

# Reducing loneliness among migrant and ethnic minority people: a participatory evidence synthesis

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## Scientific summary

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# Scientific summary

## Background and rationale

Social isolation and loneliness are widely recognised as major public health problems. Migrant and ethnic minority people may face particular risks of loneliness.

## Aims and review questions

The overall aims were to synthesise the available evidence and produce new insights relating to the range of interventions addressing loneliness among people identifying as migrant and/or ethnic minority, plus the logic, functioning and effects of the interventions. The review questions were as follows:

- What types of interventional approaches to addressing social isolation and/or loneliness among migrant and/or ethnic minority people have been developed and evaluated?
- How effective are such interventions at reducing social isolation and/or loneliness when compared with usual or no intervention?
- What health outcomes have been examined?
- What negative effects have resulted from such interventions?
- Do effects vary for different people (e.g. by gender, age, income)?
- What 'programme theory' and assumed underlying mechanisms inform interventions?
- What system factors increase or decrease social isolation and loneliness among migrant and/or ethnic minority people?
- What happens when similar interventions are introduced into different contexts?
- What system conditions support or hamper successful and sustained implementation?
- To what extent do current interventional approaches address the known determinants? Where are the gaps?
- What are the costs associated with such interventions?
- What implications are there for roll-out at scale in the UK?

## Methods

As well as examining initiatives, we aimed to uncover the broader features of socioecological systems that interplay with deliberate intervention and affect outcomes. We therefore combined an effectiveness review with a 'systems theory-informed' evidence synthesis.

### Searching

We employed general and targeted electronic database searches (no date restrictions were applied), forward and backward citation-searching, review of prior reviews and expert recommendations to locate potentially relevant literature. Search processes conformed to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Grey literature searches identified additional UK initiatives.

### Study selection

Searches were downloaded to EndNote version 9 [Clarivate Analytics (formerly Thomson Reuters), Philadelphia, PA, USA] and then exported to EPPI-Reviewer version 4 (Evidence for Policy and Practice Information and Co-ordinating Centre, University of London, London, UK) for screening and extraction.

Initial screening for relevance on title and abstract was undertaken by one reviewer, with any uncertain items referred to a second reviewer. A second round of full-text screening applied a piloted, refined and finalised checklist. Uncertainties were resolved by discussion.

### **Data extraction**

An extraction template was developed, piloted and finalised in EPPI-Reviewer. Quantitative effectiveness information was double extracted, compared and agreed, calling on a third reviewer for consensus. Extractions for the theory-driven review were undertaken by one reviewer and validated via a process of iterative team discussions and revisiting of papers. Templates included structured items, interpretive coding and visual representations.

### **Appraisal**

For the theory-informed review, paper contributions were moderated based on relevance, rigour and richness. For the effectiveness review, we applied the Cochrane Risk of Bias assessment tool to all randomised controlled trials; otherwise, we simply noted the study design.

### **Consultation panel and stakeholder workshops**

We convened three consultation panels involving 34 participants: two in Sheffield and one in Leicester. All participants self-identified as a migrant and/or having an ethnic minority identity. A mix of other social characteristics was represented.

We held an initial 'meet-and-greet' session and two half-day workshops with each consultation panel. Sessions were highly interactive, employing structured exercises, visual diagrams and open discussion. Consultation panels provided commentary and critique on the emergent review material.

At a practitioner workshop involving  $\approx 50$  people we shared the emergent findings and sought input to the review products.

### **Synthesis and integration**

Theory development, relating to interventional logic and system processes, was iterative and drew on complementary sources of insight: grand and mid-range theories identified in the published literature, insights from consultation panel workshops, and empirical papers describing interventions. Structured templates in Microsoft Word (Microsoft Corporation, Redmond, WA, USA) characterised the inputs, functions, strategies and causal chains between intervention elements, proximate determinants and relevant outcomes. Iterative team analysis sessions refined the theory.

Intervention/initiative papers that were suitable for quantitative data extraction employed diverse outcome measures and often had methodological limitations. Therefore, a narrative synthesis, guided by a set of derived hypotheses, was undertaken.

Drawing on consultation panel contributions, relevant data from UK intervention papers and a subset of rich UK non-intervention papers, a narrative synthesis of systems factors that affect both the risk of loneliness and the operation of interventions was developed.

Textual and diagrammatic synthesis products were produced.

### **Ethics**

Ethics approval for the consultation panels was granted by the University of Sheffield's School of Health and Related Research Research Ethics Committee (reference number 016132).

## Results

### *Developing the theoretical scope*

Initial theory-building confirmed the inadequacy of existing formulations of 'loneliness'. In particular, rather than pathologising people's negative appraisal of existing social relations, we acknowledge exposure to social ties and interactions that undermine, rather than affirm, and constrain, rather than facilitate, companionship. For migrant and ethnic minority people these interactions are commonplace, and threats to self-worth are routinely experienced. Furthermore, for many migrants, a loss or weakening of significant social exchanges is a common experience.

Important conceptual overlap between related, but distinct, bodies of literature indicated the need to include several related outcomes: emotional loneliness (lack of intimacy), social loneliness (lack of sense of belonging), feeling isolated and feeling unsupported. The resultant model of loneliness included four proximate determinants: (1) positive social ties and interactions, (2) negative social ties and interactions (3) self-worth and (4) appraisal of existing ties. This model suggested a wider range of potential solutions than commonly considered.

### **What types of interventional approaches to addressing social isolation and/or loneliness among migrant and/or ethnic minority people have been developed and evaluated?**

We 'typed' initiatives by identifying their intended functions (a set of closely related enabling conditions and opportunities for change). We identified eight types, each identified by a distinctive function, and labelled them as follows: befriending, shared-identity social support groups, intercultural encounters, psychotherapy, training or equipping focused, meaningful activity focused, volunteering and light-touch psychological inputs. Two 'other' categories accommodated multifaceted initiatives offering a menu of options or providing diverse inputs at a structural level.

### **What 'programme theory' and assumed underlying mechanisms inform interventions?**

We went on to develop detailed logic models for the three most common intervention types. These 'ideal type' depictions aimed to capture the main elements of the intervention, including three functions in each case, and their inter-relationships.

The distinctive function of befriending was identified as the provision of a one-to-one relationship of trust that provides tailored emotional support and companionship. The distinctive function of shared-identity social support group interventions was identified as providing a safe, authentic, reciprocal social space where people who recognise some kind of shared identity engage with each other, with meaning and enjoyment. The logic model for intercultural encounters was more tentative, with the distinctive function identified as being to bring together, in meaningful contact across ethnic/cultural/religious differences, people who do not normally interact. Befriending and shared-identity social support group models shared some common logic with several other intervention types. Most operated via proximate determinants 1, 3 and, to a lesser extent, 2. Light-touch psychological inputs were unusual in operating via proximate determinant 4.

### **How effective are such interventions at reducing social isolation and/or loneliness when compared with usual or no intervention?**

There was consistent evidence from nine qualitative studies that befriending initiatives led to improvements in dimensions of loneliness. Three quantitative studies showed a positive impact on a relevant outcome. In contrast, four reported no such impact, but none of these appeared to achieve the distinctive function. There was consistent qualitative evidence from 10 studies that befriending interventions that achieve function 1, namely one-to-one tailored support, result in a positive social tie for the befriended. There was limited and mixed evidence on whether or not befriending initiatives result in positive ties beyond the befriender-befriended relationship. There was consistent qualitative

evidence from 10 studies that befriending initiatives result in increased self-worth among befriendeds. There was consistent qualitative evidence from eight studies that befriending interventions result in decreased negative ties and interactions (with family members and/or professionals). None of the befriending studies documented changes in appraisal of existing ties.

Nineteen qualitative, and six quantitative, studies of shared-identity social support groups provided evidence to suggest a positive impact on dimensions of loneliness, whereas three quantitative studies reported no effect. There was consistent qualitative evidence from 29 studies that shared-identity social support group initiatives that achieve function 1 (safe, reciprocal space) lead to increased positive ties among group members; one quantitative study supported this finding. Consistent qualitative evidence from 16 studies showed such ties and interactions extending beyond group activities. Qualitative evidence from seven studies and quantitative evidence from two studies suggested that shared-identity social support groups lead to reduced negative ties and interactions for participants. Eighteen qualitative studies, and one quantitative study, provided evidence that shared-identity social support groups can increase participant self-worth. Two qualitative studies suggested that shared-identity social support groups can produce a more positive appraisal of existing ties.

Few intercultural encounter studies provided data on relevant outcomes. There was qualitative evidence from 12 studies of increased positive 'within-group' ties, and from 15 studies of increased positive 'out-group' ties. Two quantitative studies also suggested increased 'out-group' ties. A small number of studies reported no such changes. There was mixed evidence as to whether or not intercultural encounter initiatives reduce the experience of negative ties and interactions for migrant/ethnic minority people. Several intercultural encounter initiatives aimed to produce broader shifts in attitudes and practices of individuals beyond the immediate initiative, but very limited evidence was available to assess effects.

Drawing on the qualitative evidence and theoretical insights, we developed hypotheses regarding probable relationships between interventional characteristics and outcomes that were used to guide exploration of 34 quantitative outcome studies. Notwithstanding the generally low quality of study designs, we found fairly consistent support for the following hypotheses: (1) interventions that target underlying causes of loneliness (via tailoring or multiple inputs) are more effective than those that do not, (2) interventions that explicitly aim to boost self-worth are more effective than those that do not and (3) interventions that explicitly support the building of a shared-identity social network for new migrants are more effective than those that do not.

### **What negative effects have resulted from such interventions?**

A small number of studies suggest that befriending initiatives may result in some befriended dependence and feelings of loss when the relationship ends. Reduced self-worth (self-esteem) was reported in one befriending study (although this initiative did not achieve the distinctive function). In relation to intercultural encounter initiatives, a few studies suggested the potential for encounters to exacerbate negative attitudes, inequalities in status and racist behaviour.

### **Do effects (positive and negative) of interventions vary for different people (e.g. by gender, age, income)?**

Few published studies considered differential effects of interventions, and no consistent patterns were discernible.

### **What system factors increase or decrease social isolation and loneliness among migrant and/or ethnic minority people? What system conditions support or hamper successful and sustained implementation of interventions?**

At the individual level, a lack of self-confidence and low self-worth, undermining people's ability both to form and maintain social connections, and to take up intervention opportunities, was a prominent theme. Other factors were ill health and disability, lack of material resources and lack of awareness

and familiarity with opportunities for social engagement. Evidence suggested both a commonly felt need for opportunities to socialise within ethnically homogeneous groups at times, and a desire to engage across ethnic difference. The potential for people to connect and find commonality around various aspects of identity or experience was also emphasised. New migrants can be disappointed by a lack of hoped-for close relationships with non-migrant established residents.

The loss of family ties and support associated with migration was a prominent theme. In addition, however, families as a source of stress and 'negative social support' were also important issues. Competing demands and responsibilities were felt to increase the risk of social isolation and to negatively affect people's ability to access and sustain engagement in interventions. Stigma of isolation and loneliness and of accepting support was also highlighted. Working with, rather than against, family ties is important.

Feeling unwelcome and experiences of interpersonal racial harassment at the community level were found to limit social interactions and to contribute to feelings of isolation and lack of belonging among both migrants and ethnic minority people. On the other hand, 'neighbourliness'; that is, the positive, relatively fleeting, encounters between people in public spaces were identified as contributing to a feeling of being 'at home'. Local geographies – the presence, or absence, of spaces and places for positive social encounters and connections – were highlighted as important. Unreliable and unwelcoming public transport was a further factor restricting social engagement.

Official systems and processes frequently act to 'other', and thereby undermine, a sense of belonging among migrant and ethnic minority people. The experience of microaggressions from people in authority was reported as commonplace, contributing to a feeling among migrant and ethnic minority people of not being valued and of not belonging.

The wider hostile policy and media environment towards migrants (and, by extension, towards ethnic minority people) undermines people's sense of belonging, and has a negative impact on the take-up and success of initiatives.

**To what extent do current interventional approaches address the known determinants of social isolation and/or loneliness among migrant and/or ethnic minority people? Where are the gaps? What implications are there for roll-out at scale in the UK? What are the costs associated with such interventions?**

A preliminary assessment of UK activity suggested that shared-identity social support group and befriending interventions are common, but that some promising approaches are currently relatively rare, including training (and access to) digital technologies; direct transfer of resources to support social participation; provision of safe spaces to discuss and develop coping strategies for racism; provision of information, skills and navigational support for new contexts; and equipping people with social and communication skills.

Our review revealed no evidence of strategies that are effective in tackling overt racism, or increasing organisational cultural competence, with knock-on positive implications for our proximate determinants or outcomes. In addition, although we identified a large and varied set of 'intercultural encounter' initiatives in the UK, none provided strong evidence of impact.

Consultation panel discussions and the practitioner workshop highlighted the disjuncture between the published literature, which tended to focus narrowly on individual initiatives, and the reality of a complex system within which individuals may encounter diverse deliberate provision, as well as other resources and processes, that support or hamper their social connectedness. We developed a visual representation of a potential systems approach to 'loneliness-proofing'. Broad considerations included targeting and tailoring interventions to individual needs; provision of varied formal and informal opportunities for social connection, both within and across ethnic groups; effective signposting and

referral between agencies; engagement of the general public to increase neighbourliness; and concerted efforts to tackle racism and improve cultural competence within organisations.

There was very little information on the costs of UK interventions, and no assessments of cost-effectiveness. Widespread use of volunteers may represent good value for money.

Finally, an important tension was highlighted between the demonstrated need for opportunities to build and celebrate intraethnic, 'bonding' ties, and policy orientations that present such ties as threatening and favour supporting 'bridging' ties across difference.

## Conclusions

Common conceptualisations of 'loneliness' can be usefully extended to recognise four proximate determinants when focusing on migrant and ethnic minority populations: (1) positive social ties and interactions, (2) negative social ties and interactions, (3) self-worth and (4) appraisal of existing ties.

Diverse interventions have been introduced with the potential to affect loneliness among these groups. Befriending, shared-identity social support groups and intercultural encounters were the most common types of intervention. Credible programme theory was developed for the first two of these types. Evidence of positive impact on loneliness was strongest for shared-identity social support groups. Quantitative evidence was inadequate and there were no data relating to long-term impacts.

The UK evidence base was extremely limited. Grey literature, however, suggested significant relevant activity around the country. Priorities are to co-produce interventional approaches with migrant and ethnic minority people that address the underlying nature and causes of loneliness among these populations, and to evaluate existing interventions that are being delivered – particularly shared-identity social support groups, intercultural encounters and multicomponent programmes.

An interlocking set of factors operating at individual, family, community, organisational and wider societal levels increase the risk of loneliness, and undermine access to, and the impact of, interventions. Interpersonal, structural and cultural racism operate throughout the system to increase the risk of loneliness. Current UK interventional approaches fail to address many of these system factors.

## Study registration

This study is registered as PROSPERO CRD42017077378.

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