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UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Friendly Call Cork – An Exploration of Befriending Services in Addressing Loneliness and Social Isolation Amongst Older Adults in Cork.

Paul Lehane

CARL Research Project

in collaboration with

Friendly Call Cork

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Name and year of course:	BScoSc Year 3
Date completed:	13 April 2017

What is Community-Academic Research Links?
Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?
We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the UCC website?
The research agreement between the CSO, student and CARL/University states that the results of the study must be made public through the publication of the final research report on the CARL (UCC) website. CARL is committed to open access, and the free and public dissemination of research results.

How do I reference this report?
Author (year) *Dissertation/Project Title*, [online], Community-Academic Research Links/University College Cork, Ireland, Available from: http://www.ucc.ie/en/scishop/completed/ [Accessed on: date].

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Notwithstanding the contributions by the University and its staff, the University gives no warranty as to the accuracy of the project report or the suitability of any material contained in it for either general or specific purposes. It will be for the Client Group, or users, to ensure that any outcome from the project meets safety and other requirements. The Client Group agrees not to hold the University responsible in respect of any use of the project results. Notwithstanding this disclaimer, it is a matter of record that many student projects have been completed to a very high standard and to the satisfaction of the Client Group.

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Executive Summary

Background to the study

This research project was conducted as part of the Community – Academic Research Links (CARL) Initiative based in University College Cork. CARL allows students to conduct research in collaboration with community and voluntary groups in the local area. Research was carried out on a befriending service named Friendly Call Cork based in Cork City. Friendly Call Cork is a free service which provides befriending phone calls to service users five days a week as well as regular social events.

Research Aim

The aim of this research project was to gain an insight into the lived experience of loneliness and social isolation in relation to older service users of the Friendly Call Cork service. The research also aimed to evaluate how the service was viewed from the perspective of service users. Primary research consisting of ten interviews were conducted with Friendly Call Cork service users to help gather this information as well as to seek participants views in relation to possible improvements and developments that the service could implement.

Methodology

Qualitative research was chosen as the most appropriate research methodology for the purposes of this report. The theoretical perspectives chosen were participatory action research in conjunction with interpretivist epistemology. Primary data was gathered through face-to-face interviews and the data gathered was analysed through a thematic approach. Secondary research was conducted in the form of a literature and policy review.

Key Findings

The results of the primary research clearly show that loneliness and social isolation are a major concern for those availing of the Friendly Call Cork service with the view that these feelings intensified as participants got older being keenly expressed. These findings align with the secondary research which showed that while the vast majority of older people do not suffer from loneliness or social isolation, changing family dynamics and ageing population trends mean older people will increasingly be at risk from the negative outcomes of these occurrences. There was unanimous agreement from all those interviewed that the Friendly Call Cork befriending service offered a much valued and relied upon source of emotional support. Many of the participants expressed how the service gave them a source of strength to tackle difficult issues they may be facing in their lives.

Key Recommendations

In light of the results of the literature review, policy review and face-to-face interviews this report concludes with a number of recommendations which are briefly summarised as follows:

- Due to the very serious health related outcomes that exposure to loneliness and social isolation can have, it is recommended that methods of early detection and intervention should be adopted by all those working in areas related to older adults.

- As the Friendly Call Cork service has been highlighted as being extremely valued by service users it is recommended that the service should attempt to expand its reach to capture older people in more isolated and rural areas so that they can have the opportunity to avail of the services offered.

- In keeping with literature advocating for active ageing it is recommended that Friendly Call Cork should personalise its social activities to appeal to the varying needs of service users. This could incorporate activities that have more of a physical component as well as activities that may appeal more to male service users.

Chapter One: Introduction

1.1 Title

'Friendly Call Cork – An Exploration of Befriending Services in Addressing Loneliness and Social Isolation Amongst Older Adults in Cork'.

1.2 Introduction to the Research

There are three main objectives behind the production of this research project. It is intended first of all to present a picture of what it means to be an older person in Ireland today. This will be achieved by looking at theories and models of ageing alongside demographic and family dynamics. The second purpose of the research is to explore the phenomenon of loneliness and social isolation as it impacts on older people. With population ageing set to rise dramatically in the future (Fox et al, 2015 ; CSO, 2013) this research seeks to understand the causes and consequences of loneliness and social isolation as well as examining interventions that can help older people to avoid there negative consequences. Finally, the role of befriending services in combating social isolation and loneliness will be evaluated.

This chapter will begin by giving a profile of the Friendly Call Cork befriending service as well as the Community – Activity Research Links initiative. The chapter will then provide an introduction to the theoretical perspectives connected to the research before moving on to outline the background and the rationale to the study. Next the research aims and objectives will be mapped out and explained followed by an overview of the research questions that helped inform the primary research conducted. Finally, the chapter will conclude with an outline of subsequent chapters to follow.

1.3 Friendly Call Cork

Friendly Call Cork (FCC here after) is a free befriending service for anyone feeling socially isolated or lonely in the Cork area. The service was formed in 2010 and is situated in the Churchfield area, north of Cork City. Initially the service was aimed at the residents of the locality as it was felt that there was a high percentage of social isolation and loneliness amongst the older population. Since then the service has expanded with one of the most important goals of the project managers being to identify and connect with individuals who might benefit from the services provided. FCC currently has upwards of 131 service users of which 89 are women and 42 are men who receive a call five days a week (Friendly Call Cork, n.d.). In addition to this the service organises approximately six social events each year such as tea parties, musical evenings and Christmas dinners where

service users and volunteers get to meet up and interact. This provides a vital opportunity for older people who may have limited social interaction to enjoy meaningful contact in a safe environment. One of the most important aspects of the service is the ability of callers to contact family members if a service user cannot be reached, this gives a sense of security and peace of mind to both the service users and their families (Friendly Call Cork, n.d.). The service also assists service users through Age Actions[1] Care and Repair service which gives older people access to trusted and vetted volunteers and handymen who undertake small tasks and repairs around the home and garden (About Care and Repair, n.d.).

The service has a dedicated team of 28 volunteers who make over 650 calls a week. The service prides itself on its goal of making sure that anyone who is due a call on any particular day will get that call. A passion and belief in helping to alleviate the negative impact of loneliness and social isolation drive all those involved in providing the FCC Service.

1.4 Community – Academic Research Links

This research project was conducted as part of the Community – Academic Research Links Initiative (CARL here after) which is based in University College Cork (UCC here after). CARL seeks to engage with Civil Society Organisations (CSO here after) such as community and voluntary groups who would benefit from having research conducted on their behalf (Community – Academic Research Links, 2016). CARL is part of the Science Shop model which encourages the collaborative efforts of CSOs, academic staff and student researchers (Bates and Burns, 2012). CARL offers a valuable opportunity for CSOs to avail of the research skills of students by submitting proposals to have research conducted that would be of benefit to society. Stoecker (2005) points out that community – academic collaboration can be of benefit to community organisations by allowing them to avail of research that they may not have the training or time to conduct themselves. Applying to undertake research through CARL gave the researcher the valuable opportunity to engage in research with FCC with the aim of offering a piece of research which would be of value to older people in the community.

1.5 Research Background and Rationale

Project Managers at FCC recognised that conducting research into loneliness and social isolation in the Cork area, and specifically the role that befriending services can play in trying to alleviating the negative outcomes caused, could help to inform future development of the service. It was felt that seeking an insight into the lived experience of what loneliness and social isolation means to older people using the FCC service would provide valuable primary data to build on. FCC additionally proposed that research should explore aspects of the service

[1] Age Action is a national charity which aims to improve the quality of life of older people in Ireland.

that service users most valued alongside recommendations they may have based on their involvements with the service. The primary research findings will be combined with secondary research to give an insight into the views of the service users in relation to loneliness and social isolation and the impact that FCC has on their lives.
It is also hoped that the research findings may facilitate a more in depth conversation to be conducted around the difficulties experienced by those affected by loneliness and social isolation and the services and resources that may be needed to combat this situation.

The researcher is a student of the School of Applied Social Science in UCC and has a specific interest in policy and attitudes affecting older members of society. As a result, looking to ascertain the views of older individuals suffering from social isolation or loneliness, will be of paramount importance so as to afford them a voice in this research project. As CARL projects are based in real world settings the researcher felt that the opportunity of conducting active research would benefit both his own objectives and those of FCC.

With this in mind the author has chosen to undertake this research as he strongly believes that an increasingly ageing population (McGill, 2010) and the challenges that will arise as a result, need to be addressed by all areas of society. Increasing social isolation and loneliness has been shown to be a very serious consequence of this societal phenomenon (Hagan et al, 2014). The author also felt that there was limited research conducted in the area of befriending services in Ireland, Harvey and Walsh (2016) argue that Ireland has limited strategies that specifically address loneliness amongst older people, while research into the effectiveness of befriending services needs to be addressed. As such, any findings that this project reaches may be of benefit to other organisations who use telephone services as an outreach means of alleviating social problems in communities.

1.6 Research Aims

The primary aim of this research is to explore how befriending services such as FCC impact on the lives of service users by conducting participatory research with participants which will allow for their views and feelings to be expressed. Participatory research allows for the researcher and the research participants to have a much more collaborative experience with undercurrents of formality being minimized (Silver, 2016). The research aims were decided upon in consultation with FCC project manager Ms Brenda Barry who was involved with the project from the beginning and was freely available to help guide the researcher throughout the process. Through my research I hope to examine the following:

- The effects of loneliness and social isolation on the mental and physical health of older people.
- The impact that FCC services has on service users.
- The views of those availing of FCC services on its implementation and possible development.

- Recommendations which FCC could implement based on research findings.

1.7 Research Objectives

The objective of this research is to distillate the findings of the primary interviews conducted, and in conjunction with findings of secondary data research, present a report to FCC outlining the impact that loneliness and social isolation has on the research participants lives. In addition to this, the report will highlight the role that FCC plays in the lives of those availing of the service and the way the service offers support. The findings will then be presented to FCC so that a comparison can be made to what the service sets out to deliver and how this is being received. It is also hoped that the research findings may help to inform future decision making by the project managers in charge of the service as well as inform decision making at a higher level or inform literature as a whole.

1.8 Research Questions

The research questions that were used to frame the research were of primary importance as they were designed in order to gain an in-depth insight into the service users feelings and attitudes towards FCC and to inform the researcher on what loneliness and social isolation means to them. The research questions were designed with both the researchers and FCC's objectives in mind. The researcher consulted with Ms Brenda Barry and his UCC research supervisor in order to design questions that would be agreeable to all parties involved. The overall research question asked in the project was 'How effective is FCC at addressing the needs of loneliness and social isolation amongst older individuals who use the service?' The answer to this was achieved by asking a number of sub questions designed to ascertain:

- The research participants everyday experiences of loneliness and social isolation.
- What FCC means to the service users
- Possible recommendations in terms of service provision or development.

1.9 Chapter Overview

<u>Chapter Two: Methodology</u>

Chapter two presents the design of the research project. The methodologies and methods used by the researcher to undertake this project will be presented. The chapter critically outlines the theoretical perspectives of the research as well as the approaches taken to gather qualitative research. The process of data collection and the methods of analysis will be examined. The chapter will also highlight issues relating to ethical considerations as well as limitations to the research.

Chapter Three: Literature Review

This chapter critically engages with literature and social policy relating to service users of FCC. Literature relating to; older people, loneliness and social isolation amongst older individuals, and befriending services will be examined.

Chapter Four: Findings and Discussion

Chapter four will present and analyse data gathered from primary research conducted with service users of the FCC service. Recurring themes which are dominant throughout the interviews will be analysed through the use of thematic data analysis. The findings of the primary research will be discussed and examined with reference to the secondary literature review.

Chapter Five: Conclusions and Recommendations

This chapter looks at the implications of the research findings and presents recommendations for project managers at FCC going forward. The chapter will include a discussion of limitations to the study and reflections on the findings of the research project.

1.10 Conclusion

In this chapter the researcher set out to present the research project. The research title was laid out followed by a more detailed introduction to the research. The background to the study was presented, the FCC service was introduced as well as the overall rational for the research so that the reader could obtain a deeper understanding of the merits of the research being conducted. Finally the aims and objectives were presented in more detail and an over view of the research questions was mapped out.

Chapter Two: Methodology

2.1 Introduction

The aim of this chapter is to outline the research methods and methodological rational that were utilised to carry out this piece of research. To begin with, the methodological framework and theoretical perspective will be discussed as this helps to frame the overall approach that was decided upon for data collection. The methods of data collection and analysis will be highlighted as well as the role of the literature in the decision making process. Finally, the ethical considerations and limitations to the research will be presented.

2.2 Theoretical Perspective

In accordance with the collaborative nature of this CARL research project the author chose a participatory action research (PAR) perspective in conjunction with interpretivist epistemology as the theoretical approaches that were best suited to meeting the stated objectives of the study.

2.2.1 Participatory Action Research

Participatory action research (PAR here after) encourages researchers to work alongside those whom the research is intended to benefit, with the aim of mitigating against the risk of marginalisation that can be experienced by certain members of society (Swantz, 2015). Central to the success of PAR is the willingness and ability of participants to share their experiences, views and feelings on the issues being researched. In order for this participatory approach to be effective a comfortable and secure environment needs to be created to allow for a holistic exchange between researcher and participant (Bergold and Thomas, 2012). The participatory perspective approach positions itself as a method that can stand between more formal, structured models used to explain social consensus and the actual feelings and sense of reality felt by individuals in social communities (Baum et al, 2006). This allows for the researcher, interviewees and, ultimately, FCC to gain valuable knowledge and reward from the research that could lead to positive changes being implemented for the betterment of older members of society.

2.2.2 Interpretivism

The participatory approach adopted can be situated within an interpretivist epistemological framework which also informed the study. Rather than setting out to test the main concepts presented during a research plan, interpretivism aims to gain an insight into the role of these concepts during the research process (Schwartz – Shea and Yanow, 2012). Through interpretivism the researcher aims to understand phenomenon through the

perspective of the interviewees in order to shape the research outcomes (Bryman, 2012). This approach was in keeping with the researcher's aim of understanding how loneliness and social isolation manifested themselves in the lives of participants of the FCC service. The interpretivist approach was seen as a tool that could be used to try to determine the participants subjective experience of social isolation and loneliness and the role these experiences played in their lives.

2.3 Methodological Approach

Methodology can be looked at as the way researchers decide on the mode of data collection that best suits the objectives of the research being carried out. The methods chosen should be able to offer researchers the tools to adequately answer the research question (Bold, 2012). For the purposes set out in this research project the researcher chose to focus his primary research on qualitative data gathering. The collection of primary data tends to come down to either a choice between quantitative or qualitative research, quantitative data is more about setting out hypothesis and confronting this with data collected (Wellington and Szczerbinski, 2007). Whereas, qualitative research takes a different approach, with those who identify as qualitative researchers being interested in the views of people and their way of making sense of the world (Gomm, 2004). The researcher felt that for the purposes of his research and the sensitive nature of the questions being presented, the best approach would be to concentrate on a higher number of face-to-face qualitative interviews. This decision was made so that the researcher could gain a deeper understanding of the lived experience of loneliness and social isolation through the participants own words, it was felt that this could not be adequately reflected by quantitative research data. Subsequently, the decision to use a qualitative approach also fitted with the participatory nature of the project (Silver, 2016). The researcher worked in collaboration with a FCC project manager to arrive at a methodological technique that would best serve the aims of the research and it was agreed that a qualitative approach would be the most suitable choice.

2.3.1 Qualitative Research

Qualitative research sets out to ascertain the feelings, motivations and expressions of certain phenomenon or those it affects. It looks to gain an awareness which statistical analysis may not be able to achieve. Qualitative research strives to get to the core of the issues and is descriptive in its representation, it sets out to draw a picture of the situation (Repko and Szostak, 2016). Qualitative research allows for descriptive open ended questions to be asked which facilitates the interviewees voice and experience to be heard; it allows for context and meanings to be given to certain phenomenon and, crucially, can give the opportunity to those who may be generally underrepresented in research to share their opinions on the research questions from their own viewpoint (Skovdal and Cornish, 2015). Robson (2011) states that a central part of qualitative research is the

fact that the researcher does not remain silent but instead is encouraged to be a reflexive, supportive, and reassuring presence during the research process which was an important consideration of the FCC service providers. Robson goes on to point out that qualitative research usually has a smaller number of participants and takes place in more natural settings as opposed to more formal laboratory like settings (Robson, 2011). By choosing this method the researcher felt he could be a comforting and encouraging presence in the data gathering process and therefore not present a scenario that would be too out of place with the participants everyday experience of dealing with issues related to the FCC service. It was also felt that the qualitative approach worked in harmony with the theoretical approaches presented earlier in the chapter as it allowed for dialogue and comfort to be offered to the participants.

2.4 Data Collection Procedures

Due to the sensitive nature of the subjects being researched and the possible vulnerability of the participants it was felt that semi – structured interviews would be the most appropriate form of primary data collection. Semi – structured interviews permit for a more collaborative experience to take place between the interviewer and the interviewee (May, 2011). The use of probing questions can aid in gaining a deeper understanding of how the interviewee constructs meaning in social life and allows for participants to have more freedom in terms of answering (May, 2011).

As the researcher hoped to explore the impact of loneliness and social isolation on the participants everyday lives he decided that this would be best achieved by discussing the day to day experiences of the participants. It was felt that this was the most effective approach, as it gave the participants a gentle yet effective way of talking about these issues in a non-threatening manner and allowed for a deeper understanding of their perspectives on loneliness, social isolation and the role of FCC to be gained. The flexibility of semi – structured interviews gave the researcher the opportunity to adapt the questions depending on the answers given which was a valued advantage in this project (Green, 2005). Also, with qualitative semi – structured interviews, the interviewer is not a passive presence, being present at the interview allows for clarification or further explanation to be given to make the interviewee fully understand the questions.

A final advantage to this approach is the fact that semi structured interviews tend to be less wearisome for the participant as the interviewer is present to offer encouragement which tends to result in a much better response rate than other methods of primary data collection (Sarantakos, 2005).

Despite the advantages of qualitative face to face interviews a number of drawbacks needed to be acknowledged these included; the risk of bias by having the interviewer present while the questions are being asked, more

complex administrative procedure due to the nature of meeting participants individually, and possible issues that may arise over privacy that may not be as relevant to other less personal means of data collection (Sarantakos, 2005). However, after considering the pros and cons of the different data collection methods available, the researcher felt that face to face semi – structured interviews offered the best method to gather the data needed to answer the research question (see ethical considerations for more details).

2.4.1 Research Participants and Research Process

This research seeks to understand loneliness, social isolation and the role of befriending services from the perspective of those participating in the FCC service. As such the researcher aims to understand the effects of these circumstances from the accounts given by the service users in their own words. As this is an exploratory research study a sample of service users was needed to enable the research to be undertaken. Purposive sampling was utilised as this makes sure that those who take part in the study have been identified as possibly demonstrating certain characteristics or having been affected by certain circumstances which the research is setting out to explore (Berg, 2009). While purposive sampling might not be as representative as random sampling it was felt by the researcher that due to the vulnerability of the participants this was the best decision to make. A FCC project manager assisted in this respect by identifying and reaching out to potential service users that it was felt would give an accurate representative sample of the service user base. Ten participants were chosen, seven women and three men which reflects the gender breakdown of service users. The criteria for participant selection involved choosing service users who:

- Were identified as possibly suffering from loneliness and/or social isolation.
- Represented different chronological ages of older adults: young old (aged 65 – 74), old –old (ages 75 – 84), and oldest old (ages 85+).
- Represented different socio economic and health outcomes.

Only service users who fitted the criteria and who were comfortable and willing to participate were chosen (Rubin and Rubin, 2005). It was felt by the researcher that the involvement of FCC was necessary for this broadly representative sample to be selected as the service was in a position to choose service users that best fitted the criteria. Also, because of the vulnerable nature of those being interviewed the researcher felt that having the participation of FCC in the selection process was necessary. While it may be seen as a limitation having participants handpicked for the study the criteria was set to make sure that a representative sample was chosen. The researcher emphasised the confidentiality of the participants to make sure that they were as comfortable as possible talking openly about their experiences.

The interview questions were designed by the researcher in conjunction with FCC so as to fit the services research proposal and tackle the issues that they felt were of most importance. Drafts of the potential questions were sent to both FCC and the researcher's supervisor so that a comprehensive set of interview questions could be agreed on[2]. Interviews were recorded using a dictation machine. The interviews were primarily conducted in participants own homes where Ms Brenda Barry was on hand to introduce the interviewer and to speak with participants when the research was complete. It must be noted that Ms Barry was not present during the interviews and the interviewer explained that the interviews were also about the service users themselves and their thoughts and feelings.

2.4.2 Framework for Data Analysis

A thematic approach was decided on as the best method of data analysis. This involves the close examination of the data over a number of sittings which is needed in order to identify themes and details that at first might not have been observed. These themes can then be grouped together (Bamberger et al, 2006). The process of thematic analysis was undertaken manually. Each interviewee was assigned an alternative pseudonym to mask their identities and any information that could identify participants was not included in the research report. Recurring themes and concepts were grouped together and coded after a careful analysis of the transcripts was completed (Rubin and Rubin, 2005). "The traditional approach in the social sciences is to allow the codes to emerge during the data analysis" (Creswell, 2013: 199), this involves the identification of recurrent themes and identifiers which occurred across the interviews. The interviews were transcribed by hand and pertinent points were isolated as a summary of each transcript. Once the primary data had been analysed and thematically coded a clearer picture of the participants views began to emerge. Succinct quotations were used to highlight the major themes that were recurring throughout the interviews. This analysis was then compared and contrasted with the findings of the secondary research so as to enable research findings to be identified.

2.4.3 Literature review

In order to gain as much insight as possible into the issues being researched a number of secondary resources were used by the researcher including; academic databases, books from various disciplines, and policy documents. The literature research was of prime importance as it helped to shape the interview questions while also informing the author of what research has already been conducted in the area and the role that policy plays at governmental level. 'As an academic task the literature review is where you show that you are both aware of and can interpret what is already known and where eventually you will be able to point out the contradictions and gaps in existing knowledge' (Jesson et al, 2011, P10).

[2] Please see Appendix 4

2.5 Ethical Considerations

As the research involved interviewing service users who were over the age of sixty five careful consideration was given to ensuring that all possible ethical considerations were undertaken. The researcher worked within the guidelines laid out in the UCC Code of Research Conduct Version (2.0) 2016. Approval for research was sought form the school of Applied Social Studies and a detailed research ethics review form was completed. The ethics committee approved after a number of minor recommendations were made. These included; reassuring participants that a decision not to participate in the interviews would not impact on their relationship with FCC, and having appropriate identification available at all times. These recommendations were taken on board and implemented during the research process. Special consideration to the possible vulnerability of the participants was given by the researcher. Gilhooly (2002) states that while older people on the whole are well informed and in a position to decide on whether or not to take part in research; special attention needs to be given to the fact that the ageing process brings with it a number of impairments both physical and mental that may impact on older people's ability to take part in research. Gilhooly (2002) also noted that valid consent, and issues of security, are essential to address before conducting research with older people. The researcher was very mindful of the potential vulnerability of older people taking part in the research and due consideration was given at all times to make sure that participants were comfortable, well informed and willing to participate.

An introductory letter[3] and information guide[4] were sent to participants outlining the nature of the interviews. This information informed participants about why the interviews were being conducted, the practicalities involved in the interview process and, most importantly, reassurance of participant anonymity and voluntary status. These points were reinforced with information on data storage and the right to withdraw from the interview if participants felt insecure about the process. Prior to the commencement of interviews the researcher once again offered reassurance and discussed the interview process to make sure that participants were happy to proceed. Once this had been completed and any questions that participants had were answered a consent form[5] was issued and a signature sought.

Ms Brenda Barry accompanied the researcher and provided a reassuring presence to participants. However, as mentioned earlier, the confidentiality of the participants and the role of the researcher in the project was explained to the participants to ensure they were comfortable to talk freely about their own experiences and views on FCC. Members of the FCC team also offered a follow up call the following morning to make sure that the participants were comfortable with the interviews that had been conducted. Gomm (2004) states that

[3] Please see Appendix One
[4] Please see Appendix Two
[5] Please see Appendix Three

research ethics centres around the conducting of honest and ethically sound work which produces research of value while avoiding causing any adverse outcomes to those involved. He goes on to emphasise the importance of discretion and the adequate provision of information to interviewees. This is endorsed by Creswell (2013) who states that being responsive to the considerations of the interviewees while causing as little inconvenience as possible and offering to share findings of the research is considered good practise in research.

2.6 Limitations

It must be noted that the research has a number of limitations. The most pressing factor was the limited time that was available to the researcher which meant that only a smaller scale of research could be conducted. For the purposes of this research project only the views of service users were looked at whereas a more comprehensive picture may be ascertained from research that looked at all facets of the FCC service. This could include looking at the views of service providers and relevant bodies such as organisations dealing with various issues impacting on the lives of older members of society. While the researcher was aware that one of the possible limitations of the research may be biased answers form the participants owing to a feeling of loyalty to the FCC Service, it was felt that this did not come across during the analysis of the data as the participants were very open and frank while discussing the issues that affected them. Overall, due to the limitations laid out above, the author wishes to state that this study does not purport to be a comprehensive examination of loneliness and social isolation amongst older people in Ireland. However, it is valuable in its own right as it gives a rich account of the lived experience of older adults in relation to loneliness and social isolation in Cork at the present time.

2.7 Conclusion

This chapter sought to justify the use of a qualitative research approach for primary data collection. It describes the rationale behind the use of participatory action research and interpretivist epistemology to frame the research as well as describing the methods used to gather and analysis data. The researcher highlighted ethical considerations that needed to be foreseen and overcome during the research process. Finally, the researcher acknowledged the limitations of the study. The overall purpose of this chapter was to show that due consideration was given to the ways and means of data collection and analysis that was in keeping with the research aims and criteria set out by all parties involved.

Chapter Three: Literature Review

3.1 Introduction

The purpose of this chapter is to examine selected literature relating to loneliness and social isolation in the context of older Irish adults. The chapter will begin by discussing the definitions of older age as well as looking at the role life course theory and chronological age has to play in laying markers for the ageing process. It will then look at the role active ageing plays in defining the landscape older adults find themselves in. The chapter will go on to discuss the growing ageing demographics and the impact this has in terms of the dependency ratio. Modern family dynamics and the impact they have on older adults will be addressed. The chapter will then move on to discuss the debates around loneliness, social isolation and the role befriending services play in alleviating their negative outcomes. Finally, the chapter will end with an overview of relevant social policy literature.

3.2 Definitions of Older Age and Ageing

The term older person defies a set definition as older person can mean different things to different people and its contextual meaning can vary between countries (Davis, 2014). Stuart – Hamilton (2011) in speaking about ageing states that at its most fundamental level it can be described as the changes that gradually take place as we move through life, culminating in outcomes that affect older people. However, this still does not allow for an adequate definition of old age, as the advancement of the ageing process affects everyone differently. This dilemma is discussed by Bytheway (2011: 117) when he argues that the ageing process is not a uniform progression, rather it can be seen as a relative phenomenon as well as an absolute one. While the literature agrees that there is no universal consensus on when a person is considered old, the age of 65 is commonly used in most countries to signify the start of older adulthood, as this is the most common age at which adults are expected to retire and avail of social welfare services designed for older adults (Department of Health, 2016). However, Erber (2010) warns that it is important to realise that once a person reaches the age of 65 they do not automatically enter a homogenous group. Apart from biological changes getting older encompasses other substantial transitions these include; changes in goals and aspirations, changes in social positions, and the need to face and adjust to losses of friends and family and the changing dynamic of parent child relations (Beard et al, 2015).

3.3 Life Course Model

According to Bytheway (2011) many models of ageing look at ageing in terms of a life course perspective which is made up of different stages of the ageing process with individuals passing from one stage to the next as they grow older. Yang (2012) while researching the rapid rate of population ageing in Taiwan argued that the process of aging is not something that happens at a set stage in life, rather it is an ongoing process that begins at birth and is the result of an accumulation of time. Additionally the author stated that the life course theory is an attempt to contextualise this process by viewing individuals lives in there totality and not just as a point in time analysis. This suggests that the life course theory aims to advocate for a more inclusive view of ageing by acknowledging that it is not a phenomenon that just occurs all of a sudden at a chronologically assigned marker, rather it is ongoing throughout the life course.

3.3.1 Chronological Age

While older age can be defined in many ways, chronological markers are usually the methods used to ascertain whether an individual has entered into older adulthood (Erber, 2010). Chronological markers look to place age on a continuum by breaking the process into time spans, Erber (2010) looks at the differences in old age based on chronological markers and characterises older age as: young old (ages 65-74), old-old (ages 75-84), and oldest-old (ages 85+). However, it is important to bear in mind the relativity of the ageing process when placing older people into chronological markers such as these for they serve simply as an acknowledgment and recognition of the sum of years that individuals have lived (Timonen, 2008). Chronological age allows for a point in time calculation to determine when policy, state assistance, and support can be applied. However, as the process of ageing is widely varied chronological time does not satisfy accurate depictions of how someone ought to be by certain markers it sets (Atchley and Barusch, 2004).

3.4 Active Ageing

Active Ageing means growing older in good health and as a full member of society, feeling more fulfilled in our jobs and social engagements, more independent in our daily lives and more engaged as citizens (Zaidi and Stanton, 2015). With the percentage of older people continuing to increase (CSO, 2016) there has been a lot of debate about ways to maximize older people's quality of life. One of the broader terms that has been posited is the approach of active ageing. International bodies such as the United Nations (UN) and the World Health Organization (WHO) have encouraged a focus on active ageing as a way of achieving the positive lifestyle outcomes older people deserve as well as a way of potentially combating the health care costs associated with ageing (Ní Léime and O'Shea, 2010). Active ageing strategies aim to foster the participation of older people in the community with the goal of enriching their lives, as well as the community at large, by harnessing older

people's unique potential (Zaidi and Stanton, 2015). The Northern Ireland Active Ageing Strategy (2016 -2021) focused on the positive achievement that the population is living longer, stating that the community as a whole gets to benefit from the contributions of older people such as passing on knowledge and experience, and being available to assist in a voluntary capacity. With this in mind the strategy holds as one of its main aims the encouragement of both mental and physical activity as a means of maximising the experience of getting older (Northern Ireland Executive, 2015). AGE Platform Europe[6] advocates for the creation of more age friendly communities where older adults are able to thrive in an inclusive environment that allows for active participation in every day events, this empowers older members of society and helps to guard against a decline of physical and mental health while fostering social inclusion. The report, again drawing on demographic predictions, alludes to active ageing as being a way of pre-empting the possible toll on social services and health care providers if this is encouraged as it would result in mentally and physically stronger older adults (AGE Platform Europe, 2013). However, Timonen (2016) offers a critique to set models of ageing that older people are expected to fit in to. Timonen argues that because of disadvantages that may have built up over the life course older adults come to models such as active ageing with implicit advantages and disadvantages that may impede them from being able to automatically adopt strategies such as those championed by active ageing.

3.5 Modern Family Dynamics

Family structures play an increasingly important function in people's lives as they get older and the availability of family support can play a major role in shaping the quality of life an older person may face (Timonen, 2008). Demographics and changes in societal dynamics such as; rates of marriage, increases in divorce and separation, rates of unmarried adults living alone, as well as adults having less children are all factors which help determine the level of family support that is ultimately available to older people (Timonen, 2008). According to research conducted by The Irish Longitudinal Study on Ageing (TILDA)[7] the majority of older people who took part in the study had children living close by. The study noted some interesting findings including the contribution older adults make to family and community life. Older adults were found to be key contributors of financial assistance to their children and grandchildren (48% contributed financially while only 3% received financial assistance). While half of those surveyed provided considerable childcare assistance to their grandchildren which allowed for their parents to participate more in the workplace. These findings point to the very important role that older people make in supporting and assisting the family unit (McGarrigle et al, 2017). However, according to Kelly

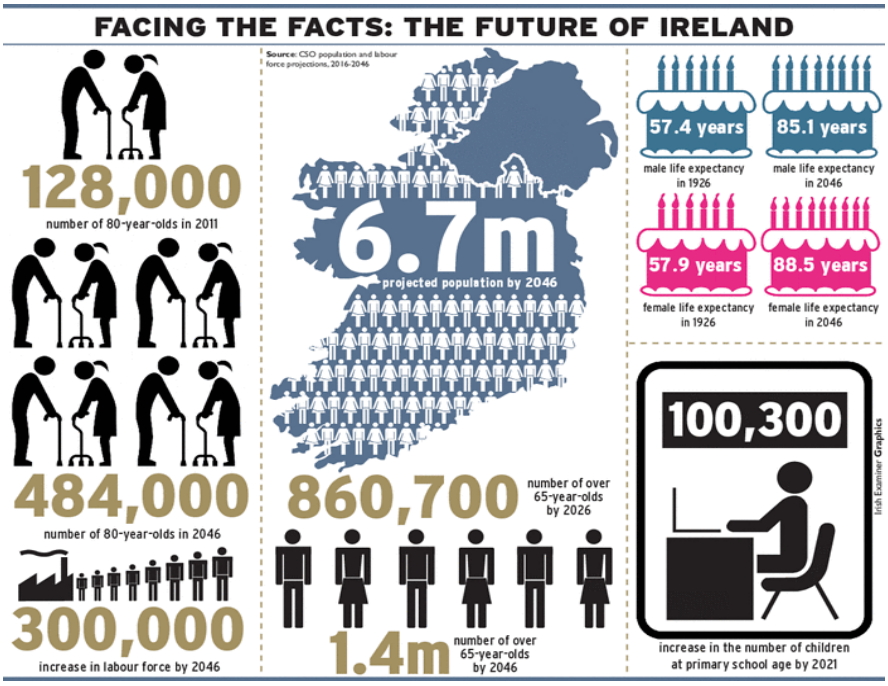
[6] AGE Platform Europe is a European network of organisations which promotes the interests of citizens ages 50+ in the European Union

[7] The Irish Longitudinal Study on Ageing (TILDA) is a large – scale, nationally representative, longitudinal study on ageing in Ireland looking at health, economic and social circumstances from people aged 50 and over.

and Hayes (2014) almost a third of over 65s in Cork City lived alone in 2011 this points to the problem that demographics and family dynamics play in relation to the potential vulnerability of older people to loneliness and social isolation.

3.6 Population Ageing Demographics

The age structure of Ireland is set to change dramatically over the next couple of decades, this is in line with projected changes throughout the European Union (EU) (European Commission, 2015). The Central Statistics Office have made a number of regional population projections (2011 – 2026) showing: "The number of old persons (65 years and over) will almost double in every region over the life – time of the projections, with the most marked increases likely to occur in the Mid – East (+136.5%) and Midland (+95.1%) regions" (CSO, 2008). While the Census 2016 summary report highlighted a 22% increase in males aged 65 years and over and a 16.7% increase in females aged 65 years and over (CSO, 2017). According to research conducted by McGill (2010: 15) there will be 1.4 million people in the Republic of Ireland aged 65+ in 2041, this older group is expected to make up 22% of the total population. This marks an increase of 169%, resulting in the 60+ population making up nearly three in ten of all people living in Ireland. The author goes on to state that the number of people aged 75+ is expected to treble by 2041 and more dramatically people aged 85+ will see an almost fivefold increase by 2041. The Central Statistics Office (CSO, 2013) indicates that for the time frame (2016-2046) people aged 65+ will almost double in all parts of the country over the life time of the projections:



(Source: CSO Population and Labour Force Projections 2016 – 2046)

3.6.1 Urban/Rural Divide

According to the 2011 census 58 per cent of older adults were living in urban areas with 42 per cent living in rural areas (CSO, 2012). While data collected as part of ongoing research by the Irish Centre for Social Gerontology (ICSG)[8] points to the fact that there is a higher proportion of women (42%) then men (11%) who are widowed in rural areas while there are more single rural – dwelling males (20%) compared to females (Ní Léime et al, 2013). Research by Drennan et al (2008) based on 683 interviews with older people aged 65 years and over found that rural dwelling older adults were more at risk of social isolation when combined with other indicators such as decreased income, access to transport and family dynamics.

3.6.2 Gender

The preliminary results of the 2016 census of the population shows the continuation of a trend of fewer males to females (CSO, 2016), the 2011 census showed there were 981 males per 1,000 females while the preliminary results for the 2016 census show a further fall to 978 males per 1,000 females (CSO, 2016). While in Ireland the CSO projects male life expectancy to increase from 77.9 to 85.1 by 2046 and female life expectancy to increase from 82.7 to 88.5 in the same time period (CSO, 2013). Research by the International Longevity Centre – UK[9] highlights the fact that women are at more risk of illness and disability as they get older due to their susceptibility to multiple health conditions. Also according to the research they are a neglected subgroup that often assumes carer responsibilities and end up putting their own health at risk as a result (Wait and Harding, 2016)

3.6.3 Dependency

The dependency ratio is looked at as a typical indicator of population ageing. It sets out to divide the number of people who have reached the age of 65 by those of a working age (16-64) to determine the amount of people available to finance those who are no longer working (Spiker and MacInnes, 2013). The levels of dependency are expected to rise throughout Ireland over the coming decades (CSO, 2013), this is in line with trends throughout Europe which will see the dependency ratio increase from 27.8% to 50.1% over the projection period 2013 - 2060 (European Commission, 2015). Kelly and Hayes (2014) note that at 21.4% the old age dependency ratio of Cork city is significantly higher than the national average (17.4%) this highlights the ageing profile of the city.

[8] The Irish Centre for Social Gerontology (ICSG) is a research centre on ageing at NUI Galway focusing on research, education and training in the field of social gerontology.

[9] The International Longevity Centre – UK (ILC-UK) is a futures organisation focused on some of the biggest challenges facing Government and society in the context of demographic change.

3.7 The growing cost of support in the future

With the ageing of the population provisions will have to be made for certain challenges that will arise as a result. Fundamentally, an ageing population is going to result in the need for extra spending on health and social care and, crucially, many more people are going to need support to maintain their day to day lives (Sinclair and Creighton, 2015; Timonen, 2008). Social Justice Ireland points out that an ageing population will result in the need for more community services to meet the needs of the older population, they highlight that this will be of particular importance in order to allow older people to live in their own homes. The research links this need to what otherwise would be ever increasing dependency on the secondary acute hospital system (Social Justice Monitor, 2016). The increasing dependency ratio has been raised by the government as a significant challenge that needs to be addressed when it comes to social service provision, in particular when it comes to funding the health care system in Ireland (Department of Health, 2012)

3.8 Theories and definitions of Loneliness

"Perhaps the greatest human fear is loneliness….But perhaps most of all we fear being alone when we are old" (McCarthy and Thomas, 2004: 11). Loneliness is a subjective experience and is therefore hard to define in absolute terms but at its most basic level loneliness is concerned with how an individual's actual level of social interaction is compared to what they would perceive to be ideal (Steven and van Tilburg, 2000). Loneliness is said to occur when an individual does not have the level of social interaction that they would like (Victor et al, 2009). Whereas Singh and Misra (2009: 52) define loneliness as "a subjective, negative feeling related to the person's own experience of deficient social relations". A key characteristic of loneliness is its subjectivity, an individual could have a lot of social interactions or contacts and still feel lonely, or someone could have very little contacts yet be quite content with this. It is about how the individual perceives their situation (Coyle and Dugan, 2012). Catton et al (2003) indicated that older adults made the distinction between situational loneliness and chronic loneliness. Situational loneliness occurs when an adverse event takes place, such as a death of a family member, with situational loneliness the older person has more of a chance of moving back into a more positive position with the support of a social network. Chronic loneliness on the other hand was categorised as a continuing state of loneliness which was compounded by an older person's lack of a substantial social network leaving them more vulnerable to negative outcomes (Catton et al, 2003).

3.9 Factors that contribute to loneliness amongst older people

Older age is a particularly vulnerable stage of the life course for feelings of loneliness with factors such as gender and marital status being significant indicators in determining how loneliness will impact on individuals (Hawkley and Kocherginsky, 2017). De Jong et al (2011) point to the modern landscape in which significant amounts of

older adults now find themselves in most of Europe, with a considerable amount living alone, made up of those who; never married, those who are widowed, divorced or separated. This demographic breakdown increases the likelihood of living alone being one of the major risks of loneliness (De Jong et al, 2011). Coyle and Duggan (2012) highlight the loss of a partner as a very important factor in quantifying a person's experience of loneliness. If this occurs then even being part of a social community and having social contacts may not prevent feeling of loneliness which this unique event has caused. Research conducted by Stewart et al (2001) looked at addressing loneliness amongst older adults with disabilities. The researchers make the point that due to the ageing process many older adults live with disabilities and, as a result, are extra vulnerable to loneliness as they may not be able to avail of community supports or organizations due to physical decline. Research also found that relative poverty in early life effects the rate of loneliness in later life as it may compound events such as education, employment and marriage, indicators that prevent against loneliness (Timonen et al, 2011).

3.10 Factors that guard against loneliness

Based on qualitative Meta – analysis of loneliness reduction interventions Masi et al (2011) emphasised enhanced social support, increased opportunity for social contact as well as opportunities to address maladaptive social cognition as key intervention strategies. The researchers went on to state that interventions that allow for social interactions and social contact can help to improve an individual's sense of self giving them confidence to ease the negative potential aspects of loneliness. While a study conducted by Stevens and van Tilburg (2000) looked at loneliness interventions among older women. The study compared levels of loneliness before a friendship club was introduced and again two years later. The results showed significant decreases in loneliness amongst those who participated with new and more complex friendships being formed. Hawkley and Kocherginsky (2017) highlighted the importance of functional independence in fighting against loneliness. The researchers conducted a systematic analysis of predictors of loneliness in the United States and found that interventions that help to maintain functional independence have proved to be effective in helping to reduce loneliness in older adults.

3.11 Defining social isolation

Unlike loneliness which is a more qualitative and subjective feeling, social isolation tends to be defined in a more measureable and ascertainable way. Social isolation is often looked at in terms of proximity to others, be it neighbours or family and a measurement of social contacts as a result (Victor et al, 2009). Steptoe (2013: 5797) defines social isolation as follows 'social isolation is an objective and quantifiable reflection of reduced social network size and paucity of social contact. It is a particular problem at older ages, when decreasing economic resources, mobility impairment, and the death of contemporaries conspire to limit social contact'. Nicholson

(2009: 1345) suggests the following definition based on his research 'a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships'.

3.12 How older people may become socially isolated

According to Catton et al (2003) a decline in health combined with more impaired mobility, as well as being physically isolated were indicated as considerable determinants of social isolation. This combined with poor access to transport, lack of income and an overall scarcity of opportunity to socialise. The researchers did indicate that some older people may be socially isolated based on personal characteristics such as finding it difficult to socialise or not feeling they want/can be part of a group. Research conducted by the National Council on Ageing and Older People (NCAP)[10] based on 683 interviews with older adults over the age of 65 found that one of the main reasons given for feeling socially isolated was simply not seeing people. Many of the respondents stated that they did not have many visitors or receive many telephone calls. While the researchers cautioned that the amount of social interaction older people needs varies, they argued that when circumstances such as ill health come into play older people may become more socially isolated then they want (Tracey, 2004). Walsh et al (2015) looked at the impact of austerity on older adults in Ireland and points to the fact that many older adults suffered from cuts to support allowances as well as charges for prescriptions and other services. The researchers advised that caution needed to be made when assessing changes to older people's entitlement to safeguard those most vulnerable from slipping into social isolation as a result of money worries.

3.13 Factors that guard against social isolation

Dickens et al (2011) who conducted a systematic review of 32 studies in relation to social isolation and older people highlighted a need for research into the efficiency of interventions at combating social isolation, however the researchers did highlight that the interventions most likely to have a positive impact for older people suffering from social isolation included those that offered social support and active participation. McCarthy and Thomas (2004) indicated a number of key factors which they argue can help defend older people from the risk of social isolation these include; having family members in close proximity, being members or being able to avail of the services of local groups and organisations, and having access to modern means of communication such as computers and mobile phones. Having a sense of security has been raised as a strong defence against feelings of social isolation. Knowing that there is someone to turn to if an older person needs help is classed as a practical and necessary defence against the negative consequences of social isolation (Tracey, 2004).

[10] The National Council on Ageing and Older People was established in 1997. Its functions included advising the Minister for Health and Children on all aspects of ageing and the welfare of older people. It was dissolved in September 2009.

3.14 Impact of loneliness and social isolation on the older person

Loneliness and social isolation are traditionally thought of in terms of factors that occur as a result of getting older. Research shows that while this can often be the case, for example as a result of changes in family dynamics or changes in income and health, the vast majority of older people would not identify themselves as suffering from loneliness or isolation (Holt-Lunstad, 2010). Research highlights that one of the main obstacles policy makers and organisations wanting to offer support have to overcome is how to identify older people that may be currently suffering from loneliness or social isolation or may be at risk from it (Goodman et al, 2015). Holt-Lunstad (2010) found that loneliness is becoming increasingly common for all groups in developing countries with people increasingly finding themselves isolated.

3.14.1 Physical Health

Feelings of loneliness have been linked to an overall decline in markers of health including increased blood pressure, a greater susceptibility to cardiovascular disease and most worryingly to a risk of the onset of Alzheimer's disease which was shown to be double for those who experience loneliness according to studies (Wilson et al, 2007). Research by Mistry et al (2001) looking at social isolation and re-hospitalisation rates for older men found that those who were either currently socially isolated or were at risk of isolation were 4-5 times more at risk of re-hospitalisation then those identified as not being at risk of social isolation. The authors argued that the findings of their research emphasised the importance of supporting initiatives to safeguard against social isolation for older adults. Seema (2000) analysed major studies on social interactions and health from the period 1970 -1998. The research showed that social contact and interaction could have important and positive health promoting outcomes for older adults.

3.14.2 Mental Health

Andrews et al (2003) points to the recognition among policy makers and researchers in many countries that loneliness and social isolation can have very negative outcomes in terms of depression and mental health issues amongst older people. The paper goes on to acknowledge that gerontologists agree that the prevalence of negative health outcomes are influenced by the level of contacts and social engagement older people are exposed to. Based on a study of 1299 elderly Dublin participants (Golden et al, 2009) over 70% of those studied suffered from depression linked to loneliness. While O'Luanaigh and Lawlor (2008) point out that from a clinical perspective there is a strong correlation between loneliness, older people and depression. Their research draws on longitudinal studies which showed that depression and loneliness influenced each other and resulted in a negative impact on an individual's mental health.

3.15 What is a Befriending service?

Befriending services are designed to offer support to vulnerable individuals in the community including older adults. Services offered include home visits, phone contacts as well as social gatherings (Bernard and Perry, 2013). Dean and Goodland (1998:2) define befriending as 'a relationship between two or more individuals which is initiated, supported, and monitored by an agency that has defined one or more parties as likely to benefit. Ideally the relationship is non – judgemental, mutual, purposeful, and there is a commitment over time'. The researchers also found that almost 61% of befriending relationships typically lasted more than a year which would indicate successful creation of a new social link. They also reported that those who were befriended highly valued the befriending service provided. The researchers concluded that befriending was found to make a valued contribution to people's lives but they did note that befriending is not a radical solution to social exclusion and it cannot challenge socio economic disadvantages or other serious outcomes such as health detriments (Dean and Goodland, 1998). Mead et al (2010) in their study determined that befriending had a modest but significant short and long term impact on depressive symptoms. The researchers did indicate that further primary research into the effectiveness of befriending was required.

Research carried out by Harvey and Walsh (2016) acknowledged the importance of the outreach role of befriending services so as to offer a variety of interventions at a range of levels. The researchers went on to state that the most effective interventions were those that allowed older people to be actively involved in determining what would be of most benefit to them. An extensive quantitative review of literature relating to interventions targeted at alleviating symptoms of loneliness and social isolation among older adults looked at 83 studies that took place between 1970 and 2002 mainly in USA and Canada (Catton et al 2005). The research found that interventions that allowed for social interaction and activities to take place were effective in promoting positive health outcomes. However, while noting that the effectiveness of befriending schemes remained unclear, the researchers cautioned that this was in part due to lack of research (Catton et al 2005). Further research was conducted by Catton et al (2011) to acknowledge the growing role of ICT in everyday life, the research was conducted around 8 sites of a national telephone befriending service based in the United Kingdom. The purpose of the research was to ascertain the effect of the telephone befriending service on the recipients subjective wellbeing. The findings showed that the service helped to increase the participants levels of self-confidence which had a positive effect on their emotional and physical health. It also helped to lessen the feelings of loneliness and gave the recipients a feeling of belonging in the knowledge that they had a friend through the service.

3.16 How can befriending services impact on social isolation and loneliness amongst older people?

McNeil (1995) makes the argument that non-family social connections and relations are crucial for older people's sense of positive mental health and contentment. McNeil argues that these non-family connections are very important even for those older adults who would have family and/or friends as a source of social contact. McNeil goes on to state that many older people who do not enjoy family or non-family connections are at risk of what he terms 'sub – clinical unhappiness'. By this he means a level of unhappiness in which a person may not realise that they need help, or others may not identify that they are suffering from loneliness or deteriorating health because they do not present extreme enough indicators so go unnoticed and interventions that they might need are not received.

Because of the fact that more women tend to live alone in life due to ageing demographics and widowhood, research by Steven and Van Tilburg (2000) focused on friendship interventions for older women. The research looked at a program aimed at promoting interaction and social contacts. The participants level of loneliness before and after the programme was rated and it was found that rates of loneliness dramatically decreased both immediately and a year after the programme due to new friendships forged. Chal (2004: 41) while evaluating befriending services in New Zealand stated that 'befriending services provide, for those people most at risk due to a limited social network, a 'friend' or 'confident' which can alleviate concerns of loneliness and ultimately depression'. Evidence also suggests that interventions such as befriending services can be especially effective for older people who are frail or housebound (Bernard and Perry, 2013). Windle et al (2011) while examining interventions that can be used to alleviate social isolation and loneliness found that befriending services were effective in reducing depression and loneliness while also being cost effective compared with other forms of interventions.

3.17 Social Policy in relation to older people

According to Considine and Dukelow (2009) Ireland's social policy development in relation to its older population reflects the mixed economy of welfare model which comprises of State, family and voluntary sector involvement in social service provision. However, the authors go on to point out that although the needs specific to the older population have been gaining increased attention in policy debates there is still inequity when it comes to entitlements. Walsh et al (2015) points out that the current demographics in relation to longevity poses considerable challenges in terms of social policy.

Ireland has had three main policies that looked specifically at issues relating to older people: The Care of the Aged Report (1968), The Years Ahead: A Policy for the Elderly (1998) and The National Positive Ageing Strategy (2013). The first two policies set the agenda for looking at the need to address issues like health care, barriers to participation and ability to remain living in the community in relation to older Irish adults (Harvey and Walsh, 2016). The National Positive Ageing Strategy (2013) is the most recent policy and it proposed an 'Active Ageing Framework' which was framed by four goals:

- National Goal 1

  Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

- National Goal 2

  Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.

- National Goal 3

  Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.

- National Goal 4

  Support and use research about people as they age to better inform policy responses to population ageing in Ireland (National Positive Ageing Strategy 2013:19)

The strategy acknowledged the adverse effects that social isolation and loneliness can have on older adults wellbeing and opportunities as well as the potential risk factors older adults may face due to limited income as they get older. Social isolation was raised as an issue pertaining to where people live and recommendations were made that public transport needs to be designed with older people in mind. The strategy goes on to recognise the differing circumstances of older men and women with regards to caring roles, life expectancy and employment. Research which indicates that loneliness and social isolation have very negative physical and mental health outcomes is cited and initiatives encouraging social participation for older adults are promoted (Department of Health, 2013)

However, according to Harvey and Walsh (2016) the strategy, while recognising the serious negative impact of loneliness and social isolation, does not offer definite markers or commitments in relation to addressing the problems of social isolation or loneliness among older adults.

3.18 Conclusion

This chapter has looked at literature and policy pertaining to the experience of growing older in Ireland today. It has looked at the arbitrary nature of what it is to be termed an older person just because you hit the chronological marker of sixty five. Research looking at active ageing as a means of encouraging a more encompassing view of older adults was presented. The challenges surrounding the dependency ratio in terms of ageing demographics was underlined as was the positive contribution that older people make to both family and community life. This point was important to discuss as a means of offsetting the negative connotations of ageing demographics. The chapter then moved on to examine the discourse around loneliness and social isolation. The researcher attempted to set out the complexity of these phenomenon and attempted to explain common risks that are associated with them. Finally, the chapter looked at defining and explaining the role befriending services play in helping older adults cope with difficulties and challenges they may face alongside an overview of social policy in relation to loneliness and social isolation.

Chapter 4: Findings and Discussion

4.1 Introduction

This chapter presents the findings from qualitative data gathered through ten face-to-face interviews which took place with service users of the FCC service. The data was thematically analysed and is divided into five headings that best represent the primary data and the aims of the research question. The themes chosen were:

1. Loneliness and its effects.
2. A sense of Isolation.
3. What Friendly Call Cork means to the service user.
4. Satisfaction with the service.
5. Future Development.

The data offers an overall representation of the experiences and views of a selection of service users availing of the FCC service. In keeping with the interpretivist approach to data collection the aim of this chapter is to present the data as it was reported to the researcher so as to capture a sense of the lived experience of those participating in the interviews. Quotations have been used to emphasis the feelings and opinions of the service users in relation to the questions asked and topics covered.

4.2 Profile of Participants

Face to Face interviews were conducted with ten service users of the FCC Service. Seven female and three male service users were interviewed representing the gender split of the service. All participants met the selection criteria for the research, namely being over the age of sixty five and identified as suffering to some degree from loneliness and/or social isolation. At this point it must be noted that it was not assumed that participants experienced loneliness or social isolation even though they were recruited on the belief that this was the case. The participants were also identified by their willingness to talk about their experiences and understanding of loneliness and social isolation. The researcher has protected the anonymity of the participants therefore identifying characteristics have been removed and pseudonyms have been used throughout (see methodology chapter).

Table1:

Profile of participants				
	Name	**Age**	**Living Arrangements**	**Personal Circumstances**
1	Kate	69	Separated. Living with family member.	Has children but feels lonely.
2	Larry	81	Single. Lives alone. No children.	Has problems with mobility.
3	Sharon	76	Single. Lives alone. No children.	Lives in a deprived area.
4	Betty	79	Married. No children.	Acts as a carer for family member.
5	Michael	77	Single. Lives alone. No children.	Recently released from hospital.
6	Edith	73	Divorced. Living with family members.	Partially housebound.
7	Helen	82	Single. Living Alone. No children.	In respite for a number of weeks.
8	Claire	75	Single. Living Alone. No children.	Limited contact with extended family.
9	Niall	89	Widowed. Living alone. No children.	Recently widowed and suffered a fall.
10	Nuala	65	Widowed living alone. Has children.	Has children but needs extra support.

4.3 Loneliness and its effects

When participants were asked if they ever felt lonely, and if so, how it affected them, the answers received were wide and varied which reflected the diverse makeup of the participant group. While all participants expressed the impact of loneliness on their lives some were more expressive than others. A typical comment came from Nuala:

"It can be overwhelming, it really can, it's a horrible feeling, really horrible".

While Edith noted that:

"No one knows how loneliness hits you".

The link between social isolation and loneliness was made by Helen who lives alone in an apartment in Cork City centre who said:

> *"It's a very lonely life living on your own…..it's not easy when you have no one to come home to, sometimes I think of times when my life was full and I was active all the time….now I don't get to see people in the same way that I did then [referring to her job as a sales assistant], its hard".*

While the female participants were quite forthcoming about expressing their feeling on loneliness two of the male participants were slower to acknowledge that loneliness affected them when asked, with typical observations being: *"no, no, not really……I'm fine"* or *"I don't sure I've always been like this, you get used to it"*.

However during the course of the interview issues of loneliness did arise, if somewhat indirectly, with all of the male participants, a typical example came from Larry:
"It's great to know [coughs] that someone will be in touch"
Michael, while discussing the social outings, stated:
"Tis fantastic to have people to speak to…..to sit around the table and have a chat"

The differing levels of loneliness and the fact that some saw loneliness as a sensation that came and went while others saw it as building and more apparent from day to day was borne out during the interviews:

"I sometimes feel lonesome, when I do I know they [Friendly Call Cork] are there" (Sharon)
"Loneliness gathers momentum" (Niall)

In the following section the researcher will look more deeply at the participants views in relation to two reported dimensions of loneliness – its relationship with mental and physical health

4.3.1 Mental Health

Nearly all participants directly or indirectly expressed how loneliness effected there mental wellbeing. This quotation from Betty shows the importance of social contact "*I'd go mad if I didn't have someone to talk to"*. Another view from Nuala highlighted how susceptible older people can be to the negative impacts of loneliness:

> *"You'd get depressed, you know, down in yourself, it's not a nice feeling…..sometimes you find it hard to get up and face the morning but you have to really".*

Nuala went on to add that:
"It [Friendly Call Cork] takes away all the depression".

The issue of isolation and loneliness and the risks to older people's mental health was something that was strongly apparent during the interviews with respondents constantly noting the importance of social contacts as a means of staying positive. This connection was illustrated by Niall who recently suffered the loss of a very close family member:

> "*Ah it used to be very different I had [name of family member] to talk to, we shared everything [paused] and supported each other…..it's different now you would get worse thoughts when you're on your own".*

Niall's comment illustrates that a variety of different circumstances can occur in later life which could suddenly mean that older people may be plunged into a crisis and need the comfort and reassurance of having someone to talk to and confide in. Claire has been using the Friendly Call Cork service for about two years and made the following comment in relation to the service coming at a time when she was going through a very difficult time in her personal life:

> *"I had a lot of problems and they came upon me all of a sudden and my family were not there [pause] we don't talk…. I was in a position that I needed it [Friendly Call Cork] badly".*

Edith made the following comment in relation to the loneliness she felt as a result of a decline in health and being isolated as a result:

"Sometimes you feel there is nothing there to live for".

4.3.2 Physical Health

The issue of physical health came up in different forms. Three of the participants had been released form respite/hospital stays and these periods were frequently spoken of in relation to loneliness. Michael was a case in point. He had just recently returned home from a stay in hospital and said the following about the impact of his health on his wellbeing:

> *"I was in hospital, just out, I used to get the bus into town but I won't be able to do that again for a while, [when asked the impact that this will have], I suppose I'm dependent more now on the service [Friendly Call Cork] and neighbours….you need them or you won't get better".*

Betty had the following to say about the effect that her circumstances have had on her health:
"It's an awful feeling, loneliness slows me down".

Lack of mobility was a big concern for many of those that were interviewed as they found it difficult to go out too far or to navigate journeys into the city. Edith commenting on being partially housebound said that "*the housebound are forgotten about"*. While Niall who was just recently released from hospital commented:

"I'm still very weak after the hospital, I was there for two months, I was very lucky and they were very good but I'm a bit stuck now as I can't risk going out in case I fall or something happens".

While the majority of those interviewed were not housebound there was a consensus that a decline in health and loneliness were linked as it impaired participants ability to get out and socialise.

4.4 A Sense of Isolation

Interviewees were not asked directly if they were socially isolated. The researcher sought to determine this by asking questions about the availability of support networks as well as trying to determine if the interviewees felt they had someone close by if they needed help. While all those being interviewed lived in urban areas there were mixed views as to how this manifested itself in terms of integration. Three of the respondents made reference to neighbours being older themselves with views such as those of Sharon being common:

"Well on one side of me I never see them and on the other side there is a man in his 80s, he's worse off than I am, he doesn't be well, it's very quiet, there is no one two doors up and sometimes I call to another neighbour but I haven't seen them in a while".

The sense that neighbourhoods are changing was articulated by Kate when she discussed how nowadays she finds it difficult to integrate in the area she was brought up in:

"If my parents came back they wouldn't know the place, it's all changed since I was young, it used to be a lovely neighbourhood but I don't know anyone now, I go to the shop for a few bits and I wouldn't see anyone I know, you used to go out and you could talk to everyone but not now".

The sense that older people are being isolated, even in urban areas, was suggested by Helen when she spoke of constantly changing neighbours and the effect this has on her:

"Upstairs they have changed again, I went away for a couple of days and when I came back there were new people there…..I miss the family that used to be there, a mother and a daughter. They had problems but I think the daughter used to like talking to me because I was very nice to her, I didn't care what she told me".

Betty made the remark that even though she is living very close to Cork City Centre she feels isolated because she has to look after a family member so she can't leave the house very often:

"I see no one, I have to be here to look after him [name]…..sometimes I just stand at the door and talk to people as they pass, I do this when I can".

4.5 What Friendly Call Cork Means to the Service User

Being part of the FCC service was hugely appreciated by all those who were interviewed, with all participants expressing how much the service means to them and what an important difference it makes in their lives. Common remarks in relation to the service were:

"It really cheers you up" (Edith)

"It lifts your spirits" (Nuala)

"Oh a phone call is an essential thing, everybody needs it" (Michael)

The life changing impact of the service was succinctly articulated by Edith who stated that:

"They [Friendly Call Cork] have made a big change in my life completely, they have been there when I needed them most, they helped me when I couldn't get help with my house…..when I was sick they phoned to make sure I was taking my medication they [Friendly Call Cork] are angels, I really mean that".

4.5.1 I have a friend

Many of the participants referred to the service in terms of the volunteer callers and the fact that they often felt like they were talking to friends. This was conveyed in a very positive and affirming way which was emphasised by the way the respondents expressed the important qualities that friends should have and then applying these qualities to the callers at FCC. This sentiment was conveyed by Kate when she said that:

"There your friends, that's the way I feel about them, there my friends and they don't judge or give out, I tell them things I can't tell anyone else about. I have problems at the moment with [name] and I was upset over it last week, I was crying and they [Friendly Call Cork] were fantastic to me, they really cared and phoned me again to make sure I was alright…….im sure they are sick of me crying (laughs)".

Kate went on to say that "*someone loved me"* in relation to feeling lost and alone over problems at home and having Friendly Call Cork as a source of friendship.

This sense of friendship continued as a theme throughout the interviews with Michael saying in relation to a recent stay in hospital:

> *"I was in the hospital for a good number of weeks, I've forgotten how many, you lose track in those places but they [Friendly Call Cork] even phoned me in the hospital, they go above and beyond … there brilliant, each and every one of them".*

Speaking in relation to living alone Helen said "*it makes a big difference to have someone",* while Edith who spoke in relation to the social outings that are held a number of times a year pointed out that she has made some really good friends through getting out and taking part in the social events:

> *"I made a friend down there and we are like two sisters now before going on to state I go to the events to meet friends and to have someone to talk to".*

Kate talked in terms of friendship when she observed that:

> *"Every now and again I will bump into someone I know form the social events and we would be wondering how we know each other [laughs] then we say 'Friendly Call Cork' [laughs again] its lovely, you don't usually get to meet friends at my age"*

Michael was very appreciative of the opportunity through the social events to get to meet and socialise with people that he has gotten to know from the previous social outing:

"It's an opportunity to meet people……it's a chance to sit around a table to have a chat and a song".

4.5.2 Security

When asked if the service provided them with a sense of security there was an overall consensus that this was one of the most important aspects of the service. In the event that service users can't be contacted after a number of calls FCC will phone contacts of the service users to make sure that they are safe. Overall this aspect of the service was seen to give a great sense of security to the interviewees who expressed their relief and

gratitude that there was someone who would notice if they were not contactable. Helen expressed how vital this was for her especially as she lives alone:

> *"It's so important for all elderly people but especially for people living alone. No one would know if something happened to you, you could be lying there for days. I often wondered how that could happen when you here about people that weren't found for days. Now I know how it could happen".*

Betty expressed how important this sense of security that the service provided was to her and her family when she said:

> *"It's unbelievable, knowing that someone is going to check on you every day……. If something happened to me I know that the alarm would be raised, that's the most important thing, if something did happen to me who would get [name] medication?"*

Nuala added to this theme by saying that "*if you don't answer the calls she'll [Friendly Call Cork Caller] will contact my son"*. Kate also expressed her relief that her son would be contacted if she did not answer the phone "*my son will get a call, he doesn't live in Cork but he can contact relations that would check on me to make sure I was okay"*. While Michael expressed how reassuring it is to have a contact registered with FCC for both himself and his sister:

> *"If I was missing they [Friendly Call Cork] would contact my sister, tis great, I feel a lot safer and my sister feels a lot safer knowing someone is looking out for me. She is getting on now as well so it's hard for both of us to look out for each other".*

Knowing that they would be receiving a call was seen as generally comforting also by many of the interviewees:

"You know someone will be in touch, so you can rest easy [laughs]" (Larry)
"If I'm not feeling well it's good to know they [Friendly Call Cork] are there" (Sharon)
"I feel very secure" (Edith)

4.5.3 Sense of family

Closely linked to the unanimous feeling of friendship that was conveyed by the interviewees many went on to express greater levels of comfort and closeness that they felt towards the FCC team. Niall who has many family members close by still remarked that "*there like a sister or brother"* this sentiment was also expressed by Michael who simple said:

"I belong to the Friendly Call, I can say that now, I belong to the Friendly Call"

In addition, Sharon who lives alone in a small two room house said:
"I'm delighted to have them, they're great and so caring…….you have to have someone if you have no one else"

The impression of Friendly Call Cork being like a family was also conveyed by Helen and Edith who said respectively:
"There my family now…..there my new family" (Helen)
"Strangers can be better than your own sometimes" (Edith)

4.5.4 Help and Support

It soon became evident throughout the interviews that the FCC service provided an awful lot of support to its service users, this was demonstrated in many different ways. Through its care and repair scheme the service offered assistance on practical issues such as moving furniture and doing small maintenance jobs. While at an emotional level the support offered was seen to be invaluable. Michael gave an example of how the service helped him to move a bed down from an upstairs bedroom so that he didn't have to climb the stairs after a recent operation:

> *"They were great, they helped to move things around so that I would be more comfortable in the front room, I couldn't be climbing them stairs so they got the bed down here [pointed to front room] I will sleep down here till I'm a bit better……then they'll have to carry it back up [laughs]".*

Edith had a similar story to tell as she explained that FCC helped to tidy her house when it got too much for her:

> *"They came and helped to move some of the furniture against the wall so that I could move about easier on this [holds on to roller walker]. There was a lot of stuff that needed to be gotten rid of so they did that too. I can't do it anymore".*

Helen who was on a respite stay when she was interviewed expressed her gratitude that a volunteer from the service drove her to the care home:

"It meant so much to me, I was nervous about coming in here but one of the girls [name] came and collected me and brought me down…….I settled in much better knowing that they [Friendly Call Cork] knew where I was and would continue to call me in the care home".

4.5.5 Confidence and Emotional Support

When asked if the service provided them with a sense of confidence and emotional support all the interviewees reported that being part of FCC gave them with a source of emotional support should they need it. Among some of the common sentiments to be expressed were feelings that there was someone there for them, someone who would not judge or criticise but rather be supportive and give encouragement to face problems or situations that were causing them varying degrees of distress. With regards to confidence all respondents noted that their confidence was improved as a result of being part of the service. Claire speaking of a difficult time in her life relayed that:

"They [Friendly Call Cork] were there for me, there to listen to all my problems when I didn't have anyone else, I really needed that……..they will support you in any way they can. They have been so supportive of me over the last few years and have been there throughout all my problems".

Claire continued to emphasise how important Friendly Call Cork had been to her by saying that:

"They have been invaluable to me and they really have [pauses] been there for me through thick and thin…..they are the best thing that ever happened to me".

Betty was very firm about how much the support she gets from the service means to her:

"Oh huge, huge, they are so supportive of me and I need that so much, I have to be strong for [name] and I feel they are strong for me".

The sense of everyone needing to feel that there was someone there for them was expressed by Sharon:

"I think we all need someone, someone to share our burdens with and that's what they [Friendly Call Cork] do, they listen".

Edith spoke of the reassurance that she receives by being part of the service and the fact that it seems to give her strength and encouragement:

"Oh it does, it really does, it builds up my confidence, it helps me to build up my strength……it makes you feel known and loved".

Betty spoke of how important it was to have someone to help you and support you especially when you may be caring for others and at risk of not having anyone realise that you may need help and support yourself:

> *"You're talked to, your asked how you're day is going, how you are feeling and if you're ok, there [Friendly Call Cork] unbelievable, they know about your life and what troubles you might have [pause] they give me a sense of confidence….I think that's vital."*

Niall commenting on his mental wellbeing and the impact that the service has in supporting him through tough times said:

"It releases any tension in your head away from you" while adding *"I think they [Friendly Call Cork] are life savers, when you're on your own its hard."*

4.6 Satisfaction with the Service

All of the participants expressed unreserved thanks and appreciation for the service. It was clearly apparent that the service has made a hugely positive impact on the participants lives and they were at pains to point out how much they relied on the service and how enriched they felt now that they had FCC in their lives. A common theme was a passionate expression of thanks to all the volunteers who ran the service and to the management who were praised deeply. Some of the comments that were indicative of the overwhelming satisfaction the participants had for the service were:

"They're God's gift" (Kate)

"Friendly Call Cork has brought me back up in life" (Niall)

"It gives me something to live for" (Niall)

"Every one of them are so nice and so caring I couldn't say enough nice things about them" (Helen)

"There a brilliant organization" (Michael).

"You could never replace Friendly Call" (Betty)

"They would do anything for you, anything and [name] is an angel" (Sharon)

"It's the best thing that happened in my life" (Edith)

While the reliability of the service was praised by Claire:

"It's an excellent [emphasised] efficient service, they never miss a day….they never miss checking on you". Claire went on to add *"I depend on it ……..100% depend on this call".*

In relation to the social outings those who took part spoke of how much they enjoyed the events and the chance to spend time mixing with the other service users and volunteers:

"When I come back [from an event] I'm a totally different person" (Nuala)

"Some days when I'm at one of the tea parties I don't want to go home" (Nuala)

"I go to all of them, I wouldn't miss them, I love to have a dance and the food is lovely [laughs]" (Kate)

A number of the respondents commented on how they usually would not go to events as they felt nervous or they found it hard to face going out, but with FCC it was different as they felt they knew everybody already and so it was not as intimidation. Also if they needed to be collected that could be arranged which made a big difference:

> *"The Friendly Call come and collected me, they make sure I go [smiles], sometimes I don't think I can but they reassure me and send one of the volunteers [name] to collect me, I went to the [name of the event] and it was lovely, they [name of event] put on a great do, we all had a great time"* (Edith)

When asked what the best part of the service was many of the respondents commented on how receiving the FCC call was a big part of their lives:

"Oh the fabulous callers….I feel they know me" (Niall)

"You know that you are at least going to get one phone call a day" (Edith)

"The phone is my lifeline" (Betty)

"When our on your own, you'd like someone to give you a call" (Nuala)

"I rely on the call…… they ask you how you are feeling" (Michael)

"If I had to make the call it would be pressure, but I don't have to do that" (Larry)

"I find myself looking forward to it" (Larry)

"I'd be waiting for their calls" (Niall)

4.7 Future Development

The vast majority of participant were very happy with the way that the service was being provided at the time of the interviews with comments such as "*it suits me just fine at the moment…. I wouldn't change a thing"* being a common tread. When asked about the duration of the calls participants stressed unanimously that they were very happy with the duration as Kate pointed out:

"They [Friendly Call Cork] will stay with you as long as you need, if you're having a bad day they could stay on for a long while and if you're having a good day [laughs] you'll have a little chat".

Claire added that: "*[It's] just right, it's a lovely way to start the day to talk to Friendly Call*". The views were more mixed with regards to social outings with six of the participants happy with the amount of outings being offered at present with comments such as:

"There are enough for me, I like to have something to look forward to" (Kate)

While Michael made the point that illness can sometimes intervene and prevent service users form attending events:
"I missed the last event because of the hospital, I would have really enjoyed it …. So if there were too many I'd find it hard to keep up".

However there were four participants who taught an extra few social events would be valued, "*Absolutely, the more the better"* (Kate).

Two participants made the comment that they would value the opportunity to have more physical activity, this was articulated by Nuala:

"I'd like it if they could take me for a little walk…..my friend is in a club that take them for walks…. It doesn't have to be long but it's great to get a bit of fresh air".

Participants also made the point that more people need to know about the service as they felt that there would be a lot of older people in their position that could really benefit from the Friendly Call Service:

"There should be information in shops all around the city, that's what I would recommend, people need to know that the service is there and how much it helps" (Betty)

"More people like us need it" (Kate)

"They should have flyers in pharmacies and doctors so people like me would know about Friendly Call" (Niall)

In a wider context many of the participants made reference to how the service was of great benefit to the older population of Cork with two participants commenting:

"They are giving a wonderful service to Cork" (Helen).

"Helping the lonely living alone in the city ….it's a service" (Michael)

4.8 Discussion

The following section discusses the main findings from the primary research conducted with the ten interview participants. This research project aimed to gain an understanding of the impact that loneliness and social isolation can have on older adults as well as the role befriending services play in offsetting their negative consequences. The main themes that emerged from the primary research findings will be discussed in relation to the literature review that was presented in chapter three. The primary research phase of the study offered the author an invaluable opportunity to gain an understanding of what it is like to grow older in Cork City. The participants all differed widely in their backgrounds, family lives, and health status but they all shared two things in common; they were all getting older, and to a greater or lesser extent they all experienced the negative effects of loneliness and social isolation.

4.8.1 Loneliness

The analysed data confirms that all ten participants in this study presented feelings of loneliness with many expressing this in relational terms whether it was through the loss of a partner, loss of a family member or loss of friends. These fears have been noted as problems that increasingly affect people as they get older (Stewart et al, 2001; De Jong et al, 2011). It soon became apparent that loneliness affected many of the participants deeply and very personally with a great sense of pain and sadness being reflected. These findings are in keeping with research conducted by Golden et al (2009) into the prevalence of depression as a result of experiencing loneliness in later years. Most of the female participants were very forthcoming about how loneliness affected them and

spoke of how it was so debilitating and detrimental to their sense of wellbeing. There was a keen sense that loneliness was corrosive and wore participants down. Research by O'Luanaigh and Lawlor (2008) while addressing loneliness supported these findings by presenting evidence of the strong links between loneliness and negative health outcomes for older adults. Not having someone to talk to or confide in was noted as one of the main findings of the research, with many of the interviewees conveying regret and disappointment that they did not have people in their lives that they could count on. A lack of a close family members was a very apparent cause of loneliness for many of the participants. Those that did not marry or have children expressed high levels of loneliness and worry that they did not have loved ones to support them and look out for their needs. The changes in Irish family dynamics and the increase in people living alone supports these findings (Timonen, 2008). However those that did have a family also expressed the need to have someone to rely and count on which clearly showed that loneliness was very much a subjective feeling, and as such, living with other people does not guarantee that older people will not suffer from loneliness (Singh and Misra, 2009).

The importance of social contacts was conveyed throughout the interviews with most of the participants commenting on the positive feelings and boost they received from participating in the social outings. Literature on active ageing shows how vital it is that older members of society are given adequate opportunities to engage in social activities (Ní Léime and O Shea, 2010). A change of circumstances was seen to be a factor in a slide into loneliness as was observed by a number of participants who had suffered bereavements or serious upsets that left them vulnerable and in need of help. The loss of a partner was highlighted by Coyle and Duggan (2012) as being a serious risk to older people. The predominant message that came across in regards to loneliness was that it is very prevalent and seemed to gather momentum leaving the participants in a position that they would like to be able to change.

4.8.2 Social Isolation

The analysed data has shown themes relating to illness as a risk factor for social isolation. Decline in health and the resulting impact this has on participants ability to travel outside of their homes was discussed by a number of interviewees. Being unable to leave the house or being worried about falling if they did were key concerns for participants and these issues were perceived as being causes of social isolation and loneliness. This issue was addressed by Tracey (2004) when she looked at the effect of ill health on older people and the risks of social isolation as a result. The changing nature of communities and people moving out of neighbourhoods was another worry that was raised by interviewees who found this tough to adapt to and as a result found it difficult to fit into an ever changing environment. McCarthy and Thomas (2004) noted that a sense of community was an important consideration in assessing an older person's risk of social isolation. An interesting observation that

was noted was the ageing of neighbours. This underlines the fact that for those who lived for most of their lives in the same area the people they would have had social contact with were themselves now getting older, and as a result older people were being isolated from each other. Concerns were raised over the sense of isolation participants felt as they wanted to be in a position to socialise but factors such as illness or lack of neighbours were forcing them into loneliness. These views are in line with research conducted by Dickens et al (2011) that argued that being in a position to avail of social contacts helped to guard against social isolation.

4.8.3 Physical and Mental Health

Another prominent finding was the impact that loneliness and social isolation has older people's physical and mental health. All participants stated that being lonely and socially isolated was very hard to deal with. This view is shared by the research participants in Andrews et al (2003) study that looked at the opinions of the service users of a befriending service in the United Kingdom. A number of those interviewed spoke of feeling very sad and worn down by the experiences associated with social isolation and loneliness and they conveyed how difficult it was to cope day to day. The opinion was voiced that having someone close to the participants was seen as essential in allowing them to deal with the negative impacts of getting older. This finding is borne out by research into the positive impact of social contact on mental health Masi et al (2011) which showed that opportunities to engage in social contacts helped improve older peoples sense of confidence and well - being. Just being able to engage in social contacts was repeatedly raised as being a key need of the participants as this would allow them to feel part of society and give them the chance to talk about everyday issues. There was an expression that participants would like the opportunity to be able to engage in activities to improve their health and fitness, this was conveyed in terms of improving both their mental and physical health. Finding it difficult to get motivated and not having someone to encourage them was suggested as significant causes of a slide into negative feelings about one's situation. Research by Mistry et al (2001) highlighted the importance of being able to feel part of the community and to engage in physical activities in combating prolonged hospital stays for older people.

4.9 Befriending services and what they offer

The value that all interviewees placed on the FCC Service was overwhelming. The respondents felt that they could not adequately express how much the service meant to them. All those interviewed described how the service was able to tackle and alleviate some of the very negative impacts of social isolation and loneliness that were noted above. The common thread that ran through the discussion about FCC was that it was viewed as a life saver. This was a very significant point as it clearly showed how crucial and essential the service was in dealing with some very serious and painful issues that the respondents were facing in their lives. These findings

correspond with Dean and Goodland (1998) who noted that befriending services offer prolonged support to service users. Having a service that they could rely on and that never failed in its promise to phone them was seen as being a great sense of support and comfort to the participants. The sense of security the service provided was reported as being one of the most important aspects of the FCC service. Research by Chal (2004) noted that befriending services were especially positive in the area of comfort and security. With many of the participants living alone or being unwell there was a common fear of not being able to get help if an accident was to occur. This was combined with a general fear of just not being found if something were to happen. This corresponds to research by Holt-Lunstad (2010) which shows the increasing risks that older people are exposed to in regard to their safety.

There was unanimous praise for the extraordinary care and attention that the service showed to the participants. All ten spoke in glowing terms of the sense of emotional support and comfort that they received from FCC. It was clear that in many instances it was because of this support that participants were able to keep going and face some of the tougher times in their lives. McNeil (1995) discusses the importance of having non-family relations in place in order to offer emotional support to older people in times of need. Participants also confirmed that the telephone calls from the service were a central part of their lives and something they relied on and looked forward to which set them up for the rest of the day to follow. The social outings were seen as an opportunity to go out and socialise in a warm and supportive manner with the fear of transport and not knowing anyone removed. The importance of older people being in a position to be able to take part in social activities was discussed by Catton et al (2005) while looking at health promotion interventions for older people. Overall the participants stated that the FCC Service was adding a vital and much needed element to their lives that has greatly improved their wellbeing while giving them a source of strength as they get older. The final key finding was about future development. According to a number of participants more social outings would be very beneficial and would add to their sense of social interaction. There was also a widespread view that more older people need to be made aware of the service as the respondents could see how much of a positive impact it had on their lives so they wanted to see this afforded to others who may need help but are not currently aware of the service.

4.10 Conclusion

The participants in the face to face interviews offered open, honest and in – depth insights into their views on social isolation, loneliness and the role FCC plays in their lives. It was a predominant assessment that FCC offered a much needed and valued service which helped alleviate the negative impacts of social isolation and loneliness. Participants were extremely happy with the service and offered positive recommendations for future development including making sure as many older people as possible are made aware of the service.

Chapter Five: Concluding Comments and Recommendations

5.1 Concluding Comments

The researcher set out to explore whether FCC had an impact on alleviating the harmful impact of social isolation and loneliness for its service users. The most crucial aspect of the research was the participatory approach taken which has been shown to allow for rich and insightful primary data to be yielded (Swantz, 2015). It quickly became apparent through the primary interviews that getting older is a complex journey filled with ups and downs, gains and losses, in a way, just like every other stage on the life course (Gilhooly, 2002; Yang, 2012). However, it was also evident that while the participants represented a diverse cross section of the older community they all shared the fact that they were not as able as they used to be to deal with some of the challenges they faced. The findings of the research serve to generate a greater understanding of how social isolation and loneliness impacts on older people. The experience of loneliness and social isolation was discussed in depth with respondents who expressed a wide array of views on its origins and impact in terms of their day to day lives:

5.2.1 Loneliness and social isolation

The research showed that loneliness and social isolation can affect older people for a variety of reasons and its side effects can be extremely detrimental to both the mental and physical health (Holt-Lunstad, 2010; Wilson et al, 2007; Mistry et al, 2001) of those that are affected. The data gathered from the primary interviews added great complexity to the research and showed that loneliness and social isolation were very prevalent across a wide representative sample of the FCC service users. While some participants were less vocal about their experiences of loneliness and social isolation there was still a strong acknowledgement that they were undesirable outcomes of getting older. Those that did speak freely of their experiences spoke of the suffering that these experiences brought. What was most striking form the research was the expressions of how much the sensation of social isolation and loneliness hurt the participants and how much interventions were needed.

5.2.2 Friendly Call Cork

While the literature bears out the effectiveness of interventions such as befriending (Chal, 2004; McNeil, 1995) it has been emphasised that more research needs to be undertaken to ascertain their role in the prolonged alleviation of symptoms of social isolation and loneliness (Harvey and Walsh, 2016). Bearing this in mind it is clear from the primary research that all ten participants gained huge comfort and support from the assistance given to them by FCC. The research showed that the service was a vital lifeline to many of the participants and

offered them a source of strength to count on when needed. It was felt by the researcher that the interview participants gave unbiased and deeply honest answers to the questions asked. This meant that the researcher was able to get a rich and insightful view into the lived experience of service users of FCC. While there were many extremely interesting and pertinent observations to be made from the interviews, one of the main realisations that the researcher would like to highlight is the fact that all of those who were interviewed showed great positivity and strength in the face of what were for many, very sad losses and illness. It is this sense of strength and determination that indicates that interventions such as FCC can be vital as it may be all that is needed to galvanise older people to face troubles that they may be confronting.

With research clearly pointing to the extremely negative health outcomes of loneliness and social isolation (Wilson et al, 2007; Seema, 2000; Andrews et al, 2003) the researcher feels that the FCC service offers a particularly effective intervention strategy that aligns itself to the expressed goals of the National Positive Ageing Strategy (2013) such as enabling older people to age with confidence and security. The researcher also feels that the service offers a cost effective means of facilitating an effective service that should be supported and enhanced in light of concerns over the growing cost of support in the future (Department of Health, 2012; Timonen, 2008).

5.3 Recommendations

After analysing the primary research findings and considering the scope of research that was studied as part of the literature review the author would offer the following recommendations:

- The results of this research project clearly show that social isolation and loneliness can have very serious health related outcomes for older adults. This link should be recognised as a priority by all those working in areas related to older adults in light of the growing trends for ageing populations. Early recognition and intervention strategies could therefore help alleviate the risk to older adults.

- As the Friendly Call Cork service predominantly deals with residents of Cork City and suburbs the researcher would recommend that the phone call service be expanded to try and reach older people living in rural areas who might be especially vulnerable to loneliness and social isolation.

- Currently the service has a 70% female and 30% male ratio, as such the researcher would recommend that the service tries to facilitate more of an outreach campaign aimed at men to try to make sure that more men have a chance to avail of the service.

- As a number of interviewees expressed a desire for help to get out for a walk, and building on evidence pointing to the importance of physical activity, the researcher would advocate that the service tries to incorporate a mixed approach to social outings with consideration given to having events that would allow for physical exercise.

- While most of those being interviewed were happy with the amount of social activities provided the researcher would be mindful of research that shows that intervention models that have a strong social element have been shown to be most effective.

- One of the most prominent findings of the research was the degree to which the participants depended on Friendly Call Cork to get them through serious emotional issues. With this in mind the researcher would recommend increased levels of training for volunteers to make sure that all those engaging in serious and personal conversations are in a position to effectively manage such calls.

- In keeping with development ideas of reaching other vulnerable older people that were expressed by interviewees, the researcher would recommend that the project managers at Friendly Call Cork try to expand the marketing of the service so that its visibility and reach is increased.

- The researcher would strongly recommend that the Friendly Call Cork service should undertake further research in order to attain a strong and reflective body of research that could be used to elevate the role that Friendly Call Cork and befriending services in general play in dealing with the issues of loneliness and social isolation amongst older adults in Ireland.

5.4 Reflective Comment

I first became aware of the CARL initiative during my first year of studies in UCC. It immediately registered as a very exciting initiative which would add a very worthwhile dimension to student research. When it finally came time for me to decide on my own final year research project I once again visited the CARL website and attended a presentation on the benefits of the CARL initiative.

The research brief submitted by FCC instantly struck me as a project that would be a very worthwhile undertaking and one close to my own interests. I have often felt that older people face unique challenges that are not adequately addressed by society. I felt that the FCC brief would give me the opportunity to give a voice to older

people in the community which would allow them to talk about issues that affected them, particularly in relation to loneliness and social isolation.

The research proved to be a hugely rewarding experience. It was initially daunting taking on the responsibility of representing an outside community organisation but I was immediately put at ease by the openness and assistance afforded to me by the FCC team. The passion and commitment of all those involved in providing an excellent service to older people in the community inspired me to do my best to provide a piece of work that would be of benefit to the service. Having the chance to conduct primary research with ten service users was a fantastic opportunity as a student researcher to get a real insight into the issues being researched.

Finally, I feel that the support and encouragement of everyone I came in contact with through the CARL experience gave me a unique opportunity to gain valuable practical experience of social research.

Bibliography

About Care and Repair. Age Action for Older People (n.d.). Available at: https://www.ageaction.ie/how-we-can-help/care-and-repair/about Accessed [01 December 2016].

AGE Platform Europe (2013) *Towards an Age Friendly EU by 2020*. [Online] Available at: http://www.age-platform.eu/articles/towards-age-friendly-eu Accessed: [23 January 2017].

Andrews, G.J., Gavin, N., Begley, S., & Brodie, D. (2003) Assisting friendships, combating loneliness: users' views on a 'befriending' scheme. *Ageing & Society*, 23, pp. 349–362.

Atchley, R.C., & Barusch, S.A. (2004) *Social Forces & Ageing: An Introduction to Gerontology (10th edition)*, Belmont: Thomson Wadsworth

Bamberger, M., Rugh, J., & Mabry, L. (2006) *RealWorld evaluation: working under budget, time, data, and political constraints*. Thousand Oaks: SAGE

Bates, C., & Burns, K. (2012) 'Community-engaged student research: online resources, real world impact' In: Quinn, A. M., Bruen, C., Allen, M., Dundon, A. and Diggins, Y (Eds.) *The Digital Learning Revolution in Ireland: Case Studies from the National Learning Resources Service.* Newcastle upon Tyne: Cambridge Scholars Publishing

Baum, F., MacDougall, C., & Smith, D. (2006) Participatory Action Research. *Journal of Epidemiology and Community Health*, 60 (10), pp. 854-857.

Beard, J., Officer, A., & Cassels, A. (2015). *The World Report on Ageing and Health*. WHO Press World Health Organization: Switzerland.

Berg, B.B. (2009) *Qualitative research methods for the social sciences*. Boston London: Allyn & Bacon

Bergold, J., & Thomas, S. (2012) Participatory Research Methods: A Methodological Approach in Motion. *Qualitative Social Research*, pp. 1438-5627.

Bernard, S., & Perry, H. (2013). *Loneliness and Social Isolation Among Older People in North Yorkshire: Stage 2 Report*. Social Policy Research Unit: University of York.

Blaikie, N. (2010) *Designing social research: the logic of anticipation*. Cambridge: Polity Press

Bold, C. (2012) *Using Narrative in Research*. Los Angeles London: SAGE

Bryman, A. (2012) *Social Research Methods (4th edition)*, Oxford: Oxford University Press.

Bytheway, B. (2011). *Unmasking Age: The Significance of Age for Social Research*. Bristol: Polity Press

Cattan, M., White, M., Bond, J., & Learmouth, A. (2005) Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions. *Ageing and Society, 25*(1), pp. 41-67.

Catton, M., Kime, N., & Bagnall, A.M. (2011) The use of telephone befriending in low level support for socially isolated older people – an evaluation. *Health and Social Care in the community*, pp. 1365-2524.

Central Statistics Office (2013) *CSO Population and labour projections 2016 – 2046.* CSO: Dublin

Central Statistics Office (2008) *Regional Population Projections 2011 – 2026.* CSO: Dublin

Central Statistics Office (2012) *Profile 1: Town and Country. CSO*: Dublin

Central Statistics Office (2016) *Census of Population 2016 – Preliminary results*. CSO: Dublin

Central Statistics Office (2017) *Census 2016 Summary Report Results – Part 1*. CSO: Dublin

Chal, J. (2004) An evaluation of befriending services in New Zealand. Final Report. [Online] Available at: http://www.health.govt.nz/our-work/life-stages/health-older-people/health-older-people-publications/evaluation-befriending-services-new-zealand-final-report Accessed: [21 November 2016]

Community – Academic Research Link. University College Cork (2017). [Online] Available at: http://www.ucc.ie/en/scishop/ Accessed: [10 February 2017]

Considine, M., & Dukelow, F. (2009) *Irish Social Policy: A Critical Introduction*. Dublin: Gill and Macmillan

Coyle, C.E., & Dugan, E (2012) Social Isolation, Loneliness and Health among Older Adults *Journal of Aging and Health.* 24(8), pp. 1346– 1363.

Creswell, J.W. (2013) *Research Design: Qualitative, Quantitative, and Mixed Method Approaches*. Los Angeles: SAGE

Davis, R. (2014) European Parliamentary Research Service: Older People in Europe EU Policies and Programmes. [Online] Available at: http://www.europarl.europa.eu/atyourservice/en/20150201PVL00031/European-Parliamentary-Research-Service Accessed: [21 March 2017]

De Jong Gierveld, J., Fokkema, C.M., & van Tilberg, T. (2011) Alleviating loneliness among older adults: possibilities and constraints of interventions. *Safeguarding the convoy: a call to action from the Campaign to End Loneliness*, pp. 41-45.

Dean, J., and Goodlad, R. (1998) *The Role and Impact of Befreinding*. York: Joseph Rowntree Foundation.

Department of Health (2012) *Future Health: A Strategic Framework for Reform of the Health Service 2012 -2015*. Dublin: The Stationary Office

Department of Health (2013) *National Positive Ageing Strategy*. Dublin: The Stationary Office

Department of Health (2016) *Positive Ageing 2016: The National Indicators Report.* Dublin: The stationary Office

Dickens, A.P., Richards, S.H., Greaves, C.J., & Campbell J.L. (2011) Interventions targeting social isolation in older people: a systematic review. *BMC Public Health*, pp. 1471-2458.

Drennan, J., Treacy, M., Butler, M., Byrne, A., Fealy, G., Frazer, K., & Irving, K. (2008) The experience of social and emotional loneliness among older people in Ireland. *Ageing and Society*, 28, pp. 1113 – 1132.

Erber, J.T. (2010) *Ageing and Older Adulthood (2nd edition)*, Malden: Wiley Blackwell

European Commission (2015). *The 2015 Ageing Report: Economic and Budgeting projections for the 28 EU member states 2013 – 2060.* European Union Publishing Office.

Fox. S., Kenny, L., Day, M. R., O'Connell, C., Finnerty, J., & Timmons, S. (2015) *Report on the Housing and Support Needs of Clúid's Older Tenants*. Dublin: Clúid Housing.

Frazer, K., & Irving, K. (2008) 'The experience of social and emotional loneliness among older people in Ireland'. *Ageing and Society*, 28(8), pp. 1113-1132.

Friendly Call Cork. Cork City partnership Clg (n.d.). [Online] Available at: http://corkcitypartnership.ie/social-inclusion/friendly-call-cork/ Accessed [17 November 2016]

Gilhooly, H. (2002) The Roles and Responsibilities of the Researcher In: Jamieson, A. & Victor, R.C. (eds). *Researching Ageing and Later Life: The practice of social gerontology*. Buckingham: Open University Press

Golden, J., Conroy, R., Bruce I., Denihan, A., Greene, E., Kirby, M., & Lawlor, B. (2009) Loneliness, social support networks, mood and well-being in community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24, pp. 694-700.

Gomm, R. (2004). *Social Research Methodology: A Critical Introduction*. New York: Palgrave Macmillan

Goodman, A., Adams, A., & Swift H.J. (2015) *Hidden citizens: How can we identify the most lonely older adults?* The Campaign to End Loneliness: London

Green, J. (2005). 'Qualitative Interviewing' In: Green, J & Browne, J. (eds). Principles of Social Research. Maidenhead: Open University Press.

Hagan, R., Manktelow, B., Taylor, B.J., & Mallett, J. (2014). Reducing loneliness amongst older people: a systematic search and narrow review. *Ageing and Mental Health.* Volume 18, pp. 683-693.

Hamilton – Stewart, I. (2011). 'Introduction' In: Hamilton – Stewart, I. (eds). *An Introduction to Gerontology*. Cambridge: Policy Press

Harvey, B., & Walsh, K. (2016) *Loneliness and ageing: Ireland, North and South*. Dublin: Institute of Public Health in Ireland

Hawkley, L.C., & Kocherginsky, M. (2017). Transitions in Loneliness Among Older Adults: A 5 – Year Follow – Up in the National Social life, Health and Ageing Project. *Research on Ageing*, pp. 1-23.

Holt-Lunstad, J., Smith, T,B., & Layton, J.B, (2010) Social Relationships and Mortality Risk: A Meta- Analytic Review. *Public Library of Science*, 10, 1371.

Jesson, J.K., Matheson, L., & Lacey, F.M. (2011) *Doing your literature review: traditional and systematic techniques*. London: SAGE

Kelly, T., & Hayes, P. (2014). *"Cork City Profile 2014"*. Cork Healthy Cities and Social Inclusion Unit, Cork City Council: Cork

Masi, C.M., Chen, H-Y., Hawkley, L.C., & Cacioppo, J.T. (2011) A Meta-Analysis of Interventions to Reduce Loneliness. *Personality and social psychology review : an official journal of the Society for Personality and Social Psychology, Inc*, 2011, 15(3):10.

May, T. (2011) *Social research: Issues, Methods and Process*. Berkshire: Open University Press

McCarthy, H., & Thomas, G. (2004) *Home Alone: Combating Isolation with Older housebound people*. London; Demos 2004

McGarrigle, C., Donoghue, O., Scarlett, S., & and Kenny, R.A. (2017) *Health and Wellbeing: Active Ageing for Older Adults in Ireland*. The Irish Longitudinal Study on Ageing: Dublin

McGill, P. (2010) *Illustrated Ageing in Ireland North and South: Key Facts and Figures*. Centre for Ageing Research and Development in Ireland: Dublin

McNeil, J.k (1995) Effects of Nonprofessional Home Visit Programs for Subclinically Unhappy and Unhealthy Older Adults. *Journal of Applied Gerontology*, 14, No.3, pp. 333-342.

Mead, N., Lester, H., Chew-Graham, C., Gask, l., & Bower, P. (2010) Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. *The British Journal of Psychiatry*, 196, (2), pp. 96-101.

Mistry, R., Rosansky, J., McGuire, J., McDermott, C., Jarvik, L., & UPBEAT Collaborative Group. (2001) Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT program: Unified psychogeriatric biopsychosocial evaluation and treatment. *International Journal of Geriatric Psychiatry,* 16, pp. 950–959.

Ní Léime, A., & O' Shea, E. (2010) *Well into Older Age – Age & Opportunity and the Evidence: What Research says about the value of Promoting Participation of Older People*. Centre for Ageing Research and Development in Ireland: Dublin

Ni Leime, A., Finn, C., Healy, R., & Ward, P. (2013) *Gender and Rural Ageing in Ireland: Profile and Key Issues*. Irish Centre for Social Gerontology: Dublin.

Nicholson, R., & Nicholson, J. (2008) Social isolation in older adults: An evolutionary concept analysis. *Journal of Advanced Nursing*, 65, pp. 1342-1352.

Northern Ireland Executive (2015). *Active Ageing Strategy 2016-2021.* [Online] Available at: https://www.communities-ni.gov.uk/publications/active-ageing-strategy-2016-2021 Accessed: [11 February 2017].

O'Luanaigh, C., & Lawlor, B.A. (2008) Loneliness and the health of older people. *International Journal of Geriatric Psychiatry*, 23, pp. 1213-1221.

Repko, A.F., & Szostak, R. (2016) *Interdisciplinary Research: Process and Theory*. Los Angeles: SAGE

Robson, C. (2011) *Real world research: A Resource for Users of Social Research Methods in Applied Settings*. Chichester, West Sussex: Wiley

Rubin, H.J., & Rubin, I.S. (2005) *Qualitative Interviewing: The Art of Hearing Data (2nd edition)*, New York: SAGE Publications Ltd.

Sarantakos, S. (2005) Social *Research (3rd Edition)*, Hampshire: Palgrave Macmillan

Schwartz-Shea, P., & Yanow, D. (2012) *Interpretive research design: Concepts and Processes*, New York: Routledge

Seema, T.E. (2000) Health Promoting Effects of Friends and Family on Health Outcomes in Older Adults. *American journal of health promotion*, 14(6), pp. 362-70.

Silver, C. (2016) Participatory Approaches to Social Research. In: Gilbert, N. & Stoneman, P. (eds) *Researching Social Life*, London: SAGE Publications Ltd.

Silverman, D. (2010) *Doing qualitative research: A Practical Handbook*. Los Angeles London: SAGE

Sinclair, D., & Creighton, H. (2015) *Opportunity Knocks Designing Solutions for an Aging society*. European Union Publishing Office

Singh, A., & Misra, N. (2009) Loneliness, depression and sociability in old age. *Ind Psychiatry J,* 18:5, pp. 51-55.

Skovdal, M., & Cornish, F. (2015) *Qualitative Research for Development: A Guide for Practitioners*, Rugby: Practical Action Publishing Ltd

Social Justice Ireland (2016). Social justice monitor 2016. Sandyford: Dublin

Spiker, J., & MacInnes, J. (2013) Population Ageing: The Time bomb that Isn't? *British Medical Journal,* 347, 6598.

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013) Social isolation, loneliness, and all-cause mortality in older men and women. *PNAS110*, (15), pp. 5797-5801.

Steven, N., & Tilberg, T.V. (2000) Stimulating friendships in later life: a strategy for reducing loneliness among older women. *Educational Gerontology*, 26:1, pp. 15-35.

Stewart, M., Mann, K., Jackson, S., Downe-Wamboldt, B., Bayers, L., Slater, M., & Turner, L. (2001) Telephone Support Groups for Seniors with Disabilities. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement,* 20(1), pp. 47-72.

Stocker, R. (2005) *Research Methods for Community Change: A Project – Based Approach*. California: SAGE Publishing Ltd

Stuart-Hamilton, I. (2011). Introduction, in: Stuart-Hamilton, I. (ed). *An Introduction to Gerantology*. Cambridge: University Press.

Swantz, M.L. (2015) Participatory Action Research: Its Origins and Future in Women's Ways, In: H.Bradbury (eds), *The Sage Handbook of Action Research*. London: SAGE

Timonen, V. (2008) *Ageing Societies: A Comparative Introduction*, Berkshire: Open University Press

Timonen, V., Kamiya, Y., & Maty, S. (2011). Social engagement of older people. In: Barrett, A., Savva, G., Timonen, V.,&Kenny, R. A. (eds.) *Fifty Plus in Ireland 2011: First results from The Irish Longitudinal Study on Ageing (TILDA).* Dublin: Trinity College Dublin, 2011.

Timonen, V. (2016). *Beyond Successful and Active Ageing: A Theory of Model Ageing*. Bristol: Policy Press

Treacy, P. (2004) *Loneliness and Social Isolation Among Older Irish People*. Dublin: National Council on Ageing and Older people.

Victor, C., Scambler, S., & Bond, J. (2009) *The Social World of Older People*. Berkshire: Open University Press

Wait, S., & Harding, E. (2006) *The State of Ageing and Health in Europe*. International Longevity Centre – UK: London

Walsh, K., Carney, G.M., & Ní Léime, A. (2015) 'Introduction Social Policy and Ageing through Austerity' In: Walker, A. (eds) *Ageing through Austerity*. Bristol: Policy Press.

Wellington, J., & Szczerbinski, M. (2007) *Research methods for the social sciences*. London New York: Continuum International Pub. Group.

Wilson, R.S., Krueger, K.R., Arnold, S.E., Schneider, J.A., Kelly, J.F., Barnes, L.L, Tang, Y., & Bennett, D.A. (2007) Loneliness and Risk of Alzheimer Disease. *Arch Gen Psychiatry.* 64(2), pp. 234-240.

Windle, k., Francis, J., & Commber, C. (2011) Preventing loneliness and social isolation: interventions and outcomes. *Social Care Institute for Excellence: Research Briefing (39)*. [Online] Available at: http://socialwelfare.bl.uk/subject-areas/services-client-groups/older-adults/scie/preventing11.aspx Accessed: [23 March 2017].

Yang, P. (2012) Revitalizing Roles of Older Adult Citizens: Successful Stories of Project History Alive. *Ageing Internationa*, 38, pp. 137–148

Zaidi, A., & Stanton, D. (2015) *"Active Ageing Index 2014: Analytical Report"*. United Nations Economic Commission for Europe: Geneva

Appendix One: Introductory Letter

Bracken
Beechmount
Cobh
Co. Cork

Dear _____,

My name is Paul Lehane and I am a final year Social Science student in University College Cork. As part of the requirements of my degree course I have to undertake a research project. I have chosen to work in collaboration with Community Activation Research Links (CARL) and Friendly Call Cork to conduct research into the experiences of those availing of the Friendly Call Cork service. The aim of this research is to explore participants views of the service and what being involved with the service means to them.

As part of your participation I will be interviewing you for no more than 30 minutes during which I will ask you a number of questions about your experiences of Friendly Call Cork. Please be assured that the information you provide will be completely anonymous and your participation is completely voluntary at all times.

I have provided an information sheet and a consent form so that you can be fully aware of what is involved in your participation. If you are willing to participate in this study could you please read the information sheet and sign the consent form. If you have any questions about any aspect of your involvement please contact me on the details provided at the end of this letter.

Thank you very much for your interest in this research project.

Yours sincerely,

_____
Paul Lehane

Telephone: 087 4165938
Email: 114745869@umail.ucc.ie

Appendix Two: Information Sheet

Title of Research Project: *'Friendly Call Cork – An Exploration of Befriending Services in Addressing Loneliness and Social Isolation Amongst Older Adults in Cork'.*

Introduction
I would like to invite you to participate in this research project which is looking to examine participant's views of the Friendly Call Cork service.

What is the project about?
This research project is part of the final year submission for my degree course at University College Cork. The purpose of the study is to examine the role Friendly Call Cork plays in the lives of those availing of the service. This research has been commissioned by Friendly Call Cork in partnership with the Community – Academic Links (CARL) initiative.

What will you have to do if you agree to take part in the interviews?
If you agree to take part in this piece of research please read the rest of the information provided and then sign the consent form. Once this is completed:

- We will agree to meet at a location that is convenient for you.
- You will be invited to take part in an interview that will last no longer than 30 minutes. The interview will consist of a number of questions relating to your involvement with Friendly Call Cork.
- The interview will be recorded and the information stored securely.
- When the research project is complete I will produce a summary of the key findings which I will send to you.

Will my participation in the project remain confidential?
Yes. Please be assured that your confidentiality will be protected at all times. The only people who will have access to the raw data will be myself and my research supervisor in University College Cork. You will remain anonymous to all outside parties including the Friendly Call Cork service.

What are the advantages of taking part?
The research project is designed to explore the views of those availing of the Friendly Call Cork service. With this in mind you may enjoy the opportunity to discuss matters that are relevant to you. The information that you provide may also help to inform the service of changes it could make going forward.

As there any possible disadvantages of taking part?
I do not envisage any considerable disadvantages of taking part. However, as you will be asked questions about your own views and feelings it is important that you are fully aware that you may take a break or stop the interview process at any point if you feel uncomfortable. Also, please be advised that your continued participation with the Friendly Call Cork service will not be affected in any way by your participation in the research.

Do you have to take part in this research project?
No. Your participation in this research project is entirely voluntary. There is no obligation on you to take part. A representative of Friendly Call Cork approached you as it was felt that you might be interested in taking part. If this is not the case, and you feel you do not want to participate, you are free to withdraw. Also, if you do wish to participate please be aware that you may change your mind at any point during the interview.

What happens at the end of the research project?
At the end of the research project, the findings from the interviews conducted will help to determine the findings of the research. Anonymity will be maintained at all times and all data from the interviews will be stored securely by the researcher for a period of 10 years.

What if I have more questions or do not understand something?
If you have any questions or concerns please do not hesitate to contact me using the contact details provided. I will endeavour to address any questions/concerns that you have so as to make sure you are fully informed before deciding if you are willing to take part.

What happens if I change my mind during or after the study?
If you feel that you do not want to participate any further with the interview you are free to stop at any time. Also, you can contact me with any concerns that may arise after the interviews. If you feel you do not want the information you provided used then you may contact me anytime up to two weeks after the interview has taken place and the data that you provided will be destroyed.

What happens next?
If you feel that you would be interested in taking part in the research please complete the consent form provided and I will be in touch to arrange an interview time and location that is convenient for you.

Appendix Three: Consent Form

I _____ agree to participate in Paul Lehane's research project.

1) It has been explained to me in writing who the interviewer is, the purpose and nature of the study, and the reason for my involvement.

2) I am participating voluntarily.

3) I give permission for my interview with Paul Lehane to be tape – recorded. The transcript of the recording will be kept for a period of ten years at which point the data will be destroyed.

4) The Friendly Call Cork service will not see the information that I have provided at any stage. This information will only be seen by the researcher and his supervisor at University College Cork.

5) I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted and none of my information used.

6) I understand that my name will not be used and every effort will be made to disguise my identity.

7) I understand that the data from my interview will be used in a report that will be presented to Friendly Call Cork on completion as well as appearing in Paul Lehane's final year submission.

8) It has been explained to me that I can terminate the interview at any stage if I feel I do not wish to continue.

Please tick one box:

I agree to quotation/publication of extracts from my interview □
I do not agree to quotation/publication of extracts from my interview □

Signed _____ Date _____

Appendix Four: Individual semi structured interviews with open ended questions.

For the purpose of successful interviews to take place Project Manager Brenda Barry of Cork City Partnership will help to contact potential participants. Ms Barry will inform the participants about the research and why it is being conducted as well as helping to determine a location to conduct the interviews that wold be convenient and comfortable for those who decide to participate.

The main questions will be opened ended and consist of a number of probing questions, if needed, to help get a deeper understanding of the participants views on loneliness, isolation and the role the Friendly Call Cork service plays in their lives.

QUESTIONS:

1) Can you tell me how you got involved with Friendly Call Cork?

   Probing Question: Was there a reason you taught getting Friendly Call Cork calls would be of benefit to you?

2) How would you describe the service and what it offers?

3) Would you mind telling me a little about your day – to – day life?

   Probing Question: What are the best moments?
   What are the worst moments?
   Do you sometimes feel lonely? (If Yes)
   What makes you feel lonely?
   How often do you feel lonely?
   How does loneliness affect you/how does it make you feel?

4) Can you tell me a little about your social activities and contact with people?

   Probing Question: Would you feel that there would be people around you if you needed help/support?

5) Can you tell me how you feel your life has changed since becoming involved with Friendly Call Cork?

   Probing Questions: Do you think the service offers you emotional support?
   Does it provide you with a sense of security/confidence?
   Would you get many other calls?

6) What do you think are the best aspects of the service?

   Probing Questions: Tell me about the calls?
   Do you participate in the social outings? If yes/no why?

Would you like more social outings?

7) In your view what changes do you think could improve the service?

Probing Questions: If you could change one thing what would it be?
Is there a particular aspect of the service that you would like to see more of?
Are the calls too long/short? Would you prefer less/more?

Ask if there is anything else the interviewee feels they would like to add that they feel might be relevant.