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BEFRIENDING, LONELINESS AND HEALTH

AN EVALUATION OF THE ALONE BEFRIENDING SERVICE

HRB An Bord Taighde Sláinte Health Research Board

ALONE YOU'RE NOT ALONE

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We are very grateful to the team at ALONE, for their assistance, support, and commitment to the project. Special thanks are due to ALONE's CEO Seán Moynihan, for his vision, enthusiasm, and willingness to engage with the research process. We were also lucky to work with some of the wonderful staff from ALONE in completing the project, particularly Vicky Leatham, Keith Lane, and Natalie Johnson, who played central roles in the recruitment of research participants. We have greatly enjoyed collaborating with this organisation and we hope the findings of this research will be useful for ALONE.

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Finally, we would like to thank the Health Research Board and ALONE for funding this study. The findings and views presented in this report represent those of the independent research team and were not influenced by the funders or ALONE.

Forewords

Research into the topic of loneliness is of huge priority. We are social creatures by nature and yet almost a third of Irish older adults are experiencing loneliness. The plight of loneliness among older adults was exacerbated by the social isolation required during the COVID-19 pandemic and associated lockdowns. Despite this issue, we still do not have a satisfactory solution to the issue of loneliness. As the Campaign to End Loneliness (UK) and the Loneliness Taskforce (Ireland) note, public awareness of loneliness is at its highest. Now is the time to identify the best interventions for reducing loneliness, and for reducing the negative impact that loneliness is known to have on health of older adults. Limited evidence exists for the effectiveness of befriending interventions in resolving loneliness – in fact, the best interventions for reducing loneliness tend to be group-based, age-based, and focused on a specific activity or shared interest. We know, however, that befriending services are valued by users, and are likely to have positive effects more broadly on wellbeing. To this end, we are delighted to present the findings of our study of the impacts of befriending on the relationship between loneliness and health. Just as social support more broadly can buffer the negative impact of stress on health, our findings indicate that befriending also buffers older people from the negative consequences of loneliness on health. Such services are critical to the wellbeing of so many older people in Ireland – and we can now confirm what those users know – that they are incurring a health benefit from engagement. We invite you to read on.

Dr Joanna McHugh Power
Associate Professor in Psychology at Maynooth University

We are delighted to have supported this very important research which highlights the impact that ALONE's services and volunteers have not just on the wellbeing of older people, but in reducing health decline. The research results here are the outcome of several years of work, not only with our academic colleagues, but with our staff in ALONE, and of course the older people and volunteers who took part, to whom we are extremely grateful.

We know from our work the devastating effects of loneliness on both physical and emotional wellbeing. We are delighted that the research has confirmed what many of us already saw day in, day out through our work: that the work of our volunteers reduces both health decline, and the impact of loneliness on health. Our volunteers visit and call older people across the country every day. We are proud to have made over 60,000 befriending visits and over 165,000 befriending calls in 2021 alone. ALONE is not the only organisation providing befriending supports and we see this research as being key for the many organisations nationwide who provide these services to help demonstrate the value they provide.

We hope that this research provides a solid basis for others in Ireland to continue to develop much-needed research on loneliness and its health impacts, as well as the solutions.
This research will help us shape our future policies and procedures as well as provide a strong academic basis for our services. The health impacts of loneliness are endemic but there are holistic solutions that we can offer as a society.

ALONE CEO
Seán Moynihan

Introduction: Why we conducted this research

Currently, one in six Irish people are aged 65 and over (14.8%)[1], which is set to rise to one in four by 2051[2]. This large increase in the proportion of people living into older age brings great opportunities. Older people have a wealth of knowledge and experience, and they contribute in critical ways to their families and communities. Of course, wellbeing in later life can be affected by declines in health[3]. Our ageing population is linked to an increased need for services that promote and protect health, well-being, and quality of life in older age.

Loneliness and Health

Loneliness is an unpleasant feeling that we get when dissatisfied with the quality and/or quantity of our social relationships. We can experience loneliness at any time during our lives. In later life, loneliness can arise for many reasons, including retirement, declines in physical health, living alone, or deaths of spouse, relatives, or friends[4,5]. About one in ten Irish older adults experience chronic or long-lasting loneliness.[6]

As well as being unpleasant to experience, loneliness can have a negative effect on our physical and mental health[5], increasing the risk of developing depression[7], cognitive impairment[8], dementia[9], and even decreasing our lifespan.[10]

Befriending

One approach that may help to alleviate loneliness in older adults is the use of befriending services. Befriending services deliver companionship and support through regular structured visits from a trained volunteer[11]. In Ireland, befriending services are provided by many different organisations, including ALONE, a charitable organisation that supports older people to age happily and securely at home. ALONE's Support and Befriending Service involves one-to-one weekly visits with a trained and matched volunteer. People interested in befriending can contact ALONE directly to request the service or may also be referred to the ALONE service by others (usually healthcare professionals). ALONE employs a team of Support Coordinators nationally, to conduct assessments with service users and facilitate access to the befriending service, along with a range of other available services as required.

Befriending services positively impact mental health and psychological wellbeing[12], and they may also reduce loneliness[13,14]. Befriending may also have benefits for the health of older adults, since social relationships have a positive impact on health[15]. ALONE designed their Support and Befriending Service to reduce the negative impact that loneliness has on health outcomes.

While much is already known about interventions aimed at reducing loneliness, there is a need for further scientific research to understand how befriending services might influence loneliness and health. Providing evidence for a positive impact of befriending on the relationship between loneliness and health would help organisations like ALONE to tailor the way that they deliver their services, to maximise the potential benefits. This evidence may also help policymakers to better understand the need for, and importance of, befriending services

Loneliness has received minimal attention in Irish health policies, and services that address loneliness are not delivered in a coordinated fashion[6]. In recent years, there has been an increased effort to make loneliness a public health priority, and to secure government funding towards loneliness services. ALONE has played an important role in establishing and driving the work of the Loneliness Taskforce, a coalition of organisations and individuals who aim to increase awareness of loneliness and advocate for policy change to address loneliness at a local and national level.[16]

Aims and scope of this project

This research used a rigorous scientific approach to evaluate the effect of befriending services on loneliness and health. The research team (based in several third-level institutions in Ireland and the United Kingdom) formed a research partnership with ALONE, to develop and complete the project. ALONE supported the research team to recruit participants for the study, the research team then conducted an evaluation of the service independently. We received funding from the Health Research Board (HRB) to conduct the research. ALONE also provided funding towards the project as part of the HRB Applied Partnership Award scheme.

Our study focused on two areas of health that are thought to be particularly important for older adults, and are negatively impacted by loneliness.[17,18]

(1)Health-related quality of life (the extent to which health or poor health affects an individual's quality of life)

(2)Cognitive functioning (i.e., memory)

We aimed to measure and track changes in these health-related outcomes, along with loneliness, among a large group of older adults before they started using the ALONE Support and Befriending Service, and for several months after they began to receive befriending visits. We wanted to use this information to investigate (1) whether the befriending service had a positive impact on health-related quality of life and cognitive function and (2) whether the befriending service reduced the negative impact of loneliness on health.

We also wanted to learn about the experiences of both the older adults receiving the befriending service, and the befriending volunteers. We conducted in-depth interviews with service users and volunteers, to obtain their views about the nature of the befriending relationship, and about how befriending might reduce the negative effect of loneliness on health among older adults. We used a scientific approach called dyadic analysis,[19] which is recommended for research that concerns relationships between two people (such as the service user-befriender relationship). This approach can allow for a deeper understanding of the befriending relationship, by recording the perspectives of both people involved in the relationship (service user and befriender) and comparing these perspectives.

Key Terms

As we describe our study during this report, we will use the following terms

Service User: An older adult who receives the support and befriending service from ALONE.

Befriender: A volunteer who provides the befriending service by visiting a service user on a regular basis.

Participant: An individual who took part in this research study, by completing phone-based assessments and/or interviews with the research team.

Intervention: An intervention is an activity undertaken to improve a health-related outcome, for example by preventing new health problems, or by reducing the severity or duration of existing health problems. For the purposes of this study, the intervention that we were evaluating was the befriending service provided by ALONE.

Methodology: What we did

This study involved two phases:

Phase 1: Effects of Befriending: This involved a study where we tracked loneliness, health-related quality of life, and cognitive function of new users of the befriending service, over a period of six months

Phase 2: Mechanisms impacting health: A series of in-depth interviews with service users and befrienders where we aimed to understand how befriending might impact on health

Who took part in the study? What happened to the people who took part?

Phase 1: Effects of befriending

The first part of the study involved 86 participants who:

- Were about to start using the ALONE Support and Befriending Service, but had not yet been matched with a befriender
- Were aged 60 and over
- Indicated that they felt lonely at least sometimes
- Were able to give informed consent to take part in the research (read and understand the study information materials, and sign a consent form to confirm their agreement to be a study participant)
- Joined the study at least two weeks prior to receiving a matched befriender from ALONE (to allow sufficient pre-intervention data to be collected)

These participants signed up to be assessed a total of 13 times during the study. This is termed an "intensive longitudinal study". Usually, interventions are evaluated by randomly (toss of a coin) assigning some participants to receive an intervention and comparing their outcomes to those participants assigned to a control condition (i.e., those who do not receive the intervention). However, when an intervention is already being delivered in the community (such as the ALONE Support and Befriending Service), these methods are not suitable. As such, we evaluated the intervention using a special type of intensive longitudinal study called a single-case experimental design. In this approach, measurements of service users' health at multiple timepoints before and after they receive befriending are compared.

Participants were recruited to the study between September 2018 and June 2021. ALONE Support Coordinators provided information about the study to new service users who met the criteria listed above. If the individual was interested in taking part in the research, a member of the research team visited them in their home (or contacted them by phone) to engage in the informed consent process and conduct an initial assessment. In our original plans for the study, we intended that the first researcher visit would take place in-person, in the participant's home, for all service users who were interested in the study. However, due to the impact of the COVID-19 pandemic and associated restrictions, for participants recruited after March 2020 this initial assessment took place over the phone. During the research assessments for the study, we measured:

- How participants perceived their health-related quality of life (five questions) [ii]
- Their feelings of loneliness (five questions) [iii]
- Their levels of social support from family and friends (six questions) [iv]
- Their cognitive function, using a brief task that involved naming as many items as they could belonging to a given category (e.g., vegetables), within 60 seconds. [v]

After this initial visit or phone assessment, the researcher completed additional phone-based assessments with the participant once every two weeks, for a period of approximately six months. Participants completed the same measures related to health, loneliness, social support, and memory (listed above) during each assessment. In total, we aimed to collect data from each participant at 13 timepoints – at least two of these timepoints were before they started receiving befriending visits.

The participants in the study were aged between 60 and 94, with an average age of 75 years. There was a relatively even split between male (51.3%) and female (48.7%) participants in the study. Most participants were living alone (85%), while only 6% were married (the remainder were either widowed, separated or divorced, or single/never married). Participants had an average of 12 years of education (which ranged between 2 and 24 years).

In the period between September 2018 and June 2021 (33 months), 246 new service users were provided with information about the study from the ALONE Support Coordinators. Of the 246 potential participants, 76 declined to participate and 23 did not meet the study criteria. 147 agreed to take part in the research. An additional 61 participants were matched to a befriender before the required two pre-intervention assessments could be completed, leaving 86 participants.

From the 86 participants who registered and consented to the study, 53 participants completed the 6-month study period. However, 20 of these were not matched with a befriender during this 6-month timeframe, which means that for these participants, we cannot assess any change in their health and/or loneliness before and after receiving befriending. Ten participants chose to stop using the befriending service during the study period, meaning they were no longer eligible to take part in the research. There were 21 participants who decided to discontinue their participation in the research during the study period, and two participants sadly passed away during this time. This means that some of the final results are based on the data from 33 participants who completed the six-month study period and had assessment data available for both before and after receiving the befriending service.

ii EQ-5D-DL (Herdman et al, 2011)
iii ULCA Loneliness Scale (Russell, 1996)
iv Lubben Social Network Scale (Lubben & Gironda, 2004)
v Delis-Kaplan Executive Function System (D-KEFS): Verbal Fluency subtests

Phase 2: Mechanisms Impacting Health

The second phase of the study involved conducting in-depth interviews with 13 pairs of service users and befrienders, who had been matched and visiting with each other for a period of at least one year. Potential participants for this study were identified by staff in ALONE, who provided both the service user and befriender with an information booklet about the study. Any service user-befriender pair who were interested in taking part were then put in contact with the researchers, who completed the consent process with participants, and organised their interviews.

Initially, we planned to conduct face-to-face interviews with the service user-befriender pairs included in the study, and to first conduct a joint interview, followed by additional individual interviews with both the service user and the befriender. We followed this approach for the first three pairs included in the study (who took part prior to March 2020). Following the arrival of the COVID-19 pandemic and associated public health restrictions, we changed our approach to use individual interviews only, which were conducted by phone. We asked all participants for their permission to audio record their interview, using a Dictaphone.

The service users who took part in the study were aged between 69 and 96 years and were mostly female (77%). Interviews with service user participants lasted between 11 and 59 minutes. The overall aim of both sets of interviews was to allow us to understand the mechanisms through which befriending might impact health. During these interviews, participants were asked about their motivations for requesting the befriending service, their health and wellbeing including whether they experienced loneliness, and the impact that befriending has had on their lives.

The befrienders who took part in the study were aged between 24 and 47 years and the majority were female (77%). Interviews with these participants lasted between 4-40 minutes. During interviews with befrienders, we asked about their relationship with the service user, their observations about changes in the service users' physical and mental health, and their perspectives on the impact of befriending on health.

What happened to the information that we collected?

For the effects of befriending study (phase 1), the questionnaires for each assessment were scored by the researchers, to generate numerical scores for health-related quality of life, loneliness, social support, and cognitive function at each timepoint. This information was entered into an electronic database for statistical analysis. We conducted our statistical analysis of these data following published scientific guidelines. In accordance with these guidelines, we included participants who had completed at least two assessments before starting to receive befriending visits, and at least two more assessments after starting to receive befriending (33 of the 86 study participants met these criteria).

We analysed these numerical data to investigate whether engaging in the befriending service impacted health-related quality of life and cognitive function over time. We did this by comparing the measurements of health of service users before and after they commenced their befriending intervention. This comparison was done using a flexible statistical method ("generalised additive modelling") which is suitable in studies with numerous data collection points where missing data is common.

For the in-depth interviews, the researchers used the audio recordings to transcribe each interview word-for-word. We followed guidelines for analysing data from dyadic interviews.[19] The individual interview data from each pair (i.e., service user and their befriender) were analysed together using a method that involved coding the transcripts to identify common themes and mechanisms across interviews to build a theory of how befriending might impact health (this approach to analysis is called "constructivist grounded theory"). The researchers identified quotes from the interview transcripts that reflected the themes generated (see Results).

Results: What we found

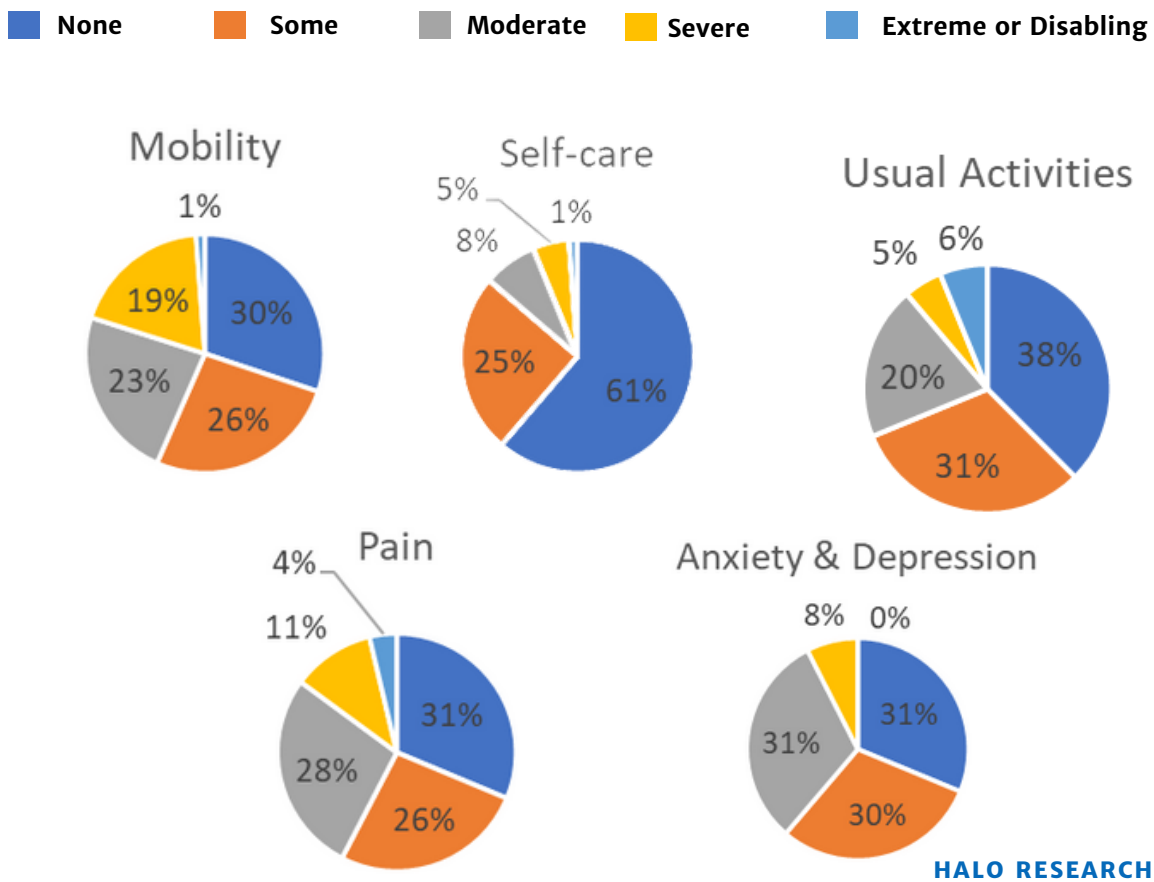
Phase 1: Effects of Befriending: Study Findings

Participant Characteristics

We began by gathering information about our participants at "baseline", i.e. the first assessment completed, before the intervention began. This information helps us to describe the participants' health, levels of loneliness, and cognitive function before they began to receive the befriending service.

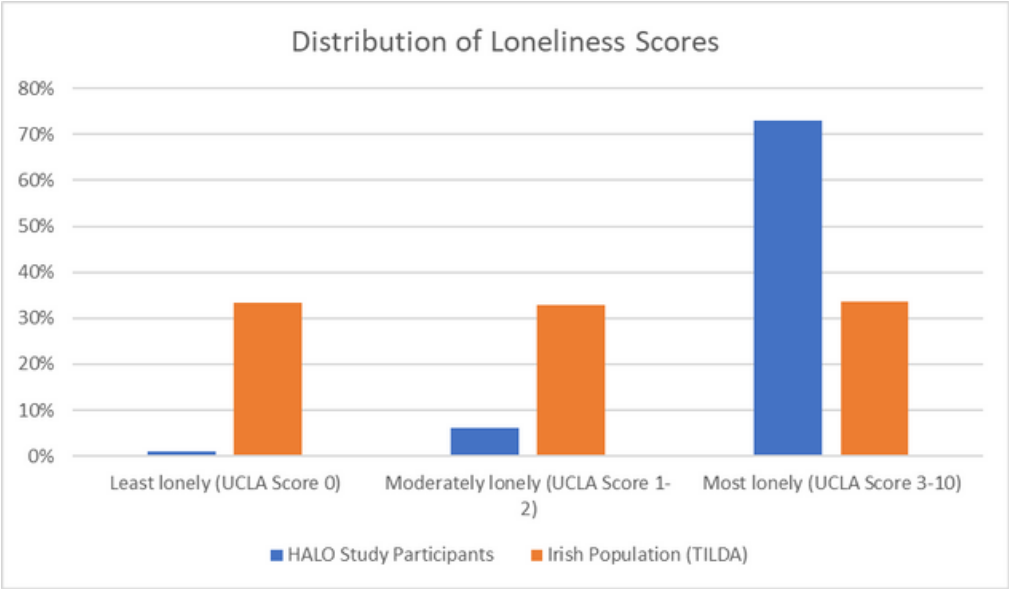
To measure health-related quality of life, participants rated the extent of problems they experienced related to five different aspects of health: mobility, self-care, usual activities, pain, and anxiety and depression. Most participants were experiencing no or slight difficulties with self-care and usual activities. For mobility, pain, and anxiety and depression, more people experienced moderate to severe difficulties (however, between 51-61% still reported none or slight difficulties). Overall, a small minority (around 1-5%) experienced extreme or disabling difficulties across the five domains.

Health Related Quality of Life: Level of Problems Experienced



We measured loneliness using a tool called the UCLA Loneliness scale. Participants rate how often they experience five aspects of loneliness (hardly ever or never, some of the time, or often). The questionnaire has a possible range of scores of 0-10, with a higher score indicating a higher level of loneliness.

Using the UCLA Loneliness scale, we found that participants on average had a score of 6.4, compared to the average levels of loneliness in the general older adult population of 2.1.[20] This indicates that as would be expected, participants in our study were more lonely than those in the general population. In the general older adult population, one third of older adults report being not lonely at all, whereas in our sample, only 1% fit this description.[20] Participants in the study were lonelier than the general population. As depicted in the graph below, a larger proportion of our study participants were experiencing high levels of loneliness, compared to the proportion of the population experiencing loneliness at this level. A much smaller proportion of our study participants were classified as having low or moderate levels of loneliness, compared to the general population.



In terms of cognitive function, we used a measurement tool which examines a type of memory by asking participants to name as many words as they could beginning with a certain letter in one minute. In our sample, the average score was 24, while previous findings suggest that for this age group, average expected scores across a general older adult population would fall between 28-38.[21] 59% of our participants scored lower than 28. This suggests that, on the whole, the cognitive function of our participants was slightly worse than the broader older adult population.

Impact of the befriending service on loneliness and health

Overall, participants' scores for health-related quality of life decreased over the course of the study. This means that **most participants experienced declines in their health** during the six-month study period. This would be expected given the age range of participants, and also the fact that the COVID-19 pandemic began during the study.

However, we found that **engaging in the befriending intervention was associated with less decline in scores for health-related quality of life**, i.e. with less dis-improvement in health. **These findings suggest that the befriending intervention can have a therapeutic effect on health.**

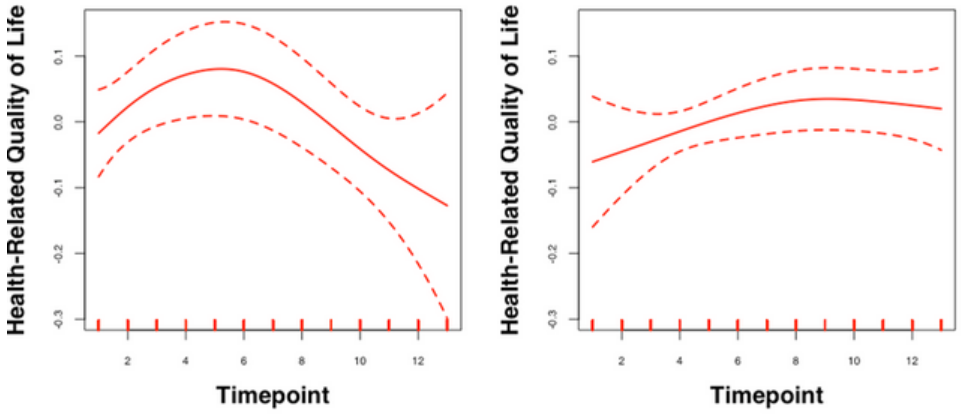


Figure: Effects of Befriending on Health: On the lefthand panel, the pre-intervention pattern in health-related quality of life can be seen: overall, it declines over time (i.e. gets worse). On the righthand panel, the post-intervention pattern can be seen: it improves over time (i.e. health gets better).

We repeated the analysis with cognitive functioning as an outcome. We accounted for "practice effects", since repeating the same cognitive task over a period of six months would likely improve performance due to repeated opportunities to practice. However, no change in cognitive functioning over time was found – either before the intervention or after it. **These findings suggest that the befriending intervention did not have any effect on cognitive functioning.**

As well as investigating whether befriending had a direct impact on health and cognitive function, we also wanted to understand whether the befriending service reduced the negative impact of loneliness on health. We analysed our data to allow us to test this statement. We found that **receiving the befriending intervention reduced the overall decline in health over time. In addition, the intervention suppressed the negative effect of loneliness on health over time.**

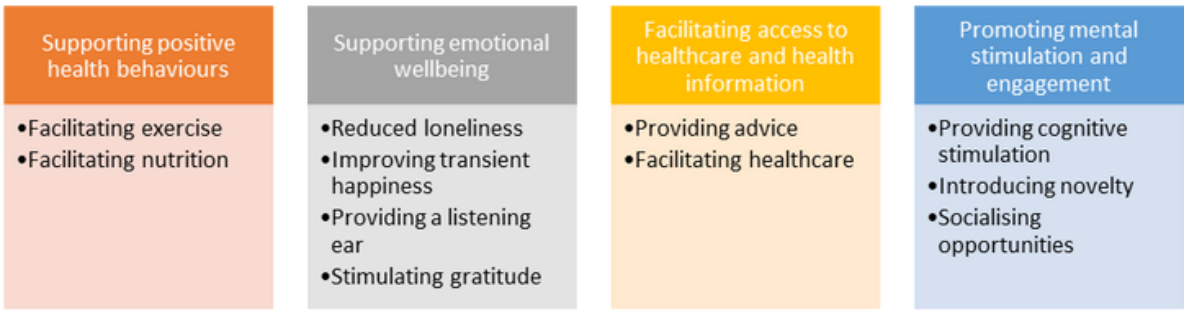
While it was not a key aim of this study to evaluate the direct impact of the befriending service on loneliness, we did conduct something called an exploratory analysis to investigate if participants' levels of loneliness changed over the course of the study. We found that across the participants, loneliness broadly decreased over the 6-month study period, but there was no difference in this pattern between before and after the participants received befriending. This means that the **befriending service did not reduce levels of loneliness.**

Phase 2: Mechanisms impacting health: Findings from the interview study

We analysed the interview data to investigate whether participants reported befriending having any positive effects on their health, and to understand how these effects might occur. Overall, participants felt that befriending may impact mental health more so than physical health, although there was also evidence of an impact of befriending on the physical health of service users.

Potential relationships between befriending and health are reflected in the fact that many participants sought, or were referred to, the ALONE Support and Befriending service for reasons related to their health. Four participants were referred to the service by healthcare professionals as part of the discharge process following hospitalisation. Other service users discussed seeking the service for reasons related to mental health, including loneliness (four participants) and depression (one participant). Some participants considered themselves to be in good health, but others reported experiencing chronic health conditions, mental health problems, and mobility issues.

We tried to understand the pathways through which befriending might affect the health of the service user. Our analysis identified four main pathways through which befriending might impact on health. For each of these pathways, we identified some specific processes that may be involved in the effect. These are summarised below.



Supporting positive health behaviours

> *"I used to go down to her on a Tuesday, we'd go for a short walk... sometimes we'd drive down to the beach or something and go for a walk there, which would be a little bit different. And she wouldn't be able to do that by herself."*
> *-(Befriender)*

Befrienders provided support for the service user to engage in more positive health behaviours by facilitating exercise and nutrition. Many pairs engaged in exercise together during their weekly visits, mainly through sharing walks, although some participants described other activities such as chair-based exercises. For some service users who experienced difficulties with stability or mobility, befriending visits provided an opportunity to exercise more safely. Befrienders facilitated better nutrition by delivering food or going grocery shopping together as part of their visits. One service user mentioned that having a befriender helped her to get "proper food" through access to a supermarket, rather than being limited to what was available in a small local shop.

Supporting emotional wellbeing

> *Sometimes older people settle into their loneliness, but we're probably taking them out of it a little bit more*
> *-(Befriender)*

> *The loneliness is not as acute as it was. It's not, it has brought brightness and friendship into my life. I'm more optimistic, more cheerful, I'm not as gone in on myself.*
> *- (Service User)*

The befriending service supported the emotional wellbeing of service users through a number of specific processes, including through **reducing feelings of loneliness** and **providing moments of happiness**. Some pairs described sharing activities that brought joy, often to both parties. These activities included simple things like having a chat and a cup of tea, as well as activities such as listening to music, singing, playing card games, watching tv programmes, or going out together. These shared moments of joy may impact on health, as described by one of the service users we interviewed:

> *Ah I suppose it would, yeah. [Befriender] being jolly and happy is, and having a joke is a good thing too. You know, they say laughs are the best medicine.*
> *-(Service User)*

Several participants described the befriending visits as something to look forward to, which had a positive impact on their mental wellbeing. Befrienders also observed the positive impacts of their visits on the mental wellbeing of service users, describing noticing changes in their partner such as being "more confident", "brighter, and excited about little things", and "smiling a lot more". Many pairs also identified the befriender as an important source of emotional support for the service user, who over time became someone that they could confide in. In this way, befriending supports emotional wellbeing by **providing a listening ear.**

> *I think I just needed someone to be able to talk to. And to be able to say what I can't say to the rest of them*
> *-(Service User)*

> *I think at times it's like she has a safe space…I think it's nice for her to be able to have that space and talk about it*
> *-(Befriender)*

Pairs differed in the extent to which they shared personal information, with some keeping the chat light, and others discussing more personal and sensitive information. At the beginning of the befriending relationship, mostly only the service users would discuss personal issues. However, in some cases, as the befriending relationship developed over time, this progressed to a mutual sharing of personal news, stories, and confidences:

> *She tells me her little secrets*
> *- (Service user)*

> *I'm always telling her my news, and she loves telling my news to her family…she confides in me little things and I think that really helps her as well…I'll ask her for advice*
> *-(Befriender)*

Participants reported a very positive view of the intervention, and many discussed their feelings of gratitude for their befriender, and for the service provided by ALONE. The befriending service may also positively impact emotional wellbeing by **stimulating gratitude**, since we know from psychological research that feeling grateful is good for our wellbeing and health.

Facilitating access to healthcare and health information

For some pairs, the befriender had an active role in **providing information and advice related to health** or encouraging the service user to seek healthcare services. Some befrienders also **helped the service user to access healthcare**, by providing transport to healthcare appointments or day care centres and collecting their medications from pharmacies. Several befrienders considered the provision of transport and support in accessing healthcare as having a direct impact on the health of the service users, as these appointments might otherwise have been missed.

> *"I suppose she may like if she couldn't get a lift up to the hospital she may not have gone to the hospital for that visit if you get what I mean"*
> *-(Befriender)*

Befrienders were seen as someone that the service user could rely on to provide this type of practical support if needed.

Promoting mental stimulation and engagement

> *"It keeps me going as well, you know, like I keep my brain occupied!"*
> *-(Service User)*

Befriending may positively impact on health by providing a source of **cognitive stimulation** and engagement. Several pairs discussed the activities they engaged in, and the wide-ranging topics they chatted about, as an important means of keeping their brains active and engaged – this was the case for both service users and befrienders. Many participants also described the befriending relationship as **introducing novelty** to their lives – including through visiting new places or trying out different activities together. Another source of novelty was the inter-generational nature of the befriending relationship.

> *"I think what amazes me is she's so young. And I'm 69 nearly. To me that, to have that friendship with someone that age, it's fantastic"*
> *-(Service User)*

> *"It's a real enhancement because I think that we all tend to fall in to step with the people we're in college with, the people we work with – our own demographic"*
> *-(Befriender)*

Finally, the befriending service also provided a connection with the wider organisation of ALONE, which brought additional interaction and opportunities for socialising, for example through check in phone calls from ALONE staff, and access to events organised by ALONE.

Conclusions

ALONE's Befriending and Support service is much valued by its users. This was evident in our interviews, and in fact, in most interactions with study participants. While there are likely a range of benefits to the service, we were specifically interested in whether the service impacted health.

We have found in this study that the befriending service can have a positive impact on health, and furthermore, that it reduced the negative effects of loneliness on health. The service is first and foremost valuable to service users because it provides a structure for meaningful social contact, and secondarily, this contact is positively impacting the health of service users.

Previous research indicates that befriending may not have a direct effect on loneliness. Our findings support this conclusion, while also identifying the clear positive impact that befriending has, both directly on health, and indirectly by reducing the negative impact that loneliness has on health. As such, while befriending services are often aimed at individuals who express feelings of loneliness, they may also be useful for those experiencing poor health. In particular, they may be most useful for those experiencing both loneliness and poor health.

Using qualitative research methods, we identified pathways through which befriending might impact health – these can be viewed as the active "ingredients" in the befriending service.

We developed a range of recommendations arising from the study on three key areas: the improvement of service provision, broader organisational implications, and opportunities for future research. While it is beyond the scope of the current report to detail these recommendations, we wish to highlight three specific recommendations.

First, we recommend that the ALONE Befriending and Support service continues to be offered to those who want it, since it is beneficial in likely many ways, including health.

Secondly, if ALONE wish to improve what is already an effective service, they may wish to focus their efforts on optimising the pathways identified through the qualitative phase of this study. For example, one pathway was the facilitation of exercise. If befrienders and service users are amenable, promoting gentle exercise such as walking as part of the befriending activity may be helpful in amplifying the positive impacts of befriending. There is a balance to be struck, of course, between emphasising and utilising the health effects of the befriending service and allowing the service to evolve naturally between the befriender and the service user. The results suggest that allowing the befriending relationship to take priority is key – this will provide the basis for empathy, companionship, and rapport.

Finally, we must acknowledge that the findings of the qualitative component of this study are preliminary and further research should be conducted to test the pathways identified within this project.

We are delighted that our research has been so fruitful, and we look forward to working with ALONE in future to optimise the service and help support older adults in Ireland to age happily and securely at home.

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