Loneliness, older people and a proposed social work response

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In the United Kingdom (UK), loneliness has become a public health issue (HM Government, 2018), following profile building work by the Campaign to End Loneliness, established in 2011, and the Jo Cox Commission on Loneliness, set up in 2016. Whilst both organisations indicate that loneliness can affect anyone at any time (Jo Cox Loneliness, 2017; Joping & Barnett, 2014), often loneliness initiatives target older populations (Fulton & Jupp, 2015). This includes promoting community-based approaches (Collins & Wrigley, 2014) and appointing a minister for loneliness (HM Government, 2018).

Given increasing attention on loneliness, social workers, especially those working with older people, require more knowledge on the nuances of the concept. This article aims to summarise thinking around loneliness, explain key research messages, and identify how some ideas have been misrepresented or exaggerated. After discussing misconceptions, the article will then propose a model for active social work practice.

Introducing loneliness

Loneliness is multi-faceted, with a discrete definition difficult to determine. As loneliness is subjective, it is distinct from social isolation, which is the objective absence or lack of social relationships or support (Coyle & Duggan, 2012). Nor is it being alone, as this would exclude those who feel lonely amidst a substantive social circle (Griffin, 2010). Loneliness is unpleasant and unchosen, demarcated by feelings of helplessness, disconnection, confinement and fears of dependency (Kitzmuller et al., 2018). An evolutionary conceptualisation of loneliness describes it as a trigger to seek out social bonds for security (Cacioppo & Patrick, 2008; O'Luanaigh & Lawlor, 2008). Loneliness is not only important in terms of belonging but also in feeling secure.

The subjective nature of loneliness is such that "individuals with a low propensity for loneliness may thrive in socially isolated conditions, while those with a high propensity for loneliness [and integrated into a visible social network] may require more social connectedness" (McHugh et al., 2016: 2).

Loneliness occurs in the absence of meaningful relationships or from dissatisfaction with existing ones (Heinrich & Gullone, 2006). It is the discrepancy between one's emotional and/or social needs and wants, and the reality of social experience (Killeen, 1998).

Experiences of loneliness are not the same throughout the life course. For adolescents and younger adult populations, loneliness relates to dissatisfaction with or marginalisation from social relationships with peers and potential romantic partners (Woodhouse et al., 2012). Being alone does not commonly correlate with loneliness for younger people, except at specific times such as weekend evenings, when there is a 'normal' expectation to be socialising with peers (Larson, 1999). However, older people's loneliness is more likely to be "consequent to an occurrence" (Wood, 1986: 203), where an uncomfortable transition, such as bereavement, a health decline or impairment, or decreased independence, results in a substantial loss in contact with meaningful others.

Whilst loneliness is subjective, conceiving this merely in relation to individuals' internal feelings negates ecological systems affecting older adults and their communities. Older people who are poorer or living in socially deprived neighbourhoods, who have poorer levels of education, lower household income, or lack access to a car or social activities are at greater risk of loneliness (Greer et al., 2016).

Methodology

Examining research literature over time established a knowledge base on studies investigating loneliness in later life. Initially, a scoping review of seven electronic databases (Scopus, ASSIA, CINAHL Plus, Medline, Psycinfo, Social Services Abstracts and Sociological Abstracts) searched for studies relating to loneliness and older people from 2000 to 2012. Search terms used included *old*, eld** or *geri** to find articles relevant to older people; and *loneliness* and *social isolation* used to find studies on loneliness. Whilst social isolation is a poor synonym for loneliness, this was included as this term is sometimes used interchangeably when describing loneliness. This search initially explored

interventions effective in addressing loneliness, with results published elsewhere (Hagan et al., 2014). Following this, a Zetoc Alert, a service providing email alerts matching search criteria for studies on loneliness and older people (Jisc, no date), was set up, ensuring access to research beyond the years initially searched. Furthermore, the author found other studies through hand searching references and grey literature, including reports and surveys from organisations such as Age UK, Campaign to End Loneliness and the Joseph Rowntree Foundation. An inductive approach informed this article as findings emerged over time and through ongoing analysis. Summarising the messages accrued from searching led to the following, which will be explored:

- how literature on loneliness in later life leads to the identification of discrete subcategories of loneliness.
- how certain misconceptions are held in particular influential media and how research challenges these.
- applying this learning to social work practice to develop a hypothetical model for social workers to apply with potentially lonely older people.

Addressing loneliness

Over the last 15 years or so, academics have evaluated interventions tackling older people's loneliness (Gardiner et al., 2018; Hagan et al., 2014, Dickens et al, 2011; Masi et al, 2011; Heinrich & Gullone, 2006; Cattan et al, 2005; Findlay, 2003). Whilst reviews report considerable variation, reductions in loneliness were sometimes, though not always, reported in both group and one-to-one approaches. One meta-analysis concluded that work addressing 'maladaptive social cognition' would be most valuable (Masi et al., 2011). Loneliness can be subdivided into discrete experiences, where different approaches may be required (Dahlberg & McKee, 2014).

Subdivision One: Emotional and social loneliness

The terms 'emotional loneliness' and 'social loneliness' are commonly associated with Robert Weiss (1973). Weiss conceptualised emotional loneliness as reflecting a keenly felt loss or absence of a specific close relationship or attachment figure (O'Luanaigh & Lawlor, 2008). This relationship is demarcated by a level of intimacy where the individual feels they have a trusted confidant, often a spouse or partner, but possibly another family member or close friend (Dong et al., 2012). The absence of this intimate companion, with whom one shares personal life events, leads to the world feeling empty (Kitzmuller et al., 2018).

In contrast, social loneliness indicates detachment from a desired social network or friends, who do not meet expectations for contact and support (Dahlberg & McKee, 2014). For example, migrants may report greater social loneliness, due to poor social networks where they live (Koelet & de Valk, 2016). Emotional loneliness may be best addressed via introducing a new confidant style relationship, whilst social loneliness could be overcome through strengthening the individual's social network.

Subdivision Two: State (or situational) and trait (or chronic) loneliness

If older people experience loneliness due to stressful or traumatic life events or transitions, they experience temporary or 'state' loneliness, a mutable condition which should not be problematic and passes with time (Shiovitz-Ezra & Ayalon, 2012).

In contrast, 'trait' or chronic loneliness occurs over a longer period, emerging from impaired thinking and unhealthy personal habits (Martin-Maria et al., 2020), or the cumulative impact of traumatic events or childhood abuse (Barrett & Mosca, 2012; Palgi et al., 2012). It is associated with personality traits such as neuroticism and shyness, which lead to social withdrawal, hypervigilance in relation to social interactions, and distrust of relationships (van Wrinkel et al., 2017). Someone experiencing trait loneliness may not so readily recognise themselves as lonely than those with state loneliness, as loneliness has become ingrained (van Roekel et al., 2018). Whilst someone with state loneliness may

desire social relations, an individual with trait loneliness may be warier. Although factors within state and trait loneliness do not always strongly correlate (Yi et al., 2018), those with high levels of trait loneliness also report high levels of state loneliness (van Roekel et al., 2018). Therefore, whilst the types of loneliness are discrete, they may converge. Nevertheless, these two populations may require differing interventions with psychological input more appropriate for chronic loneliness.

The above highlights that loneliness experiences vary. Given the type of loneliness presenting, what might work for one may be unsuccessful for another. An unsophisticated approach to loneliness could result in inappropriate action. The following section outlines four misconceptions that could arise following a cursory assessment of needs.

Misconceptions

The four following misconceptions are not myths: each has elements of truth. They are visible in media messages from respected sources, or have emerged or been examined and challenged in research. They could become generalisations that, without analysis, stereotype the older person with whom a social worker is engaging, resulting in an unneeded or inappropriate intervention.

Misconception One: Older people are particularly lonely

In the UK, the NHS reports that older people are "especially vulnerable to loneliness" (NHS, 2018). A previous study on loneliness myths questioned whether loneliness was specifically a problem for older people and concluded there was partial support (Dykstra, 2009). However, surveys reporting fears of loneliness in later life highlight this is more a concern for younger adults and these anxieties reduce as one ages, indicating that fears around loneliness are exaggerated. In one survey, 46% of those between 15 and 23 associated later life with loneliness compared with 25% of those aged 65 and over (Independent Age/Mori, 2005, see *Figure 1*). In another, 61% of 18-34 year olds, 47% of 35-64 year

olds and 33% of those 65+ identified loneliness as a serious problem for older people (Abramson & Silverstein, 2006).

[Insert Figure 1 around here]

The wider literature consistently reports that those who feel always or often lonely in later life are in the minority, roughly equating to between eight and 12% (see *Table 1;* also Scharf, 2015; Davidson & Russell, 2015), though this figure may extend to approximately 40% when including those who report sometimes feeling lonely. In contrast, adolescents and younger adults often report higher levels of loneliness than other age groups (Luhmann & Hawkley, 2016; Qualter et al., 2015; Victor & Yang, 2012). Nevertheless, one should not underestimate the pain of loneliness in later life and there are higher levels of reported loneliness as one enters very old age (Brittain et al., 2017; Dykstra, 2009).

[Insert Table 1 around here]

Misconception Two: Older people who live alone are lonely

Summarising loneliness, the NHS explicitly equates loneliness with living alone, indicating, without further comment or explanation, that over two million of those aged 75 and over live alone (NHS, 2018; also Age UK, 2019). Additionally, whilst the Campaign to End Loneliness' Facts on Loneliness note various factors contributing to older people's loneliness, two bullet points refer to living alone without explaining what this means (Campaign to End Loneliness, no date). Kharicha et al. (2007) report that media coverage has conflated and sensationalised living alone and loneliness. Older people who live on their own do often report greater loneliness (Chen et al., 2014; Nyqvist et al., 2013), however, Victor et al. (2009) note that the majority of those in later life living alone are not lonely. These authors suggest that what may be more salient are the factors leading to living alone. Variations in health and well-being, which may restrict freedom of movement or access to close social

relationships, are more likely than living arrangements to lead to loneliness (Smith & Victor, 2019; Hawkley & Kocherginsky, 2018).

Paths to older people living alone include widowhood, separation or divorce, though others have been ever single or spent most of their adult life living on their own, and therefore are less likely to experience this loneliness precipitating transition. Data from the English Longitudinal Study on Ageing indicate that ever single people are more likely to be hardly ever lonely than those separated/divorced or widowed (see *Table 2*).

[Insert Table 2 around here]

Nevertheless, living alone can have negative consequences, especially as one becomes very old and when mobility is increasingly restricted. For example, one quarter of those aged 75+ and living alone do not see or speak with someone every day (Jopling, 2015). Multi-morbidities often correlate with increasing age (Savva et al., 2011) and poor health or decreasing mobility restrict older people's independence and ability to leave the house (Warner & Adams, 2016; Burholt & Scharf, 2014). Whilst solitude can be valuable (Lee, 2013), studies of solitary confinement describe profound negative effects on mental health for those living in an entrapped, solitary states (Metzner & Fellner, 2010), something unchosen by older persons with mobility difficulties.

Considering this, social workers may wish to move an older person away from a solitary living arrangement due to perceived loneliness, although long-time residence in one's own home in a familiar location may actually guard against loneliness (van den Berg et al., 2016). Moving to a new location could isolate (Saito et al., 2012) and those living in nursing or care homes are more likely to report loneliness (Brittain et al., 2017; Davidson & Russell, 2015). Living with adult children is usually undesirable and may not alleviate loneliness (Kitzmuller et al., 2018; Nyqvist et al, 2013), with resulting

increases in higher levels of emotional loneliness (Hagan et al., 2017) and exclusion from social relationships (Kneale, 2012). This kind of move has been described as "a last resort" (Fengler et al, 1983: 359).

Additionally, whilst marriage often buffers against loneliness (Warner & Kelley-Moore, 2012; Shiovitz-Ezra & Leitsch, 2010), loneliness emerges in strained or unhappy marital relationships (Stokes, 2016; Warner & Adams, 2016). Stokes notes that if one spouse reports loneliness, the other probably will too.

Misconception Three: Families meet older people's social needs

Concerns around the fragmentation of family networks has informed reporting on loneliness in recent years (WRVS, 2012). European research has also investigated how countries that emphasise closer family bonds often report higher levels of loneliness (Fokkema et al., 2012). Close family relationships increase in importance in later life, particularly after losing a spouse (Pahl & Prevalin, 2005) and older people prefer immediate kin for providing instrumental personal care, financial support and guidance with critical decisions (Victor et al, 2009). However, whilst spousal loss can lead to profound emotional loneliness, other family members are less likely to compensate for feelings of loneliness than friends and a wider social network (Steed et al., 2007).

Whilst kin relationships may be bound by obligation (Fiori et al., 2008), non-kin friendships are voluntary, more informal and less burdensome (Wenger, 1997). Friendships give stronger protection against subjective loneliness compared with having only access to kin and especially adult children (Nyqvist et al, 2013). A family-centric network reflects greater care needs and reduced independence (Keating et al., 2003), which impinges upon contact with non-kin and leads to greater lonelinesss (Kirekevold et al., 2013). A strained relationship with family is one of the strongest predictors of loneliness, particularly for those not married (Shiovitz-Ezra & Leitsch, 2010).

Older people value being able to socialise and maintaining friendships is a core goal when ageing (Katz et al, 2011). However, one UK survey found that 12% of those aged 65 and over have no contact with friends (Davidson & Russell, 2015). Similar aged peers are particularly valued as they often share the same worldview (Routasalo et al., 2006). However, as older people age, the chances of losing peer group friends increases, leading to accumulating feelings of loss in later life, sometimes called the "pain of survivorship" (Hagestad & Uhlenberg, 2006: 645).

Misconception Four: Loneliness is tackled only by addressing loneliness directly

Masi et al's (2011) recommendation that interventions tackle individuals' own maladaptive reasoning to overcome loneliness could be valuable when facing chronic loneliness. Whilst evaluations for psychological approaches are often more robust than other methods, outcomes are variable and may be explained by other factors unrelated to therapy (Gardiner et al., 2018). It may infer sole responsibility upon the individual to recover from their loneliness experience, neglecting the impact of unwelcome transitions experienced, which more commonly correlate with loneliness in older people. As a result, thought must consider the ecological systems within which the older person is located and potential deficits therein.

Perhaps more pertinently, tackling loneliness head on is simply unappealing. Admitting to loneliness means admitting to shame, failure and passivity (Shiovitz-Ezra & Ayalon, 2012), as demonstrated by one study's findings that one third of respondents would feel embarrassed to admit they are lonely (Griffin, 2010). Another states that 80% of over 85s have not told their children they are lonely (Kempton & Tomlin, 2014). Talking about loneliness makes participants feel uncomfortable and guilty (Heenan, 2011). As one research respondent articulates:

> "I think I know why I feel alone and isolated. I think I know, I don't need someone to tell me." (Kharachi et al., 2017: 7)

Group or individual activities based around loneliness, therefore, are unlikely to be successful. Experts surveyed by Jopling (2015: 12) suggest that approaches that were "framed not as loneliness solutions, but as holistic and person-centred services, aimed at promoting healthy and active ageing, building resilience and supporting independence" were more likely to be effective. Social groups do not have to have 'addressing loneliness' as an aim to be effective (Davidson & Russell, 2015). Instead, tackling loneliness by 'stealth' by linking older people to existing interests may be more attractive to potential participants.

Discussion: How might social workers address older people's loneliness?

The rising profile of loneliness, particularly for older people, precipitates a desire in social workers to respond to service users at risk. The above narrative cautions against assuming individuals are lonely because they live alone or are increasing in age, or that increased contact with family may be the most appropriate response, or even that addressing loneliness directly is always advisable. This section now considers how social workers could respond.

This article has indicated that loneliness cannot be easily conceptualised in one way (Jopling, 2015). Differentiating the type of loneliness experienced is vital (Shiovitz-Ezra & Ayalon, 2012) and particular interventions are effective with certain individuals at certain times, but not with others (Davidson & Russell, 2015). For example, cognitive approaches, recommended by Masi et al. (2011) are more suitable for those who experience chronic or 'trait' loneliness. For many older people, it is more likely later life transitions precipitate loneliness, and these transitions relate to profound losses, especially in terms of a confidant, or impairments leading to compromised access to a desired social network. In this way, addressing the ecological systems surrounding the older person becomes more

meaningful. Importantly, strong links with family at the expense of friends, peers and other non-kin relationships could indicate a greater vulnerability to loneliness (De Jong Gierveld et al., 2012). In these situations, social workers should prioritise how they can bolster valued existing networks, which may be more beneficial than introducing new ones (Jopling, 2015; Harries & de Las Casas, 2013; Walker et al., 2013; Ngan, 2011). Some may not wish to embark upon new relationships due to health decline (Smith, 2012). In line with theory on socio-emotional selectivity (Cartensen et al., 1999) and compensation (Baltes, 1997), older people's well-being is not so much associated with any type of social engagement but only that which they choose freely and find meaningful (Rozanova et al., 2012). Scoping an individual's social network and offering assistance with accessing existing relationships could be valued. Promoting being part of a 'locally integrated support network' (Wenger, 1997), one which combines friends, family and neighbours, and where the individual feels comfortable in their neighbourhood and connected to organisations therein, has been posited as a successful, low key way of addressing loneliness (Gray, 2009).

Social workers may be anxious that promoted initiatives are unsuitable for the presenting type of loneliness. If, for example, emotional loneliness is best remedied by the (re)introduction of a confidant-style relationship, would integrating individuals into social groups be appropriate – as surely social work does not have a quasi-dating consultant role? Although social and emotional loneliness have been demonstrated to be conceptually different (Dahlberg & McKee, 2014), nevertheless researchers have found certain social interventions to be effective in reducing emotional loneliness. These include support groups aimed at recently widowed older people (Chow et al., 2018; Stewart et al., 2001), groups promoting community connections (Coll-Planas et al., 2017), day centre reablement group programming (Hagan et al., 2017) and internet usage (Fokkema & Knipscheer, 2007). Interventions involving these kinds of social interaction and support may not produce confidant style relationships, nevertheless improvements reflect compensatory benefits (Baltes, 1997). Therefore there remains validity in social workers adopting these approaches.

Active engagement in later life remains a crucial goal for many older people (Gray et al., 2014), yet many of those lonely have failing mobility or health (Lilja et al., 2017). For those whose network shrinks due to physical health declines, mobility difficulties and decreased car usage, local neighbourhoods become an increasingly important social space, where informal interactions take on an amplified meaning (Gardner, 2011). Whilst some move to retirement villages or sheltered housing schemes, it is not unusual for loneliness to accompany the loss of familiar, old neighbourhoods (Adams et al., 2004). Rather, many older people may not wish to move from communities in which they have been embedded all their lives and where they have strong connections (Walsh et al., 2012). However, they may also experience dissonance in the context of communities and neighbourhoods that are constantly changing (Goll et al., 2015; Walker et al., 2013; Rozanova et al., 2012). Where once familiar resources, such as libraries, community groups, local shops and post offices, are at risk of closure and with families moving away, feelings of isolation increase, leading to perceptions that the changing social environment has become hostile or alienating (Galenkamp & Deeg, 2016; Mortimer, 2016; Walsh et al., 2012). This may lead to desired lifestyles choices becoming inaccessible without access to a car (Curl et al., 2013) and, even for those older people who drive, there may be greater reluctance to drive at night or in bad weather (Adler & Rottunda, 2006). Social workers should consider surveying services and facilities within walking distance (Ni Lieme & Connolly, 2015), though also bear in mind that some older people may still find these hard to reach due to poorly maintained pavements and pathways (Walker et al., 2013). There may then be further need for advocating at higher levels on behalf of individuals and communities regarding neighbourhood resourcing.

Including the 'oldest old' or those particularly frail, as well as those without adequate financial resources to easily access social or cultural activities (Ni Lieme & Connolly, 2015), is crucial. Having a lower income is a barrier to participation, as are anxieties about health, falls and medication management (Goll et al., 2015) and those with a lower socioeconomic status are less likely to have a

supportive social network (Martire & Franks, 2014). Whilst social workers will be keen to promote individuals' own freedom regarding accessing appropriate social activities, some remain inaccessible due to cost (Liljas et al., 2017; Rozanova et al., 2012).

To summarise these key ideas, a hypothetical model is proposed (see *Figure 2*), recommending a person-centred approach be adopted, promoting primarily the maintenance of existing networks but not ruling out, especially for those experiencing difficulties with health, mobility and independent movement, introducing group or befriending initiatives. Additionally, taking on board previous considerations about maladaptive social cognition, an additional pathway that particularly relates to chronic loneliness could be activated for those whose loneliness has persisted over the life course.

[Insert *Figure 2* here]

Should social workers initiate specific programmes to address loneliness?

In one study, one respondent notes that some initiatives introduced to promote older people's social activities feel patronising: "We have had things in the past that were useless. Somebody talking at you like you were a child" (Heenan, 2011: 482). Unsurprisingly, as at other stages in the life course, older people have little tolerance of social activities peripheral to their needs (Goll et al., 2015; Walker et al., 2013). If social workers are considering interventions, group based approaches should be purposeful, not just advertised as 'social contact', especially so for men (Goll et al., 2015; Davidson & Russell, 2015; Devine et al., 2014). The promotion of specific shared and intergenerational interests has merit (Kharachi et al., 2017; Jopling, 2015), particularly where older people feel excluded from intergenerational relationships that are not family based (Lloyd, 2008). If befriending schemes are promoted, serious consideration needs to be given to how individuals are matched and introduced. Whilst befriending can reduce loneliness (Lawlor et al., 2014), especially for the 'oldest old' (Moriarty & Manthorpe, 2017), it has been criticised as doing little to change the disadvantaged situation of the

service recipient (Devine et al., 2014) and participants have reported uncertainty over volunteers' motivations (Kharachi et al., 2017). For frailer individuals, the home becomes increasingly the hub for health and social care (Thompson, 2016) and, at this point, engagement with home visiting professionals and volunteers take on added meaning. However, one should not presume that interventions need increased social contact with others: literature reviews have reported success from projects ranging from the introduction of pets (and robot pets) and online technologies (Gardiner et al., 2018; Hagan et al., 2014).

In line with a person-centred approach, Age UK recommend individualised assessment via a guided conversation with older people, exploring what they consider solutions to their social situations (Mortimer, 2016; Jopling, 2015). A gentle persistence with respectful trust building and preferably face-to-face contact is vital for social workers wishing to promote meaningful social engagement (Liljas et al., 2017; Walker et al., 2013). This may lead to more distinctive, individualised programmes of care that fit with the current personalisation agenda, but with associated concerns that desired services may be either unavailable, inaccessible or unaffordable, and also the difficulties some older people may face managing these complex processes (Ray et al., 2014). Budget restraints may not allow every service to be feasibly provided and so what is prioritised, and who takes responsibility, can be prickly questions in times of austerity (Ni Lieme & Connolly, 2015).

Finally, older people's experience of loneliness should not be seen as inevitable or irrevocable (Warburton et al, 2016). Studies on bereavement highlight that initial poor impacts on well-being, including loneliness, reduce over time (Stone et al, 2013). In fact, bereavement and loss of social network act as cruel prompts to participate in new social activities (Ni Lieme & Connolly, 2015). Social work engagement does not need to be unduly intrusive or last longer than required: older adults may resolve their own issues with loneliness and social disconnection, in contrast to cultural portrayals of their being helpless and vulnerable victims, lacking the capacity to manage their own lives (Bozarro et

al., 2018; Coudin & Alexopoulos, 2010). Additionally, social workers should consider activities that allow older people opportunities to reciprocate, rather than receive a service passively. Community approaches where older adults have been involved in the design of interventions have had success in reducing loneliness (Gardiner et al., 2018). When individuals merely receive support, this can lead to feelings of unhappiness, guilt, resentment and obligation (Dalley et al., 2012). Opportunities to give support promote autonomy, value and well-being in later life, lift morale and increase meaningful social integration (Kitzmuller et al., 2018; McLeod et al., 2008). If this remains at the forefront of social workers' considerations, fruitful and valuable ways to promote older people's own desired social engagement that reduces their own subjective loneliness may result.

Limitations

The above messages are developed from a scoping review and therefore are not exhaustive. A more comprehensive systematic approach could uncover different findings.

Concluding Message

Whilst the numbers of older people experiencing loneliness are in a minority, this experience can nevertheless feel devastating. This survey has highlighted that older people prize their existing social networks though, if individuals only have connections with kin, then loneliness is more likely to be higher. Social workers should promote individuals' attachment to existing groups or, if appropriate, introduce them to groups that may have a wider age range but which focus on topics of interest, rather than discuss loneliness. The promotion of targeted interventions, which take account of individual need and ability, much like those piloted by Age UK, are person-centred and appealing. These approaches are less likely to specifically address loneliness in a conceptual sense, as this is unattractive to most individuals. However, they may be quite time intensive and are somewhat reliant on either responsive existing social networks or accessible community resources. Social workers should also be

willing to advocate for individuals whose mobility or independence is compromised and address inadequate community or neighbourhood needs at a wider policy level.

Statement on ethics and funding

This study was based on a review of relevant literature and no direct work was conducted with individuals or organisations. Therefore no ethical approval nor funding was required.

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