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Groupwork as a tool to combat loneliness among older people: Initial observations

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Abstract: *One of the current care strategies aims to keep older people in their own homes, however independent living and caring for an ageing partner can exacerbate loneliness. Loneliness has been described as an unwelcome feeling or lack of companionship. Help the Aged has pointed out that participation in meaningful activities can reduce isolation and loneliness. The case studies of two different groups of older people show the positive impact of groups on older group members and the staff working with them. By providing companionship, engagement, support and activity, groupwork can bring structure to the lives of older people and their carers who may be feeling 'lonely' and 'isolated' and consequently can impact upon their quality of life. Groupwork is by no means the solution to reducing social isolation for everyone, however for some people it is a positive step in the right direction.*

Key words: *women; groupwork*

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Introduction

In July 2008, in advance of the anticipated government green paper on the funding of adult social care, many newspapers, publications and news programmes included the prediction that in twenty years time a quarter of the population will be over 65 years old. This has obvious implications not just for care of older people but also for the well-being of people in old age. Current care planning strategies aim to keep older people in their own homes for as long as possible, however independent living and caring for an ageing partner can exacerbate the need for companionship. Using case studies of two different groups of older people living independently in the community, this article looks at the benefits of groupwork: for older people and the staff working with them in sheltered housing and for older family members caring for a person with dementia.

Quality of life

It is difficult to define exactly what is meant by the term 'quality of life' and much has been written about the definition and measurement of the factors which determine it. Mountain (2004), suggests that the contributory factors to the quality of life in older age include involvement in meaningful occupations, income, extent of social contact and personality. She explored why it is that some older people remain engaged in activity while others limit their involvement, suggesting that this cannot be explained purely in terms of an older person's physical well-being and recommended that we need to look at the relationship between an older person's general attitude and their level of well-being.

Nevertheless, the importance of occupation as a central contributor towards quality of life is indicated. Sinclair (1990) added that being able to solve problems, being involved in a social life, the extent of loneliness, a person's mental health and their overall satisfaction with life were all dimensions for assessing a person's quality of life.

Loneliness in older age

One of the key determinants of quality of life at any age is social engagement. Impaired social engagement has been linked with a variety of health problems. Spending time alone, being widowed, single or divorced, impaired mental health and having a perceived health status are among the vulnerability factors for loneliness (Victor, 2004). Forbes has described loneliness as an unwelcome feeling or lack of companionship, feeling that you are alone and 'not liking it' (Forbes, 1996). Help the Aged has pointed out the need for meaningful activity which can provide a sense of purpose and a continued role in life. Participation in activities it was felt can reduce isolation and loneliness (Willcock, undated). A 1991 British Gas report on attitudes to ageing found that 90% of the population felt that loneliness is associated with old age, yet only 32 percent of the older people interviewed believed it to be a problem for them. So are we overestimating the extent of loneliness? It could be that it is the way that the term 'loneliness' is defined that is affecting the statistics and that we should see loneliness, social isolation, being alone and living alone as separate concepts (Victor et al., 2002). Research suggests that isolation is a particular 'risk factor' for older people who live in rural areas, for ethnic minorities and for people over 75 who are widowed or live alone (NICE, 2008).

NICE suggested that the key factors affecting the mental health and well-being of older people are discrimination, participation in meaningful activity, relationships, physical health and poverty (NICE, 2008). Allen (2008) also found evidence that many older people are becoming increasingly dissatisfied and feeling lonelier and more depressed, all of which impact upon their level of life satisfaction and well being.

Older women are more likely than older men to be living alone and the figure increases with age. 60% of women aged 75 and over living in private households did so alone in 2002. The figure for men of the same age was 29%. (Office for National Statistics, 2005) Loss of a partner, siblings and friends can result in reduced social contact. Demakakos et al. (2004) found that more older women than men reported feeling lonely and that contact with children was a correlate of loneliness. Having children but not feeling close to them was associated with higher rates of loneliness than being childless, (see case study one) while older

people without friends reported the highest rate of loneliness.

Cattan (1998) identified the importance of 'long-term group activity aimed at a specific target group' in reducing social isolation and loneliness for older people. 136 projects listed 311 'activities'. The social activities mentioned frequently included: going on outings, playing cards or bingo, and making crafts. Other activities included befriending, having a meal, exercise and physical activity and reminiscence.

Glass et al. (1999) in a longitudinal study of 2761 men and women in America suggested a link between 'social and productive occupation' and survival. 'Occupation' included such activity as going to church and going out to restaurants. Analysis showed that those older people who were less active were more likely to die earlier than people who were more active. Mountain and Moore (1995) found that the activities and social atmosphere of a day centre helped less active individuals. Day centre attendance was also found to reduce loneliness.

What role can groupwork play in reducing loneliness and enhancing the quality of life?

It has been suggested that groupwork can help to alleviate isolation and loneliness. A systematic review by Cattan, et al (2005) defined loneliness as an expression of a person's sense of aloneness. Social isolation was seen to involve the lack of social contact. The review showed that group activities improved both conditions. Of the 10 interventions that were effective, nine of them were group based. The review stressed that a common factor for all successful group based interventions is that older people contribute in some way to the planning and development of the activities.

Walsh (1993) believes that participating in regular group activity fosters a sense of belonging and togetherness. Being part of a group can meet the particular individual needs of older people. Leary found that people experience life in group situations, they can find companionship, a sense of belonging and certain needs can be met like, being esteemed, successful and productive. People may find group situations more comfortable and less threatening than one-to-one work; being with others in a group allows people to see that others are experiencing the same situations and that other people have similar concerns and difficulties. Older people can gain support from other group members (Leary, 1994).

Groupwork is not totally unproblematic however. One drawback is that older people receive less individual attention in groups and their

privacy and confidentiality cannot always be guaranteed.

The effectiveness of the group in helping individuals and alleviating loneliness may depend on the individual concerned. Some people simply do not like being part of a group, they may be threatened by the size of the group or how they perceive other group members. Being with other people does not necessarily reduce feelings of isolation, especially if people feel they do not 'fit in' with the aims of and other people in the group. The dynamics of the group may impact upon group members.

Walsh (1993) commented that some clients may need peace and quiet and may not function in a group setting which could be viewed as confusing, noisy and frightening. Mountain observed that there is a requirement for service users, to be sociable and to participate in group activities. Yet this may not be what service users want; one reluctant day hospital group service user describing it as; 'They'll be having groups and being noisy'. It is therefore important to know your clients as individuals and to act upon that knowledge (Mountain, 2004).

Some groups are not always suitable if people have difficulty contributing and have poor groupwork skills (Leary, 1994). While some groups do offer the support of other people, it is also important that older people are allowed 'ownership' of their group and the development of activities

Case Study One- Groupwork in sheltered housing

A project bringing older people in sheltered housing together as a group to reminisce had positive social effects by reducing the loneliness and social isolation felt by residents. The group met on a weekly basis. Everyone in the sheltered housing scheme was invited, although not all participated all of the time, about fifteen residents attending regularly. The session started with refreshments and then each week an activity was arranged including talks from staff at the local museum, reminiscing with old museum objects with a reminiscence worker and listening to folk music from a music group. Each session lasted about one hour and 30 minutes.

One of the initial aims of the project was to engage residents and empower them to tell their stories. Memories were collected with permission to form a booklet and residents worked with museum staff

to choose objects for a display in their communal lounge area. Residents were also invited to bring their own objects and to tell the many stories associated with them. Where possible, residents' objects were later included in the display.

Benefits for older people

During the reminiscing sessions residents talked about their life journey, where they were born and how they had come to the area. Many residents had moved from quite distant parts of the country, with which they were most familiar to be near to their children who were living and working in the area. With few links to the new area and limited knowledge of the facilities available to them, many residents had found that they did not see their children as often as they would like to and subsequently reported feeling isolated and 'lonely'. Meeting as a group on a regular basis with an organized activity allowed them the company they missed. They enjoyed chatting and sharing their memories of childhood, where they had lived and worked. Bringing their own objects to the sessions and including them in their display also helped develop a sense of ownership and participation of the group activity. These are initial observations of the group, and suggest that as a short–term measure the group acted in a positive way for these people in sheltered housing. Talking to others in the group and sharing knowledge made them more aware of the facilities available to them. Further detailed research is required to assess the role of the group upon individuals in the longer term. NICE (2008) recommends that one of the important questions that should be asked is: what are the most effective and cost effective ways of improving the mental well-being of the most vulnerable and disadvantaged older people?

Benefits for staff

Meeting in groups also allowed the scheme manager to see people interacting with other residents. Normally staff engaged with residents individually in their flats. The positive effects of working with the group gave staff members the confidence to consider different working approaches and as a result a regular programme of group activities was organized, including trips out, reminiscence groups and social events. It

was also felt that groupworking was a useful way to help new residents to integrate. Staff, often on duty alone, equally reported feeling isolated in their work. The possibility of joint working with other sheltered housing schemes in the town was explored as a possible answer to this.

Individual contact with residents was maintained as previously so that residents could discuss and deal with issues personal to them. Working with people as a group added an extra dimension to the way in which the scheme manager engaged with residents.

These initial observations of staff reactions could be developed and explored further by interviewing the staff involved over a longer period of time.

The Benefits of Groupwork for Older Family Carers

The caring role can also deny people access to social situations and activity. Forbes suggested that about a third of carers reported feeling lonely at least sometimes (Forbes, 1996). National statistics show that older people are major providers of care.(Office of National Statistics, 2001). Woods et al., (2005) studied family carers caring for someone with dementia. He found that when people with dementia reminisced in groups with family carers, the carers reported reduced strain. For people with dementia an improvement in mood and cognition was noted as a result of working in groups. Being a member of a group can bring couples back into a social situation, particularly if one of the couple has dementia. Working in groups can also play an important role in providing companionship, friendship and support as shown in case study two.

Case Study Two- Groupwork with people with dementia and their family carers

Heathcote et al. (2007) studied a monthly musical reminiscence group for people with dementia and their family carers. Each month the group session follows the same format; refreshments, time for people with dementia to reminisce with volunteers while family carers work separately in a group, followed by lunch and a group activity where all work together.

Themed sessions organized and run by a facilitator and volunteers encourage engagement, fun and reminiscing. A major purpose of the group is to use activities and social interaction to help raise self-esteem and aid communication.

Benefits for participants

The provision of a safe, non-threatening and supportive environment allows friendships to be forged. Heathcote et al (2007) found that when asked about their participation in the group, the cared for with dementia said they enjoyed the company, singing and talking. Before the group began, several family carers said they felt 'apprehensive' about attending the group sessions, however as the group became established family carers commented on the level of support the group offered. The chance to meet with others in a similar situation, 'to talk', 'make friends' and 'compare notes' were cited as valuable consequences of attending the group. When asked what family carers gained from the group, 'help', 'company', 'someone new to talk to', 'support', 'companionship and knowing that other people were in the same boat' were among the answers given. It was largely felt that attending the group played an important role in their lives as caring for a person with a degenerative condition meant that couples did not go out much or meet many people. Questionnaires were used to gain these initial findings. Further study could involve the use of Dementia Care Mapping looking at indicators of mood and well-being of participants during group activity (University of Bradford, 2008). Further information regarding the responses of family carers could be gained by interviewing.

Conclusion

The case studies show how different groups can impact upon older group members and the staff working with them. By providing companionship, engagement, support and activity, groupwork can bring structure to the lives of older people who may be feeling 'lonely' and 'isolated' and consequently can impact upon their quality of life. Groupwork is by no means the solution to reducing social isolation for everyone, however for some people it is a positive step in the right

direction. It could be argued that groupwork is a 'cheap' answer to providing attention and care. For people who are fortunate enough to have access to care facilities and services which meet their individual needs, attending a group like the two highlighted in this article is a welcome extra. For people who do not have such access, for a variety of reasons, any level of help is welcome.

With the number of older people increasing and media warnings of a 'demographic time bomb' about to explode in a few years, we need to address the issues of living independently and playing a caring role in old age. Further qualitative research is needed to assess how older people regard their own situation, to identify their particular social needs and to explore how far group participation in general and participating in group ownership and decision making in particular can contribute to quality of life. In the recommendation of NICE (2008) regular group and individual sessions are needed to help older people identify, construct, rehearse and carry out the daily routines that contribute to the maintenance and improvement of health and well-being.

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