



Peer Review on “Strategies for supporting social inclusion at older age”

Germany, 23-24 September 2019

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Introduction

While older people in Europe generally live longer, are healthier and more active compared to previous generations, they also tend to face multiple disadvantages, including loneliness and isolation. A significant prevalence of social isolation and loneliness among the older population, especially among the oldest old, is linked to factors related to old age. These include declining health and mobility limitations; life-cycle changes, such as retirement or becoming a carer; and age-related losses such as the death of a spouse/partner or friends. Given that older people tend to spend more time at home or in their immediate neighbourhood, neighbourhood contacts, community activities, accessibility and availability of transportation, services, basic amenities and communication technologies, and the living environment are particularly important for the social inclusion of older people and ensuring their full participation in society.

Social isolation is influenced by the wider socio-economic context as well. Research shows that people who are materially deprived and have lower income and wealth are less likely to participate in social activities compared to their more affluent peers. Consequently, the general welfare regime has a direct impact on social isolation of older people, with in particular social protection and pension policies directly affecting the income level of older people and thus their ability to actively participate in society. General demographic trends, such as an ageing population and greater geographical mobility, also contribute to a growing share of older people experiencing social isolation.

As Europe's population is getting older, with a projected increase in the old age dependency ratio¹ from the current 30% to 50% by 2070 (EC, 2018), the prevalence of social isolation is expected to increase in the future. This is indeed alarming considering the negative impact of social isolation and loneliness on physical and mental health in turn exacerbating vulnerability and exclusion from public life. People with weaker social ties are at a greater risk of premature mortality (Tilvis et al., 2011), have poor resilience and less physical activity (Durcan & Bell, 2015), and are more prone to experience depression (Cacioppo et al., 2010), cognitive decline (James et al., 2011) feelings of vulnerability and worthlessness (Griffin, 2010), and low self-esteem or low levels of interpersonal control (Morgan, 2017). Weak social connections have been reported to carry a health risk that is more harmful than not exercising and twice as harmful as obesity (Cacioppo et al., 2015). There is also evidence indicating that isolated older adults have longer stays in hospitals as well as higher emergency hospitalisation and re-hospitalisation rates and a higher probability of being admitted into residential or nursing care (Bolton, 2012; Valtorta & Hanratty, 2012; Bernard & Perry, 2013).

As a consequence, there is a growing recognition to promote social inclusion of older people as part of EU and national policies. Several European countries have recently adopted national strategies and launched public campaigns that address this topic, including measures to address social isolation and loneliness of older people.

This paper was prepared to inform the discussions during the Peer Review on "Strategies for supporting social inclusion at older age" that takes place on 23-24 September 2019 in Germany, Berlin. The first section provides an overview of social exclusion, social isolation and loneliness amongst older people in Europe, followed by a section on EU policies addressing these issues. After this, a series of national developments and measures, with a focus on countries participating in this Peer Review, are described. A general state of play on loneliness amongst all age groups in Europe and national measures addressing this problem is outlined in the second Thematic Paper 'Loneliness in Europe: evidence, policies and practices'

¹ This indicator is the ratio between the number of persons aged 65 and over (age when they are generally economically inactive) and the number of persons aged between 15 and 64. The value is expressed per 100 persons of working age (15-64).

1 Setting the scene

Social exclusion, social isolation and loneliness are related, but distinct concepts (see Box 1 below). While loneliness and social isolation are sometimes used interchangeably, loneliness is generally understood to be a negative, unpleasant feeling and experience that occurs when there is a discrepancy between a person's actual and desired social relationships. Social isolation, by contrast, concerns an objective experience of reduced social interactions and social ties (Dykstra, 2009). Previous studies also consistently show that having a large social network and frequent social contacts is not enough to avoid isolation and loneliness – the quality of social contacts, such as having someone people can turn to for support, is also important (Fernández-Ballesteros, 2002; Valtorta, 2016).

Box 1 Social exclusion, social isolation, and loneliness²

- Social exclusion is the process whereby people are deprived access to rights, opportunities and resources that are normally available to members of a different group, and which are fundamental to social integration and observance of human rights within that particular group.
- Social isolation is characterised by the lack of social contact with other people in normal daily living. It is usually assessed through data measuring the quantity and frequency of social contacts reported by individuals. In addition, it is important to consider the quality of relationships.
- Loneliness is a subjective negative feeling associated with the perceived lack of desired social relationships. Thus, people may feel lonely despite having a broad social network and regular contacts and conversely people can be socially isolated without necessarily feeling lonely.

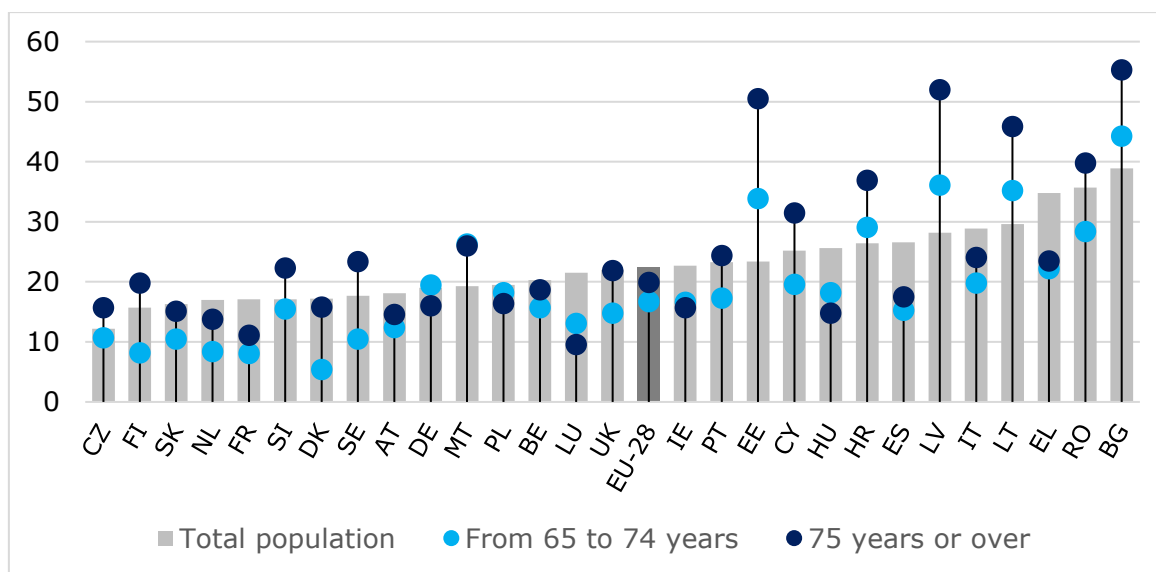
While definitions of social exclusion of older people remain ambiguous, the concept is useful to explain multiple disadvantages older people face. Studies looking at social exclusion of older people focus on exclusion stemming from insufficient levels of material and financial resources, disadvantages in the use of health and social care services and restricted access to transport services. Exclusion can also arise from built environment, socio-economic aspects, reduced social participation and ageism (Walsh, Scharf, Keating, 2016). The likelihood of experiencing numerous types of exclusion increases with advancing age, disproportionately (Scharf and Keating, 2012).

In 2017, 18% or almost one in every five older EU citizens aged 65 or older was at risk of poverty or social exclusion.³ While social exclusion among people aged 65 or older tends to be lower in comparison to the total population, in some countries such as Bulgaria, Croatia, Estonia, Latvia, Lithuania and Malta the opposite is the case. Among the older population, it is generally those aged 75 years or older who are most affected. The figure for this age group ranges from 10% in Luxembourg to 55% in Bulgaria whereas for the age group 65 to 74 years old this figure ranges from 5% in Denmark to 44% in Bulgaria (Figure 1).

² See also: <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-isolation-understanding-the-difference-why-it-matters/>

³ At EU level, social exclusion is measured by the 'at risk of poverty or social exclusion' rate that corresponds to the sum of persons who are either at risk of poverty, or severely materially deprived or living in a household with a very low work intensity. This rate is also the headline indicator to monitor the EU 2020 Strategy poverty target. There are some concerns about this indicator, specifically for older people. These concerns related to: the irrelevance of jobless households, the underrepresentation of people living in residential care, and costs for long-term care or health services not considered in the list of items that constitute material deprivation.

Figure 1. Percentage of people at risk of poverty or social exclusion - older age groups compared to the total population, 2017



Source: Eurostat, EU-SILC

It should be noted that women above 65 years old face a higher risk of poverty and social exclusion than men, due to the pension gap (the average pension of women stood at 60 percent of the average pension of men in 2012) and the fact that more women are living alone (60 percent of women over 65 years old compared to 19 percent of elderly men).⁴

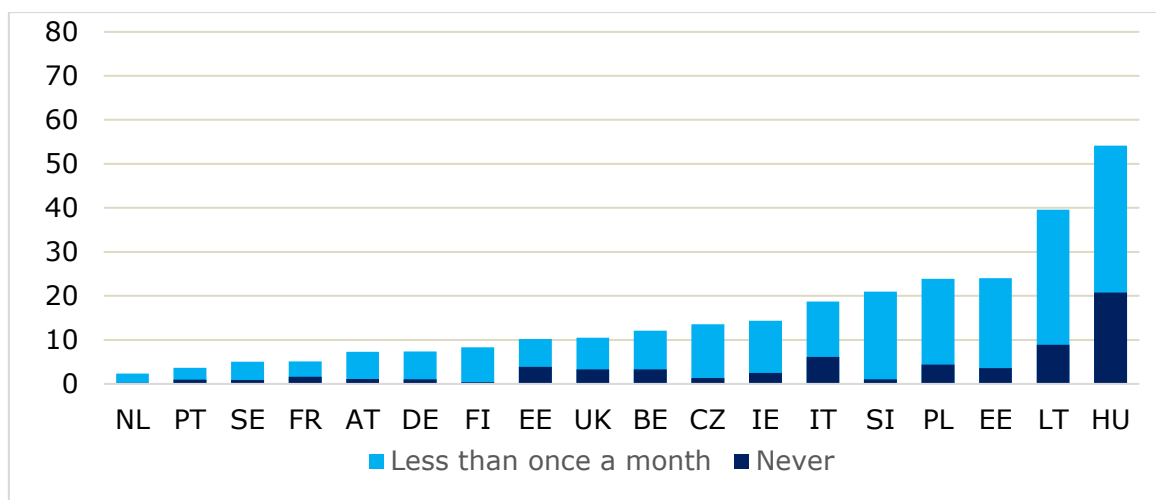
In 2016, 75 million European citizens reported to be socially isolated.⁵ Social isolation, measured by the frequency of meeting socially with friends, relatives or work colleagues, affects older adults considerably more than other age groups. More than half of older people in Hungary and close to 40% in Lithuania stated that they socialise less often than once a month or never (Figure 2). In Estonia, Poland and Slovenia this figure was between 21% and 25%. By contrast, less than 5% of older people in the Netherlands and Portugal are affected by non-existing or very rare social contacts.

Those oldest within the old age group, i.e. aged 80 years and over, are at a greater risk of social isolation (Figure 3). Around 30% of people in this age group reports to meet socially less than once a month or never in Estonia, Italy, Lithuania, Poland and Slovenia. In the case of Hungary, this percentage reaches 70%.

⁴ <https://ec.europa.eu/social/main.jsp?langId=en&catId=752&newsId=2349&furtherNews=yes>

⁵ https://ec.europa.eu/jrc/sites/jrcsh/files/fairness_pb2018_loneliness_jrc_i1.pdf

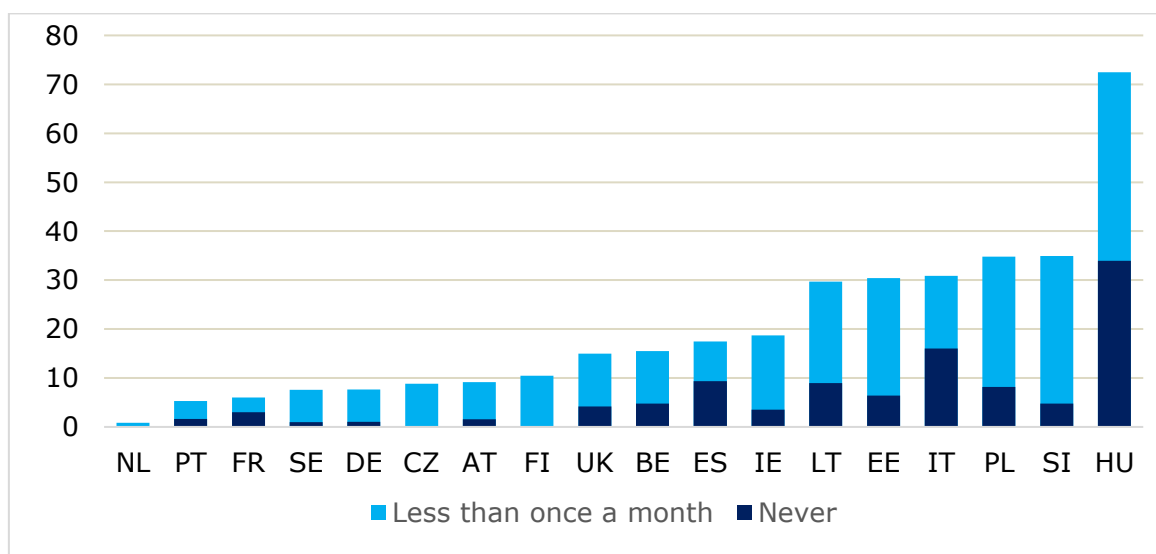
Figure 2. Percentage of people aged 65 or older meeting friends, relatives or colleagues less often than once a month or never, 2016



Source: ESS-2016 Edition 2.1

Note: "Meet socially" implies meeting by choice, rather than for reasons of either work or pure duty.

Figure 3. Percentage of people aged 80 or older meeting friends, relatives or colleagues less often than once a month or never, 2016



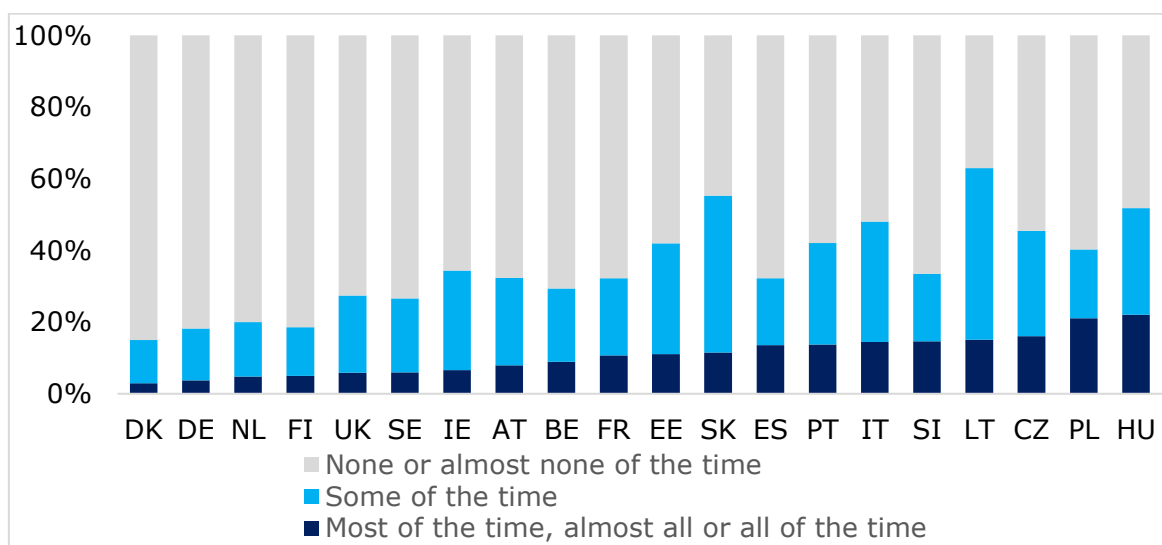
Source: ESS-2016 Edition 2.1

In 2014, around 30 million adults in Europe stated to feel frequently lonely.⁶

The prevalence of loneliness among older people varies across Member States. As Figure 4 shows, as many as two in ten older people in Hungary and Poland report being lonely "most or almost all or all the time". Somewhat less, but still over 10%, frequently feel lonely in the remaining Eastern European countries (Czech Republic, Estonia, Lithuania, Slovakia and Slovenia), as well as in Italy, Portugal, Spain (all 14%) and France (11%). The lowest share of older people experiencing frequent loneliness is found in Denmark and Germany (3% and 4% respectively), and in the Netherlands and Finland with 5%.

⁶ https://ec.europa.eu/jrc/sites/jrcsh/files/fairness_pb2018_loneliness_jrc_i1.pdf

Figure 4. Share of older people aged 65 or older reporting feeling lonely (%), 2014



Source: ESS-2014 Edition 2.2, ESS-2012 Edition 2.4

Note: Data for IT and SK refer to 2012

While it is important to understand the distinctions between social exclusion, social isolation and loneliness there are shared drivers that are likely to be experienced with advancing age. Several age-related disadvantages increase over the life-course as older people have fewer opportunities to exit social exclusion, and critical life-events can exacerbate the risk of social exclusion (Walsh, Scharf, Keating, 2016). In addition, there is a steep rise of loneliness amongst the older old; those who are 80 years or over (Bolton, 2012). A meta-analysis on influencers on loneliness in older adults shows that there is a U-shaped relationship between age and loneliness with loneliness being higher until the age of 60, lower in the 60-80 age group and increasing again after 80 (Pinquart & Sörensen, 2001). The analysis found that a low socio-economic status and skills and living in nursing homes cause higher loneliness. Also, women experience loneliness more often than men and the feeling of being lonely is strongly influenced by the lack of quality social contacts.

Next to income and material resources, other individual (such as health, ethnicity, family situation, education) and social (such as neighbourhood, access to services and transport, cultural standards) factors determine social exclusion, social isolation and loneliness. These factors also enforce each other, for example financial issues impact on health and well-being which, in turn, can influence the subjective feeling of loneliness.

People with poor health are 10 times more likely to be lonely or socially isolated while unemployed, people living alone and those who are widowed are also facing a higher risk (d'Hombres, B. et al., 2018). For older people, deteriorating health, sensory and mobility impairments, living alone and low income increase the likeliness of loneliness (Care and Connect and Age UK, 2018). Moreover, increasing health or social care needs changes their living situation which, in turn, impacts on their social network and relations. In particular people with dementia are at risk of being socially excluded and isolated.

While it is still unclear which gender group is more affected by isolation and loneliness, there are several factors that place older women at a greater risk. Due to their greater longevity, women are more likely to live alone, be affected by widowhood, provide care, have bad health and less financial resources – factors that have been shown to be closely associated with increased loneliness and social isolation (Pantell et al., 2013).

When comparing countries across Europe, social exclusion, social isolation and loneliness are higher amongst older people in Central and Eastern Europe. Those countries have stronger traditional family ethics (including a strong expectation of children to support ageing parents), but the risk of poverty is higher and less support from the state is provided, which in reality might also make it difficult for younger generations to support their parents (de Jong Gierveld, Tesch-Römer, 2012).

In addition, previous studies confirm, despite relying on different European comparative datasets, that loneliness is more common among older people living in Southern and Eastern Europe than in the Northern and Western parts (Sundström et al., 2009; Fokkema et al., 2012; Yang & Victor, 2011; Hansen & Slagsvold, 2015).⁷ A number of explanations have been put forward to account for these cross-national variations including differences in individual characteristics, i.e. population composition, country characteristics and interactions between the two (Dykstra, 2009). One explanation points to differences in social norms and values concerning family obligations and relationships and/or erosion of these ties (Johnson & Mullins, 1987; Jylhä & Jokela, 1990). For instance, in countries of Eastern and Southern Europe, where family ties are traditionally strong, older adults may be more prone to experience loneliness when support from their adult children and other family members are not provided (i.e. loneliness as the perceived gap between the expected and actual state of social connectedness). These different cultural expectations and other factors, such as the combination of living alone and having bad health, also explain a higher prevalence of loneliness in Mediterranean countries (Sundström, 2009).

However, within each country the living conditions of older people are quite different in rural and urban areas. While older people in rural areas struggle with often limited public transport, limited access to health and social services or other types of support, older people in cities are confronted with more expensive housing costs. In addition, the inclusion of older people depends on the level of urbanisation, the financial status of the neighbourhood and structures of community networks (Scharf, Jong Gierveld, 2008). Social contact is likely to be more established in rural areas, however this depends again on other factors, e.g. employment opportunities and services for younger people, and the extent of migration into cities.

2 EU policy context

Under the framework of the European Pillar of Social Rights (EPSR) that was launched in 2017, the European Commission sets out 20 key principles and rights to support fair and well-functioning labour markets and welfare systems. Specifically, Principle 15 states that "Everyone in old age has the right to resources that ensure living in dignity".⁸ Furthermore, Principle 14 on the right to adequate minimum income states that "Everyone lacking sufficient resources has the right to adequate minimum income benefits ensuring a life in dignity at all stages of life, and effective access to enabling goods and services". The framework underlines access to social services as key to ensure realisation and fulfilment of basic social rights, among others, as well as access to good quality and affordable healthcare and long-term care services, in particular home-based and community-based care services.

⁷ The Survey of Health, Ageing and Retirement (SHARE) in Sundström et al. (2009) and Fokkema et al. (2012). The European Social Survey (ESS) in Yang & Victor (2011), and the Generations and Gender Survey (GGS) in Hansen & Slagsvold (2015).

⁸ https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

The European Accessibility Act from 2015 aimed at making products and services accessible for people with disabilities.⁹ The act established common European accessibility requirements for many digital products and services, including electronic communication devices (e.g. computers, smartphones and e-books), audio-visual media services, banking services and the emergency number 112. These requirements (which Member States need to implement within three years) will support the social inclusion of older people and people living with a disability by giving them broader access to a range of services and products (often at more competitive prices due to cross-border standards).

Lastly, the Recommendation on Active Inclusion (2008/867/EC) assists Member States to support employment by income support, inclusive labour markets and access to quality services,¹⁰ preventing poverty in later life. The 2016 Council Conclusions on an Integrated Approach to Combatting Poverty and Social Exclusion, should also be mentioned in this regard.¹¹

In addition to establishing a legislative framework, there have been specific EU projects designed to tackle isolation and loneliness in older people including the Seniors Network Support (SeNS) which ran over the period 2007-2013 and supported activities in Belgium, Germany, the Netherlands and the UK to provide better networks and connections between older people and their friends/families in local communities. Two million euros will be awarded by the Horizon 2020 EU research fund in 2019 to projects designed to improve the mobility of older people and therefore increase their independence and participation in their local communities (European Commission, 2017).

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), involving actors at EU, regional and national levels, was launched in 2011 to foster innovation in active and healthy ageing.¹² Its six Action Groups focus on different aspects of active and healthy ageing including groups on falls' prevention and independent living whereas Reference Sites implement practice that demonstrates improvements in quality of life.

A European tool to assess policy reform concerns the Active Ageing Index¹³. It reviews the contribution of older people in society and economy in four domains: employment, participation in society, independent, healthy and secure living and the capacity and enabling environment for active ageing, measured by 22 indicators. In terms of social participation, a recent assessment (UNECE / European Commission, 2019) of the Active Ageing Index scores outlined that Bulgaria, Croatia, the Czech Republic, Estonia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Poland, Romania, Portugal, Slovakia, Slovenia and Spain face challenges to involve older people in social and political activities and to support informal carers.

3 Policies to support social inclusion at older age

As mentioned above, older people face multiple disadvantages. Policy areas where their inclusion can be promoted range from social protection (pensions, health and long-term care), accessibility of services and products to activities that promote participation and address ageism.

Member States' initiatives and programmes to promote social inclusion of older people depend on cultural and political factors. This in turn is influenced by the type of

⁹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2015%3A0615%3AFIN>

¹⁰ <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32008H0867>

¹¹ <https://ec.europa.eu/social/BlobServlet?docId=15732&langId=en>

¹² https://ec.europa.eu/eip/ageing/home_en

¹³ <https://composite-indicators.jrc.ec.europa.eu/active-ageing-index/active-ageing-index>

welfare regimes. Esping-Andersen attempted to cluster countries according to the relations between the individual, their families and the state. This categorisation of conservative-corporatist, liberal and social-democratic welfare regimes (with the addition of the Southern European model and the Eastern European model) is described in the table below.

Table 1. Approaches to promote social inclusion of older people by types of welfare regime

Welfare regime	Description	Countries
Conservative	Welfare programmes in which cash benefits are often earnings-related, administered through employers and geared towards maintaining existing social hierarchies. The role of the family in providing care services is also emphasised.	Austria Belgium France Germany
Eastern European	Former universalist Communist welfare state was followed by social and economic disruption. Reliance on the family and voluntary sector for services is prominent.	Czech Republic Estonia Hungary Latvia Lithuania Poland Slovakia Slovenia
Liberal	State provision of welfare is aimed at providing a minimal safety net and social-protection levels are modest and means-tested. Market or private solutions are promoted for welfare services.	Ireland UK
Social-democratic	Universalism in service provision, generous social transfers, a commitment to full employment and income protection, and a strongly interventionist state. The state is used to promote social equality through a redistributive social-security system.	Denmark Finland Norway Sweden The Netherlands
Southern European	Fragmented system of welfare provision consisting of diverse income-maintenance schemes with different levels of provision. Reliance on the family and voluntary sector for services is prominent	Cyprus Greece Italy Portugal Spain

Source: adapted from Bambra, 2007

As already mentioned above, the risk of social exclusion is higher for older people in some Central and Eastern European countries. However, a more generous welfare provision such as in the social-democratic type, does not necessarily reduce this risk

with advancing age, as the at risk of poverty or social exclusion rate for people over 75 are also higher than for the rest of the population in Finland and Sweden.

The accessibility, availability and quality of health and long-term care services determine whether older people with health or long-term care needs can participate fully in society. Moreover, the design of pension policies (extending working careers, eligibility criteria) determines incomes of older people which impacts on their social inclusion.

In recent years, political agendas have focused on the promotion of older people's participation in society, an aim that is closely linked to combatting social isolation and loneliness. Strategic documents refer to active ageing, mental health and dementia, de-institutionalisation, and inclusion of people with disabilities. Some of these strategies across Europe include:

- The Czech Republic's Strategy of Social Inclusion 2014–2020 that lists age management measures at the workplace, life-long learning, intergenerational relationships and addressing age stereotypes.
- In Finland the Strategy for Social and Health Policy - Socially Sustainable Finland 2020 aims to prevent unemployment amongst older people and foresees support to stay at home for as long as possible, with the assistance of new technology. The National Memory Programme 2012-2020 in Finland intends, amongst other things, to generate good quality of life for people with mild, moderate or severe dementia and their families through timely support, treatment, rehabilitation and services.
- The Italian Dementia National Plan from 2014 also aims to improve the quality of life of persons with dementia and their families by supporting empowerment and stigma reduction.
- In France, the Act on Adapting Society to an Ageing Population from 2016 describes a cross-cutting approach by preventing and addressing social isolation in housing, transport, social and civic life. It aims to renovate private houses to promote independent living and encouraging seniors to become involved in volunteering activities. It also aims to support older people with health and long-term care needs by providing an integrated model of support services delivered at home. This also includes the reform of the 'personal independence allowance' (Allocation personnalisée d'autonomie – APA), to support home care and residential care services. Additional funding is allocated for new technologies, training social care workers and measures to support informal carers. The act also recognises the importance of the participation of older people in the definition of the local policies about autonomy and created the 'Conseil départemental de la citoyenneté et de l'autonomie' where representatives of older people and people with disabilities can express their point of view on this topic.
- Portugal's National Strategy for Active and Healthy Ageing also supports longer working lives, participation and integration by life-long learning and volunteering, independence in old age and intergenerational solidarity.
- The National Strategic Policy for Active Ageing: Malta 2014–2020 endorses active participation in the labour market, participation and independent living. In order to address social exclusion on the basis of limited material resources, and lack of social relations, civic activities, basic services and neighbourhood relations, the strategy recommends providing sufficient financial and social resources, a smooth work-to-retirement and help for vulnerable groups.
- In Poland, the policy document, Social policy for the older people 2030. Security - Participation – Solidarity from 2018 is coordinated and monitored by

the Ministry of Family, Labour and Social Policy. Activities foresee to shape a positive perception of old age in society, participation of older citizens in education, social and cultural life, health promotion, employment, physical security and intergenerational solidarity. In addition, it lists activities for dependent older people such as to plan better access to services strengthening independence and to support informal carers of dependent elderly people via public institutions.

These policies move away from a solely medical perspective on ageing looking at ageing in a more comprehensive manner. In general, they emphasise the potentials of older people and stress volunteering and intergenerational measures. However, the actual implementation of those plans remains crucial. For example, concerns have been raised if the French Act on Adapting Society to an Ageing Population can meet its targets because the increase of the benefit APA is judged to be insufficient to meet the objectives of the act and leaves out resident care (Le Bihan, 2016). The Polish programme Social policy for the older people 2030. Security - Participation – Solidarity was criticised for a lack of continuity to previous policy programmes, limited stakeholder consultation, a concrete plan of activities for its implementation and monitoring (Komisja Ekspertów ds. Osób Starszych przy Rzeczniku Praw Obywatelskich, 2019).

3.1 Measures to address social isolation of older people

From a policy perspective, social exclusion, social isolation and loneliness are difficult to address due to complex factors determining them, difficulties in identifying and reaching out to vulnerable individuals and scarce evidence on how ageing and exclusions intersect (Davidson & Rossall, 2015; Walsh, Scharf, Keating, 2016).

Interventions are often directed at improving social skills, enhancing social support and increasing opportunities for social contacts, such as home care support, befriending, volunteering or social and cultural activities, those that focus on social cognition (e.g. counselling, supportive therapy), and those that improve accessibility of public transport and the built environment, or provide access to assistive technologies and devices (Masi et al., 2011; Gardiner et al., 2018). Furthermore, they can be provided on a one-on-one basis, delivered at a group setting or at broader community level (see Table 2).

Table 2: Types of interventions tackling loneliness and social isolation among older people

Individual support (one-on-one)	Group setting	Community level
<ul style="list-style-type: none"> Information services (websites and directories) Help lines (Tele-Help) Outreach and needs assessment services (home visits, community navigators, volunteers to identify frail or vulnerable individuals) 	<ul style="list-style-type: none"> Day care centres, clubs, community art and craft activities Social group support Cultural activities (libraries, museums, local tourisms) Tele-conferencing, virtual senior centres Lifestyle re-design occupational therapy 	<ul style="list-style-type: none"> Volunteering opportunities at the community level Community education campaigns raising awareness of the risks of isolation and loneliness Retirement village living Ageing in place programmes

<ul style="list-style-type: none"> • Befriending (personal and phone contacts, assistance with small tasks, intergenerational housing) • Mentoring services and support services to reengage with the existing social network • Supportive therapy and crisis intervention • Computer literacy programmes and internet-based initiatives • Telehealth interventions • Pet interventions 	<ul style="list-style-type: none"> • Education programmes on friendship enrichment • Cognitive-behavioural therapy 	<ul style="list-style-type: none"> • Age-friendly cities programmes
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Source: adapted from Centre for Policy on Ageing, 2014.

In the academic literature, only a few studies have been conducted to review and evaluate the effectiveness of social isolation and loneliness interventions that exclusively target older people (see Table 3 for some selected studies). This is despite the fact that such evaluation studies, both quantitative and qualitative in nature, would be most useful to identify success factors for such interventions.

Some of the conducted studies found that a focus on group interventions, a participative approach and a focus on specific target groups are promising approaches to address social isolation and loneliness:

- A qualitative study by Cattan and White (1998) reviewed 21 interventions (including group activities, one-to-one interventions, service delivery and community approaches) and showed that those that applied group activities, self-help, bereavement support, a focus on specific target groups, use of more than one intervention strategy and a participatory approach were the most effective interventions.
- A subsequent review of 30 studies that focussed on prevention interventions, also among older individuals, had similar findings, i.e. most effective interventions were group interventions, targeted specific groups, such as women, widowers, caregivers, those with activity limitations and mental health issues, and enabled participant control (Cattan et al., 2005). In addition, the authors found that interventions that included an educational component or a targeted activity and carried out a test of the target group, using a representative sample, were more successful in addressing social isolation and loneliness. As in the previous review, the interventions covered social skills, social support, opportunities for social interaction, and social cognition.
- Another meta-analysis using a similar classification of interventions identified 17 studies that evaluated social isolation and loneliness interventions, but found little evidence of their effectiveness (Findlay, 2003). The study noted the weak

methodological design that characterised many of the reviewed studies and which contributed to the inconclusive results on success factors.

Reviews of interventions to reduce social isolation and loneliness among older people

Author(s)	Issue	Intervention strategies and types	Reviewed interventions or studies
Cattan & White, 1998	social isolation, loneliness, health promotion	group activities, one-to-one interventions, service delivery, whole-community approaches	21 interventions
Findlay, 2003	social isolation, loneliness	one-to-one interventions (telephone support services, gatekeeper programmes), group interventions (tele-conferencing, discussion/support groups), service provision, internet usage	17 studies published between 1982 and 2002
Cattan et al., 2005	social isolation, loneliness, prevention	group activities, one-to-one counselling, service provision, community development	30 studies published between 1970 and 2002
Gardiner et al., 2018	social isolation, loneliness	social facilitation interventions, psychological therapies, health and social care provision, animal interventions, befriending interventions, leisure/skill development.	38 studies published between 2003 and 2016

A more recent analysis conducted by Gardiner et al. (2018) looked at six intervention types: social facilitation interventions, psychological therapies, health and social care provision, animal interventions, befriending interventions, and leisure/skill development. Contrary to some other reviews, the study found that one-to-one interventions can be just as effective in reducing social isolation and loneliness among older people as group-based interventions. This is the case, for example, with solitary pet interventions and technology-related interventions provided on an individual basis. The study also highlights the generally weak quality of evidence and the need for more robust data on the effectiveness of interventions.

These and some other studies (e.g. Valtorta & Hanratty, 2012; Siette et al., 2017) show that there are common characteristics of interventions with a positive impact, namely adaptability to the specific local context, a community development approach, activities that support active engagement, a well-defined target population, and a sound theoretical framework underpinning the initiative.

3.2 Practice examples to address social isolation of older people

Examples of befriending services

Below are national one-to-one support examples that specifically address social isolation and loneliness of older people successfully via befriending services:

- The **Befriending Network Ireland (BNI) in Ireland**¹⁴ was established in 2015 and provides befriending services and support via 60 member organisations across the country. It also offers training for coordinators and volunteers, an online learning platform, and support meetings. The network is supported by an Advisory Group and is coordinated and hosted by ALONE, which has a long history providing befriending services in Ireland. An external evaluation of ALONE's befriending service was undertaken in 2015 which showed that an increased share of older people reported not feeling lonely after using the services.
- The **Circle of Friends Initiative in Finland**¹⁵ is a group rehabilitation model for older people that aims to alleviate and prevent loneliness. It is managed and coordinated by the Central Union of the Welfare of the Aged, which is the largest national organisation in Finland working with older people. It consists of training for social and health care professionals and volunteers and more than 7 000 older Finnish people have participated in Circle of Friends groups. According to a feedback survey, 91% of the 611 respondents reported reduced feelings of loneliness, 70% made new friends and 61% continued to meet after the group activities had ended.

Examples of measures for specific target groups

There are also targeted measures and programmes to address sub-groups of older people vulnerable to experience loneliness, such as people who are going through a difficult period, migrants, people with health or long-term care needs or older women living alone. For example, in Germany local initiatives in cities foster the inclusion of older migrants via intercultural training for care workers and social activities. Across the UK there are several programmes aimed at greater social inclusion of who are in difficult life situations, such as Time for Life and Touchstones which provide support for older people who are going through a difficult period, e.g. after events such as illness, divorce or bereavement.

The Swiss study on the pilot project Social Participation - Measures against Loneliness in Old Age from 2014 to 2017 analysed the effectiveness of outreach to lonely people or people at risk of loneliness. In terms of target groups, it differentiates between mobile people and people with limited mobility. Measures are mapped along 'get' and 'bring' offers: 'get' offers are education and information services, exercises, and networking opportunities. The study stresses that services need to be offered more than once (and by the same people), provide opportunity for informal exchange and are easily accessible (ideally combined with transport) and not expensive. It is also important to identify and mobilise people with health impairments to take part. 'Bring' offers are befriending and other types of support for less mobile people which should be provided by staff who is aware of the issue of loneliness, whilst ensuring continuity of staff and sufficient time for the person. Befriending services with volunteers need time for interaction to build up a relationship.

Examples of community-level interventions

Two community-level interventions showcase a mixture of different activities that are on an individual or a group-level setting and did not only address loneliness, but also promoted intergenerational solidarity and physical and mental well-being.

- The **Organised Support in the Neighbourhood with time-banking in Switzerland** combines elements of befriending, volunteering, and support at home. The programme promotes the establishment of cooperatives to run a non-monetary time-banking system to address individual and societal

¹⁴ <https://alone.ie/befriending-networks-ireland/>

¹⁵ <https://vtkl.fi/toiminta/ystavapiiri/circle-of-friends>

challenges of ageing at low cost by organising meaningful civic engagement. People in need and people offering their services can turn to one central address (office) in each local setting (cooperative) and be connected by professionals. People providing help (befriending, gardening, shopping, transport etc.) are earning time-credits that they can redeem in case of own need at a later stage. Currently there are about 10 local cooperatives across Switzerland. An evaluation of the two first cooperatives in 2015 (Künzi et al., 2016) showed that each of them gathered about 200 members, of which about 50 % were active 'time-givers' providing on average about 1 500 hours per year per site. Costs of the two cooperatives, also assessed in 2015, were about 200 000 euro of which about 30 % were covered by local authorities. A return on investment would already be reached if only 2 % of 'time-consumers', mainly older people living alone at home, would postpone a transfer into residential care by six months. Furthermore, regular social contacts have shown to significantly increase the quality of life of both 'time-consumers' and their relatives as well as of 'time-givers' (Künzi et al., 2016).

- A similar **initiative from the UK is LinkAge Network**¹⁶ which targets isolated older people living at home or in institutions. The initiative combines individual, group and community-level support through the means of so-called 'community hubs', each managed by a local advisory board, consisting of older people themselves. Beneficiaries are referred by individuals as well as by other stakeholders including service providers, local authorities, and non-profit organisations. Under the main programme framework, several sub-programmes have been developed to meet the specific needs of the target population and explore inclusion opportunities. For instance, LinkAge ACE (Active, Connected and Engaged) is a peer support programme in the neighbourhood with an important preventive component. Another sub-programme is LinkAge Plus offering support to people in residential institutions (counselling, social activities, health promotion and prevention classes, physical activities, managing finances etc.). LinkAge also offers opportunities to acquire new skills, such as IT skills or the 'Talking Tables' activity that organises cooking classes in neighbourhoods. Although the costs vary across activities and communities, they are covered by the programme with a small contribution required from the users. In terms of impact, an internal qualitative evaluation showed that the programme helped people to feel more connected, improved the overall wellbeing of participating older adults and contributed to increased physical activities.

A programme to address several factors of social exclusion of older people, was **launched recently in Paris** with a focus on intergenerational exchange, housing and transport.¹⁷ Intergenerational cohabitation supporting seniors over the age of 65 offers accommodation to students, apprentices or work-study students under 30. This initiative helps seniors and students both financially (students pay a rent of less than 200 euro per month) and socially. Similar intergenerational living models exist in other French cities (e.g. Lyon)¹⁸ as well as in other European cities (e.g. Deventer in the Netherlands, Alicante in Spain)^{19,20}. The city of Paris is also planning to engage in a "viager" service, i.e. public authorities in Paris will be inviting older people to sell their property on the basis of a life annuity, i.e. safeguarding the right to remain in the

¹⁶ <https://www.linkagenetwork.org.uk/>

¹⁷ For more details, see the SilverEco website (<https://www.silvereco.fr/les-4-mesures-de-la-mairie-de-paris-pour-le-bien-vieillir/3197646>)

¹⁸ <http://esdes-intergenerations.net/association-esdes-intergeneration/>

¹⁹ <https://www.humanitasdeventer.nl/>

²⁰ <http://www.cpa.org.uk/information/reviews/CPA-International-Case-Study-12-Intergenerational-living-in-Spain.pdf>

property whilst receiving payments, while after their death these dwellings would become apartments under conditions of social housing. Free public transport (Navigo Pass) is offered to people 65+ on the basis of means-testing to increase their mobility within Paris.

4 Conclusions

Older people face several disadvantages which increase with age. The interlinking concepts of social exclusion, isolation and loneliness are determined by income and material resources, other individual (such as health, ethnicity, family situation, education) and social (such as neighbourhood, access to services and transport, cultural standards) factors and can increase risks of poor health outcomes, increasing vulnerability and exclusion from public life.

The complexity of factors influencing social exclusion, loneliness and social isolation, often deeply rooted in experiences and events over the life-course, makes it difficult for policies to address their causes and potential impact. While it is already challenging to measure the extent of social exclusion and compare individual countries' performance in tackling these issues, it is even more difficult to gauge levels of social isolation and loneliness of the population in individual countries. The perception of loneliness and/or social isolation might be individual, reflecting diverse societal and cultural factors. The fact that there is a dearth of research that provides clear evidence on 'what works' in different social and cultural contexts, presents an additional challenge when designing interventions in this area.

Analysis of policies and interventions across Europe has shown that both bottom-up and top-down strategies have developed over time, ranging from complex interventions to roll-out programmes across jurisdictions to small-scale initiatives at the local level that try to enhance the participation of older age groups in the community. At the national level comprehensive strategies focus on active participation of older people in all spheres of life. At the regional and local level, many bottom-up initiatives can be identified that address social isolation and loneliness of older people directly, including new forms of volunteering, befriending and civic engagement in the neighbourhood.

To develop social relations also beyond traditional family bonds, policies at local level need to create opportunities for social exchange, formal and informal services to identify the various target groups as well as support mechanisms for bottom-up initiatives. This includes funding, but also the provision of public spaces and trained personnel in places of cultural, recreational, health and social work.

Furthermore, to combat loneliness and social isolation of specific population groups of older people, national and regional policies need to integrate targeted activities within existing strategies, e.g. in urban and rural development, in health and social care policies, in 'Active and Healthy Ageing', but also in infrastructure, technology, housing and cultural policies. Income (via pension and adequate social protection against the risk of needing long-term care) is also a crucial factor to promote inclusion.

To enhance knowledge about social exclusion, loneliness and social isolation, as well as what works and what doesn't regarding measures in these areas, national policies should strive to promote participative research with target groups as well as support evaluation and implementation research. Lastly, it is important to raise public awareness about the potential detrimental individual and societal impact of loneliness and social isolation and to promote initiatives that aim at enhancing social capital and social cohesion at all levels.

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Annex

The results presented in this paper on social isolation and loneliness are based on data from the European Social Survey (ESS).²¹ An overview of the indicators used in the analysis to measure loneliness and social isolation is presented in the Table below.

Dimension	Description of survey items
Social isolation	How often do you meet socially with friends, relatives or work colleagues? <i>Values and categories:</i> 1: Never 2: Less than once a month 3: Once a month 4: Several times a month 5: Once a week 6: Several times a week 7: Every day 77: Refusal 88: Don't know
Loneliness	How much of the time during the past week you felt lonely? <i>Values and categories:</i> 1: None or almost none of the time 2: Some of the time 3: Most of the time 4: All or almost all of the time 8: Don't know

²¹ This paper uses data from ESS Round 8: European Social Survey Round 8 Data (2016), data file edition 2.1.; ESS Round 7: European Social Survey Round 7 Data (2014), data file edition 2.2.; and ESS Round 6: European Social Survey Round 6 Data (2012), data file edition 2.4. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS8-2016 and doi:10.21338/NSD-ESS7-2014.

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