Peer Review on "Strategies for supporting social inclusion at older age"

Germany, 23-24 September 2019

Thematic Discussion Paper

Loneliness in Europe

DG Employment, Social Affairs and Inclusion

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Executive Summary

This thematic paper has been prepared for the Peer Review on "Strategies for supporting social inclusion at older age" held in Berlin, Germany on 23-24 September. The paper focuses on loneliness with the first part of the paper providing an overview of the current situation regarding the prevalence of loneliness across Europe as well as across sub-groups of the population. It presents results based on data from two EU-wide surveys – i.e. the 2016 European Quality of Life Survey (EQLS) and the 2014 European Social Survey (ESS)- and discusses and relates these findings to existing literature. The second part of the paper presents specific examples of policy initiatives and interventions that have been implemented in European countries to tackle loneliness.

The main findings emerging from the paper are summarised below:

- Data from EQLS shows that in the EU as a whole, 7% report to feel frequently lonely (i.e. all or most of the time). The share is highest in Bulgaria, Cyprus, France, Greece and Romania and lowest in the Nordic countries, Austria, Ireland, the Netherlands, Slovakia and Slovenia.

- People with poorer health status and who are limited in their daily activities because of physical or mental health problems, illness or disability are considerably more likely to feel frequently lonely. In Bulgaria, more than 40% of people with poor self-assessed health express frequent loneliness. Also, more than a quarter of respondents with poor reported health feel frequently lonely in Belgium, Luxembourg, Malta and Romania while in Cyprus, France, Greece and Italy nearly a third of this population group is affected.

- People living alone report higher levels of frequent loneliness. In Bulgaria and Croatia, those who live alone are seven times more likely to be affected by frequent feelings of loneliness compared to people living together with one or more persons. The difference between those living alone and those living together with other people is more than five times in Finland, the Netherlands, Portugal, Slovakia and Slovenia.

- Frequent loneliness is more prevalent among women than among men in all countries, except for Denmark and Sweden, where the reverse is the case, and Finland and Ireland where no gender difference can be observed.

- Across Europe, people with low incomes as well as those who are widowed, separated or divorced, report higher levels of frequent loneliness. Older people (especially those 75 years or more) are more likely to experience frequent feelings of loneliness compared to younger age groups.

- The foreign-born population reports higher rates of loneliness compared to the native-born population, while those living in rural areas appear to be slightly less affected than the urban population.

- Loneliness is more pronounced among people with less frequent social contacts. Data from the ESS shows that in the Czech Republic, France, Hungary, Poland, Portugal and Spain, a relatively high share of respondents who meet socially less than once a month report frequent loneliness. Moreover, those who have someone with whom they can talk about their private affairs are less likely to be affected by frequent loneliness. The share of people reporting to lack emotional support is generally higher in Eastern European countries. In Lithuania, more than one out of ten people state that they have no one with whom they can discuss intimate matters.

- Regarding national policies on loneliness, the paper finds that only few countries in Europe explicitly address loneliness in strategic documents. Notable

examples include the 'Reinforced action plan against loneliness' in the Netherlands and the UK Government's 'Loneliness Strategy'. France has also started a national programme 'MONALISA' to mobilise against loneliness and social isolation of older people a few years ago.

- The paper also presents examples of specific measures from across Europe aimed at alleviating loneliness. It shows that while there exist a variety of policy interventions and measures at national, regional and local level - including interventions that are targeted at specific sub-groups of the population such as older people - their effects on participants' loneliness often remains unknown.

Introduction

Although loneliness has received increased attention in the public discourse and social media, national level policies do only seldom refer directly to aspects of loneliness or propose concrete measures in this regard. Loneliness policy also tends to be subsumed within strategic documents that encompass a broader set of policies, such as active ageing, de-institutionalisation and inclusion of people with disabilities. Only few countries in Europe (e.g. France, the Netherlands and the UK) adopted national strategies or policies that directly address this topic.

To prevent and reduce loneliness requires not only greater political recognition of this issue, but also more effort to advance our understanding of this phenomenon, including the factors that drive loneliness, thus informing policies the design and implementation of policy measures and interventions that can successfully combat loneliness and its negative impacts.

As a starting point, it is important to differentiate between different definitions, that are often used interchangeably when referring to loneliness. Loneliness, social isolation and being alone are distinct concepts. Loneliness should also not be mixed with depression. While there exist various definitions, loneliness is generally defined as a negative feeling associated with the perceived lack of desired social relationships. It is also very subjective. One person could be lonely due to a change in circumstances while another person in similar circumstances might not feel the same (Morgan, 2017). For instance, people may feel lonely despite having a broad social network and conversely, people who live alone or have less regular social contacts may not necessarily feel lonely. Social isolation, by contrast, is characterised by the lack of social contact with other people and is usually assessed through measuring the size of social network and the frequency of social contacts individuals report (Dykstra, 2009). Loneliness can be measured either by directly asking survey respondents how often they feel lonely or by using multi-dimensional scales that contain several items (i.e. De-Jong Gierveld scale, UCLA Loneliness scale).

This paper focuses on loneliness and presents findings on the prevalence and different aspects of loneliness from a European comparative perspective. In addition, it provides an overview of existing policies and examples from a broad variety of targeted interventions from across Europe.

Loneliness has been shown to affect some population groups more than others, such as older people, migrants, widowers and those who provide care. It has been closely linked to poor health status and activity limitations, limited social connectedness and worse overall quality of life. Major life transitions and traumatic events, like abuse, imprisonment, addiction or being homeless can lead to loneliness. Research shows that patterns of social engagement that might influence loneliness in old age are established at least 20 years earlier (Dahlberg et al., 2018). Policy efforts to tackle loneliness may therefore need to direct attention to and target specific vulnerable groups in the community and society and focus on certain life events and situations (e.g. retirement, loss of family, becoming unemployed, declining health etc.) so as to build a protective barrier to loneliness.

Neighbourhood characteristics, such as safety, access to local services and amenities, the availability of recreational areas as well as social and cultural activities are important preconditions for the local population to get engaged, thus preventing or alleviating feelings of loneliness (Kemperman et al, 2019; De Jong Gierveld et al., 2015). Indeed, there is evidence that residents who were more satisfied with the physical quality of their neighbourhoods, e.g. attractive public spaces and parks, a larger variety of amenities (shops, community centre, church etc.) as well as street lighting, walking paths and pavements, were less likely to experience loneliness (Kemperman et al., 2019; Kearns et al., 2015). Over the years, a number of initiatives

and measures with such neighbourhood or community-focus have been developed in various European countries, examples of which are presented in this paper.

Data shows that there are relatively large variations in loneliness across European countries which points to the importance of country-level factors, including the influence of cultural factors as well as of public policy regimes. As loneliness has been linked to financial and health problems, higher levels of reported loneliness may be a manifestation of welfare regimes with a weaker tradition of policies addressing socio-economic and health inequalities, albeit this aspect has been less studied (Fokkema et al., 2012).

The remainder of the paper is structured as follows: section 1 presents and discusses findings on loneliness from two European comparative surveys, the EQLS and the ESS whereas section 2 provides examples of existing policies and measures from across Europe that tackle loneliness. Lastly, a concluding section presents a summary of the findings emerging from the paper.

1   Loneliness in Europe

Loneliness has been the subject of several national and international studies. However, these studies tend to use different terms, measures and approaches in their analysis, often drawing on national datasets which makes comparison difficult (Valtorta et al., 2016). Although the number of studies that investigate aspects of loneliness from a cross-national comparative perspective are more limited, they have the advantage of using harmonised survey data. In this case, issues of comparability may still arise due to different sampling schemes or because of variations in response rates. Respondents from different countries might differ in the extent to which they feel open to answer questions inquiring about negative feelings and experiences such as loneliness (Fokkema et al., 2012). Figures on loneliness thus tend to be underestimated because of the negative stigma associated with it (Pinquart & Sörensen, 2001). It is also very important to bear in mind that most surveys, including the ones from which the results presented here were derived from, cover only people living in private households. Consequently, people living in institutions or residential home settings are not captured. This disproportionately affects older people living in residential care who tend to be affected by loneliness to a greater extent than people living in the community (Davidson & Rossall, 2015). The problem of coverage furthermore extends to certain vulnerable groups including people with disabilities, migrants or those from ethnic minorities who are likely to be underrepresented because they are not easy to reach. Evidence shows that people belonging to a minority, ethnicity or not speaking the language of the country of residence are at increased risk of experiencing loneliness (Morgan, 2017; Clarke & McDougall, 2014). Migrants report higher rates of loneliness compared to the general population in the host country (Victor et al., 2012; Őzdemir et al, 2016).

The results presented in this paper are based on data from the latest European Quality of Life Survey (EQLS-2016)[1] and the European Social Survey (ESS-2014)[2]. EQLS is a cross-national survey of Eurofound that covers all EU Member States and is conducted every four years.[3] The survey collects information on the quality of life of European citizens that includes subjective topics such as happiness and life satisfaction. ESS is a cross-national survey that has been conducted since 2001 and which is the main source of statistical data on social attitudes in Europe.[4] Both surveys comprise nationally representative samples of the adult population and use harmonised questionnaires that include an item on loneliness which allows to examine loneliness in a European comparative framework. The table below provides a description of the indicators used to measure loneliness in the two surveys.

Table 1: Survey items on loneliness in the 2016 EQLS and the 2014 ESS

Survey	Description of survey items
EQLS, 2016	Please indicate for each of the statements which is closest to how you have been feeling over the last two weeks.
	I have felt lonely
	Values and categories:

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[1] European Foundation for the Improvement of Living and Working Conditions.
(2018). *European Quality of Life Survey Integrated Data File, 2003-2016*. [data collection]. *3rd Edition.* UK Data Service. SN: 7348, http://doi.org/10.5255/UKDA-SN-7348-3
[2] This paper uses data from ESS Round 7: European Social Survey Round 7 Data (2014), data file edition 2.2. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS7-2014
[3] https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys
[4] http://www.europeansocialsurvey.org

	1: All of the time
	2: Most of the time
	3: More than half of the time
	4: Less than half of the time
	5: Some of the time
	6: At no time
	98: Don't know
	99: Refusal
ESS, 2014	How much of the time during the past week you felt lonely?
	Values and categories:
	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

Source: Source questionnaire for EQLS 2016 and for ESS 2014 Round 7.

Data from EQLS shows that the proportion of people who report frequent loneliness (i.e. those reporting to feel lonely "all of the time" or "most of the time") is highest in Bulgaria, Cyprus, France, Greece and Romania (all over 10%) and lowest in the Nordic countries (Denmark, Finland and Sweden), Austria, Ireland, the Netherlands, Slovakia and Slovenia (all below 5%).[5] In Germany, 5% of the population reported in 2016 to feel frequently lonely.

Figure 1: Prevalence of frequent loneliness in the adult population (%), 2016

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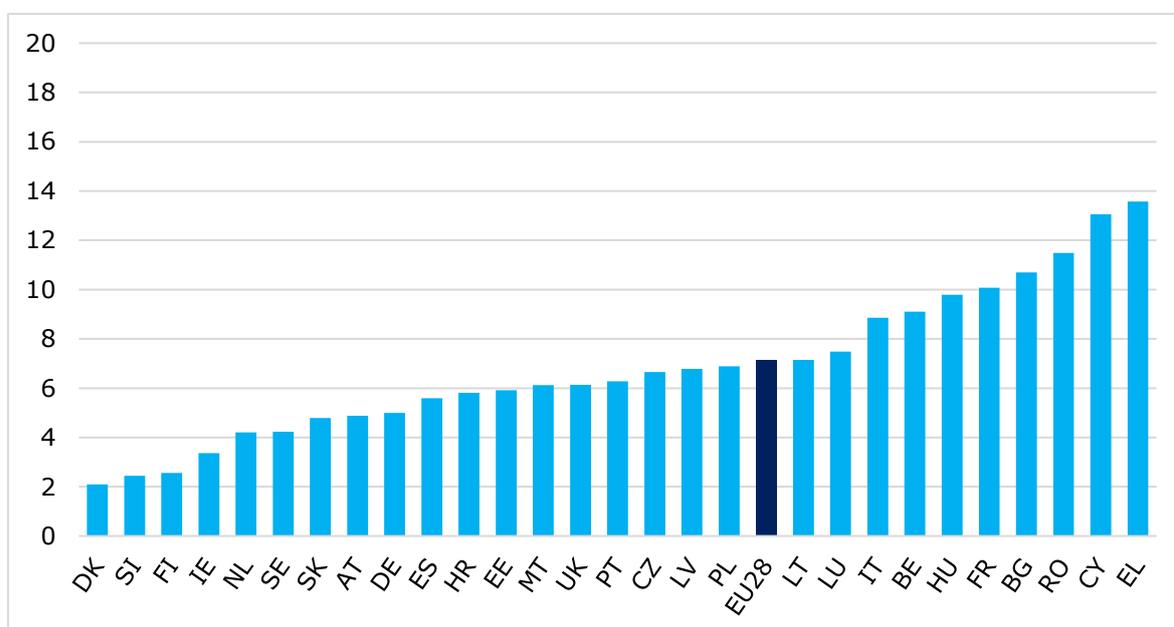
[5] We refer to frequent loneliness when loneliness is reported "all of the time" or "most of the time" in the EQLS and "all or almost all of the time" or "most of the time" in the ESS. Using these categories ensures consistency when we present findings from the two surveys which use slightly different answer categories as shown in Table 2. Results for all answer categories are presented in the Annex (see Figure A1 and A2).

Source: Own calculations based on EQLS 2016

Notes: Frequent loneliness refers to those reporting feeling lonely "all of the time" or "most of the time". Figures refer to the population 18 years and over.

Table 2 presents the prevalence of frequent loneliness for the EU28 by sex, age groups, living arrangement, marital status, activity limitations, self-reported health, country of birth, degree of urbanisation, and income.

In the EU as a whole, people with poorer health status, those who are widowed, who live alone, and who are limited in their daily activities because of physical or mental health problems, illness or disability are considerably more likely to feel frequently lonely. Those with low incomes as well as the separated or divorced and older people (especially those 75 years or more) also have higher levels of frequent loneliness. Frequent loneliness is more prevalent among women than among men, and the foreign-born (EU- and non-EU-born) report higher rates of loneliness compared to the native-born population. Considering the area of residence, people in rural areas appear to be less affected by loneliness than are their city-dwelling counterparts, albeit the difference is very small. Most of these results are consistent with findings from a recent study that pooled ESS data from 2010, 2012 and 2014 and showed that, in Europe, people with poor health, those who live alone and those who have low income were more likely to be frequently lonely along with those who are widowed and unemployed even after controlling for other individual characteristics (d'Hombres et al, 2018). Interestingly, the study found that, all other things being equal, older Europeans (aged 65+) had a slightly lower probability to experience frequent loneliness in comparison to those aged 26 to 45.

Table 2: Prevalence of frequent loneliness in the EU28 by socio-demographic characteristics (%), 2016

		EU-28
Sex	Men	6.1
	Women	8.2
Age	Aged 18-24	4.2
	Aged 25-44	5.5
	Aged 45-64	7.2
	Aged 65-74	8.2
	Aged 75+	14.3
Living arrangement	Living with at least one other person	4.5
	Living alone	15.4
Marital status	Married	4.1
	Never married	5.7
	Separated or divorced	11.5
	Widowed	17.9
Activity limitations	Without activity limitations	6.7
	With activity limitations	14.5
Subjective health	Very good or good	5.8
	Very bad, bad or fair	22.5

Country of birth	Native-born	6.1
	EU-born	8.6
	Non-EU-born	8.6
Degree of urbanisation	Living in rural area	7.0
	Living in urban area	7.3
Income	Highest income quartile	4.8
	3rd income quartile	4.8
	2nd income quartile	8.1
	Lowest income quartile	12.7

Source: Own calculations based on EQLS 2016

Notes: Those with activity limitations refer to respondents who report to be severely or to some degree limited in their daily activities due to physical or mental health problems, illness or disability. Those living in rural areas refer to respondents who live in the open countryside, in a village or small town. Urban areas refer to medium to large towns, city or city suburb.

Looking at country differences, in nearly all countries, women are more likely than men to report to be frequently lonely (Figure 2). Only in Denmark and Sweden, the reverse is the case, while in Finland and Ireland no gender difference can be observed. Generally, countries with a higher prevalence of loneliness tend to be also those with the largest difference between men and women. The review of previous literature indicates several individual, household and life course characteristics to which this gender difference in loneliness can be linked to. The higher prevalence of loneliness among women can be partly explained by the fact that women are more likely to live longer and as a consequence be widowed, live alone, suffer from worse health and have less income. At the same time, women can build on larger social networks across their lifetime, provide and receive more social support and are more appreciative of the existing support. Because women and men perceive and are affected by loneliness differently, the conclusions of various studies emphasize the need for gender tailored policies and initiatives (Beach & Bamford, 2014).
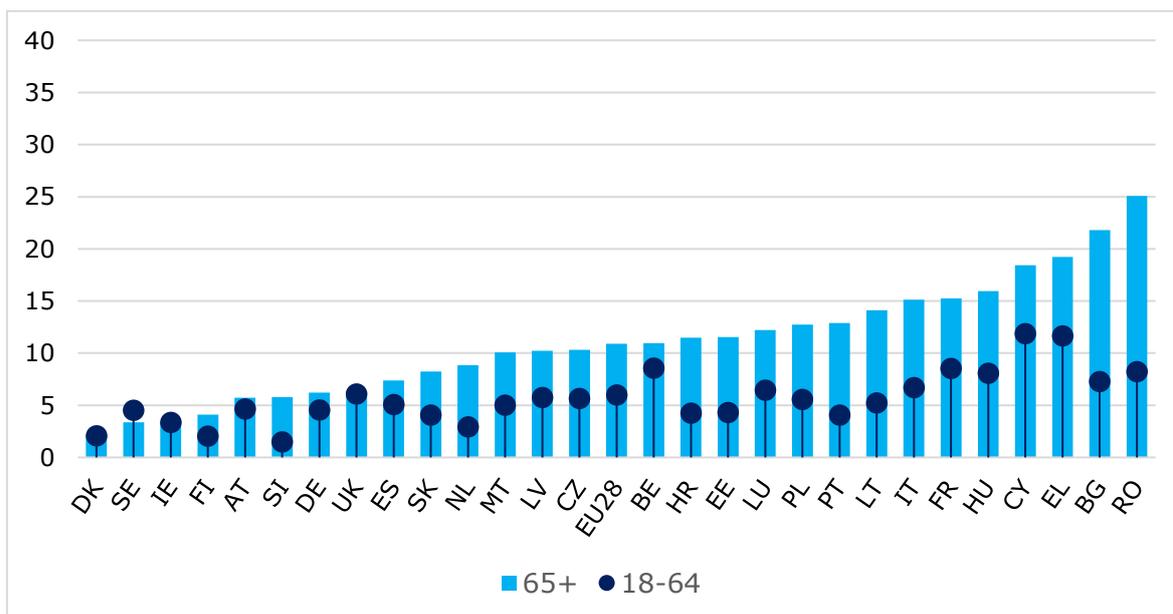
Figure 2: Frequent loneliness among women and men in %, 2016
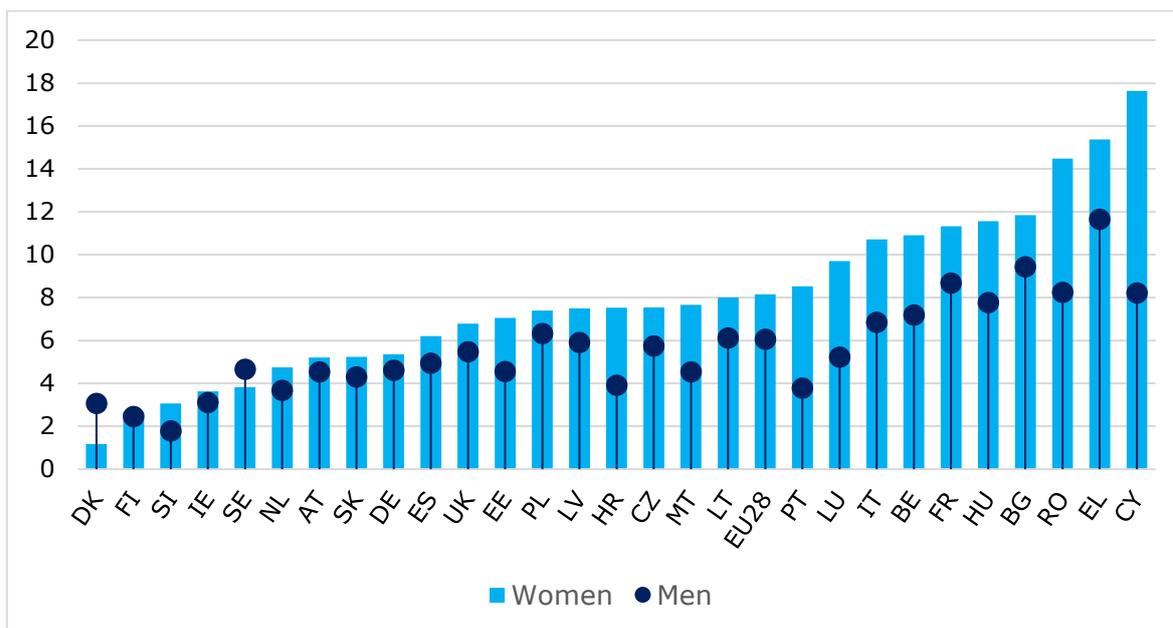
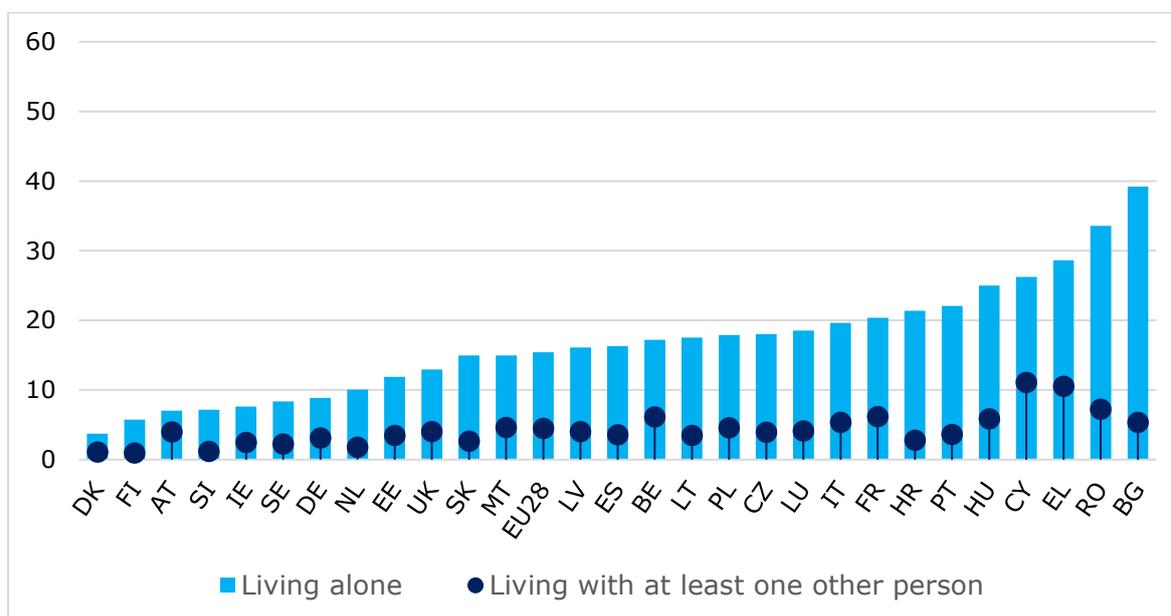*Source*: Own calculations based on EQLS 2016

Age is a factor that has been shown to correlate strongly with loneliness with older people being especially vulnerable (Pinquart & Sörensen, 2001; Bolton, 2012). Results from EQLS presented in Figure 3 reveal that in 24 out of the 28 countries, older people are at a greater risk of experiencing loneliness compared to those aged between 18 and 64. The higher prevalence of loneliness among the older population is mostly due to the fact that older people have a smaller social network and less social contacts in comparison to younger age groups, which is mainly linked to life events, such as retirement, loss of family and friends, hospitalisation, as well as to declining health and increasing functional impairment (Kemperman et al., 2019). Lack of access to communication technologies, the internet and social media, which seem to have a negative impact on loneliness (Cotten et al., 2013) also affects older people to a larger extent.

Figure 3: Frequent loneliness among the working age and older population in %, 2016

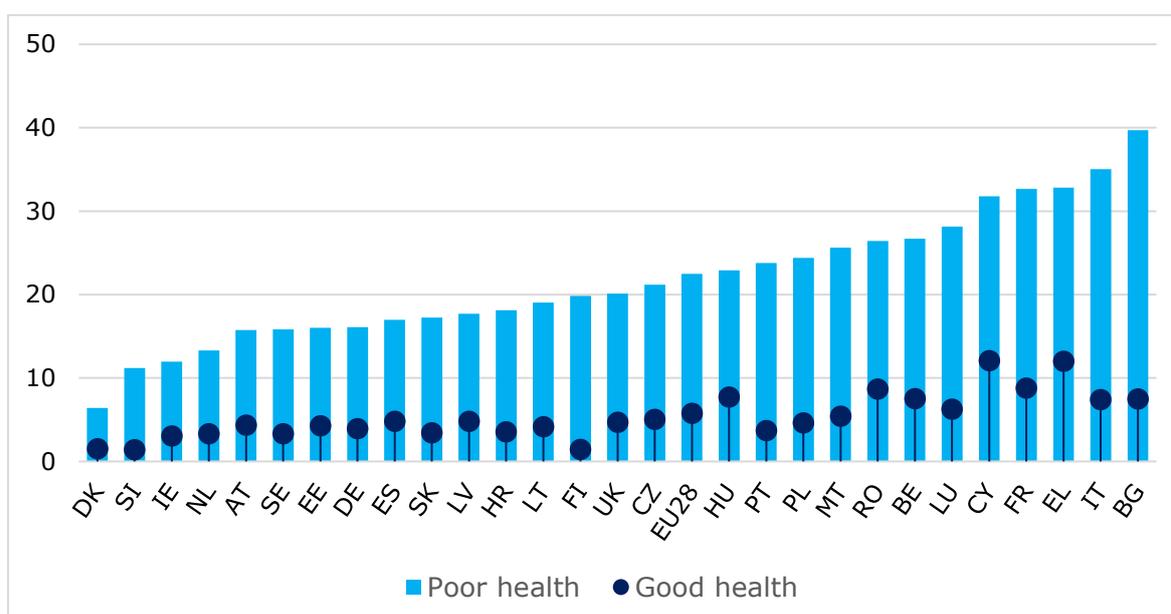*Source*: Own calculations based on EQLS 2016

Figure 4: Frequent loneliness among persons living alone and living with at least one other person in %, 2016

Source: Own calculations based on EQLS 2016

As Figure 4 illustrates, a considerably higher share of persons living alone report being frequently lonely compared to those who share their household with at least one other person. In Bulgaria and Croatia, those who live alone are seven times more likely to be affected by frequent feelings of loneliness compared to people living together with one or more persons. The difference is also substantial (more than five times) in Finland, the Netherlands, Portugal, Slovakia and Slovenia. Given the rising proportion of single households across the EU (i.e. single person households accounted for around a third of private households in the EU-28 in 2018, and in some countries, such as Denmark, Lithuania and Sweden it was more than 50%), the significance of loneliness should not be underestimated.

*Figure 5: Frequent loneliness by subjective health status in %, 2016*

Source: Own calculations based on EQLS 2016

Note: Good health refers to those who report very good or good health, while poor health refers to those reporting their health to be very bad, bad or fair.

In all countries, frequent loneliness among people with poorer subjective health status is significantly higher compared to those who assess their health as very good to good. More than a quarter of respondents with poor reported health feel frequently lonely in Belgium, Luxembourg, Malta and Romania while in Cyprus, France, Greece and Italy nearly a third of this population group is affected. In Bulgaria, the figure reaches 40%.

Figure 6: Frequent loneliness by frequency of meeting socially with family, friends and colleagues in %, 2014
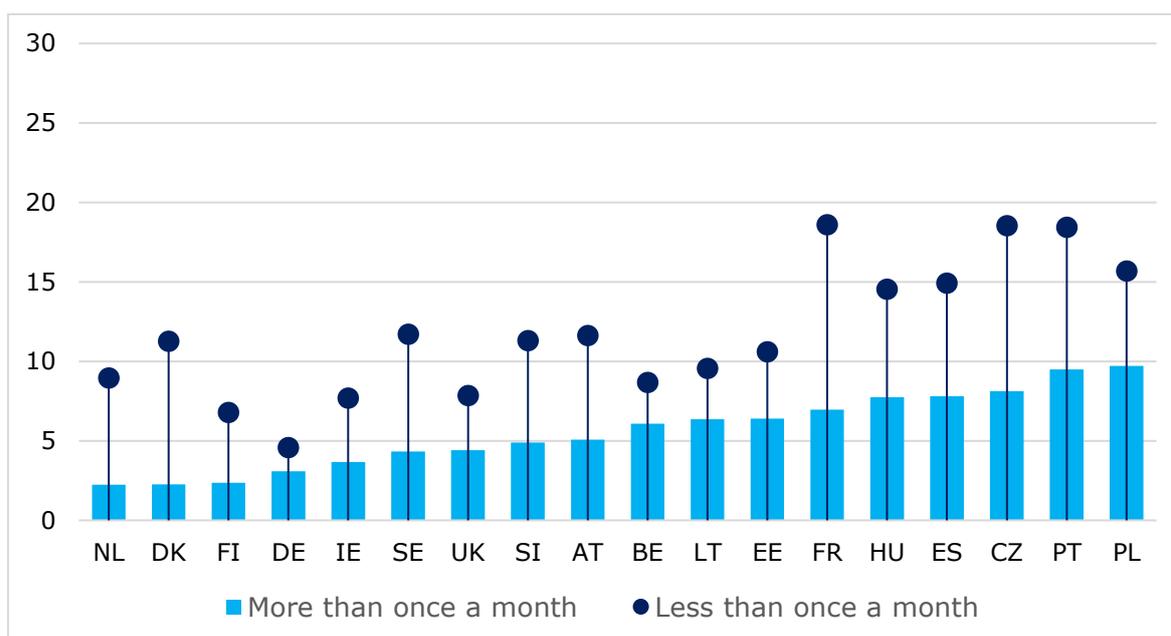
Source: Own calculations based on ESS 2014 Edition 2.2

Notes: Frequent loneliness refers to those reporting feeling lonely "all or almost all of the time" or "most of the time". Figures refer to the population 15 years and over.

Research shows that loneliness is greatly influenced by the size of personal social networks and the quantity and quality of social contacts (Valtorta, 2016). This is confirmed by evidence from the European Social Survey (ESS) (as presented in Figures 6 and 7) which shows that loneliness is more pronounced among people with less frequent social contacts. It is particularly so in the Czech Republic, France, Poland and Portugal, as well as in Hungary and Spain, where a relatively high share of respondents (15% or more) meeting socially less than once a month report frequent loneliness. As the indicator measures contacts outside the household, the lack of social contacts is expected to affect people living alone, even more.

Figure 7: Share of persons who have no one to discuss personal matters with, % (left side) and prevalence of frequent loneliness by the number of people with whom to discuss personal matters, % (right side) 2014
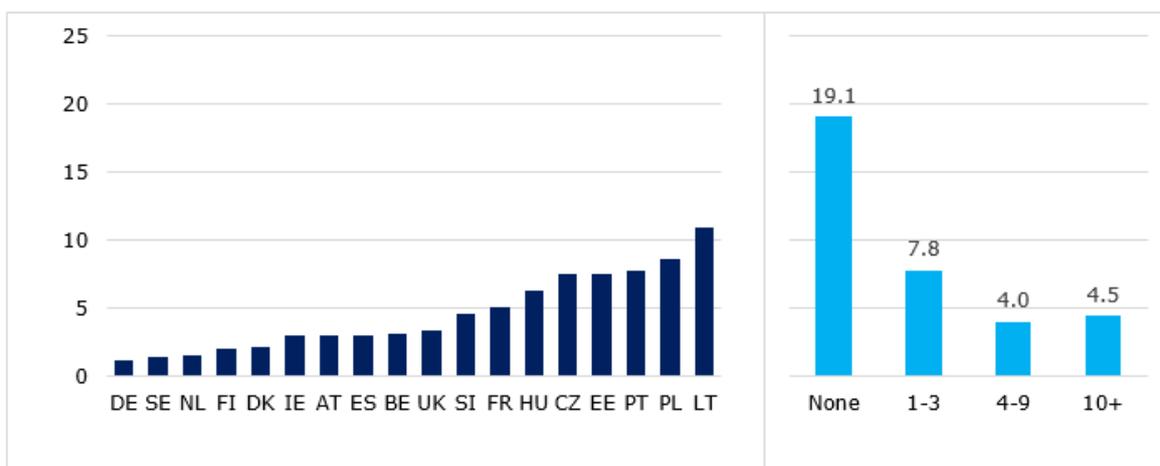
Source: Own calculations based on ESS 2014 Edition 2.2

Notes: See Figure 6.

Figure 7 offers some indication on the quality of social relationships, specifically the lack of emotional support, measured by the lack of having anyone with whom to discuss personal or intimate matters. Lack of emotional support affects more than one out of ten people in Lithuania. In most of the surveyed countries, however, people tend to have someone with whom they can talk about their private affairs. This is important as those who report to having people with whom they have a close confiding relationship, on average, have a lower likelihood of feeling frequently lonely.

2   Existing measures across the EU to address loneliness

2.1   Policies to tackle loneliness in Europe

The impact of loneliness becomes manifest in particular in two dimensions, namely regarding health status and quality of life (Bolton, 2012). A meta-analysis of 148 studies showed that people with weaker social ties are at a greater risk of premature mortality (Tilvis et al., 2011) while those with strong social connections have double chances of survival (Holt-Lunstad et al., 2010). Lonely and isolated people are more exposed to the risks of heart disease and hypertension (Ong et al., 2012), and they are more likely to report poor diet, smoking and addiction (Durcan & Bell, 2015). An analysis of the impact of loneliness on quality of life concluded that severe and moderate loneliness decreased the quality of life (Musich et al., 2015) both for people with physical and mental constraints. These health impacts are further exacerbated by socio-demographic trends related to an ageing population along with a rise in long-term health conditions and declining health and functional mobility among older people as well as by the increasing number of single resident households (Malcolm et al, 2019). As a result, loneliness is increasingly being recognised as a serious public health concern.

Across Europe there are several examples of policies, strategies and programmes (being designed and delivered by national, regional and local governments, civil society and private organisations) which are aiming to reduce loneliness among people across all age groups at a national level. For example, the Netherlands and the UK have in recent years developed and implemented national governmental strategies and policies to tackle loneliness taking specifically this all-age approach. Both countries have had partnerships of civil society organisations campaigning on the issue of loneliness in particular for many years. France has also developed a national

approach, led by philanthropic and civil society organisations with governmental support, albeit with a specific focus on older people and their increased risk of loneliness and social isolation.

In the Netherlands, the "Reinforced action plan against loneliness" was first launched in 2014 by the Dutch Ministry of Health, Wellbeing and Sport in cooperation with municipalities. The goal of the programme is to develop a sustainable approach to loneliness by identifying signs of loneliness at an earlier stage and to foster the discussion on the topic of loneliness in society. This is done by working together on a national and local level. A national partnership consisting of businesses, social organisations and government organisations was formed as well as several local alliances. A further national commitment of EUR 26 million to support measures addressing loneliness was made by the Dutch Health Ministry in 2018. A national action programme "Een tegen eenzaamheid" (Together against loneliness) supported by the Ministry of Health, Wellbeing and Sport is currently running whereas a national coalition of civil society organisations (Coalitie Erbij) has been campaigning and working to prevent or address loneliness in the Netherlands since 2008.

In the UK, the Jo Cox Loneliness Commission produced a strategic report in 2017 that outlined ways to combat loneliness. The independent cross-party Commission, involving both MPs and representatives was formed by the MP Jo Cox in 2016 and was continued in her name following her death later that year. One of the recommendations of this Commission was to nominate a responsible Minister for Loneliness which got realised in 2018 increasing the remit of the Minister for Sport and Civil Society (Jo Cox Commission on Loneliness, 2017). In addition, a cross-government national strategy was launched in late 2018 in direct response to the Commission's findings. Particular commitments in the strategy designed to address loneliness at any age included the introduction of loneliness as a social issue into relationships education classes in schools; the introduction of an 'Employer Pledge' to ask companies to address loneliness in the workplace; and adding loneliness to the ministerial portfolios of several other government departments. This latter step was taken to emphasise the multiple complex influences and responses to loneliness that should be taken. As in the Netherlands, this strategy was supported by national businesses, governmental (national, regional and local) and social organisations and a national Campaign to End Loneliness, led by a coalition of civil society partners, has been running since 2011.

In France, a national programme was started a few years ago to address loneliness of specifically older people. MONALISA (MObilisation NAtionale contre L'Isolement des Agés) was launched in 2013, by the Minister responsible for older people and autonomy, and implemented across the country in 2017. The programme aims to reduce loneliness and social isolation of older people in a sustainable way offering different types of support (i.e. individual support, group interventions, wider community engagement). A total budget of two million euro has been assigned for the period 2018-2020. A specific feature of MONALISA is the creation of individual or collective relationships, based on an acknowledgment of the existence of choices and differences of each individual. Activities include accompanied trips to the hospital or markets, support with various administrative issues and documentation, and personal monitoring. The programme helps mobilise volunteers and puts in place 'citizen teams' (équipes citoyennes) that provide support to older isolated people. These teams are part of a national network that offers training and organises mutual support and exchange of experiences (e.g. approaches, solutions, methods of interactions etc.). The network is managed by a national committee in order to ensure broad partnerships and the transfer of local outputs into national policy. The committee is also responsible for piloting different activities and initiatives. As of March 2019, there were about 287 citizen teams registered, 63 territorial partnerships contributed to the mobilisation of volunteers, and 474 organisations signed up to the MONALISA Charter.

In addition to national level strategies and programmes, there exist a number of policy or strategy interventions at regional and local level that are aimed at reducing loneliness and social isolation. For example, the Sint-Truiden municipality in Limburg, Flanders (Belgium) appointed a city councillor responsible for tackling loneliness in January 2019, the first municipality to do so. Examples from the UK include the National Strategy to tackle Social Isolation and Loneliness introduced by the Scottish government in 2017, prior to the UK-wide strategy, as well as local government strategies e.g. the Medway Council Strategy to reduce Social Isolation (with three strategic themes: raising awareness, action to support individuals and community action), and the South Ayrshire Social Isolation and Loneliness Strategy 2018-2027 (with three strategic themes: preventative, responsive and restorative).

2.2 Measures to tackle loneliness in Europe

As well as policies, strategies and national programmes, particular interventions/initiatives have been introduced across Member States (most often at a local level and run by civil society organisations or local authorities) specifically designed to address loneliness. However, the evidence on the effectiveness of these initiatives, as highlighted by reports, systematic reviews and meta-analyses, continues to be sparse and not always of the highest quality (Dickens et al., 2011; Masi et al., 2011; Victor et al., 2018). Given this dearth of high quality evidence of effectiveness, it can be challenging to identify robust good practice in this area. Systematic reviews and meta-analyses have often focused on practice primarily outside the EU (Masi et al., 2011); or where they have included studies from EU Member States, these can be outdated (see Dickens et al. 2011 which included studies from Netherlands or Scandinavia published between 2004 and 2008). A review of systematic reviews[6] on loneliness at all stages of the life course published in 2018 by What Works Centre for Wellbeing in the UK (Victor et al., 2018), could in fact only identify studies (and therefore initiatives) which looked at older people rather than any young or mid-life adults.

This review of reviews highlighted mixed results in the case of an assessment of the effectiveness of one-to-one as opposed to group activities and could therefore not provide conclusive findings. However, the review was able to conclude that programmes tailored to the circumstances and needs of individuals, specific groups or type of loneliness experienced, were more likely to result in reductions in loneliness.

Their review of unpublished grey literature reports also suggested that two other mediating elements may be important for the success of loneliness intervention: the development of companionship and supporting meaningful relationships (Victor et al., 2018).

Finally, the meta-analysis by Masi et al. in 2011 suggested that those interventions seeking to address subjective feelings of loneliness or sadness (which they described with the term 'maladaption of social cognition') were more successful in reducing loneliness than those focusing solely on improving social skills, enhancing social support or increasing opportunities for social interaction. However, they did identify some examples of projects which addressed these three other areas and showed some positive results in reducing loneliness.

With the above in mind, the subsequent sub section presents two in-depth examples of initiatives that have been identified in the literature as having obtained some positive results with regard to reducing loneliness. These examples concern the Silver Line initiative from the UK and the Esc@pe project which was implemented in the

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[6] Fourteen published reviews were included that were published between 2008 and 2018 in any language were included. They also included 14 unpublished grey literature reports, also in English language. They only included findings from controlled study designs and those that measured loneliness.

Netherlands. Limitations of the evaluation of these projects are described in more detail below, but in summary echo those encountered by the systematic review and meta-analysis authors. These include small sample sizes and a limited understanding of the effectiveness of reducing loneliness in general as the initiatives only focus on old people. The two examples furthermore highlight how two of the most common and widely accepted quantitative measures of loneliness, the UCLA-3 and de Jong Gierveld and Kamphuis (1985) scale can be used to provide evidence of effectiveness.

Where similar approaches to these examples exist in other Member States, this is indicated. Despite the lack of effectiveness evidence, other examples are presented in Tables 3, 4 and 5 highlighting the diversity and range of approaches being tested and implemented in Member States.

2.2.1 Project examples that were evaluated

The Silver Line (UK)[7]

Type of initiative: Telephone befriending service aimed at older people. Run by a civil society organisation. Offers both one-to-one and group activities.

Description: The Silver Line is a 24-hour, seven-days-a-week helpline that is free to callers aged 55 years and over. As well as confidential information, advice, and referrals to other organisations where appropriate, staff offer callers the opportunity to have an informal, friendly chat. Staff are specifically trained to support older people – they do not read from scripts or have standardised instructions but are encouraged to provide bespoke interactions with callers. They can also support older people to describe and report any abuse and neglect they may be experiencing. Specific services aimed at reducing loneliness include:

- Silver Line Telephone Friends Service gives callers the option of being matched with a volunteer, who phones at a mutually convenient time every week with the aim of establishing a friendship. Following an assessment by the Wellbeing team, volunteers and callers are matched on interests and preferences. The two parties do not know each other's' phone numbers – both sides call into a Silver Line number.

- Silver Circles are group telephone calls that are facilitated to put people with similar interests (e.g. gardening, sports or history) in touch with each other, so that people can enjoy discussing topics of interest with a wider group – normally up to six people. There are currently nine Silver Circles being run at the moment.

How was the service established? The Silver Line was created by a prominent UK figure, namely Dame Esther Rantzen, who had previously founded Childline, a helpline service to support children to report abuse and neglect and receive support. Following her own experiences of bereavement and loneliness, and a public reaction to her writing on the subject, she worked with UK-based charities and the UK Department of Health to first pilot the helpline in certain regions in 2012. Following a positive evaluation (Centre for Social Justice, 2013), the helpline was launched nationally. The national implementation of the helpline also received a positive evaluation in 2015 (Moore et al.,2015)

What effect does it have on the loneliness of participants? One of the main results coming out of the evaluation of the national implementation of the Silver Line Telephone Friends Service concerns a statistically significant albeit very small reduction in loneliness among participants. A two-wave telephone survey of

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[7] For more information see www.thesilverline.org.uk

participants[8] used measures from the English Longitudinal Study of Aging (ELSA)[9] to measure the levels of loneliness, enjoyment of life and health of participants (n=400 in 2014 and n=251 in 2015). Loneliness in particular was measured using the three-item University of California Los Angeles (UCLA)-Loneliness and an additional single-item question from ELSA.[10] The first survey in 2014 established that the average loneliness index score of respondents to the survey was 7.26, compared to an average loneliness index score of 4.34 among a matched sample from ELSA.

Among the 244 participants who took part in both waves of the survey, their average loneliness index score fell from 7.33 to 7.12. The proportion of people scoring 3 (the lowest loneliness score) rose from 2%(n=5) in Wave 1 to 6% (n=15) in Wave 2, while those scoring the highest, i.e. score 9, reduced from 38% (n=93) to 34% (n=83). The analysis conducted by the evaluators used a 'difference-in-difference approach' to estimate how much of the change in loneliness among Silver Line callers might be associated with use of The Silver Line, as opposed to with other unidentified variables. This was done by controlling for expected decreases in loneliness in the general population (according to ELSA data). The unit of comparison was the mean (or average) change in the UCLA-3 scores between each wave of the survey.

Limitations of the evaluation: Even though the UCLA measure is widely accepted and validated, the evaluators acknowledged the challenges related to objectively trying to measure feelings of loneliness. They suggested that a longer follow up period may have found a larger reduction in loneliness among those using the Friends service. At a more qualitative level, it was found that the Silver Line helpline was not creating a more in-depth friendship whereas for the Silver Line Telephone Friends Service a more in-depth friendship can only work if both parties in the service are looking to establish this (which is harder to achieve if they don't share contact details). Therefore, both services mostly support an 'everyday companionship'.

Similar initiatives

Other telephone befriending services (mostly aimed at older people) offered in Member States include:

- UK: Call in Time (run by Age UK)[11]

- NL: Ouderenlijn[12]

- DE: Silbernetz (first piloted in Berlin, in 2017/18, due to be rolled out nationally in 2020) [13]

Esc@pe (NL)[14]

Type of initiative: A digital inclusion project for older people with physical disabilities or chronic illness. Run by a civil society organisational partnership.

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[8] The Wellbeing and Friends Survey

[9] ELSA is a national English survey that has been carried out yearly since 2002, with over 10,000 individuals in each wave.

[10] Respondents are asked how often they feel 'isolated' 'left out' and 'lacking companionship' – using a three-point scale of 'hardly ever', 'some of the time' and 'often'. An additional single question from ELSA 'how often do you feel lonely' asked people to respond using the same scale. In each case, scoring was done on the basis of 1 for a response of 'hardly ever', 2 for 'some of the time' and 3 for 'often'. A 'difference-in-differences' technique was used to compare the loneliness levels among Silver Line callers between the two waves of the survey and among ELSA respondents between the dates of the two waves.

[11] https://www.ageuk.org.uk/services/befriending-services/sign-up-for-telephone-befriending/

[12] www.deouderenlijn.nl

[13] https://www.silbernetz.org

[14] For more information see Fokkema and Knipscheer (2007).

Description: The 'Esc@pe …as your world becomes smaller' project was set up in 2001 in Eindhoven by the local office of the Dutch national non-profit association SeniorWeb, which seeks to increase the digital skills and understanding of the internet for people who did not grow up with the internet. The project was designed to enable homebound older people with physical disabilities and chronic illnesses to develop digital skills, increase their social participation and reduce their loneliness. SeniorWeb Eindhoven formed a partnership with local offices of the Dutch Red Cross, the 'De Zonnebloem' (The Sunflower) charity (who work with people with physical disabilities), Eindhoven local government departments and the welfare organisation 'Loket W'.

The Red Cross and De Zonnebloem supported the project by recruiting 15 older people[15] in Eindhoven who met a number of criteria: (1) living alone; (2) less able to leave home and therefore having few interactions with other people; (3) already receiving home visits from one of the partner organisations; (4) not yet using a PC and internet, but were not negative about using these; (5) able to operate a standard PC; (6) overall were able to see and hear sufficiently; and (7) prepared to participate in the study. Participants were given a PC with the necessary paraphernalia (including an internet connection via a fixed cable connection, monitor, speakers and a printer) free of charge for three years (September 2001 to September 2004).

At the start of the project, the 15 participants received five two-hour lessons at home, delivered by experienced teachers (volunteers from SeniorWeb Eindhoven). In these lessons, participants were taught how to email and use the internet. Further guidance and support were provided by their visiting volunteer, from either the Red Cross or De Zonnebloem (from which participants had been receiving visits prior to the pilot once every two to three weeks). SeniorWeb Eindhoven also provided specialist training for those visiting volunteers who themselves had little or no experience with computers, and, along with the older participants, provided them with free SeniorWeb membership and access to helplines and advice services run by the organisation. A maintenance and troubleshooting (POTS) team was later established at SeniorWeb to provide support specifically to all those participating in the project. This POTS team communicated with older participants via their supporting visiting volunteer (for research reasons).

How was the service established? SeniorWeb Eindhoven lead on the project when they identified housebound older people as a group who needed further support to engage with their services and were more at risk of social isolation and loneliness. They established partnerships with the other organisations described above and received funding from a range of national and local government, civil society and commercial organisational sources. It was one of 18 experimental loneliness interventions funded by the Sluyterman van Loo Fund (and only one of two interventions that were funded and found to be effective). Two studies were commissioned to understand the outcome of the intervention on participants (older people and visiting volunteers); an impact evaluation was carried out by the Department of Applied Gerontology of Amsterdam's Vrije Universiteit whereas a process evaluation was undertaken by the Netherlands Interdisciplinary Demographic Institute (NIDI) in The Hague. The process study was part of a national comparative study into the effect of interventions to prevent and reduce loneliness among older adults.

What effect did it have on the loneliness of participants? There was a statistically significant reduction in feelings of loneliness among the older participants and a qualitative study reinforced this. Participants to the intervention were compared with a control group from Eindhoven who completed the Digitstein surveys[16] in 2002 and 2004; in the control group were 14 people identified who were 50 years or older in

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[15] With an average age of 66 years, and seven participants older than 65 years.
[16] Surveys which formed part of an Eindhoven population survey – 1,461 people aged 15-84 took part in 2002.

2002, had never used a PC nor the internet until the end of the Esc@pe project, and who reported to be lonely or very lonely at the time of the first interview. The severity and type of loneliness of participants and the control group were measured using the 11-item loneliness scale developed by de Jong Gierveld and Kamphuis (1985), which measures both emotional feelings of loneliness (feelings of lacking intimate relationships) and expressions of social loneliness (feelings of lacking a broader social network, e.g. other relatives, friends or neighbours).[17]

Before the Esc@pe project began, at baseline, the average loneliness score for the intervention group was very high, at 8.1 (a score of 3 or more indicates some degree of loneliness). After two years this had reduced to 6.7, and after three years it had reduced to 5.8. Feelings of loneliness also decreased among the control group (from an average of 8.2 to 7.5) between the two measurements but this reduction was not statistically significant.

The qualitative study found that, as was intended, the intervention alleviated feelings of loneliness by offering people a network of contacts consisting mostly of family and friends but also of other Esc@pe participants. There was more regular and improved contact between the participants and their volunteer visitors - they got to know and understand each other better. The project offered a good way of passing the time (e.g. games, sending emails, looking for information) that could distract people from feelings of loneliness. The study also found that the project increased participant's self-confidence in their digital skills and also other areas of their life. One volunteer interviewee described that the person she supported was emboldened to drive her car again, attend a Community Centre dinner and enrol in further IT lessons for the over-55s.

Limitations of the evaluation: Further analysis of the loneliness scores revealed that the reduction in loneliness score was significant only with regard to emotional loneliness (there were no significant decreases in feelings of social loneliness), and separately, for people with higher education (who on average had higher loneliness scores at the start). It was less effective or not effective at all for participants who recently experienced a negative life event or who were not motivated. It was also a very small initiative and people with negative attitudes to computers were not selected. Still, these were promising results and supporting older people to reduce their loneliness by improving their digital skills continues to be a popular approach elsewhere .

Similar initiatives

Other examples of projects tackling both digital inclusion and loneliness across the Member States include:

- UK: Digital Angels, run by Age UK Leeds, a local office of national non-profit organisation. [18]

- FR: Old'up, a French non-profit organisation, with funding from the philanthropic foundation, Fondation de France, funded 88 groups where

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[17] This scale describes loneliness without using the words 'lonely' or 'loneliness' – there are five positively formulated expressions of embeddedness (e.g. 'There are plenty of people I can turn to in times of need') and six negatively formulated expressions of missing attachments (e.g. I miss having a really close friend).The answer categories are: 'yes!' ¼ totally agree; 'yes'; 'more-or-less'; 'no'; and 'no!' ¼ totally disagree. Disagreeing with the five items that were positively formulated and agreeing with the six negatively formulated items was scored 1 for each. Summing answers to the eleven items gives a scale score ranging from 0–11. The higher the score, the lonelier the person - a score of three or more is indicative of loneliness (de Jong Gierveld, 1999). Participants completed the measurement several times throughout the project while the control group answered these questions once at baseline and then a follow up in 2004.
[18] https://timetoshineleeds.org/blog/what-weve-learned-digital-angels

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volunteers showed older people (aged over 70) how to use a range of digital equipment including computers, smartphones and cameras[19]

- NR: Digital Senior: a ten-week training programme for older people run by Norwegian Red Cross in how to use tablets with support from visiting volunteers[20]

2.2.2 Other project examples

Numerous projects aimed at reducing loneliness exist across Member States, however, so far little information is available on their effectiveness. Tables 3, 4 and 5 below show different initiatives that are implemented respectively at individual, group or community level – matching the categorisation commonly used in the scientific for these kinds of initiatives. Although not exhaustive[21], the project examples presented below have been included to illustrate the diversity in approaches organisations across Member States are trialling in the area of tackling loneliness. The project examples also demonstrate that often loneliness is one area that is being addressed other policy areas such as housing (IT, PL); physical and wider mental health (DE, UK); education and skills including digital skills (PL, UK, NO) as well as part of initiatives which fit into the more traditional areas of social care (BE, NL, FR).

The tables present the following information: country, name of the initiative, a short description of the projects, age group and where more information can be found.

Table 3: Initiatives aimed at individuals

Country	Initiative	Description	Target group	More information
BE	Senoah ASBL	Voluntary network of older people supporting other older people with variety of tasks including meeting up for shopping trips and home-based tasks. Older people can call a telephone line number provided by the non-profit organisation Senoah with requests for support. Senoah then matches older people in need with a volunteer living nearby who can help them either on a one-off or ongoing basis.	Older people aged over 60	http://www.senoah.be/coups-de-pouce-seniors/
DE	Sozio-Med-Mobil	A mobile health and counselling service designed to support older people, people who are chronically ill and other socially excluded groups of	Older people, chronically ill, people affected by poverty,	https://sozio-med-mobil.de/unserangebot/#im-bus

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[19]https://www.fondationdefrance.org/sites/default/files/atoms/files/dp_solitudes_2015_avec_fiches_exemple_def.pdf
[20] https://www.rodekors.no/nyhetsbrevmappe/nyhetsbrev-medlem/digital-hjelp-til-seniorer/
[21] More projects, for example in the Netherlands, can be found on https://www.eentegeneenzaamheid.nl/initiatieven/ as compiled by the "Een tegen eenzaamheid" national action programme.

Country	Initiative	Description	Target group	More information
		people living in rural areas of Elm-Asse municipality to access health information, but also a friendly person with whom to interact with an "open ear" on the IM-BUS service. The service also provides transport to health appointments. It is being evaluated and has been partially funded by the ESF.	disabled people and refugees	
FR	Veiller sur mes parents (Watch over my parents)	A paid service provided by La Poste in which postal workers visit older people on a weekly basis and can provide updates on their welfare to concerned relatives. The postal worker compiles a monthly newsletter with family photos and messages to print out and provide to older people and their families. A 24-hour helpline is also offered as part of an additional package or as an alternative paid service.	Older people	https://www.laposte.fr/particulier/veiller-sur-mes-parents See also: Call and Check from Jersey Postal Office https://www.callandcheck.com/what-we-do/
IT	Abitare Solidale	A project run by an Italian non-profit community organisation Auser, first implemented in Florence and now also in Bologna. The project matches people that experience loneliness and are potentially fragile, but who have additional space in their home, with people needing somewhere to live. Pairs are able to live together based on personalised mutual agreements which suit them e.g. house guests can contribute financially or via provision of household tasks.	People of all ages needing support to stay in their homes	http://www.abitaresolidaleauser.it/aprite-le-vostre-case-fa-bene/
PL	Mniej samotności	This project is commissioned by the	Older people	https://mniejsamotnosci.absolw

Country	Initiative	Description	Target group	More information
	(Less loneliness)	Polish Ministry of Development (with ESF funding), and similar to the above Abitare Solidate project, the idea is to match older people aged 60 and over who are experiencing loneliness and have space in their house with students who are coming to study in different Polish cities. The project has developed processes and materials to enable organisations supporting older people across Poland to deliver the project in their localities. These include guidance on how to recruit older people and student participants, how to set up agreements for the arrangement between them, and how to ensure where possible that both parties are well matched to live together.	aged over 60 and students	encinawalizkach. pl/o-projekcie/
NL	Stichting SeniorenStudent (Seniors Students Foundation)	A non-profit foundation set up in 2014, they match older people in the Amsterdam, Rotterdam or Utrecht regions with student volunteers who provide them with personal help and company (but do not live with them). They are matched based on what help is needed/can be provided and shared interests. Many requests for support from older people to the foundation are about companionship rather than any need for physical care or domestic help.	Older people aged 65 and over	https://stichting seniorenstudent. nl/over-stichting-seniorenstudent/ This is one of many different initiatives that are part of the "Een tegen eenzaamheid" (Together against loneliness) national action programme in the Netherlands, from the Ministry of Health, Wellbeing and Sport.

Country	Initiative	Description	Target group	More information
NO	No Isolation	A Norwegian technology start up that has developed communication tools with the specific aim of reducing involuntary loneliness and social isolation. KOMP is a screen device designed to enable older people to receive pictures, messages and video calls from family (using a specially designed app). It is the size of a small television and operated with only one button rather than a touchscreen. It requires very little digital skills from the older people to operate it. It is not designed to replace interpersonal contact but 'make the time between each meeting feel a little shorter'. No Isolation have also created AV1, a robotic device designed to enable children and young adults with long term physical and mental health conditions participate in distance learning. They can attend lessons, socialise with friends and remain connected to their school community via AV1 using an app on their phone or tablet.	KOMP: Older people and their families and friends AV1: children and young adults with long term conditions	https://www.noisolation.com/uk/about-us/ While starting in Norway, No Isolation is working across: DE, DK, FR, FI, NL, SE, SK, UK.
UK	Social prescribing	First piloted in Rotherham in the north of England, social prescribing involves non-medical prescriptions for engaging in wellbeing activities, issued by general health practitioners to people with poor wellbeing or those they consider at risk of loneliness and social isolation. Different models are being tried out in	Older people /people who are socially isolated (will depend on the project).	https://www.varotherham.org.uk/social-prescribing-service/ But also see Campaign to End Loneliness (2015). For more examples of similar schemes.

Country	Initiative	Description	Target group	More information
		different parts of the UK-GPs can refer people to non-profit voluntary organisation partners or employ wellbeing officers directly. In other areas similar services are run by local authority social services. 'Prescriptions' include referring people to interest groups, life skill courses, self-help groups and potentially psycho-educational training if needed. Partner organisations can also help individuals with other issues potentially causing them stress, such as unemployment or housing difficulties.		

Table 4: Initiatives aimed at groups

Country	Initiative	Description	Target group	More information
NL	Nationaal Ouderen Fonds (National Elderly Fund)	The Dutch National Elderly Fund is a charity that organises a range of activities to prevent loneliness among older people. These include group visits to the beach, concerts or tourist attractions; group holidays; the BoodschappenPlusBus, a bus that takes elderly to go (grocery) shopping together; walking football and knitting clubs. They also fund individual, one-to-one activities like those described above e.g. telephone befriending, and matching older people with younger people for companionship, and organising letter writing befriending services.	Older people aged 55 and over	https://www.ouderenfonds.nl/ Similar organisations across Member States include Contact the Elderly and Age UK (UK)
PL	Rządowy Program	The Polish Ministry of Family, Labour and Social	Older people	https://www.gov.pl/web/rodzina/niepel

	na rzecz Aktywnośc i Społecznej Osób Starszych (Program me for Social Activities of Older People)	Policy runs the Government Program for Social Activity for the Elderly. This has funded various projects aimed at bringing elderly people together including the Locally Active Seniors project in Strzyżów, Sędziszów Małopolski and Ropczyce. In 2018/19 this provided workshops, classes and training courses to 40 older people many of whom have physical disabilities, also providing transport to bring the older people to attend and arranging the activities in accessible buildings. Radio programmes were created and broadcast on Polish Radio Rzeszów. Other funded activities included the Third Age Games, bringing older people from southern Poland together to take part in sporting competitions; the Senior Centre for Seniors providing cultural activities and a place for older people with disabilities to meet		nosprawni-seniorzy-czescia-spolecznosci-w-programach-asos
UK	Men's Sheds	Men's sheds are places for (mostly) men to come together to engage in practical skills (woodwork, metal work, electronics), making and repair work as a group. The aim is to encourage social connectedness, friendship and sharing of skills and knowledge. Despite the name, these groups can come together in empty offices, portable cabins, warehouses and garages. Some groups are also open to women but many mostly attract older men. There are now over 400 Men's Sheds in the UK and they are represented by the non-profit Men's Sheds	Older men/ younger men and women (will depend on the group).	https://menssheds.org.uk/about/what-is-a-mens-shed/

Association. Individual communities can set their own Men's Sheds up – they are generally run by local non-profit organisations e.g. Age UK local offices.	

Table 5: Initiatives aimed at communities

Country	Initiative	Description	Target group	More information
DE	Bundesprogramm Mehrgenerationen haus (Multigenerational houses)	The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) funds more than 540 different multigenerational houses across all the German municipalities. These centres enable people of different ages and abilities, cultures and religions to come together. Centres provide activities, courses and support services. People can develop their own projects or activities that can be delivered from the centres. They support people to volunteer and by bringing neighbours together can prevent loneliness. Different projects may be aimed at particular groups e.g. people with less education, people with disabilities, working people, and lone parents. Support is often targeted at older people from 65-80 years, people over 80, as well as children and young adults.	Whole communities/ activities will be targeted at different groups	https://www.mehrgenerationenhaeuser.de/
HU	Village and homestead caretaker:	The service aims to assist those living in villages with a	Communities in villages and removed	http://www.forum-synergies.eu/bd

Country	Initiative	Description	Target group	More information
	community-based services in tiny villages and remote rural areas	population of fewer than 1 000 people and in remote settlements that often lack even basic services such as post offices, shops, pharmacies or medical centres. The village caretaker's most frequent services include transporting people to these facilities, signalling the needs arising among the population and providing information and linking up with the existing social services, such as meals on wheels for elderly people. It also organises cultural and community events.	settlements /activities targeted at all age groups, but particularly at older people	f_fiche-experience-181_en.html
NL	Buurtcirkel	Neighbourhood Circles are groups of 9-12 people who live near each other (each in their own house) but who provide support to each other including accompanying people to appointments or helping with shopping. They are brought together by residential coaches who will be on hand to provide professional support. Neighbourhood circles can be set up by local organisations and some receive support from local or municipal authorities. In the Greater Rijnmond region, the Pameijer organization (a non-profit organisation that supports vulnerable people) is	Adults of all ages with more complex needs	https://buurtcirkel.nl/over-buurtcirkel This is based on the concept of community support networks developed by Keyring organisation in England in the 1990s. More information about Keyring can be found at: https://www.keyring.org/

Country	Initiative	Description	Target group	More information
		implementing the Neighbourhood Circle concept on behalf of municipalities. +Five, run by Pameijir, can support other organisations outside of this region with training and coaching from an existing Neighbourhood Circle coach and knowledge sharing with a local project manager.		
UK	Neighbourhood Networks	First established in 1985, Leeds City Council funds different community schemes across the city and wider area under the umbrella of 'Neighbourhood networks' (NNS). These schemes deliver a range of services which have been identified by local people as needed. These can include health related activities, digital inclusion, social groups, outings and trips, information and advice and practical support. These services are largely delivered and lead by volunteers, many of whom are older people. They are mainly aimed at older people aged 60 and over but family, friends and carers can also benefit. An evaluation has been commissioned by the Centre for Aging Better.	Older people aged 60 and over	For more information: https://www.opforum.org.uk/nns/

3   Conclusions

Despite loneliness being increasingly recognised as an important social and health issue, there are still significant gaps in our knowledge base. There is ample evidence on the harmful effect of the lack of social connections on health, but less is known about loneliness as a specific risk factor, the mechanisms through which it interacts with health and other factors and how these are different for different groups of the population. Several studies focus on loneliness among older people, while research on other age groups such as children or young people are relatively scarce. As far as Europe-wide surveys are concerned, one sub-population that has been systematically left out and for which only limited data exists on loneliness are those living in institutions. There is also considerably less extensive and robust evidence on loneliness among migrants, those belonging to ethnic minorities and people with disabilities which partly stems from these groups being underrepresented in international and national surveys.

A further challenge as regards to having a clearer understanding of the extent of loneliness relates to the different indicators studies use to measure loneliness resulting in different estimates. Figures on the prevalence of loneliness are also likely to be underestimated due to the social stigma associated with loneliness. Analysis by AgeUK (2018) shows, for instance, that indirect measures, such as multi-item scales which do not include the word 'lonely', are better in capturing respondents who may feel reluctant to admit loneliness.

Data presented in this paper on the prevalence of loneliness show that across Europe, women are reporting loneliness to a higher degree than men, and people living alone are much more likely to be affected by frequent feelings of loneliness than those living with one or more persons in the same household. Also, more people with poor rather than good health report to feel frequently lonely in all countries. Individuals who reported to meet socially with family, friends, and colleagues less than once a month were more likely to experience frequent loneliness compared to those who had contact more than once a month. The finding that frequent loneliness was reported to a greater extent by people who lack emotional support points at the importance to consider the quality, rather than the mere quantity of relationships. The prevalence of loneliness varies greatly across Member States with consistently higher shares of frequent loneliness reported in some countries, such as Bulgaria, Cyprus, Greece and Romania.

Across Europe there are several examples of interventions by national, regional and local governments, as well as by civil society organisations, which are aiming to prevent and reduce loneliness among their populations. They range from interventions provided on a one-on-one basis to those delivered in group setting or at broader community level or, through a combination of these. Among the examples presented here, many specifically target older people. Information on the impact of these initiatives on reducing loneliness is often not available or insufficient to ascertain their effectiveness. Even when information on impact is available, as is the case with the two examples from the Netherlands and the UK, it is difficult to draw any general conclusions partly because most interventions tend to be complex (addressing various social issues and thus targeting different sub-groups of the population).

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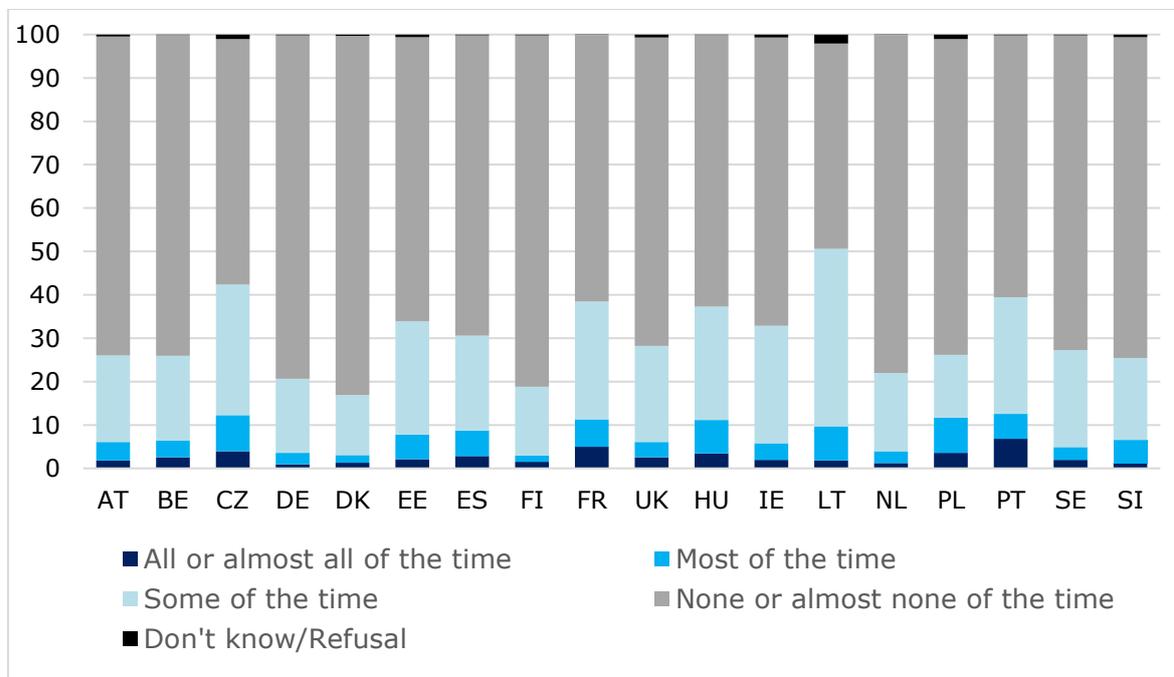
Annex

Figure A1: Distribution of population reporting on loneliness in the EQLS, 2016
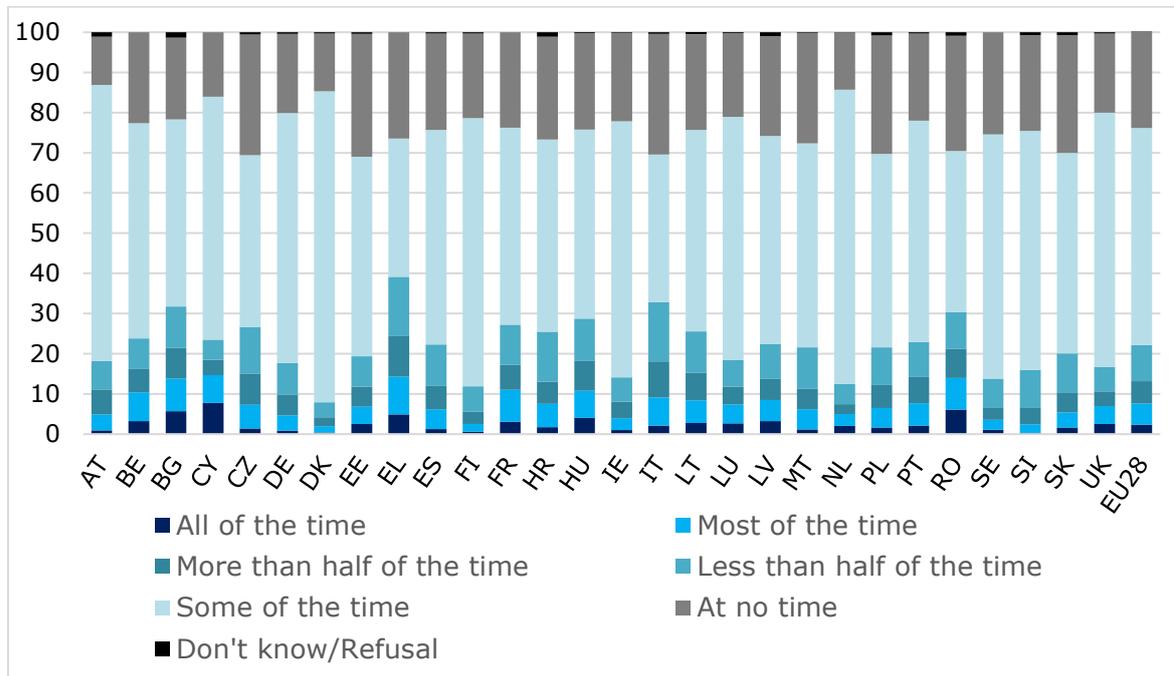
Source: Own calculations based on EQLS 2016

Figure A2: Distribution of population reporting on loneliness in the ESS, 2014

Source: Own calculations based on ESS 2014

Table A1: Percentage of population aged 15+ reporting frequent loneliness (%) and corresponding number of observations (N) in the 2016 EQLS and the 2014 ESS[22]

	EQLS 2016		ESS 2014	
	%	N	%	N
AT	4.9	108	6.0	109
BE	9.1	211	6.4	113
BG	10.7	278	N.A.	N.A.
CY	13.1	296	N.A.	N.A.
CZ	6.7	148	10.6	264
DE	5.0	219	3.3	108
DK	2.1	40	3.1	46
EE	5.9	137	7.9	160
EL	13.6	299	N.A	N.A.
ES	5.6	155	8.7	168
FI	2.6	52	3.0	63
FR	10.1	382	8.3	216
HR	5.8	151	N.A	N.A.
HU	9.8	223	11.2	190
IE	3.4	82	4.8	138
IT	8.9	388	N.A	N.A.
LT	7.2	180	7.5	218
LU	7.5	150	N.A	N.A.
LV	6.8	170	N.A	N.A.
MT	6.1	123	N.A	N.A.
NL	4.2	101	2.7	75
PL	6.9	213	11.9	189
PT	6.3	160	10.6	159
RO	11.5	356	N.A	N.A.
SE	4.2	74	4.9	88
SI	2.4	49	6.6	80
SK	4.8	108	N.A	N.A.

[22] *Disclaimer: The ESS ERIC, Core Scientific Team (CST) and the producers bear no responsibility for the uses of the ESS data, or for interpretations or inferences based on these uses. The ESS ERIC, CST and the producers accept no liability for indirect, consequential or incidental damages or losses arising from use of the data collection, or from the unavailability of, or break in access to the service for whatever reason (see https://www.europeansocialsurvey.org).*

UK	6.1	248	5.1	138

Source: Own calculations based on data from EQLS 2016 and ESS 2014, 2.2.

Notes: Frequent loneliness refers to respondents reporting to feel lonely "all of the time" or "most of the time" in the 2016 EQLS, and "all or almost all of the time" and "most of the time" in the 2014 ESS. N.A. = data not available.