

ESSENCE SUMMARY 4

Signposting and navigation services for older people: economic evidence

Annette Bauer, David McDaid, Michela Tinelli, Danielle Guy



FUNDED BY
NIHR | National Institute
for Health Research

This summary presents findings from independent research funded by the National Institute for Health Research School for Social Care Research. The views expressed are those of the author(s) and not necessarily those of the NIHR SSCR, the National Institute for Health Research or the Department of Health and Social Care.

BACKGROUND

Chronic loneliness affects about 1.2 million older people in England, and can have severe consequences for health and wellbeing. There is longstanding interest in looking at the ways in which health, social care and other local

government services can help 'signpost' or facilitate links to community and voluntary organisations that can help address social isolation and loneliness. However, the economic evidence base is limited.

KEY POINTS

- Signposting and navigation services are available in many areas, and may be found in GP surgeries, shopping centres and libraries. Some services even proactively identify and liaise with potentially isolated older individuals.
- Signposting and navigation services can increase access to a range of statutory and voluntary sector activities and support. They can benefit the mental wellbeing and independence of older people.
- Economic studies suggest that signposting and navigation services have the potential to achieve positive return on investments.
- However, evidence is restricted to a few small-scale studies and modelling. Further research is needed to test those findings, particularly as findings are likely to vary between different populations and subgroups of older people.

AUTHORS

Annette Bauer, David McDaid, Michela Tinelli, Danielle Guy
Care Policy and Evaluation Centre, London School of Economics and Political Science

ACKNOWLEDGMENTS

We are grateful to the ESSENCE project advisory group (in particular Dr Aija Kettunen, Research and Development Services for Social and Health Economics, Diaconia University of Applied Sciences, Pieksämäki, Finland) for their helpful comments on an earlier draft of this case summary.

Production date: June 2019

CONTEXT

Chronic loneliness among older people is highly common: for example, it affects about 1.2 million older people in England (1). People who are lonely as they age are more likely to develop life-limiting illnesses – such as depression, dementia, coronary heart disease and stroke – and are more likely to die early (2–8). At national level, government has prioritised action in this area; and there is increasing interest in how to commission services that reduce loneliness in order to prevent some of those negative consequences (9,10). A number of interventions currently exist that might

reduce loneliness (11). However, effectiveness and cost-effectiveness evidence for these interventions is largely lacking. The Campaign to End Loneliness* therefore funded a systematic review of various interventions to prevent or tackle loneliness experienced by older people (12).

This summary presents evidence on signposting and navigation, which is one intervention covered by the review (12). The intervention has been implemented in various localities in England and the UK.

WHAT IS SIGNPOSTING AND NAVIGATION?

Signposting and navigation seeks to increase access to community services and support for older people. It is provided free of charge and people can refer themselves. It involves one or several of the following elements:

- Low-threshold access through various referral options
- Assessment of the person's situation, wishes, preferences and interests; this might include an assessment of social isolation and feelings of loneliness
- Information about locally available services and support options

- Emotional support to help people feel confident and motivated about seeking support
- Removal of (practical) barriers that might prevent the person from accessing services and support.

Signposting and navigation are often provided by volunteers and run by third sector organisations. They might take place in the person's home or in other settings that can be easily accessed by older people.

IS SIGNPOSTING AND NAVIGATION EFFECTIVE?

Overall, the evidence on outcomes for signposting and navigation for older people is encouraging, although it should be stressed that data are taken from a few small observational studies.

For example,

- Findings from one UK evaluation suggest that trained volunteers providing signposting and navigation may improve mental health and increase social support for older adults (13).

Volunteers took on the role of mentors and engaged older adults in programmes of creative exercise and cultural activities in their communities. Peoples' mental health improved, although these improvements only lasted in the short-term.

- A larger study looking at the same intervention in the same location could not confirm any of the positive mental health effects (14).

* www.campaigntoendloneliness.org

- Since community mentors providing the intervention were different in the two studies this might explain discrepancies in findings between the two studies.
- In addition, the study population may explain the weak evidence since people had poorer mental and physical health status than typically found in the average population.

The findings of studies that evaluated signposting and navigation were mixed. However, there is a large amount of evidence demonstrating the benefits of the services, activities and supports to which people are typically signposted. For

example, a systematic review carried out by the National Institute for Health and Care Excellence* guideline (15) found that exercise and health promotion activities promised important health and wellbeing benefits for older people (16). This included creative activities such as group singing and arts and crafts (17–19). Similarly, the guideline also recommended the provision of lifelong learning (20–22), befriending (23–25), volunteering and peer support (26–27). There is thus a strong argument for the important role of signposting and navigation for older people at risk of loneliness, who might not access such supports otherwise.

ARE SIGNPOSTING AND NAVIGATION SERVICES COST-EFFECTIVE?

One main source of cost-effectiveness evidence referred to in the review (12) was a study by McDaid and colleagues (28), which modelled the return on investment from a signposting service to various activities and interventions targeted at people at 65 years and older who self-identify as lonely. Findings showed a modest but positive return on investment of £1.26 for every £1 invested over a 5-year period.

The costs of the intervention were assumed to be the same as those for a signposting service operating in Dorset. The intervention assumed that older adults would be offered an assessment to identify opportunities for participation in a wide range of local, social activities. The impacts of subsequent participation in regular group activities on mental health were then considered. The analysis looked at benefits associated with the avoidance of poor mental health as a result of the avoidance of severe loneliness. Costs averted included GP and GP nurse contacts, risk of hospital presenting self-harm, and avoidance of psychological therapy to treat depression. The benefits to society of an increase in the number of individuals contributing their time as volunteers as a result of coming into contact with signposting and navigation services were also considered.

It is important to note that the researchers looked solely at benefits related to better mental health; they explain that if they had also included benefits linked to improved physical health, as well as potential delay in cognitive decline, then the return on investment would comfortably have been between £2 and £3 per £1 invested. This would still be a conservative estimate. McDaid and colleagues (28) conclude that costs avoided, and thus return on investment, will most likely be considerably higher than the ones suggested in their findings if signposting services were successfully targeted at people experiencing more severe levels of loneliness.

In addition to this modelling study (28) a few other economic studies were mentioned in the review:

- Another return on investment analysis of a signposting service operating in Gloucestershire was estimated to have a return of £1.90 for every £1 invested. Benefits covered a wider range of outcomes including those related to fuel poverty and fall prevention (29). An estimate of the value of volunteer time (including volunteer time provided by person using the service) was also included in the analysis. The study provided an estimated cost of the programme of £52.50 per contact.

* www.nice.org.uk

Overall, while the results are positive the analysis is limited in not measuring actual outcomes related to loneliness or depression.

- A signposting project in Cornwall observed a reduction in the use of health services and social care packages while seeing an increase in volunteering in the target population (30).

- Another signposting service for lonely older people in Yorkshire collected data on the costs of programme delivery, as well as changes in the use of health services, loneliness and social isolation. It looked at the mean gain in quality-adjusted life year that would have to be achieved in order for the service to be considered cost-effective (31).

WHAT IS THE QUALITY OF EVIDENCE ON SIGNPOSTING AND NAVIGATION?

The evidence on the economic case for signposting and navigation is encouraging. A few caveats need to be noted:

- The effectiveness evidence from England is limited to data from one small observational study (13) and one large non-randomised controlled trial (14). They targeted people with poorer mental health and physical health status than the general population of older people. It is thus possible that findings would be different

if provided for the general population.

- The cost-effectiveness evidence stemmed mainly from economic modelling studies. Modelling is based on assumptions about likely costs and benefits, and thus while findings suggest that signposting and navigation has the potential to be cost-effective, this still needs to be confirmed in larger, ideally prospective studies.

HOW IS SIGNPOSTING AND NAVIGATION IMPLEMENTED?

Signposting and navigation services have been set up in different areas of England. They might be located in GP surgeries or in local focal points, such as shopping centres or libraries. Some services may proactively seek to identify and engage with potentially isolated individuals.

One good practice example of a signposting and navigation service provided for older adults in England is Dorset-Wayfinders (32). Dorset-Wayfinders are information, signposting and support workers that take referrals from a wide range of agencies and accept self-referrals. Their primary mode of contact is home visits, but they may also do outreach at libraries, council offices, community centres, lunch clubs and other places where older people meet. An initial referral may be

about something very basic but, once in the home, they use a diagnostic tool to identify other issues, including social isolation.

Community Navigators Bristol* offers free signposting and support to people over 50 living in Bristol who want to feel more involved in their community. Trained navigators get to know the person in need and find out what is important to them. They also share information about local events to help meet other people, rekindle old hobbies, become more active, volunteer or learn something new. They can also help address concerns related to safety, transport, or finances by connecting the person with other local community groups.

* www.communitynavigators.org.uk

OTHER INFORMATION

- The Campaign to End Loneliness was the first organisation in the UK dedicated to ending loneliness. It published additional research on the cost-effectiveness of loneliness interventions that presents additional economic evidence used in this case summary (12). In association with the Local Government Association* and Age UK**, they also published a guide to set out a range of actions for combating loneliness (10).
 - Recently, the Local Government Association published a briefing to tackle loneliness (9) that highlights the role of services such as signposting and navigation. Additionally, it sets out a series of questions and recommendations for local council leaders, businesses, local authorities and wider public sector services to consider when tackling loneliness.
-

REFERENCES

1. Davidson S, Rossall, P (2015) Age UK Loneliness Evidence Review. Loneliness in later life.
2. Kuiper JS, Zuidersma M, Oude Voshaar RC, et al (2015) Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Res Rev.* 22:39-57.
3. Heffner KL, Waring ME, Roberts MB, et al (2011) Social isolation, C-reactive protein, and coronary heart disease mortality among community-dwelling adults. *Soc Sci Med.* 72:1482-8.
4. Cene CW, Loehr L, Lin FC, et al (2012) Social isolation, vital exhaustion, and incident heart failure: findings from the Atherosclerosis Risk in Communities Study. *Eur J Heart Fail.* 14:748-53.
5. Valtorta NK, Kanaan M, Gilbody S, et al (2016) Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart.* 102:1009-16.
6. Steptoe A, Shankar A, Demakakos P, et al (2013) Social isolation, loneliness, and all-cause mortality in older men and women. *Proc Natl Acad Sci USA.* 110:5797-801.
7. Forsman AK, Nyqvist F, Wahlbeck K (2011) Cognitive components of social capital and mental health status among older adults: a population-based cross-sectional study. *Scand J Public Health.* 39:757-65.
8. Courtin E and Knapp M (2017) "Social isolation, loneliness and health in old age: a scoping review." *Health Soc Care Community* 25(3): 799-812.
9. Local Government Association (2018) Loneliness: how do you know your council is actively tackling loneliness? Local Government Association.
10. Local Government Association, Age UK and Campaign to End Loneliness (2016) Combating loneliness – A guide for local authorities. Local Government Association.
11. Department for Digital, Culture, Media & Sport and Office for Civil Society (2018) Collection. Government's work on tackling loneliness.
12. McDaid D, Bauer A, and Park A (2017) Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review. A briefing paper. The Campaign to End Loneliness.
13. Greaves C and Farbus L (2006) Effects of creative and social activity on the health and well-being of social isolated older people:

* www.local.gov.uk

** www.ageuk.org.uk

- outcomes from a multi-method observational study. *Journal of the Royal Society for the Promotion of Health*. 126:134–142.
14. Dickens AP, Richards SH, Hawton A, et al (2011) An evaluation of the effectiveness of a community mentoring service for socially isolated older people: a controlled trial. *BMC Public Health*. 11:218.
 15. National Institute for Health and Care Excellence (2015) Older people: independence and mental wellbeing. NICE guidance [NG32].
 16. Hamar B, Coberley CR, Pope JE, et al (2013) Impact of a senior fitness program on measures of physical and emotional health and functioning. *Population Health Management*. 16:364–72.
 17. Cohen GD, Perlstein S, Chapline J, et al (2006) The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults. *Gerontologist*. 46:726–734.
 18. Cohen GD, Perlstein S, Chapline J, et al (2007) Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults – 2 year results. *Journal of Aging, Humanities and Arts*, 1:5–22.
 19. Lee YY, Chan MF, Mok E (2010) Effectiveness of music intervention on the quality of life of older people. *Journal Of Advanced Nursing*. 66:2677–2687.
 20. Portero CF, Oliva, A (2007) Social support, psychological well-being, and health among the elderly. *Educational Gerontology*. 33:1053-1068.
 21. Arkoff A, Meredith GM, Dubanoski JP (2004) Gains in Well-Being Achieved Through Retrospective-Proactive Life Review By Independent Older Women. *Journal of Humanistic Psychology*. 44:204–214.
 22. Orte C, March MX, Vives M (2007) Social support, quality of life, and university programs for seniors. *Educational Gerontology*. 33:995–1013.
 23. Butler SS (2006) Evaluating the Senior Companion Program: a mixed-method approach. *Journal Of Gerontological Social Work*. 47:45–70.
 24. Stevens NL, Martina CM, Westerhof GJ (2006) Meeting the need to belong: predicting effects of a friendship enrichment program for older women. *The Gerontologist*. 46:495–502.
 25. Martina CMS and Stevens NL (2006) Breaking the cycle of loneliness? Psychological effects of a friendship enrichment program for older women. *Aging & Mental Health*. 10:467–475.
 26. Lawlor B, Golden J, Paul G, et al (2014) Only the lonely: a randomised controlled trial of a volunteer visiting programme for older people experiencing loneliness, Dublin, Age Friendly Ireland.
 27. Murayama Y, Ohba H, Yasunaga M, et al (2015) The effect of intergenerational programs on the mental health of elderly adults. *Aging Ment Health* 19:306–314.
 28. McDaid D, Park A, Knapp M, et al (2017) Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health.
 29. Hockett C (2014) Gloucestershire Village and Community Agents: Cost Benefit Analysis, Gloucester. Gloucestershire Rural Community Council.
 30. Age UK Cornwall and Isles of Scilly (2014) People, place, purpose: Shaping services around people and communities through the Newquay Pathfinder. Age UK Cornwall & Isles of Scilly.
 31. Windle K, George T, Porter R, et al (2016) Staying Well in Calderdale' Programme Evaluation: Final Report, Lincoln, University of Lincoln.
 32. Campaign to end loneliness (2014) Case Study: Dorset Wayfinders.

CONTACTS

SIGNPOSTING AND NAVIGATION SERVICES FOR OLDER PEOPLE: ECONOMIC EVIDENCE

David McDaid
d.mcdaid@lse.ac.uk

THE ESSENCE PROJECT

Michela Tinelli
m.tinelli@lse.ac.uk

<https://essenceproject.uk>

Care Policy and Evaluation Centre
London School of Economics and Political Science
Houghton Street
London
WC2A 2AE