogic/performance analysis were used to generate principles for interventions that reflected older minoritised people's preferences and positioning. The idea was to use the principles to interrogate the most effective interventions identified through the qualitative comparative analysis. To recall, there were four interventions that incorporated all three features which led to a successful outcome. The analysis focused on these four interventions. The first of these interventions is the mindfulness-based stress reduction (MBSR) training intervention (Creswell et al., 2012). The aim of the MBSR intervention was to test whether MBSR could reduce loneliness. The participants received guided mindfulness meditation exercises, mindful yoga and stretching, group discussions, a day-long seven-hour retreat. They were also

encouraged to take part in 30 minutes of daily home mindfulness practice during the program (Creswell et al., 2012). The second was the I-SOCIAL intervention which combined both individual and group sessions to address psychosocial barriers, (e.g. low social self-efficacy), and environmental barriers, (e.g. lack of social opportunities in the vicinity of the older person) faced by older people (Cohen-Mansfield et al., 2018). The third intervention, henceforth the RE-LOCATION intervention, involved older Japanese people who had relocated to a new city. It was a group-based educational, cognitive, and social support program designed to prevent social isolation by improving community knowledge and networking with other participants and community gatekeepers who could make connections between the study participants and community services (Saito et al., 2012). The last intervention, the Loneliness Intervention using Story Theory to Enhance Nursing-sensitive outcomes (LISTEN) intervention was a cognitive behavioural intervention designed to target impaired cognitive processes associated with loneliness, on the psychosocial and physiological measures (Theeke et al., 2016). A full description of these interventions is available in Appendix 6.9.

9.2.2 Cross-study synthesis

The approach to addressing the research question was informed by a mixed-methods approach to integrating qualitative and quantitative research in systematic reviews which was developed by researchers at the Evidence for Policy and Practiced Information and Co-ordinating (EPPI) Centre (Brunton et al., 2003; Harden et al., 2004; Kavanagh, Campbell, Harden, & Thomas, 2012). In a worked example, Kavanagh et al. (2012) illustrated the stages of integrating the stages of a mixed-methods review using a systematic review of dietary and physical activity interventions for weight management in pregnancy. In their study, the first stage was a traditional systematic review of effectiveness. This was then followed by a synthesis of qualitative research which addressed questions of intervention need, implementation, acceptability, and appropriateness (Kavanagh et al., 2012). In the

final stage, they brought the findings of their two stages together using a cross study synthesis to discover to what extent interventions addressed the factors that influence gestational weight gain (Kavanagh et al., 2012). This final stage was a comparative analysis which *'juxtaposes the findings of both syntheses to identify appropriate and acceptable interventions which match the needs and experiences of those targeted by interventions'* (Kavanagh et al., 2012, p. 121). The approach to bringing the stages together was considered ideal for addressing the research questions in this phase.

According to the guidelines issued by Kavanagh et al. (2012), the final stage can be conducted in two phases. First, all of the interventions evaluated by the trials are assessed for the extent to which they address or incorporate the implications for interventions derived from the qualitative synthesis (Kavanagh et al., 2012). Second, if there are sufficient numbers of well-evaluated interventions that match or do not match the implications for interventions derived from the qualitative synthesis, the effect sizes of those interventions that address and those that do not address the implications for interventions can be compared (Kavanagh et al., 2012). Given the research questions of this phase, only the first stage was conducted. Kavanagh et al. (2012) indicate that a conceptual and methodological matrix which plots the implications for interventions against the trials can be created to capture the results of this analysis. This allows for analysis to identify the interventions that match or address the principles, and those that represent a mismatch or research gap (Kavanagh et al., 2012). In this study, a table was created to aid in the extraction and recording of the data from the interventions that could be used as evidence of (mis)match or gap (See table 9.1 below).

Table 9.1 Matching principles to the most effective interventions

Principles	I-SOCIAL intervention Cohen-Mansfield et al., 2018	MBSR training intervention Creswell et al., 2012	RE-LOCATION intervention Saito, Kai, & Takizawa, 2012	LISTEN intervention Theeke et al., 2016
1. Address wider societal barriers	Strong	None	None	None
2. Avoid labels of reliance/dependency when recruiting	Unclear	Unclear	Unclear	Unclear
3. Mitigate costs incurred to participate	None	Strong	None	Strong
4. Utilise naturally occurring groups	Strong	None	Strong	None
5. Support to continue with current activities/roles	Partial	None	Partial	None
6. Assign participants active roles	None	None	None	None
7. Be adaptable to participants needs	Strong	None	Partial	Partial
8. Recruit participants who share similar characteristics	Partial	Strong	Strong	Strong
9. Provide avenues for social interaction	Strong	Strong	Strong	Strong

As can be seen in Table 9.1 above, the principles were listed on rows on the left-hand side of the table. The interventions were listed in columns on the right-hand side of the table. Each intervention was checked for any evidence supporting the principles. This process involved reading and re-reading the four studies to identify the necessary evidence. An intervention was assigned ‘None’ if there was no evidence that the intervention principle was addressed, ‘Strong’ if there was clear evidence and ‘Partial’ if there was some evidence. When it was difficult to ascertain whether there was evidence, interventions were rated as ‘Unclear’. Table 9.1 below summarises the extent to which the interventions addressed the principles. A detailed version of the table with supporting evidence in the form of direct quotations from the studies is available in Appendix 9.1.

9.2.2.1 To what extent do the most effective interventions identified in the systematic review match the principles derived from older minoritised people's preferences and positioning?

Address wider societal barriers

As can be seen from Table 9.1 above, it was only in the I-SOCIAL intervention that attempts were made to address wider societal barriers (Cohen-Mansfield et al., 2018). The aim of the intervention was to address *psychosocial barriers, such as low social self-efficacy, and environmental barriers, such as lack of social opportunities in the vicinity of the older person* (Cohen-Mansfield et al., 2018, p. 70).⁷ Their attempts to address wider environmental barriers is evidence that they acknowledge the wider influences that can impact on social participation with implications for social isolation and loneliness.

Avoid labels suggesting reliance & dependency when recruiting

Information about the recruitment strategy was reported in all four interventions. However, it was difficult to ascertain the type of language used to recruit older people to these interventions based on the information provided. For example, participants in the RE-LOCATION intervention were recruited from Basic Resident Registration Cards and sent recruitment letters which contained an outline of the intervention program, requirement for participation and details of group assignment (Saito et al., 2012). Similarly, the participants who took part in the LISTEN intervention were recruited through advertisements in a family primary care centre and local and regional newspapers (Theeke et al., 2016). However, copies of the recruitment letter or the advertisements were not made available. For these reasons, the extent to which these studies addressed this principle was unclear.

Mitigate costs incurred to participate

Concerning financial difficulties, two of the four studies made attempts to mitigate the costs that participants might incur by participating in the interventions. For participants who took part in the LISTEN intervention, Theeke et al. (2016) made provisions that included an option of free valet parking. The participants who took part in the mindfulness-based stress reduction training also completed functional magnetic resonance imaging (fMRI) tasks to address other study objectives. They were compensated up to \$200, part of which was for the fMRI-related activities (Creswell et al., 2012). While compensation might be a means to attract participants, it is also suggestive that some interventionists are sensitive to the fact that social participation in some cases, comes with financial costs which might not be feasible for all older people to meet.

Utilise naturally occurring groups

Similarly, only two of the four interventions made use of naturally occurring groupings/profiles (Cohen-Mansfield et al., 2018; Saito et al., 2012). Both the I-SOCIAL and the RE-LOCATION interventions stressed the importance of utilising local resources that participants could use after the intervention ended. To tackle personal barriers to social integration during the I-SOCIAL intervention, Cohen-Mansfield et al. (2018) undertook a mapping of social opportunities in the neighbourhood using resources from local governments and senior centres. To help support their interests, in the third session of the RE-LOCATION intervention, participants had one-to-one sessions with gatekeepers specializing in specific areas, such as health and welfare issues, volunteering, and leisure activities for seniors (Saito et al., 2012).

Support to continue with current activities/roles

Although there was no evidence that any of the interventions provided participants with a role, there was partial evidence that the interventions supported participants in continuing their roles and/or interest. For example, in

the I-SOCIAL intervention, there was an opportunity to identify the barriers for specific participants (Cohen-Mansfield et al., 2018). Likewise, the third session in the RE-LOCATION intervention was conducted to identify participants' interests and meetings were held with gatekeepers who could support each participant based on their interests. Arguably, these sessions can be considered avenues to support participants identify barriers that prevent them from continuing with their roles/interests and support them to continue these roles/interests for as long as possible.

Be adaptable to participants needs

Three of the four interventions made provisions to address participants' needs to varying degrees. The I-SOCIAL intervention combined individual and group intervention options, allowing participants to choose based on what was acceptable to them (Cohen-Mansfield et al., 2018). This was considered strong evidence that the intervention was adaptable. The LISTEN intervention was designed to provide both self-help and mutual group help for the participants (Theeke et al., 2016). Similarly, the RE-LOCATION intervention had a session where participants could be supported based on their interest (Saito et al., 2012). These features suggest that the interventions were sensitive to participants' individual needs and therefore, somewhat, adaptable to participants' needs.

Recruit participants who share similar characteristics and provide avenues for social interaction

These two principles were addressed by all four studies. Both informed the intervention component analysis and were tested in the qualitative comparative analysis. They were found to be two of the three features of effectiveness that explained the difference between the most effective studies and those that were moderately effective or not effective. To recall, participants were recruited based on shared interest (e.g. Mindfulness-based stress reduction (Creswell et al., 2012), desire to have additional company (Cohen-Mansfield et al., 2018), shared

experiences (e.g. high levels of loneliness, chronic illness (Theeke et al., 2016), residential relocation (Saito et al., 2012) and shared identity (e.g. Appalachian natives)(Theeke et al., 2016)).

In terms of opportunities to socially interact and connect, the group sessions in the I-SOCIAL intervention provided participants with a channel to discuss barriers they faced and to connect. They also used the group sessions to practice social skills in a safe setting (Cohen-Mansfield et al., 2018). The second session of the RELOCATION intervention was designed to allow participants to share personal relocation experiences and to promote the formation of networks amongst themselves (Saito et al., 2012). Similarly, in the fourth session, the participants in the LISTEN intervention shared ways in which they met the challenge of living with loneliness (Theeke et al., 2016). Lastly, the participants in the MBSR intervention attended a day long retreat which focused on integrating and elaborating on the exercises learned throughout the program (Creswell et al., 2012).

9.2.2.2 Do the shared characteristics and the opportunities to connect made available to participants in the interventions align with those reported by older minoritised people?

Having assessed the four most effective interventions against the principles made in phase 4a, I homed in on the three features of effectiveness identified through QCA and what they meant for older minoritised people. Through comparative analysis, I assessed whether the shared characteristics and opportunities to connect reported in the four interventions closely aligned with those reported on by lived experiences of older minoritised people.

Shared characteristics

Table 9.2 below details the shared characteristics identified in the intervention versus those identified in older minoritised people's narratives reported in the last chapter.

Table 9.2 Shared characteristics

Community-based group interventions	Older minoritised people's narrative
<ul style="list-style-type: none"> ▪ Shared interest (e.g. MBSR, desire for company) ▪ Shared identity (Appalachian natives) ▪ Shared experiences (Loneliness, chronic illness, relocation) 	<ul style="list-style-type: none"> ▪ Shared interest (e.g. cooking, theatre, desire to volunteer) ▪ Shared language ▪ Shared ethnic background/culture ▪ Shared faith

As can be seen in Table 9.2 above, two of the three shared characteristics derived from the most effective interventions mirror those identified in older minoritised people's narratives and there are overlaps, even though they are named differently. Although both sources allude to shared characteristics based on interest, the specific types of interest vary. For example, the participants who took part in some of the most effective interventions were recruited based on the interest of learning MBSR techniques and the desire for company. In contrast, the interests of older minoritised people included theatre, cooking, and a desire to volunteer. Shared language, culture and ethnic background identified from the narratives can arguably be considered as different facets of identity. Shared experience was not a characteristic identified in the narratives analysed in phase 4a. However, it is certainly of relevance to older minoritised people and is encapsulated in the characteristics they did identify. In their interviews, they recounted their experiences of migration, employment and retirement and ageing in the UK. In a similar vein, shared faith was not a basis for recruiting participants in any of the interventions, but it can be considered part of shared identity and shared experiences.

Opportunities to connect

In their interviews, older minoritised people talked about different forms of social institutions. For example, Mrs Khuboni and Mrs Lambert both mentioned day centres as a place for social interaction. Mr Edosa mentioned social welfare groups and Miss Isaacs mentioned the church and faith groups. In contrast, both Mrs Chakrapani and Mrs Lambert mentioned home visits and activity groups were mentioned by Mr Bilal. It is important to note that the opportunities to connect with others appeared to be inextricably linked to older minoritised people's hobbies/activities of interest. For instance, Mrs Chakrapani, who loved to cook, often invited her friends and family members for meals. She reported in her narrative that they all loved her cooking. Similarly, Mrs Khuboni, who expressed a desire to volunteer, wanted to attend the day centre where she could not only meet people but also help with the running of the activities. Similarly, Mr Gill enjoyed bus-travel and was actively involved in his community to ensure that members of the public were provided with accurate bus information and up-to-date time-tables. Some opportunities to connect were tied to the identities of the participants. Miss Isaacs, who is a Christian, exemplifies this notion. She did not seek services offered by the local authorities because she considered the church to be her source of support. Moreover, the church provided her with a range of opportunities to connect with other Christians.

In the I-SOCIAL intervention, the LISTEN intervention and the RE-LOCATION intervention participants were brought together to share their experiences with an aim to foster connections or in the case of the I-SCOCIAL intervention, to practice social skills. Given that these opportunities to connect made available for the participants in these interventions were not based on hobbies/activities of interest, they may not appeal to older minoritised people. In contrast, the MBSR training intervention can be categorised as an activity group for participants who were brought together by their interest in mindfulness-based stress reduction

techniques. This intervention, therefore, adopts an approach to providing opportunities to connect linked to a specific activity, which older minoritised people may find acceptable.

In saying this, the suitability of the specific activities undertaken during the MBSR training intervention for older minoritised people is questionable. This observation is based on the fact that during each group session of the MBSR intervention, an instructor led participants in *'guided mindfulness meditation exercises, mindful yoga and stretching, and group discussions with the intent to foster mindful awareness of one's moment-to-moment experience'* (Creswell et al., 2012, p. 3). Since the majority of participants in this study reported health problems, the mindful yoga and stretching component in this intervention may be unsuitable. For example, Mrs Jide and Mrs Lambert reported that they suffer from chronic back pain. Both Mr Fiaz and Mrs Chakrapani had indicated that they suffered from a stroke a few years prior to the interview. The medication that Mrs Chakrapani was taking had resulted in weight gain, which she was managing through dieting and walking. Both Mr Fiaz and Mr Hall were diabetic. They also reported chronic shoulder pain. At the time of the interview, Mr Edosa was recovering from an injury he had sustained on his arm following an accident. Due to an ulcer on his leg, Mr Gill uses a walking cane. Mrs Khuboni too, occasionally experiences body aches and pain in her joints. With these health conditions, it is unlikely that the MBSR intervention would have been acceptable and/or suitable. In any case, as in many interventions, the presence of these health conditions would have resulted in their exclusion from the intervention because to qualify, participants had to be *'mentally and physically healthy for the last three months, and not currently taking medications that affect immune, cardiovascular, endocrine, or psychiatric functioning'* (Creswell et al., 2012, p. 3).

9.2.2.3 To what extent do the cognitive approaches adopted in the most effective interventions reflect older minoritised people's preferences and positioning?

Adopting a cognitive approach to reducing loneliness was identified as one of the features of the most effective interventions. Interventions that seek to adopt a cognitive approach are those that focus on changing participants' social cognition (Masi et al., 2011). All four interventions addressed social cognition in different ways. For example, participants in the MBSR intervention took part in mindfulness meditation training. The authors of the MBSR interventions posited that mindfulness-stress reduction techniques¹⁹ could reduce psychological perceptions of social threat or distress which in turn could result in decreased perceptions of loneliness (Creswell et al., 2012). Through individual and group interventions, the I-SOCIAL intervention was designed to address barriers to social contacts and aimed to increase social self-efficacy (Cohen-Mansfield et al., 2018). The LISTEN intervention was designed to target impaired cognitive processes associated with loneliness. It was underpinned by story theory and principles of cognitive restructuring, which are foundational to cognitive behavioural therapy (Theeke et al., 2015). The RE-LOCATION intervention was presented as a group-based educational, cognitive, and social support program (Saito et al., 2012). The participants were provided with opportunities to evaluate their relocation experiences by communicating with others. The authors posit that perhaps through these interactions, some participants began to accept their experiences as preferable and consequently, evaluated the cognitive aspects of subjective well-being more favourably (Saito et al., 2012).

These approaches are rooted in the idea that feeling socially isolated can heighten sensitivity to social threats, the consequence of which is attentional, confirmatory and memorial biases (Cacioppo & Hawkley, 2009). Lonely individuals are,

¹⁹ It could also be argued that there is scope for the mindfulness awareness techniques to result in undesired effects if participants become more cognisant of their loneliness after participation.

therefore, more likely to attend to and interpret their social worlds as threatening, hold more negative expectations and remember more negative social events than those who are not lonely (Cacioppo & Hawkley, 2009). As such, interventions for loneliness seek to shift this type of maladaptive thinking towards more positive cognition (Mann et al., 2017). I considered whether there was evidence of maladaptive cognition in the narratives of older minoritised people. Many older minoritised people positioned themselves as agentic, independent, self-reliant and perseverant. Even the one participant who stated that she was lonely was actively seeking opportunities to socially interact with others to address her loneliness, for example, by searching for volunteering roles within her community. There was no evidence that she interpreted her social world as threatening, held more negative expectations or remembered more negative social events (Cacioppo & Hawkley, 2009).

Similarly, Mrs Jide and Mrs Chakrapani recounted their experiences of times when they were able to do activities that they were struggling to do at present. Collectively, these experiences did not signal maladaptive social cognition. Instead, the narratives underscore that older minoritised people hold realistic expectations about growing older, which can be accompanied by specific health problems resulting in loss of independence and reliance on others. For this reason, the participants whose health problems interfered with social activities may need better support to reduce their vulnerability to social isolation and loneliness. Equally, those who are apprehensive about health problems that may surface as they grow older may need reassurance that adequate support will be available to them to enable them to remain independent for as long as possible.

9.3 DISCUSSION

9.3.1 Summary of findings

In this chapter, I set out to assess whether community-based group interventions for social isolation and loneliness met the needs of older minoritised people. To address this objective, the principles based on the dialogic/performance analysis findings in phase 4b (chapter eight) were used to interrogate the interventions that had addressed the three features of effectiveness identified through qualitative comparative analysis in phase 3b (chapter seven). It was hoped that the findings would be used to assess the gap between what older minoritised people needed and what the interventions offered. This information is central to assessing the acceptability and suitability of community-based group interventions for older minoritised people. This section summarises the findings of this interrogation which are discussed in light of the objectives of the chapter.

9.3.1.1 The extent to which the most effective interventions matched the principles derived from older minoritised people's preferences and positioning

Overall, the answer as to whether the most effective community-based group interventions matched the principles analysed from older minoritised people's narratives is complicated. This is because some principles were addressed, others were not addressed, whilst others were partially addressed. Of concern was that none of the interventions provided opportunities for participants to play an active role. This principle was based on the observation that older minoritised people positioned themselves as agentic, independent and useful, and as such, having a role was considered important. Moreover, the one participant who reported that she was lonely was seeking an opportunity to be helpful through volunteering. The idea that having a meaningful role is important to reducing loneliness is supported by Schirmer and Michailakis (2018) who argue that older people can become lonely following the loss of performance roles (e.g. through retirement), which

then limits their access to informal communities. Thus, creating opportunities for participants to acquire new, meaningful roles can be part of the solution to combat loneliness and social isolation. It can, therefore, be argued that for community-based group interventions to be acceptable and/or suitable for older minoritised people, opportunities for participants to actively participate will need to be made available.

9.3.1.2 The extent to which the shared characteristics and the opportunities to connect made available to participants in the interventions closely align with those reported by older minoritised people

Opportunities for social interaction appeared to be of importance to older minoritised people's social participation. Further, for some participants, the opportunities to connect and interact were dictated by shared interest and identity. In all four interventions, participants were provided with different opportunities to connect and interact. As such, on a broader level, the interventions match the needs of older minoritised people on this domain. However, the comparative analysis highlighted that the types of activities that were on offer might not be suitable for older minoritised people who reported various health conditions. Research has shown that when compared to older white people, older people from minoritised ethnic groups living in the UK report poorer health outcomes even after controlling for social and economic disadvantages (Evandrou et al., 2016). Similar findings were reported in chapter four where a larger proportion older Black people reported having a limiting longstanding illness compared to older white people. Therefore, to enhance suitability and acceptability, it would be useful for future interventions to be sensitive to the health needs of older minoritised people when considering the opportunities for connection and social interaction.

Based on the dialogic/performance analysis, opportunities to be with people who shared a language, ethnic background, faith, or interest were also found to be of importance to older minoritised people's social participation. In all four interventions, participants were recruited on the basis of shared interests, identity or experiences. However, the comparative analysis illuminated that specific aspects of identity that appeared to be important to older minoritised people (e.g. language, faith, ethnic background), were not present in the four interventions. Indeed, there are many identity-contributing factors such as class, gender sexuality, racial and cultural influences (Maynard, 2018). However, for older minoritised people, particular contributing factors may be more salient as they grow older in a country in which they were not born. This notion is supported by Radermacher and Feldman (2015) who conducted a qualitative exploration of the health and wellbeing of older men from minoritised ethnic groups living in a rural community in Australia. Their findings provide support for the findings of this current study as they suggest that religious identity and ethnic identity were important to the participants. For example, for one Italian man, *'surrounding himself with Italians made him feel good perhaps because he could connect with his past and his identity'* (Radermacher & Feldman, 2015, p. 1026). For the Albanians and Turkish men in the same study, the role of community was considered important and was linked to their religious beliefs; which in their case was Islam (Radermacher & Feldman, 2015). Future research would be required to explore and confirm the aspects of identity that are most important to older people from minoritised ethnic groups. The results of such an exploration could then inform the recruitment of participants for future interventions for social isolation and loneliness.

Relatedly, the dialogical/performance analysis underscored the importance of religious identity and religious institutions as an avenue for both social interaction and emotional support. The literature indicates that religious institutions have a tradition of providing welfare support (Centre for Policy on Ageing, 2016) and

religion has been found to be protective against loneliness in some older people (Ciobanu & Fokkema, 2017). It was, therefore, surprising that faith-based organisations did not feature in any of these four interventions. For that matter, religious institutions were not featured in any of the interventions identified in the mixed-methods systematic review reported in chapters six and seven. It may be that religious institutions are subsumed within non-governmental organisations which include voluntary and community organisations, charities, self-help groups, social enterprises, cooperatives and mutual societies (National Audit Office, 2013). Future research could perhaps consider the efficacy and feasibility of interventions that utilise religious organisations to address social isolation and loneliness.

9.3.1.3 The extent to which the cognitive approaches adopted in the most effective interventions reflect older minoritised people's preferences and positioning.

One of the three features of effective interventions was adopting a cognitive approach to reducing social isolation and loneliness. This feature was addressed in all four interventions. However, the cognitive approaches adopted in three out of four of the interventions were aimed at correcting maladaptive cognition. The participants in this study did not exhibit signs of maladaptive cognition in their narratives, therefore, this approach to reducing loneliness may not be appropriate. What was evident from their narratives was that increasing opportunities for social interaction was considered important for reducing social isolation and loneliness. Further, addressing wider societal barriers to social participation, such a lack of day centres in certain areas, lack of adequate social support services, was an intervention principle based on their experiences.

Past systematic reviews have found that interventions that adopt a cognitive training approach to reducing loneliness are more effective than those that adopt other approaches (enhancement of social access, social skills and social support

(Masi et al., 2011). These findings informed the design of two of the most effective interventions (Creswell et al., 2012; Theeke et al., 2016). It can, therefore, be argued that there is a mismatch between what older minoritised people consider important for addressing social isolation and loneliness and what interventionists consider important. This line of argument alerts us to the power dynamics between interventionists and older people which needs to be considered when designing and implementing interventions.

This finding might be reflective of the fact that cognitive approaches to reducing loneliness might be acceptable and suitable for participants who suffer from chronic loneliness. As such, they may have developed maladaptive social cognition. Alternatively, it may be that effectiveness of the different approaches to reducing loneliness depends on the type of loneliness. To recall, Weiss (1973) made a distinction between social loneliness and emotional loneliness. According to Weiss, social loneliness arises from the absence of a network of involvements with peers of some sort, be they fellow workers, kinfolk, neighbours, fellow hobbyists or friends. On the other hand, emotional loneliness arises from the loss or absence of a truly intimate tie (ibid.).

The uniqueness of the different types of personal relationships that people have is the starting point of this conceptualisation and distinction between social and emotional loneliness (Dykstra & Fokkema, 2007). This distinction alerts us to the fact that there are different types of relationships; each serving different functions which are barely interchangeable (Dahlberg & McKee, 2014). Approaching loneliness from this perspective gives us a more nuanced understanding of loneliness and how it can and should be addressed. For Weiss, emotional loneliness can only be remedied by the integration of another emotional attachment or the reintegration of the one that has been lost (Weiss, 1973). In contrast, social loneliness can only be remedied through access to an engaging social network which can offer a sense of belonging, companionship and being a

member of a community (Weiss, 1973). It is, therefore, possible that cognitive approaches may be better suited to addressing emotional loneliness. On the other hand, approaches involving social interaction and social network expansion may be better suited for social loneliness. The distinction between social and emotional loneliness results in a nuanced understanding of loneliness. Further, it helps us avoid the pitfalls of adopting a one-size-fits-all approach which, at best, might be ineffective and at worst, inappropriate. Further research is required to identify whether the effectiveness and suitability of the different approaches to reducing loneliness vary by the intensity, duration, frequency and even type of loneliness for older minoritised people.

9.3.2 Recent investigations into the effectiveness of loneliness interventions for minoritised ethnic group populations

At the start of this study, research evaluating the effectiveness of interventions for older minoritised people were lacking. However at the time of writing, a study that had been conducted to synthesise available evidence and produce new insights relating to initiatives that aim to address loneliness among migrant and minority ethnic populations, plus the logic, functioning and effects of such initiatives was published (Salway et al., 2020). The study combined an effectiveness review with a ‘systems theory-informed’ evidence synthesis to bring together evidence on the nature and causes of loneliness, intervention types and programme theory, and intervention implementation and effectiveness (Salway et al., 2020). They also collected data from nine workshops with three consultation panels involving 34 public contributors, and one practitioner workshop involving 50 participants. The panels, which were organised around broad age/life-stage groups (i.e. young adults/students, working-age people and older people), included recent arrivals, more established migrants, and people from minoritised ethnic groups born in the UK.

The findings of this participatory evidence synthesis provide invaluable insight into which interventions show promise in reducing loneliness in migrant and minority ethnic populations. Much like in this study, they found evidence that a positive impact on loneliness was strongest for shared-identity social support groups where *'people who recognise some kind of shared identity engage with each other with meaning and enjoyment'* (Salway et al., 2020, p. 26). They also found evidence that interventions which explicitly sought to boost self-worth were more effective than those that did not (Salway et al., 2020). Boosting self-worth can be considered a cognitive approach to reducing loneliness in that it entails increasing one's perception of being valued by, and valuable to, others (Salway et al., 2020). What this study offers that the Salway et al. (2020) study does not, is an assessment of the gap between what specific populations need and what is currently on offer. This current study recognises that the needs of different populations and age-groups vary. It focuses on older minoritised people and community-based group interventions for social isolation and loneliness. It, therefore, provides a more nuanced understanding of this population and how interventionists delivering this type of intervention can better meet their needs.

9.3.3 Strengths and limitations

One limitation of this phase of the study is the limited range of data available. It can be argued that being able to conduct interviews where I could ask specific questions and obtain first-hand information about the appropriateness of the interventions would have been the ideal method for assessing the suitability of community-based interventions for social isolation and loneliness for older minoritised people. However, this option was not feasible given the lack of time and resources available. In consultation with my supervisors, I, therefore, decided to re-use the rich interview data that I had already collected and that was readily available. There is a possibility that the findings from new interviews would have been different to the findings reported in the dialogical/performance analysis.

However, this approach to assessing suitability and acceptability may have provided information about how an intervention does not meet the needs of older minoritised people, and less information about how the interventions could meet the needs of older minoritised people. Through this form of narrative analysis, I was able to gain a deeper understanding of older minoritised people's lives and their needs. I was then able to use the findings adequately to address the objectives of this phase in a timely manner using the resources I already had.

This stage of the research involved bringing together data from two different phases using cross-study synthesis. This process was conducted using guidance provided by Kavanagh et al. (2012) which allowed for the coherent and transparent reporting of the procedures undertaken to understand how community-based group interventions can better meet the needs of older minoritised. Undoubtedly, the cross-study synthesis allowed for a nuanced understanding of why community-based group interventions were (un)suitable and (un)acceptable for older minoritised ethnic group people living in the UK. The comparative analysis also illuminated areas for future development and evaluation of community-based group interventions to reduce social isolation and loneliness in older minoritised people. In particular, there is a need to explore the effect of different approaches to reducing loneliness on the intensity, duration and frequency and type of loneliness. Further, there is a need to assess the effectiveness of faith-based groups/religious institutions for reducing social isolation and loneliness in older minoritised people. Investigations are also required to identify the aspects of identity that older minoritised people find important.

9.4 CONCLUSION

This chapter has shown that there is a mismatch between the cognitive approaches to reducing loneliness adopted in the most effective interventions and

the needs of older people from minoritised ethnic groups. In chapter seven, the qualitative comparative analysis identified two pathways of component combinations which were found to be sufficient to lead to a successful outcome; i.e. the most effective interventions. The first was through adopting a cognitive approach to reducing loneliness and providing participants with the opportunity to connect. The second was through recruiting participants with shared characteristics and providing participants with the opportunity to connect. The findings of cross-study synthesis reported in this chapter suggest that interventionists seeking to design future community-based group interventions for social isolation and loneliness for this population would need to adopt the latter pathway. However, to ensure that community-based group interventions are suitable and acceptable for older people from minoritised ethnic groups, interventionists would need to

- recruit participants based on aspects of identity that older minoritised people value.
- ensure that the opportunities to connect are based on shared characteristics and activities that older minoritised people find meaningful.
- provide opportunities for older minoritised people to play an active role.
- be mindful of the health issues that may hinder the participation of older people from minoritised ethnic groups.

CHAPTER 10: OVERALL CONCLUSION OF THE STUDY

10.1 INTRODUCTION

This study started on the premise that social isolation and loneliness are high on the political agenda owing to recognition of their negative impact on health, well-being, and quality of life (Durcan & Bell, 2015; HM Government, 2018a). The introduction highlighted that in the UK, most research on social isolation and loneliness in older people was predominantly conducted on those from the white majority ethnic groups. Their life course trajectories markedly differ from those of older people from minoritised ethnic groups; many of whom are vulnerable to social isolation and loneliness. An intersectionality framework alerted us to the fact that relying on age-related risk factors for social isolation and loneliness was inadequate for understanding older minoritised people's vulnerability to social isolation and loneliness. It illuminated how age related-risk factors intersect with negative experiences of migration, racism, discrimination, immigration policies, and health and socioeconomic inequalities experienced throughout the life course to place older minoritised people in positions of vulnerability to social isolation and loneliness.

The critical literature review underscored the need for better research infrastructure for exploring social isolation and loneliness, the need for comparative quantitative research on social isolation and loneliness in older people from different ethnic groups, and the need for research on the lived experiences of older minoritised people. Crucially, research evaluating social isolation and loneliness interventions for older minoritised people was lacking. This study set out to address this gap. This study aimed to assess the effectiveness and suitability of social isolation and loneliness interventions for older minoritised people using a mixed-methods research design conducted in four iterative phases. To address this aim, this study set out to understand quantitatively whether social

isolation and loneliness was likely to be different between older minoritised people and older white people. It sought to develop a deep understanding of how social isolation and loneliness was experienced by older minoritised people. This information was then used to understand what they considered to be their needs. It reviewed social isolation and loneliness interventions for older people and assessed the size of the gulf between what older minoritised people needed and what existing interventions offered.

This final chapter brings together the findings of the study. It discusses what the study has achieved and the implications of the combined findings. The chapter is organised as follows. First, a summary of the main findings will be provided. This will then be followed by a discussion of the generalisability of the findings. After that, the contributions of the study and its limitation will be presented. The chapter ends with the consideration of some possible directions for future work.

10.2 SUMMARY OF FINDINGS

10.2.1 Phase one: An exploration of ethnic variations in the friendship networks of older people living in the UK

This study started with an exploration of ethnic differences in the friendship networks of older people living in the UK using data from Understanding Society: UK Household Longitudinal Study. The results of the logistic regression models showed that after controlling for certain sociodemographic variables, older minoritised people were less likely to report having close friends and friends who did not live locally compared to older white people. These findings were suggestive that older minoritised people might be at risk of social isolation (and loneliness) owing to their seemingly sparse and geographically inaccessible friendship networks. Given the limitations of the survey data, further qualitative investigation was deemed necessary to unpack the results.

10.2.2 Phase two: An exploration of the social networks of older people from minoritised ethnic groups living in the UK

The second phase of the study expounded on the results of the first exploratory phase. Through in-depth interviews with older minoritised people, their social networks were explored to identify the processes that produced/reduced vulnerability to social isolation and loneliness. The findings of the pen-portrait analysis indicated that poor health, caring responsibilities, cold weather, the 'busyness' of members of a social network and perceived cultural differences increased the vulnerability of older minoritised people to social isolation and loneliness. On the other hand, meaningful contact with peers, hobbies/activities to keep busy, belonging to a community group, technology, and a good awareness of local services were some of the processes that appeared to be protective of social isolation and loneliness. This exploration also illuminated the ways in which social categories such as age, gender, ethnicity, late-life migration, marital status, health status and caring for others intersected to place some older minoritised people in positions of vulnerability while reducing the vulnerability of other older minoritised people. It also underscored the important role that community groups of shared interest and background played to reduce vulnerability to social isolation and loneliness in older minoritised people.

10.2.3 Phase three: A mixed-method systematic review of community-based group interventions for social isolation and loneliness in older minoritised people

Given that the effectiveness of community groups for older minoritised people was unknown, the decision was made to conduct a mixed-methods systematic review to assess whether community-based group interventions were effective in reducing loneliness and social isolation, and how they worked to do so. With very few studies identified focusing on social isolation and loneliness in older minoritised people, the likelihood of identifying studies evaluating interventions to reduce social isolation and loneliness in this population was considered to be

very low. As such, the review would include interventions for older people regardless of ethnicity. For this reason, an additional objective was to assess whether these interventions would be acceptable and suitable for older minoritised people. The first part of the systematic review sought to address the question of effectiveness. Meta-analyses of outcomes reported by randomised controlled trials were conducted. The results of the meta-analyses indicated that the evidence that community-based group interventions reduced social isolation and loneliness in older people was mixed. The pre-specified subgroup analyses indicated that the differences between studies could not be explained by intervention, duration, age-group and gender of participants, study quality or assessment of levels of loneliness at baseline. Further, the lack of key participant characteristics and the small numbers of studies precluded the exploration of heterogeneity using meta-regression.

In the second part of the systematic review, the differences between studies observed in the meta-analysis that could not be explained using meta-regression and subgroup analyses were explored using narrative synthesis, intervention component analysis (ICA) and qualitative comparative analysis (QCA). The different synthesis methods were used to identify the combinations of interventions/participant/contextual features associated with effective interventions. The overall findings indicated that the most effective interventions were those that adopted a cognitive approach to reducing loneliness, included participants with shared characteristics and provided participants with the opportunity to connect with others. The QCA also identified two pathways that resulted in a large effect size. First, by adopting a cognitive approach to reducing loneliness and providing participants with an opportunity to connect. Second, by recruiting participants with shared characteristics and providing them with the opportunity to connect.

10.2.4 Phase four: An assessment of the extent to which community-based group interventions meet the needs of older people from minoritised ethnic groups

Addressing the question of acceptability and suitability of community-based group interventions for older minoritised people took place in two stages. First, in-depth interviews were revisited and analysed using dialogic/performance analysis. The aim was to identify older minoritised people's preferences in relation to social participation and how they positioned themselves. The findings suggested that opportunities for social interaction and to be with people who share characteristics appeared to be of importance to older minoritised people's social participation. Older minoritised people positioned themselves as agentic, independent, and active contributors to society. They also recognised the temporality of situations and experiences. The analysis confirmed the barriers to participation, such as poor health and caring duties identified through the pen-portrait analysis in phase two. Dialogic/performance analysis alerted us to wider structural issues such as the economic climate which can impact on financial situations and available services with negative consequences on social participation. This, in turn, can increase one's vulnerability to social isolation and loneliness. These findings were then used to develop principles for interventions.

In the second stage, the principles made following the dialogic/performance analysis were matched against the most effective interventions to assess the extent to which they addressed the needs of older minoritised people. The aim was to use the findings to establish whether community-based group intervention for social isolation and loneliness were, indeed, suitable and effective for older minoritised people. Through a cross study-synthesis and comparative analysis, gaps where community-based group interventions could better meet the needs of older minoritised people were identified. The findings suggested that for community-based group interventions to be acceptable and suitable for older people from minoritised ethnic groups, not only would they need to recruit

participants based on aspects of identity that older minoritised people valued, but they would also need to ensure that the opportunities to connect were based on these shared aspects of identity and activities that older minoritised people found meaningful. The interventions would also need to provide opportunities for older minoritised people to play an active role whilst being mindful of the health issues that may hinder their participation.

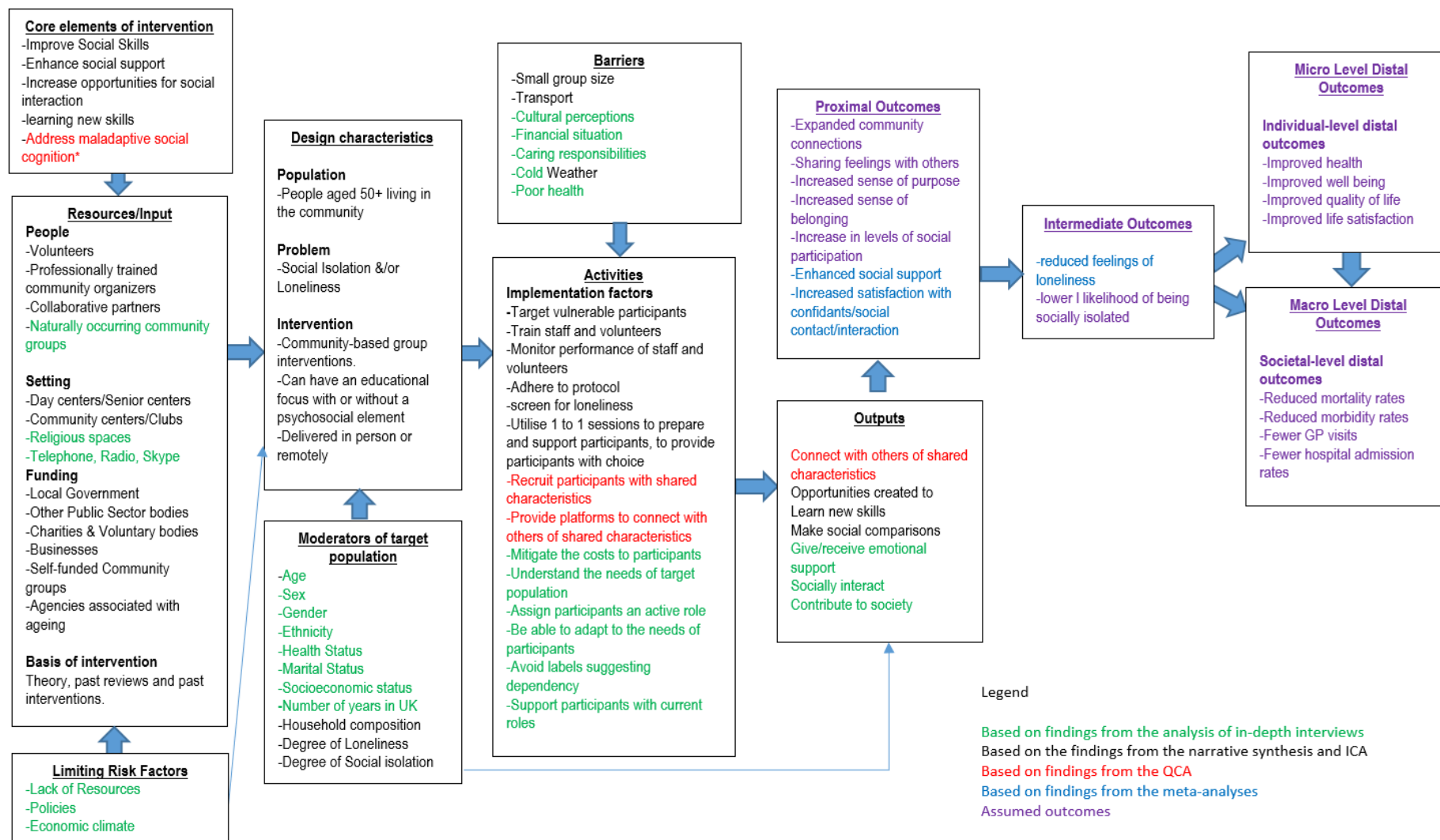
10.2.5 Updated logic model

Figure 10.1 below represents the updated logic model which is based on the combined findings of the study. In the figure below, the green text represents the findings from the in-depth interviews. The blue text represents the results from the meta-analyses. The black text represents the findings from the narrative synthesis and the ICA, and the red text represents the findings from the QCA. The green text represents the findings from the in-depth interviews analysed using pen-portraits and dialogic/performance analysis. The purple text represents assumed outcomes for older minoritised people. The design characteristics and core elements remain the same as in the first logic model reported in chapter six (Figure 6.2) However, as reported above, the QCA found that addressing maladaptive social cognition was a key feature of effective interventions. The feature has been marked with an asterisk because although it was a feature of the most effective interventions, it did not align with what older minoritised people considered to be their needs. Naturally occurring groups and the use of systematic review findings and past interventions were additional resources identified through the in-depth interviews and the ICA. The moderators of the target population were confirmed by the combined findings with the addition of personal responsibilities and the number of years that participants had lived in the UK. Several key implementation factors were identified through the in-depth interviews, the narrative synthesis, the ICA and the QCA. As already reported, recruiting participants with shared characteristics and providing opportunities for participants to connect were also found to be key features of the most effective

interventions. This logic model includes the barriers to implementation, including, small groups, transport problems, cold weather, caring responsibilities, poor health, cultural perceptions and financial situations which were drawn from the findings of the narrative synthesis as well as the in-depth interviews.

It is hoped that community-based group interventions that implement the key features will lead to proximal outcomes (e.g. expanded community connections, an increased sense of purpose) which will then lead to a reduction the feelings of social isolation and loneliness. Some proximal and intermediate outcomes (e.g. reduced loneliness and enhanced satisfaction with confidants/social contact/interaction) were reported by some studies included in the meta-analysis models discussed in chapter six. With time, the proximal and distal outcomes outcome could impact on the health and wellbeing of older people with consequences for macro-level distal outcomes (e.g. mortality and morbidity rates, GP visits, admission rates). It is important to note that these are assumed outcomes which were not tested in this study. This updated logic model could help inform the discussions and decisions of policymakers, practitioners and planners when considering the design and implementation of future community-based group interventions for older minoritised people.

Figure 10.1. Updated logic model for community-based group interventions that target social isolation and loneliness in older people informed by the findings of this study.



10.3 GENERALISABILITY/APPLICABILITY

The issue of generalisability and applicability was discussed in detail in chapter two, where the literature review was presented, and in chapter three, where the rationale for the research design was outlined. It shall be briefly revisited in this section. To recall, it was argued that many systematic reviews often failed to provide information that indicated whether interventions would be effective for people, settings, treatment variations, or outcomes other than those explicitly studied (Avellar et al., 2017). For systematic reviews, a failure to provide information about the relevance and applicability of the findings for different populations and contexts, can result in not only the implementation of interventions that are inappropriate but also the underutilisation of their evidence by public health professionals in their decision-making processes or even harmful (Lorenc & Oliver, 2014; Steckler & McLeroy, 2008). The study took several measures to ensure that the findings would be relevant and sensitive to older minoritised people. First, a purposeful exploration using secondary data analysis was conducted prior to starting the review (Kneale et al., 2018). This exploration was a useful starting point for understanding the friendship networks of older minoritised people living in the UK. As mentioned above, the exploration was extended using in-depth interviews. Together these two exploratory phases were instrumental for identifying the type of intervention to assess in the systematic review. As such, the choice of intervention selected was based on the experiences and views of older minoritised people.

Ensuring that the findings of the study were relevant and sensitive to older minoritised people continued during the review through an iterative process that gave prominence to the voices of older minoritised people. For example, the findings of the quantitative exploration conducted in phase one were revisited when considering whether remote interventions should be included. Also, during the ICA, reported in chapter seven, the findings from the dialogic/performance

analysis and the pen-portrait analysis were used to help generate theories which were subsequently tested in the QCA. After the systematic review, the most effective interventions were assessed on the extent to which they met the needs of older minoritised people. These processes not only ensured that the findings generated in this study were generalisable and applicable to older minoritised people, but they also increased the likelihood of the findings being utilised by public health officials and policymakers in their decision-making process.

10.4 CONTRIBUTIONS

There were several contributions made by this four-phase mixed-methods study. These contributions can be categorised into three overarching themes; empirical contributions, conceptual and theoretical contributions and methodological contributions. It is to these that we turn in the next section.

10.4.1 Empirical contributions

This study adds to the evidence base of social isolation and loneliness in older people from minoritised ethnic groups living in the UK. On their own, each of the phases contributes to the sparse literature on social isolation and loneliness. For instance, the results of the first phase, where ethnic variations in the friendship network of older people were explored, provide evidence of the differences in two dimensions of social isolation (i.e. geographical accessibility of social networks and number of close friends). These findings not only add to the sparse literature in this area, but they also underscore the varying needs of older minoritised people living in the UK who have been largely overlooked in recent government policy. Further, the phase contributes to existing evidence of the difficulties of using large-scale surveys to research older minoritised people, thereby, stressing the urgent need for more to be done to collect survey data on older minoritised people.

The literature review reported in chapter two highlighted the need for studies that examine their lived experiences of social isolation and loneliness to advance our knowledge, and contribute to the development of theory around how experiences of social isolation and loneliness arise among older minoritised people living in the UK. The in-depth interviews conducted in the second phase to explore the social networks of older minoritised were analysed using pen-portrait analysis and dialogic/performance analysis. The findings underscore the importance of community-based groups for reducing social isolation and loneliness. They also illuminate the need to consider not only the fluctuating nature of loneliness but also the different forms of loneliness and how these should be addressed by interventionists. The combined findings provide much-needed insight into the complex and diverse lived experiences of older minoritised people living in the UK and the processes that intersect to produce/reduce their vulnerability to social isolation and loneliness.

The findings from the narrative synthesis listed a range of possible implementation/intervention features that could influence the successful implementation of an intervention. The ICA and the QCA provided information on the particular combination of implementation/interventions features that resulted in most effective interventions. Consideration of minoritised people's needs shaped this analysis. It is findings like these that help to identify different types of best practice based on older minoritised people's experiences that can inform those seeking to design, implement and evaluate future interventions.

Taken together, the phases of this study have identified key information about what would be required of community-based group interventions to better meet the needs of older minoritised people. These results reflect the experiences of older minoritised people and are the product of the integration of the findings from the previous phases. Crucially, they provide evidence that challenge widely held assumptions that older minoritised people living in the UK return to their

home countries in retirement or that they live in multigenerational households that protect them from social isolation and loneliness (Khan, 2017). In this study, while some older people expressed the desire to return to their home countries, wider societal factors (e.g. health and economic systems in home countries) influenced their decisions to remain in the UK. Further, older minoritised people were found to have a variety of living arrangements with the majority living on their own or with their spouses, and only one participant living with their children grandchildren. The study has highlighted the comprehensive and holistic findings that can be generated if researchers widen their focus to investigate other aspects of the social network instead of narrowly focusing on family networks.

10.4.2 Conceptual and theoretical contributions

Using an intersectionality framework has yielded a more comprehensive and insightful understanding of the complexities of social isolation and loneliness in older minoritised people. A key tenet of the intersectionality framework is that social categories interact within connected systems and structures of power to privilege some while disadvantaging others (Hankivsky, 2014). This framework has illustrated the within-group differences in a population that are considered vulnerable to social isolation and loneliness (Burholt et al., 2017; Durcan & Bell, 2015; Victor et al., 2012). Further, it has illustrated the insidious ways that powers of oppression, such as sexism and neo-liberalism can shape positions and categories to produce vulnerability for some older minoritised people, while reducing it for others. The intersectionality framework, therefore, helps to overcome the limitations of previous conceptual frameworks such as the double jeopardy theories which fail to acknowledge heterogeneity and inequalities within ethnic groups (Phillipson, 2015).

The intersectionality framework encouraged investigations into processes that resulted in vulnerability as well as processes that were protective of social isolation and loneliness. This approach to analysis ensured that the study did not focus

entirely on the problematic aspects of ethnic group belonging, but that it also considered the positive aspects (Zubair & Norris, 2015). In doing so, the study has responded to calls made for researchers to acknowledge *'the positive or protective aspects of ethnicity, ethnic culture and ethnic group belonging, which reveal how ethnicity can be a useful resource for ethnic minority older people'* (Zubair & Norris, 2015, p. 911). It has contributed evidence that counters ageist stereotypes that depict older people negatively. To recall, the dialogic/performance analysis found that older minoritised people were independent, agentic and contributors to society. Further, addressing both the privileges and disadvantages experienced by older minoritised people led to the identification of what older minoritised people value and need. By moving beyond focusing on who older minoritised people are and how they differ from older white people, towards what older people need and what practitioners can do to address these needs, this study has moved the social justice informed agenda forward; a move that has been advocated for by those working on research at the intersection of age and ethnicity (Torres, 2019b).

Relatedly, by adopting an intersectionality informed stance, this thesis addresses the limitations of social gerontological scholarship outlined in Chapter 3 and, therefore, contributes to the discipline of social gerontology. It illuminates the complex and intersecting processes that place many older minoritised people in positions of vulnerability to social isolation and loneliness. In so doing so it eschews the pitfalls of current social gerontological scholarship which narrowly focuses on the individual subjectivities instead of how these subjectivities intersect with structural and institutional processes to dictate the circumstances in which different people find themselves (Torres, 2019a). It advances social gerontological scholarship by moving beyond the identification of ethnic differences in vulnerability to social isolation and loneliness towards providing recommendations that interventionists can adopt in their fight against social isolation and loneliness in older people from minoritised ethnic groups.

10.4.3 Methodological contributions

10.4.3.1 The value of an intersectionality framework

This study has made several methodological contributions. First, the study has illustrated what a mixed-methods study informed by an intersectionality framework looks like. An intersectionality framework was used to justify why it was important to explore social isolation and loneliness in older minoritised people. In addition, the methods and approaches to synthesis were underpinned by an intersectionality informed stance. As reported in chapter three, an inter-categorical approach to intersectionality was adopted in phase one, where the friendship networks of older minoritised people were compared to those of older white people living in the UK. In phase two, an intra-categorical approach to analysis was adopted by focusing on older minoritised people who provided an insider perspective of social isolation and loneliness. Further, the in-depth interviews were analysed using dialogic/performance analysis and QCA was used in the second part of the mixed-methods review to understand the differences between the effective and non-effective interventions. Both these methods are well matched to the assumptions of intersectionality, in particular, relationality, context, complexity and multiplicity. The lack of guidance on how to apply an intersectionality framework to mixed-methods research was reported in detail in chapter three, where the research design and methodology were discussed. This study takes steps toward addressing this gap. It serves as an exemplar for mixed-methods researchers seeking to adopt an intersectionality informed stance which they can build on and develop further.

10.4.3.2 The value of pen-portraits

Second, this study has demonstrated the utility of using pen-portraits to manage rich and complex data from in-depth interviews with older minoritised people. Following the in-depth interviews with a sample of ten, pen-portraits were created

to capture key details relevant to social isolation and loneliness from an insider perspective. This study highlights the value of pen-portraits not only for exploring social isolation and loneliness, but also for researchers taking a life course approach to study older people where the material collected are rich and complex. This is because pen-portraits consist of summaries of the interviews that maintain the rich contextual narrative detail (Hollway & Jefferson, 2012). However, the pen-portraits were also used beyond their original purpose and analysed using a four-step process. The findings of the pen-portrait analysis allowed for the identification of the processes that produced/reduced vulnerability to social isolation and loneliness. The interpretation and ideation stage allowed me to go beyond identification of processes that produced/reduce isolation and loneliness, toward developing ideas around the types of interventions that may help to tackle social isolation and loneliness in this population. The ideas developed through the ideation process were used to inform a systematic review of community-based group interventions to tackle social isolation and loneliness in older people. As such, the pen-portraits served as a method to expedite decisions in one phase of the research allowing the research to progress swiftly to the next phase. Thus, this study also illustrates how pen-portraits can be used as a method that can save time in multi-stage research projects.

10.4.3.3 The value of mixed-methods systematic reviews

Third, this study has added to the burgeoning evidence-base of mixed-methods systematic reviews. Very few systematic reviews of social isolation and loneliness interventions for older people have focused on a particular type of intervention (Cattan et al., 2005; Choi, Kong, & Jung, 2012; Landeiro et al., 2017; Morris et al., 2014; Shvedko et al., 2018). Fewer still have combined process evaluation studies and outcome evaluation studies to provide evidence of effectiveness and the mechanisms through which interventions work. Those that have done so have included studies that differed in their research designs, research locations, participant characteristics, types and usage of interventions, and outcome

measures (Chen & Schulz, 2016). As such, conducting a meta-analysis was not possible. This review addresses the shortcomings of past systematic reviews by focusing on a specific type of intervention and included both process and outcome evaluation studies; in particular, randomised controlled trials. To my knowledge, this is the first mixed-methods systematic review and meta-analysis of social isolation and loneliness interventions for older people that has sought to discern what intervention works for whom, in what particular context and how (Fakoya, McCorry, & Donnelly, 2020). It has done so by using QCA to give insight into why some community-based group interventions to reduce loneliness might be more or less effective, and by using a cross-study synthesis to assess their suitability and acceptability for older minoritised people. Relatedly, it is the only systematic review that has taken into consideration the life course experiences of older minoritised people; a population that is both under-researched and vulnerable to the experiences of social isolation and loneliness. This mixed-methods systematic review, therefore, serves as an exemplar for other reviewers seeking to conduct reviews that aim to address questions of effectiveness, underlying mechanisms and suitability in populations that are under-represented.

10.4.3.4 The value of ICA

Fourth, this study has illustrated how ICA can be used as a formal process to reduce bias that can be introduced through reviewer interpretation in QCA. The process of conducting QCA follows formal steps to ensure that the process is replicable and transparent (Thomas et al., 2014). However, replicability of the entire process may be difficult to achieve because generating theories to test requires a certain level of reviewer interpretation which may be open to bias (Thomas et al., 2014). Reviewers are encouraged to ensure that the procedures are written up transparently so that the decisions made during the analysis are clear to readers (Thomas et al., 2014). However, Sutcliffe et al. (2015) propose the use of ICA to address this issue. This study employed ICA as it offers a formal and rigorous approach to extracting information which helps reduce reviewer interpretation

bias. This method also helps reviewers move away from simple descriptive accounts of included studies towards a synthesis of findings which can generate new knowledge (Sutcliffe et al., 2015).

10.4.3.5 The value of mixed-methods approaches

Fifth, this study has highlighted a different approach that systematic reviewers can take to integrating qualitative research into systematic reviews. Discussions on how systematic reviews can incorporate qualitative research often centre on qualitative evidence synthesis (i.e. evidence from reviews of qualitative studies) (Dixon-Woods et al., 2006; Thomas et al., 2004). When selecting qualitative studies in a review about intervention effects, two types of qualitative studies are available; those that collect data from the same participants as the included trials and those that are not connected to the included trials but separately address relevant issues about the intervention (Noyes et al., 2019). Much like in this mixed-methods systematic review which included process evaluation studies to understand the underlying mechanisms underlying community-based group interventions, qualitative evidence synthesis can add value to a systematic review by providing decision-makers with additional evidence to improve understanding of intervention complexity, contextual variations, implementation, and stakeholder preferences and experiences (Noyes et al., 2019). However, much less attention has been paid to how primary qualitative explorations can contribute to systematic reviews.

This study showcases the value of mixed-methods approaches. It provides a worked example of how narrative informed primary research can inform different stages of a systematic review. The in-depth interviews, which were informed by Biological Narrative Interpretive Methods, were used not only to inform the type of intervention to focus but through an iterative process, they were also used also to clarifying the inclusion criteria, to develop theories to test in the QCA and assess acceptability and suitability. This thesis argues that this approach to using primary

qualitative evidence should be recognised. Its contributions are akin to participatory systematic reviews where stakeholders are often asked to help make decisions about important outcomes and intervention components, to sensitise reviewers to concepts within included studies or to identify the most important hypothesis for testing in a review (Oliver et al., 2015; Rees & Oliver, 2007, 2017).

10.4.3.6 The value of iteration

This thesis has also demonstrated the value of iteration in a study which was instrumental in helping to clarify the inclusion criteria, to identify studies for further analysis, and to generate theories for testing. However, the iterative processes also resulted in the expansion of the research questions, which, in turn, resulted in the need to rethink the research questions and approach to analysis in response to the results. This was true for the last phase, where some of the findings from the pen-portrait analysis and dialogic/performance analysis were used to generate theories to test in the QCA. The most effective interventions were found to attend to two issues that were found to be important for older minoritised people; opportunities to connect and shared characteristics. It could, therefore, be argued that these interventions should indeed, be suitable and acceptable for older minoritised people. However, since the interventions were conducted in different countries, and the participants were mostly from majority ethnic groups, assessing accessibility and suitability was still necessary. New research questions were formulated, and a comparative analysis of the needs of older minoritised people against the four most effective interventions was conducted. This iterative process, therefore, led to a deeper and more holistic understanding of whether the interventions were suitable and acceptable, and how they could better meet the needs of older minoritised people.

10.5 LIMITATIONS

The limitations of each phase and the ways in which they were mitigated were discussed in detail in the chapters that reported their procedures and findings (See sections 3.7, 4.4.1, 5.4.1, 6.4.2, 7.4.2, 8.4.2, and 9.3.3). It is important to note that, of the ten participants who took part in this study, only one stated that they were lonely. Based on the in-depth interviews, some were found to be at risk of loneliness and isolation, whilst others were neither lonely nor isolated. Further, no validated measures were used to assess social isolation and loneliness. It could, therefore, be claimed that the participants included in this sample were not representative of older minoritised people with experiences social isolation and loneliness. However, the participants in this study recognised the temporality of experiences. Because the duration and intensity of loneliness can fluctuate over time (Rönkä, Taanila, Rautio, & Sunnari, 2018), this temporality can be extended to experiences of loneliness and isolation. It can, therefore, be argued that the levels of loneliness and isolation in the sample were not detrimental to the study and its findings because the intensity, duration, and frequency of loneliness fluctuates. Indeed, the presence of participants who were not lonely or isolated proved to be invaluable as they provided evidence of processes that reduced vulnerability which was key to informing the systematic review. As such, efforts should be made to move away from the idea that feelings of loneliness are static. They are better understood as experiences that are dynamic and fluid.

10.6 IMPLICATIONS FOR FUTURE RESEARCH

Based on the findings and limitations of the study, several avenues of inquiry for future research were identified. Some of these suggestions were discussed in previous chapters. For example, following the findings in chapter four which reported on the quantitative exploration of ethnic differences in the friendship networks of older people, it was proposed that conducting an intersectional

analysis using a life course perspective could be particularly useful in highlighting the importance of the multiple ways in which the rich and diverse lives of older adults mediate the effects of having small social networks (Cloutier-Fisher et al., 2011). Chapter seven reported on how narrative synthesis, ICA and QCA were used to assess the processes associated with (non) effective interventions. It was proposed that further research would be needed to identify the critical features of interventions that target social isolation or its different dimensions since the QCA focused on loneliness. In chapter eight, the findings of the dialogic/performance analysis were used to develop principles for future interventions. It was suggested that further research would be required to investigate how these principles would be implemented in light of the measures adopted to curb the spread of the new coronavirus (e.g. wearing face coverings, asking vulnerable populations to shield themselves as well introducing of social distancing measures that (HM Government, 2020). Lastly, in chapter nine, the cross-study synthesis underscored the need for investigations into the aspects of identity that older minoritised people found important, the need for explorations on the effect of different approaches to reducing loneliness on the intensity, duration and frequency and type of loneliness and the need to assess the impact of faith-based groups/religious institutions for reducing social isolation and loneliness in older minoritised people.

In this section, five further lines of enquiry are discussed. First, up-to-date information on the prevalence rates of social isolation and loneliness in older minoritised people is required. If surveys such as Understanding Society recruit adequate numbers of older minoritised people and the appropriate measures for social isolation and loneliness, as well as variables that capture the lived experiences of older minoritised people, investigations could be conducted to establish the current prevalence rates of social isolation and loneliness in older minoritised people. This analysis could be expanded longitudinally using future waves of Understanding Society to explore how levels of social isolation and

loneliness change over time. The findings would be helpful for identifying the triggers of social isolation and loneliness in the lives of older people. The results of such an analysis could lead to more targeted approaches to dealing with social isolation and loneliness.

Second, while older minoritised people are at risk of social isolation and loneliness, some groups of older people appear to be more at risk. The analysis conducted by Burholt et al. (2017) and (Victor et al., 2020) highlighted that older people from China living in the UK reported the highest levels of loneliness. This current study did not include Chinese participants in the second phase, where older minoritised people's social networks were explored. Although the identified processes that produce vulnerability may apply to them, there may be other factors at play that increase their vulnerability to loneliness. As such, further qualitative research with older people from China living in the UK would be required to give insight into the processes that increase their vulnerability to social isolation and loneliness and whether and how these processes differ to the process identified in this study.

Third, this study identified a mismatch between what interventionists and older minoritised people considered to be important for reducing loneliness. While the cognitive approach was found to be a key ingredient for reducing loneliness, older minoritised people considered social interaction crucial. Further research would, therefore, be required to explore this finding further. If the results confirm that cognitive approaches are not effective, suitable and acceptable for older minoritised people, then it would be useful to identify the reasons behind the mismatch. However, if the findings are refuted, then further research would be needed to identify the types of cognitive approaches to reducing loneliness that would be both effective and acceptable for older minoritised people.

Fourth, concerning the other two features of effective interventions found to be of importance to older minoritised people (i.e. shared characteristics and

opportunities to connect), future research would be required to confirm whether interventions incorporating these features would lead to changes in loneliness and isolation. It would be useful to conduct a pilot study to test and evaluate the impact and processes of a community-based group intervention for older minoritised people that has been designed and implemented based on the findings of this study. However, with the current COVID-19 pandemic, the restrictions on public gatherings and the requirement to observe social distancing rules, research would be needed to establish the feasibility of pursuing this line of inquiry.

Finally, there is an urgent need to assess the ways in which COVID-19 has affected older minoritised ethnic group people living in the UK. As detailed in the introduction, the virus and the measures adopted to control it have disproportionately affected people from minoritised ethnic groups (Office for National Statistics, 2020). Older people are considered to be a high-risk population, and many are required to take extra precautions to keep themselves safe, for example, by shielding and maintaining strict social distancing measures (HM Government, 2020). With older minoritised people positioned at the intersection of age and ethnicity, there is reason to believe that restrictive measures, such as shielding to keep safe and the negative outcomes reported for minoritised people, may increase their vulnerability to social isolation and loneliness. It is only through conducting further research that we can begin to understand the impact that the COVID-19 pandemic has had on a population that was considered vulnerable before the pandemic, and what is required to reduce their vulnerability.

10.7 CONCLUDING STATEMENT

When this study was conceived, social isolation and loneliness in older minoritised people was an under-researched area in need of urgent attention. Investigations appeared to be hampered by a lack of large-scale surveys with adequate numbers of older minoritised people. Arguably, assumptions that this population is protected from isolation and loneliness owing to their ethnic background and living arrangements may have also contributed to the sparse literature in this area. The few studies available at the time highlighted the high rates of loneliness and isolation reported by older minoritised people when compared to older white people. Within-group differences were also reported. Since then, only a couple more studies have been published.

This study has added to the sparse literature in this area. It has also illuminated the scope of work that is still needed to improve the research infrastructure to adequately research the complexities of social isolation and loneliness in this diverse population. The COVID-19 pandemic may have exacerbated the situation for a population that was already vulnerable. Therefore, more research is required. This study illustrates that researchers need not wait until the conditions for researching this population are optimal to start their investigations. Through innovation, creativity, and the willingness to embrace new conceptual and methodological approaches, it is possible to conduct robust research that produces findings that are not only relevant to the population under investigation, but also findings that are holistic and can be more readily used by policymakers, practitioners and those planning to design and implement future community-based group interventions.

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