



Leading the Agenda

Reflections on our social group provision

December 2017

Overview

Vista is the leading local sight loss charity. We recognise that there is great work across the UK in supporting people with sight loss but very little evidence of what works.

At Vista we are at the forefront of building the evidence base, and this series of publications called 'Leading the Agenda' starts to use the data generated within the charity with the aim of informing future practice.

In this first report we focus on Vista's social groups which support people with sight loss across Leicester, Leicestershire, and Rutland.

Vista currently delivers a series of social groups. The groups are designed to reduce loneliness and social isolation by ensuring that members have a regular opportunity to meet other people from their local communities and participate in a range of different activities.

There are challenges, the number of people who regularly attend the social groups has diminished over time. The service is costly and is increasingly difficult to fund.

We carried out a consultation to assess the impact of the social groups and identify gaps in our current provision.

The findings from this consultation were used to develop recommendations and adaptations for existing groups to better meet the needs of people with sight loss.

1.0 Introduction

Social relationships, both in quantity and their quality, affect mental health, health behaviour, physical health, and mortality risk ¹.

It is well documented that programs and projects that enhance social interaction and reduce isolation have a positive effect on people who use them. This is because social interaction can enhance emotional support which enhances psychological well-being, and in turn, may reduce the risk of unhealthy behaviours and poor physical health ^{2,3}.

For Vista, this means supporting people affected by sight loss by tackling social isolation.

Loneliness and social isolation form part of a reinforcing, dynamic process in which they interact with other factors to produce a decline in psychosocial and physical well-being, particularly in people with a visual impairment ⁴. Therefore the link between sight loss and depression and the emotional impact of sight loss covers areas such as mood, self-concept and social connectedness ⁵.

In older people, particularly, there is a concern that these difficulties can lead to feelings of social isolation and low self-confidence, reinforcing other factors and reducing the likelihood of them engaging in social interaction in future ⁶.

A crucial set of factors in understanding how loneliness and social isolation affect people with a visual impairment is the role of relationships and social support ⁴.

It is not the quantity of people's relationships that is most important in mitigating loneliness, but how people feel about those relationships; whether they feel cared about, and feel that they receive the support that they need and expect ⁴.

For this reason social groups that promote and facilitate social interaction, have the potential for huge benefit to those with sight loss. A crucial consideration is how to ensure users access these services in a sustained manner and that their needs are met.

We carried out a consultation to understand how we can respond better to the needs of people using this Vista's social groups. Although there will always be some interest in social groups amongst a particular demographic, we acknowledge we must develop new services now to ensure that we are able to meet the changing needs and expectations of the next generation of older adults.

2.0 Aim

This paper outlines findings from a consultation convened with the aim of improving our social group offering to meet the needs of current and future users to encourage sustained attendance.

3.0 Method

Telephone interviews were conducted with our members to understand their experiences and perceptions of the current provision of Vista's social groups. Eighty-eight participants completed the telephone interview. These were stratified into three groups; current users (n=32);

lapsed users who attended social groups within the last 12 months (n=25); and future users who are registered service users of Vista but were yet to attend a social group (n=31).

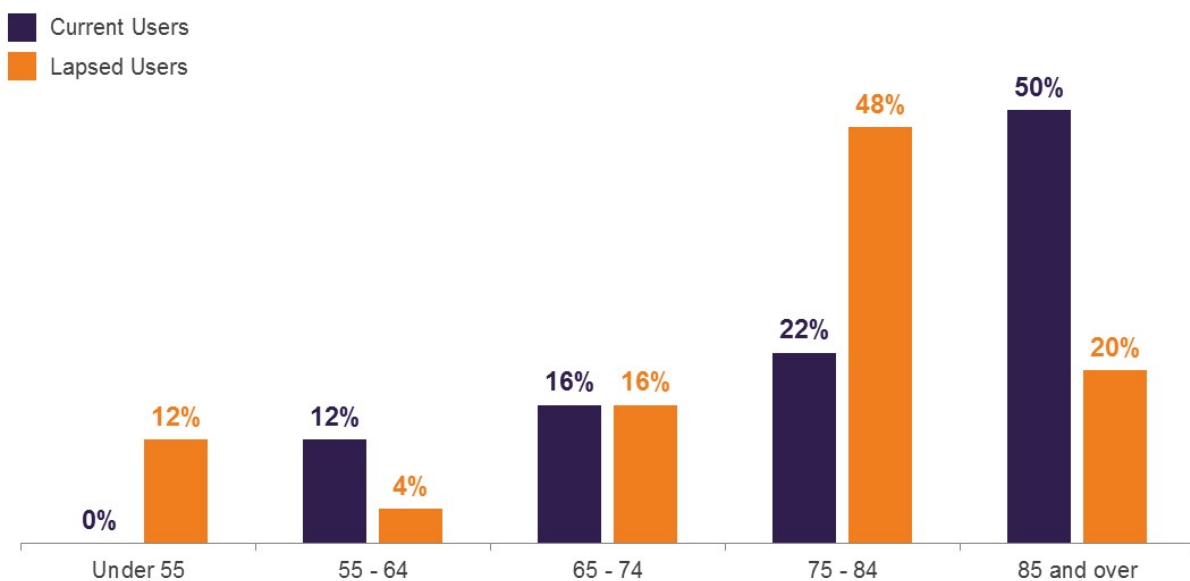
The interview began with demographic information and then moved onto wide-ranging questions around service provision to help identify gaps in current provision.

4.0 Results

4.1. Age of users

First we looked at the age range of those who have attended our social groups. Half of the current users are aged 85 and over. The majority (80%) of lapsed users are aged 84 and under (figure 2). Future user group, who had yet to engage with the groups were aged between 55-70 years old.

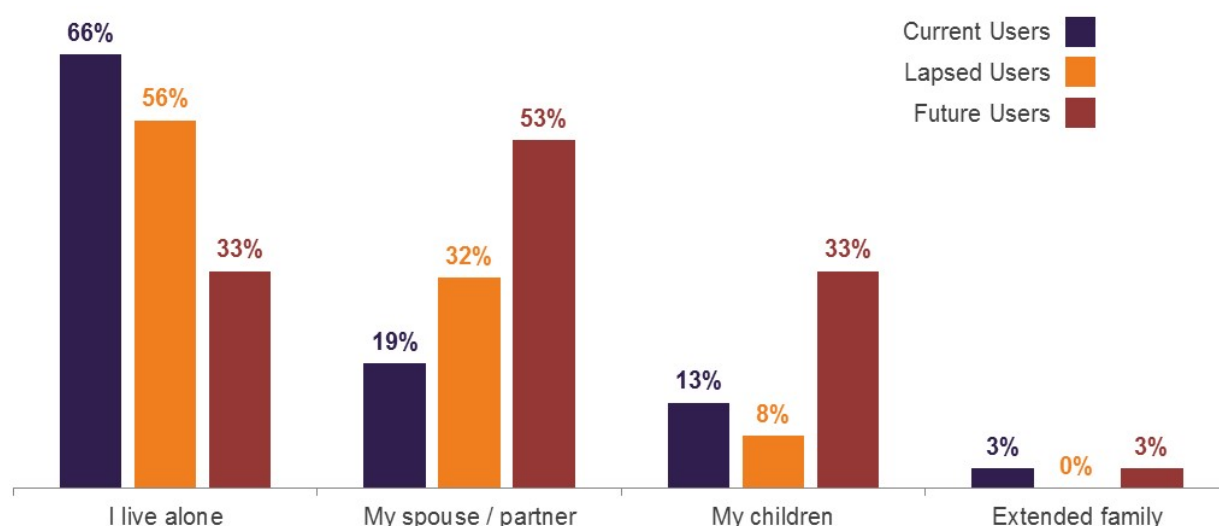
Figure 2 – Age profiles of respondents.



4.2 Social interaction

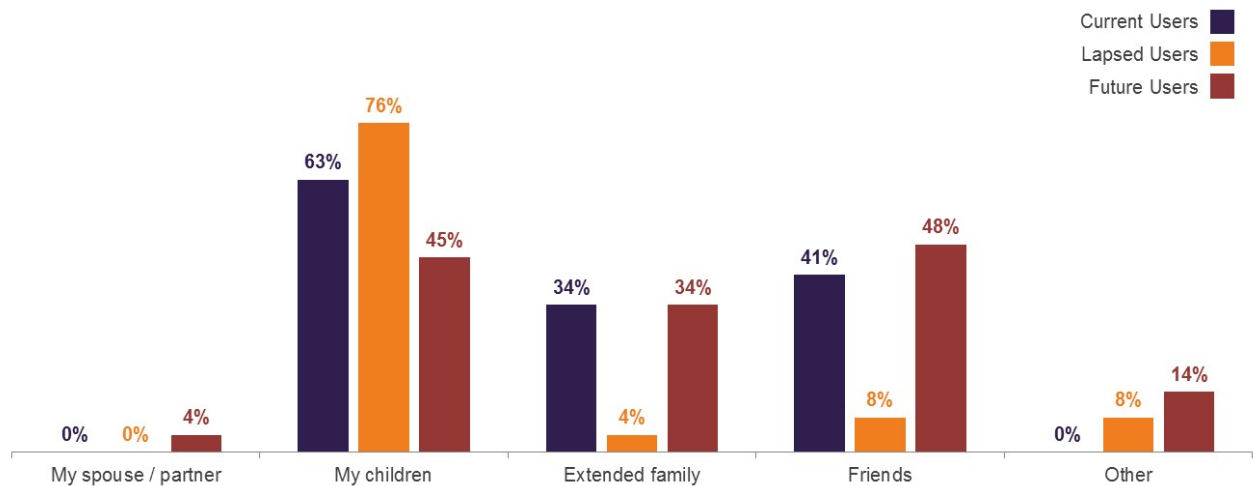
Two-thirds of current users live alone (figure 3), suggesting that the social groups are successfully targeting those most at risk of experiencing loneliness and social isolation. Similarly the majority (56%) of lapsed users also lived alone, and only 33% of future users lived alone, possibly reflecting the lower ages of this group. Of note, 53% of future users lived with a spouse or partner.

Figure 3 – Household profile of respondents.



Lapsed users were less likely to report having close friends, indicating the need to encourage people to remain in social groups, to maintain their levels of social contact outside their immediate family. This group had 73% of their contact via their children (figure 4). This was a similar trend among current and future users. This is important to note since social isolation and loneliness are risk factors for poor mental and physical health in older age due to changes in family structures (along a reduction in social networks and reduced economic capability) ⁶.

Figure 4 – Social contact profile of social group stakeholders.

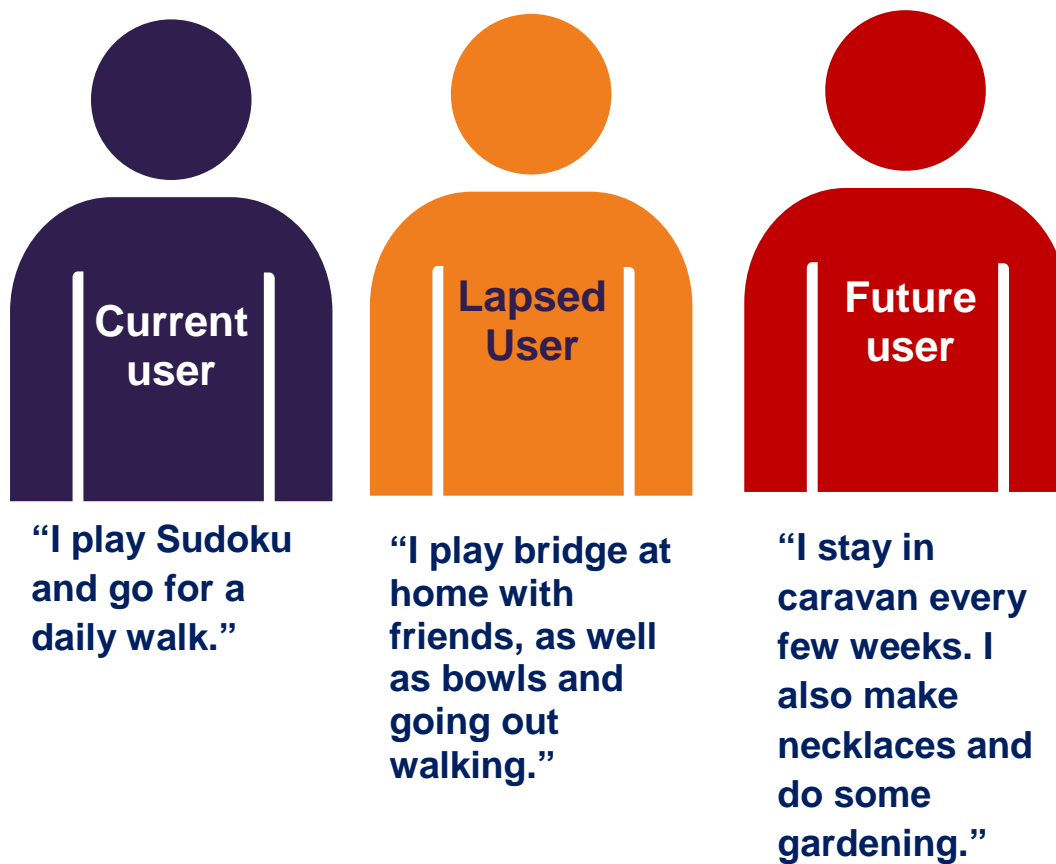


Other responses (figure 4) indicated meetings and interactions at places of worship provide a point of contact, along with meeting friends of friends. Although most users had regular weekly contact with friends or family members 9% of current users and 16% of lapsed users currently live alone and only have contact with other people monthly.

4.3 Activities

The consultation identified a wide range of different activities and interests mentioned by our respondents. These ranged from completing cognitive activities indoors, through to more physical activities such as walking or gardening. Comments from these different groups demonstrate a uniformity in the aim of our members seeking to engage in a mix of cognitive and physical activities. Future social group design should exploit this to improve attractiveness and retention of members by utilising these activities.

Figure 5 – Activities respondents reported enjoying



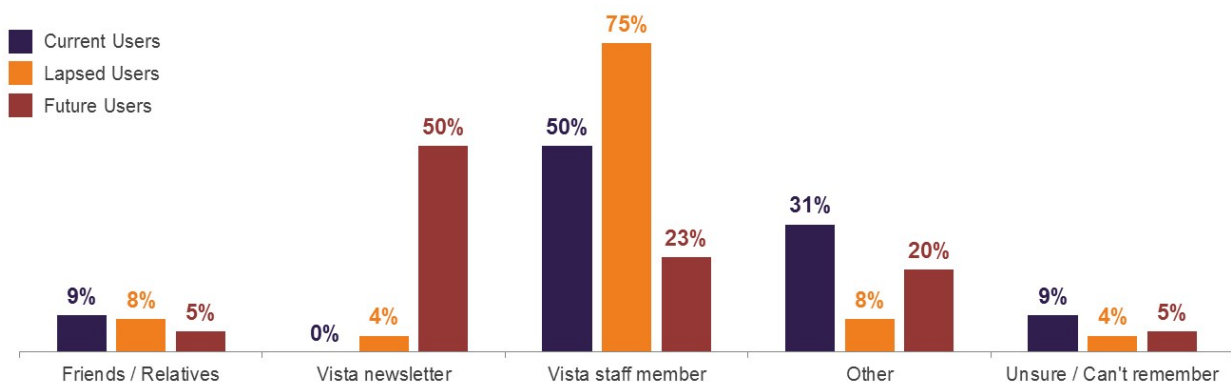
4.4. Keeping in touch

We were interested to learn about the current ways respondents kept in contact with their community, friends and family in order to maintain social contact. At present, relatively few people attending groups use digital technology to keep in touch with friends and relatives.

However, the growth in adoption of technology among older adults is likely to increase since the stereotypes associated with its use is contradicted in research ⁷ as older adults are capable and interested in technology. Future projects promoting the use of digital technology to reduce social isolation may prove effective in both the short and long term.

Most current and lapsed users had heard about the service from Vista staff, who were likely to have supplied a greater amount of information. Almost two-thirds of the future users had heard of Vista’s social groups. Their understanding tended to be largely superficial and few had a strong idea of what the groups really involved (figure 6).

Figure 6 – How respondents heard about Vista’s social groups.

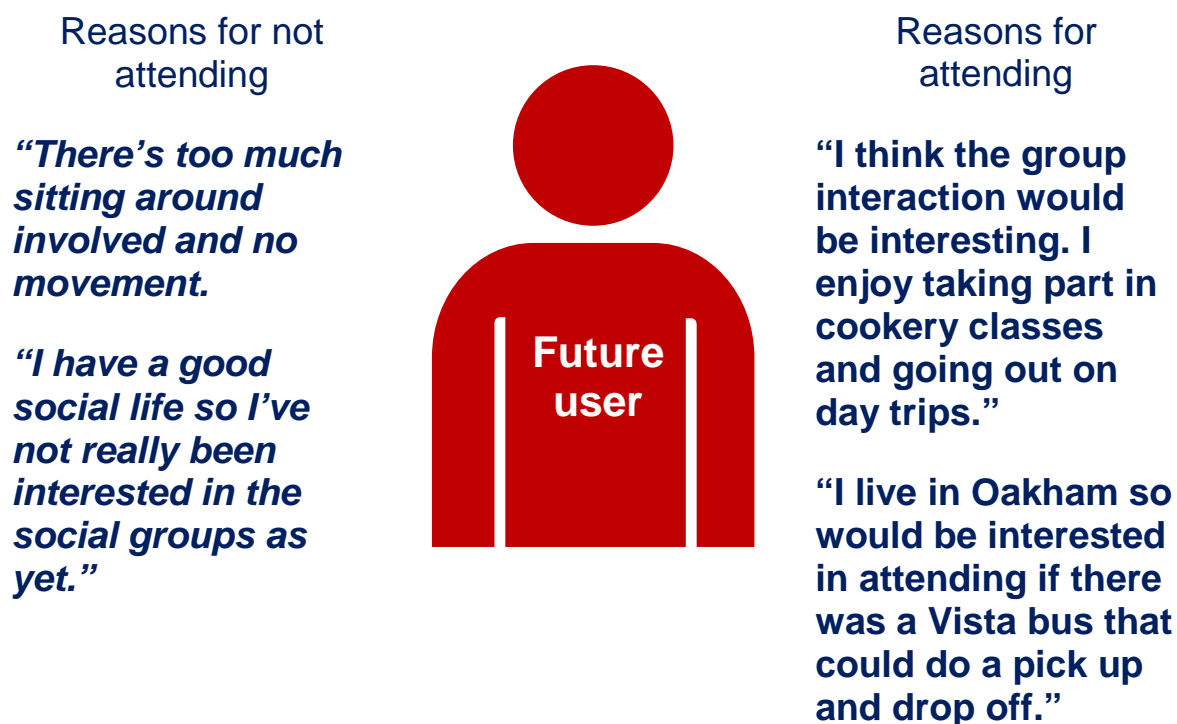


Future users had heard about social groups through Vista’s newsletters and had a limited understanding of the service. Vista needs to improve newsletter and information provision outside the use of Vista staff

‘Other’ responses were related to third-parties providing information (such as other voluntary/social groups, social services) or people proactively approaching Vista for support.

After being given more information about the groups, 53% of future users suggested they would be interested in attending if transport is provided. Those who were not interested in the group reported busy social lives but would be open to attending in the future if suitable activities were provided (figure 7).

Figure 7 – Reasons for attending and not attending Vista social groups reported by future users.



Although these people may not be at immediate risk of social isolation or loneliness, it is important to consider them in service design and development. Attracting attendance of future users offers current users and lapsed users a broader social network and indirect opportunities through meeting them, such as engagement with hobbies or family and friends. Therefore, social group activities should attempt to attract future users to engage with social groups even if this is through helping at events in the first instance.

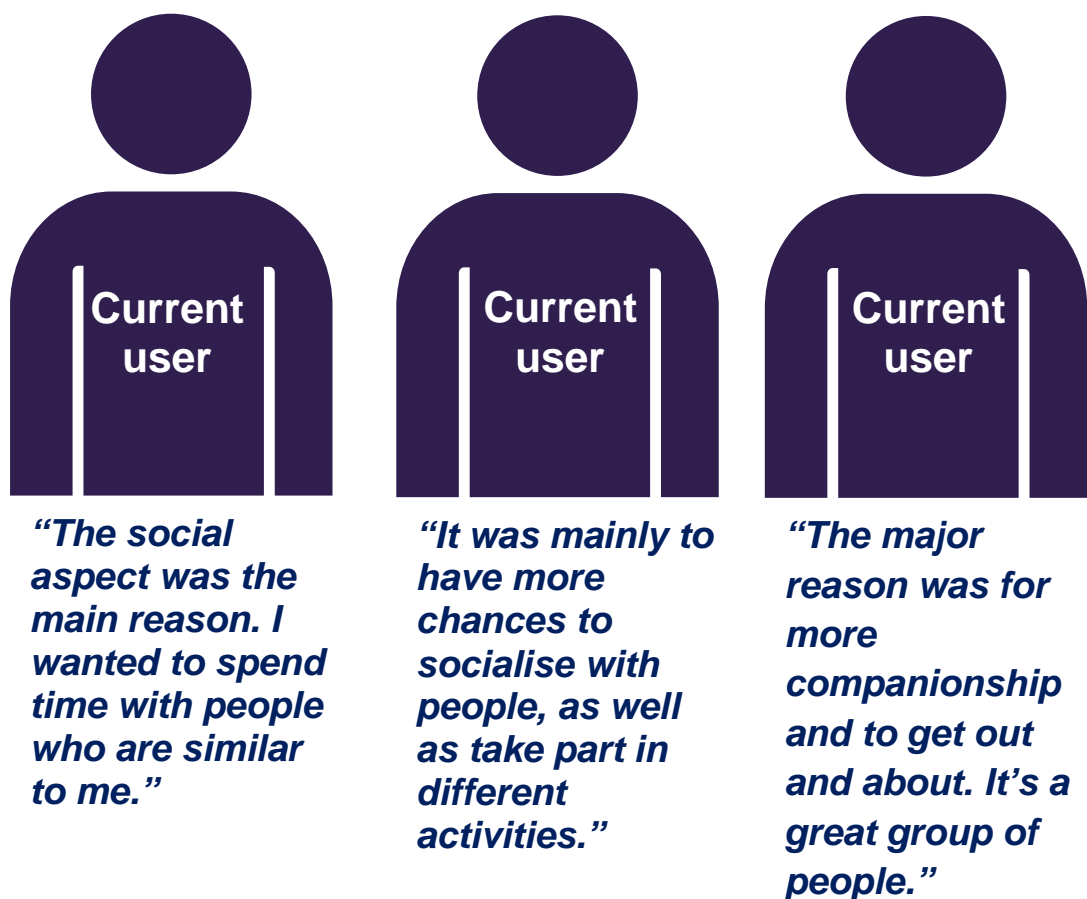
Encouragingly, the vast majority of future users were not influenced by the age range of current users being aged >74 years old. Therefore, age is not a strong barrier to attendance amongst future users and so activity

content and model of delivery become the reasons to engage with social groups.

4.5 Why do people come?

The results show that social interaction is the strongest draw that encourages people to attend Vista's social groups. The opportunity to spend time with other people who experience sight loss and taking part in a range of different activities were also seen as beneficial (figure 8).

Figure 8 – Feedback on social groups by current users



Lapsed and future users are typically younger than most of our current users, and would benefit from a service that delivers more physical activities and involves friends and family where possible.

Providing different services for different user groups such as shorter sessions that are less physically demanding, home-based services, specialist support to help them overcome other health problems (such as dementia), or offering different activities they have not tried before, will help users engage with social groups for a longer period of time. This would also allow the development of a programme of activities that users find stimulating through better meeting their needs.

4.6 What is the outcome?

Current users were asked to self-report on the benefit of attending the social groups based on the question: On a scale from 1-10, to what extent do you think attending Vista's social groups has improved your social life, happiness, confidence, and independence (see figure 9).

Figure 9 – Self reported benefit of attending social groups by the current user group.



Nearly half of current users (44%) reported that social groups have improved their social life and happiness. This is a moderate success as

these factors link to the holistic wellbeing of user. However, there is more to do. Only 25% and 13% reported an improvement in confidence and independence respectively. Therefore, future provision should seek to address this. This may take the form of having more structured activities that introduce new skills and experiences, along with mechanisms for individuals to feel they have a greater sense of independence. Technology may be a facilitator of this.

5.0 Final thoughts.

What has this consultation told us about addressing the challenge of diminished attendance at social groups?

It has been reported that younger adults have higher probabilities of being classified as being socially isolated than older people ⁷.

Therefore, social groups need to appeal to a broad range of user groups to meet the need of addressing isolation. Over half of the future users suggested they were interested in attending the social groups and there is potentially a large portion of people that we are not currently reaching. Therefore, we need to address both the content of the social group session and the communication of them.

Firstly, the way in which we talk about and pitch the social groups must be adjusted to increase consideration amongst lapsed and future users. This should aim to increase understanding of the service available and how it meets their needs. Placing greater emphasis on the activities and events that take place, as well as the chance to meet other people with sight loss for peer support and guidance, may encourage a greater number of people to attend.

Many older people who are in good health, including those aged 80 and over, have a desire to keep active and engage in physical activities (such as walking, cycling, or swimming). For many of these individuals, the current social groups do not meet this need. Developing new services that have a greater emphasis on encouraging physical exercise and activity is likely to appeal to a wider audience. So too developing new skills and experiences with social group events may improve user's confidence and independence.

Although technology is not widely used as a method of staying in touch amongst the current service users, this is likely to increase further in the future as people who are more accustomed to digital technology grow older. We should use technology not only to raise awareness of social events and to facilitate meet ups amongst people with sight loss in the community, but scope opportunity to deliver social groups on platforms that provide peer to peer support online. By doing this we may be able to encourage users to sign up to social groups and reach more people. This may also encourage social groups to appeal to a younger audience such as working age adults.

Recommendations to improve attendance can be summarised as:

- Ensure physical and cognitive activities are used within social group events and delivered through a structured programme
- Ensure information provision is up to date on social groups and is targeted at different user groups
- Include friends and family members at events where possible
- Encourage people with sight loss to volunteer at events to enhance social connections for people using social groups

- Promote the use of technology by social group members.
Providing training is important here.
- Develop ways for members to connect outside of organised events but under the umbrella of Vista.

At the start of the paper, we referenced that it is not the quantity of people's relationships that is most important in mitigating loneliness, but how people feel about those relationships; whether they feel cared about, and feel that they receive the support that they need and expect ⁴. These recommendations mix short and long term strategies and diversify the traditional model of social group delivery. Taken collectively, it provides a route to enhance what is good about social groups and better meet the needs of people who have yet to engage with them.

References

1. Umberson, D., & Karas Montez, J. (2010). Social relationships and health: A flashpoint for health policy. *Journal of health and social behavior*, 51(1_suppl), S54-S66.
2. Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next?. *Journal of health and social behavior*, 53-79.
3. Uchino, B. N. (2004). *Social support and physical health: Understanding the health consequences of relationships*. Yale University Press.
4. Hodge, S., & Eccles, F. (2013). Loneliness, Social Isolation and Sight Loss. *A literature review conducted for Thomas Pocklington Trust*. Lancaster: Lancaster University.
5. Thurston, M. (2010). An inquiry into the emotional impact of sight loss and the counselling experiences and needs of blind and partially sighted people. *Counselling and Psychotherapy Research*, 10(1), 3-12.
6. Heine, C., & Browning, C. J. (2004). The communication and psychosocial perceptions of older adults with sensory loss: a qualitative study. *Ageing & Society*, 24(1), 113-130.
7. Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*, 25(3), 799-812
8. Mitzner, T. L., Boron, J. B., Fausset, C. B., Adams, A. E., Charness, N., Czaja, S. J., ... & Sharit, J. (2010). Older adults talk technology: Technology usage and attitudes. *Computers in human behavior*, 26(6), 1710-1721.

9. Hawthorne, G. (2008). Perceived social isolation in a community sample: its prevalence and correlates with aspects of peoples' lives. *Social psychiatry and psychiatric epidemiology*, 43(2), 140-150.

END.