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

Germany, 23-24 September 2018

Synthesis report

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1   Introduction

As Europe's population is getting older, the number of lonely, isolated or socially excluded people is projected to increase.

There are serious risks for people with weak social connections: they face premature mortality, are less resilient and exercise less, and are more prone to experience depression, cognitive decline and feelings of vulnerability and worthlessness[1]. They also face more difficulties accessing the medical and social support they need.

Social isolation, loneliness and social exclusion are three separate but related significant problems. While loneliness is a subjective feeling of not having the desired quantity and quality of social relationships, social isolation is the substantial lack of social contacts and can be measured in an objective way. Some countries, like Belgium, also differentiate between emotional loneliness, so the lack of close relationships with one person, a partner or a family member, and social loneliness, which is the feeling to lack meaningful relationships with a network of friends or family[2]. Social exclusion is a broader process that describes limited access to rights, opportunities and resources for certain groups. While it is important to understand the distinctions between the three concepts to develop solutions, there are shared drivers that are likely to be experienced with advancing age.

Ageing and demographic change have long been on the political agenda of the European Union. Within the new Commission, the DG for Employment, Social Affairs and Inclusion will continue to be responsible for the European Pillar of Social Rights. Its principles around social protection and inclusion, so the right to adequate pension or long-term care, are relevant for the social inclusion of older people. Moreover, the new Vice-President of the Commission for Democracy and Demography, Dubravka Šuica, is tasked with preparing a green paper on the long-term impacts of the ageing population.

The European Accessibility Act establishes 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 will need to implement within six 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).

As local initiatives are crucial to reach out to lonely and excluded groups, European funding under the European Social Fund (ESF) will also support local initiatives. For example, the German ESF co-funded pilot programme on the prevention of loneliness and social isolation in old age is to start next year and there are plans in Romania to develop services for preventing and addressing loneliness and social isolation of older people in the next EU funding period (2021 - 2027).

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[1] See Thematic Paper from Peer Review on "Strategies for supporting social inclusion at older age", Berlin (Germany), 23-24 September 2019, https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9418

[2] Van Tilburg, T., & de Jong-Gierveld, J (Red.). (2007). Zicht op eenzaamheid: achtergronden, oorzaken en aanpak. Assen: Van Gorcum.

2 The German approach

With its lower birth rate, Germany is concerned about the 13 million baby boomers (currently 27% of the German labour market) leaving the labour market between 2018 and 2031, and thus developing a risk of social exclusion (lower incomes and less access to support with increasing demands), social isolation and loneliness.

According to data of the German Ageing Survey, the number of lonely people between 45 and 84 years varies across the years 2008, 2011, 2014 and 2017. Between 2008 and 2017, between eight and nine percent of all survey respondents stated that they felt lonely.

However, the total number of lonely people in the age group 75 to 84 is projected to increase. There is also no representative data available for people over 85, as the number of those surveyed from this age group is too small. Other studies show that people over 80 tend to be more affected by loneliness than younger age groups[3]. This is related to the fact that some risk factors leading to loneliness advance in old age, such as the loss of social connections as a consequence of the death of a partner or peers, decreasing mobility, poor health or the need for long-term care.

However, the risk of loneliness amongst the ageing baby boomers is also influenced by other factors. They are a very heterogenous group, who have different lifestyles and their expectations about retirement and old age have changed, compared to the previous generation. Moreover, the decline of more traditional family models and life-long marriages is often compensated for by more relations outside of the family life. People have an increasing social network and friends are becoming a more important part of close relations, emotional support and partner for leisure activities. This also reflects an intensified focus on self-determination because friends are selected based on interests and character, and not so much on norms connected to family relations[4]. In addition, more and more people over 60 are engaging in voluntary work which is vital to for intergenerational solidarity. For example, 60 % of the volunteers for Diakonie, one of the non-profit social welfare organisations of Germany's Protestant churches, are over 60, often supporting people over 80. This engagement also helps to prevent loneliness since activities after retirement can help people to find other social contacts in their community.

In Germany, most people live in cities or metropolitan areas and only 15% of the population live in villages with less than 5,000 inhabitants[5]. While some villages near urban areas prosper, other regions suffer from a declining population. For example, it is expected that some regions in Brandenburg will lose almost a third of their

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[3] Luhmann, M. (2019). Einsamkeit und soziale Isolation im hohen Alter. Projektbericht: Kurzzusammenfassung, Bremen, 4.2. Available at: http://www.pml.psy.rub.de/mam/content/abschlussbericht_einsamkeit_im_hohen_alter_onlineversion.pdf

[4] In 2014, people between 40 and 85 had, on average, one more person in their social network (people who are important to them and to whom they have regular contact) than in 1996 (4.9 people in 2014 compared to 4.1 people in 1996). 39.3 % of the respondents stated in 2014 that they can ask friends and 35.7 % have friends who can give comfort. In 1996 this was still 24.1 or 23.2 %. Böger A., Wetzel, M. and Huxhold, O. (2016). Wahlverwandtschaften: Sind Freunde für die soziale Integration wichtiger geworden? Altern im Wandel: Zwei Jahrzehnte Deutscher Alterssurvey (DEAS) Katharina Mahne, Julia K. Wolff, Julia Simonson & Clemens Tesch-Römer (Hrsg.) Deutsches Zentrum für Altersfragen (DZA). Available at: https://www.dza.de/fileadmin/dza/pdf/DEAS2014_Langfassung.pdf

[5] https://www.deutschland.de/de/topic/leben/stadt-und-land-fakten-zu-urbanisierung-und-landflucht

population by 2035. This has the potential to reduce possibilities of social contact, as shops, leisure activities or transport links shut down as a consequence.

Given the demographic challenges, the current coalition agreement between the two governing parties foresees the development of strategies to prevent and combat loneliness in all age groups. While Germany does not have a national strategy to address loneliness, various measures and projects at national, regional and local level already exist. In addition, there has been an increasing focus on the issue of loneliness in research, such as the German Ageing Survey mentioned above.

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth initiates many federal programmes on local level, creating also possibilities for sharing practice between local authorities, community groups and other stakeholders. One example is that of the 540 multi-generational homes (Mehrgenerationenhäuser) which facilitate joint community activities and voluntary engagement for all age groups. They were already initiated in 2012 by the Federal Ministry and provide a meeting place for generations, since childcare services, youth groups, support for young mothers, day care for the elderly, and advice centres are all organised under one roof. This means that all age groups have a single, universal community centre, where they can both give and receive support, according to their strengths and needs. Established structures to address loneliness already exist within these homes: more than 61,000 people make daily use of the offers by the homes, 33,000 people engage in volunteer work in a multi-generational home, and around half of the houses already offer services to address loneliness- to approximately 11,000 lonely people with about 880 services.

In Germany, municipalities are responsible for concrete measures, with financial support at a federal level. For example, the workshop on demography (Demografiewerkstatt Kommunen = DWK) helps municipalities to address demographic change via advice and individual strategies. These strategies can include meeting places, the promotion of participation in cultural life, digital communication, or the establishment of a care network to support with everyday tasks or health issues.

The German foundation for civic engagement and volunteer work (Deutsche Stiftung für Engagement und Ehrenamt), which is to be founded still in 2019, is aimed to support structurally weak and rural areas.

Projects specifically targeted at people with long-term care needs are community-based housing projects, shared housing, self-determined living ('Gemeinschaftlich wohnen, selbstbestimmt leben), and the funding and support of 500 local alliances for people with dementia ('Lokale Allianzen für Menschen mit Demenz'). These alliances initiate local approaches to support people with dementia and their families, often linked with the work of the multi-generational houses or networks for people in rural areas.

In addition, non-profit organisations drive support, such as Diakonie Deutschland, a welfare organisation affiliated to the Protestant church. They organise birthday visits by volunteers to people who are over 80, or preventive home visits by social workers or out-patient nurses offering advice on different public services. These visits help to identify long-term care needs but also reach out to isolated people who normally would not participate in any activities.

3   Who is at risk?

Changing family structures, urbanisation and demographic and technological development will impact on loneliness, social isolation and social exclusion. People are becoming more aware of the issue, but it remains unclear if the problem is increasing because of fewer social contacts or if we are becoming more aware of the issue.

Moreover, in many countries like Germany, people live healthier lifestyles and participate more actively in society than their parents. However, in some countries where the family is mainly responsible for caring for older people, loneliness and social isolation is also likely to increase.

People seeking to understand loneliness within and across different Member States face some challenges. Loneliness is difficult to measure, not least because of the social stigma - people will not openly admit that they feel lonely. In addition, the term 'loneliness' does not exist in some languages or is the same term as social isolation and it is therefore harder to define this issue. However, multi-dimensional scales which do not include the explicit terms of 'lonely' or 'loneliness', are used in some Member States, such as 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).

In addition, people with disabilities, migrants or people in residential care are often underrepresented in surveys and more evidence from those groups is needed, as they face a higher risk of developing loneliness. In turn, it is hard to measure the effectiveness of interventions designed to respond to and/or prevent loneliness, as initial numbers of people affected by the issue remain unclear.

3.1   Factors determining social isolation, social exclusion and loneliness

Source: Adapted from Clarke & McDougall (2014)
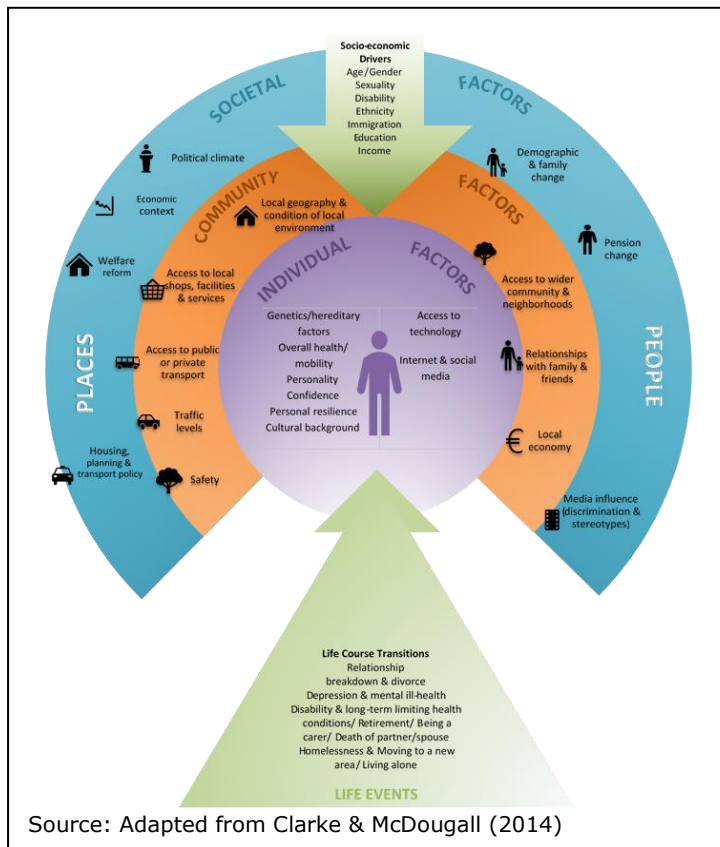
There are societal, community and individual factors determining social isolation, social exclusion and loneliness in later life.

Societal factors are different welfare systems (for example, in a universal welfare regime more services may be accessible for a person at risk of social exclusion than in countries where the reliance on families is prominent), the political climate and culture.

Community factors such as opportunities for neighbourhood contacts, access to transport and services, activities and the living environment also influence social inclusion.

Individual factors include health conditions, such as physical impairments, reduced mobility, depression, autism or dementia. In addition, personality, life expectations and personal resilience determine

if a person is at risk of feeling lonely. Access and ability to use technology and communicate online are also important.

These factors are also influenced by socio-economic drivers (e.g. age, gender, ethnicity) and life events, such as the death of a partner, moving homes, retirement or living alone.

Across Member States, older people are more likely to experience these factors, that may lead to social exclusion, social isolation and loneliness. The following groups are most at risk of social isolation and loneliness in later life:

- People with poor health are 10 times more likely to be lonely or socially isolated, while unemployed people, people living alone and those who are widowed are also facing a higher risk[6]. Amongst older people, deteriorating health is often combined with sensory and mobility impairments. With advancing age people also experience life events which may lead to social isolation or loneliness, such as retirement or the death of a partner. Loneliness and social isolation can also exacerbate with age. For example, someone who had little social contact throughout his or her life will face an increased risk after retirement, the death of a partner or with deteriorating health.

- People with a low income or debt also face a higher risk, as they cannot afford certain social activities or support services that would help them to be mobile and to participate. This might often be people who have low skills and have been on a low income throughout their life, leading to pension poverty.

- Older women tend to be at a greater risk than men because they live longer and are often younger than their partner, and are hence more likely to live alone and to provide care. They also live more years with health impairments. Moreover, women can have fewer financial resources because of the gender pay gap (and an even wider pension gap). However, women often tend to have a wider support network, and might more often reach out for help than men. Therefore, women may be at a higher risk of emotional loneliness, as they more often live alone, while men are at a higher risk of social loneliness.

- Older people in declining regions and older people in cities can often struggle to participate in their neighbourhoods because of the environment they live in: in areas where younger people move away, the remaining population has limited public transport, restricted access to health and social services or other types of support. Older people in cities can be confronted with more expensive housing costs, so that they cannot move out of inappropriate housing, such as apartment blocks with no lifts. Inclusion, in urban as well and rural areas, will always depend on community networks and structures. The participation of people with disabilities or long-term care needs especially depends on the availability of community-based services and other support services to reach out to these people.

- People from migrant and minority ethnic backgrounds are also at risk because of smaller social networks, language and cultural barriers. They also tend to have lower pension benefits.

For other groups of people, it is more complex to comment on their risk of loneliness or social isolation. For example, there is little knowledge about these issues among older people in residential care, as there is scarce representative data. For people who

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[6] d'Hombres, B. et al. (2018). Loneliness – an unequally shared burden in Europe. Fairness Policy Briefs Series, EU Science Hub, JRC. Available here: https://ec.europa.eu/jrc/sites/jrcsh/files/fairness_pb2018_loneliness_jrc_i1.pdf

are socially excluded, for example those from families where family members are facing a variety of problems, such as debt, health, unemployment, it can also be harder to identify and separate out the impact of loneliness from the other difficulties that they are facing.

In Box 1, some pen portraits of older people developed during the Peer Review illustrate these risk factors at an individual level and detail further how different factors (both structural and personal) can affect people's risk of loneliness or social isolation.

Box 1: Fictitious examples of older people facing loneliness

Ona, 81, Balninkai, Lithuania

Ona lives alone; both of her children live abroad and she is divorced. She has problems with visiting a doctor because the bus service stopped in her village. She also suffers from ophthalmologic problems and high blood pressure. She increasingly relies on neighbours to get groceries, as the few shops in her village have shut down in recent years. When it is raining or snowing outside, Ona is also afraid to leave the house as she might fall.

Maria Lucia, 80, Valetta, Malta

Maria's husband died two years ago. She has been living in the same flat for 30 years, but it is on the 3rd floor and has no lift. She rarely goes out because she has problems walking. She used to love tango dancing, but due to her frail condition, it has become harder to practice this hobby.

She has very few visitors, as her family lives far away and she does not have a lot of friends. She does use Skype to talk with her children, but her daughter has noted that she is becoming harder to understand when she speaks with her on the phone.

Magdalena, 85, Warsaw, Poland

Magdalena lost her husband two months ago. After his death, she lost her motivation to get out of the house and she also suffers from osteoporosis and arthritis and has increasing vision problems. However, she knows her neighbours well and they often come to visit her.

Hannah, 60

Hannah is married and her children live in another town. Her husband is not often home. Hannah does not work, so she relies on the income of her husband. During the day, she mostly watches TV. Her family visits once a week, but she only sees other people sporadically. Hannah has low self-esteem and an unhealthy lifestyle. Hannah wants to leave her husband but is dependent on his income. She has a distrust of authorities and services, is not open to try new things and does not accept help easily. She is not used to making decisions for herself and finds herself more and more isolated.

To develop solutions for people like the ones described above, policy makers and practitioners need to be clearer about the risks and problems of lonely or isolated people within their Member States, municipalities and/or neighbourhoods, so that they can tailor and target measures appropriately. It is important not to rely on or reinforce stereotypes, so that anyone feeling lonely is made aware, encouraged and motivated to make use of available support, not just those traditionally understood as at risk. Varied, simultaneous measures, with a mixture of individual, group and community-level interventions, can help to involve everyone and leave no one behind.

3.1.1 Differences between Member States

As in Germany, most European countries face demographic change from lower birth rates and people living longer. As a result, the number of older people will increase considerably in the coming decades, and so will the number of people who are likely to suffer from loneliness. However, when looking at loneliness rates, the numbers across countries vary and are difficult to compare. This can be further complicated by studies with different research questions, aims, measures or indicators and different target groups.

In Belgium where the prevalence of loneliness of people aged 65 years and over has decreased, linked to more healthy and active lives. The Netherlands and Malta differentiate between moderate and severe loneliness: 11 % of people over 75 in the Netherlands cope with severe loneliness and about 55 % (including the 11%) of this age group is moderate to severely lonely. In Malta, 55.4 % of people over 55 are moderately lonely, and 0.8 % of this age group are very severely lonely. In Romania, 18 % of people aged 65 or more felt lonely.

As outlined in the Thematic Paper for this event, loneliness appears more common among older people living in Southern and Eastern Europe than in the Northern and Western parts of the EU. This is often attributed to different social norms and values concerning family obligations and relationships and/or the erosion of these family ties. In addition, in countries like Germany or the Netherlands, 30-40% of older people volunteer – this number is much lower in countries like Hungary, Poland or Romania (but where older people might be more involved in care for the relatives or grandchildren). Other factors also play a role. For example, in Romania loneliness amongst older people may be linked to the fact that around 4 million people have left the country in recent years for work in another European country.

There are also differences within countries, for example between prospering regions and regions with a declining population. This is very often linked to the availability and accessibility of services, such as health care and transport.

4   How to address social isolation, social exclusion and loneliness?

4.1 National strategies

Social inclusion of older people is being increasingly recognised as part of national policies across different areas, such as accessibility to services, pension design and active ageing policies.

Loneliness has gained some media attention throughout Europe and recent incidents prompted politicians to address this problem in France and in the Netherlands. The development of national strategies to address loneliness thus also depends on the political climate and will of national or local decision makers to address this issue.

A few countries have developed national strategies to address loneliness and propose concrete measure to tackle or prevent it, such as:

In France, the national programme MONALISA (*MObilisation NAtionale contre L'Isolement des Agés* – National mobilisation against the isolation of elderly) started in 2013, aims to reduce loneliness among older people. Driven by the Minister responsible for older people and autonomy and a national committee, it is implemented across the country by different types of support (i.e. individual support, group interventions, wider community engagement). This support is provided by welfare organisation and volunteers who are organised locally, receiving training and opportunities for exchange.

Poster of the 'As one against loneliness' campaign: Rehanna Chedi takes Mrs Schippers out to the market. Go shopping together? Find out about more initiatives and what you can do on eentegeneenzaamheid.nl

In the Netherlands, the action plan 'As one against loneliness' was launched in March 2018 by the Dutch Ministry of Health, Wellbeing and Sport in cooperation with municipalities. As in France, this is also a national initiative facilitating action at a local level. This is done via four instruments: supporting municipalities; a national 'Coalition against Loneliness' with commercial and non-commercial organisations; an advisory commission and funding for effectiveness studies; and campaigns. So far, 120 municipalities have been actively involved and 100 national organisations have joined the coalition. Two campaigns on TV, radio and social media (one had the angle of being lonely in the summer when families are on holiday), a nationwide 'Week against Loneliness' with national and local activities and a fund to evaluate the effectiveness have addressed the issue.

In the UK, the Jo Cox Loneliness Commission produced a strategic report in 2017 that outlined ways to combat loneliness. A cross-government national strategy designed to address loneliness at any age was launched in late 2018 in direct response to the Commission's findings. 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 Flanders, Belgium, the resolution 'Tackling loneliness in Flanders' also aims to support municipalities and to develop attractive campaigns that break the taboo about loneliness. This aims to stimulate companies, organisations and public broadcasting to

pay attention to loneliness, to set up actions and to foster initiatives by an intervention database and social impact bonds.

Other countries usually include references to loneliness within more general policy strategies that encompass a broader set of policies, such as active ageing, de-institutionalisation and inclusion of people with disabilities. In recent years, social exclusion was more often used in public discourse and social policy, which might be linked to its broader understanding of multiple disadvantages some groups of people face.

Especially in Central Eastern European countries, like the Czech Republic, Hungary, Poland or Romania, national approaches aim for active ageing and the participation of older people in society, have been central in the political agendas. These approaches look at ageing in a comprehensive manner, considering various aspects related to the experience of ageing, not only from a medical perspective. Usually these approaches emphasise the potentials of older people and give a particular attention to social activities such as volunteering. Some examples are:

- Czech Republic's Strategy of Social Inclusion 2014–2020 that include a list of age management measures at the workplace and life-long learning (access to libraries), measure to address poverty and support of NGOs;

- France's Act on Adapting Society to an Ageing Population (2016), which adopts a cross-cutting approach by preventing and addressing social isolation in different policy areas (i.e. housing, transport, social and civic life);

- Malta's National Strategic Policy for Active Ageing (2014-2020)[7], which covers active participation in the labour market, participation in society, and independent living.

- Poland's policy document 'Social Policy for Older People 2030. Safety. Participation. Solidarity' (adopted by the Council of Ministers in 2018) covers, for the first time, all areas of life: safety, health, active participation in social life, infrastructure, the health care system and the labour market. In addition, under the 'Multi-Annual Programme Senior+ for 2015-2020' municipalities, poviats and voivodships receive financial support for the creation and maintenance of day care facilities for older people. These facilities offer older people social activation, education, sports and cultural-educational activities, as well as rehabilitation services, social services and various forms of occupational therapy. Regular meetings with other participants of those activities enrich the life of seniors and provide safe and diverse activities, adapted to the interests, needs and capabilities of older people.

- Romania's National Strategy for Promoting Active Ageing and the Protection of Elderly Persons (2015-2020)[8] (see Box 2).

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[7] Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2014, National Strategic Policy for Active Ageing 2014-2020. Available at:
https://family.gov.mt/en/Documents/Active%20Ageing%20Policy%20-%20EN.pdf
[8] The National Strategy for Promoting Active Ageing and Protection of Older Persons 2015 – 2020 (approved through Government Decision no. 566/2015). Available at:
http://www.mmuncii.ro/j33/images/Documente/Legislatie/Assistenta-sociala-2018/HG_566_2015_la_18-01-2018.pdf

Box 2: Romania: The National Strategy for Promoting Active Ageing and the Protection of Elderly Persons (2015 – 2020)

The **National Strategy for Promoting Active Ageing and the Protection of Elderly Persons for the period of 2015 – 2020** is coordinated by the Ministry of Employment and Social Justice. It has 3 main strategic objectives and each objective has specific activities:

Objective 1: Improving the quality of life of older people:

- o Strengthening the reform of the public pension system;
- o Making changes in human resources policies for a better integration of older workers;
- o Developing and maintaining jobs favourable to the older workers;
- o Improving the skills, employability and independence of the elderly population.

Objective 2: Promoting the active and dignified social participation of older people:

- o Improvement of the social image of the elderly population and promoting social participation and social inclusion;
- o Improvement of the accessibility of the infrastructure of public spaces;
- o Prevention of abuse and exclusion of the elderly.

Objective 3: Achieving a higher degree of independence and security for people with long-term care needs:

- o Development of the long-term care system;
- o Providing human, material and financial resources for the long-term care system.

So far, the main results achieved by the strategy are the following:

- A new public policy framework for pensions was created.
- Subsidies for employers who hire people over 45 years.
- Counselling and job mediation for people over 55 years old.
- Development of community integrated services.
- Special attention to projects that support the volunteering of older people in the process of granting subsidies (Law 34/1998).
- Research projects for evidence-based policy making aimed at increasing the quality of life of older people, carried out in the period of 2018 – 2020.
- National Interest Programmes for social services development.

4.1.1 Success factors for national strategies

National ministries often raise awareness about the issues of loneliness, social isolation and social exclusion, and support municipalities by facilitating evidence-based exchange and fund initiatives. Partnership working between the national and local level, a focus on evaluation and prevention are crucial to implement strategies.

Build on existing approaches

A national strategy can build on existing approaches for social inclusion. For example, multi-generational homes or other community centres can offer activities that specifically address social isolation and loneliness. On local level, current gaps and future activities can be discussed and developed with local residents in existing initiatives.

Work in partnerships

Given that older people face multiple disadvantages and might be excluded in different ways, a comprehensive policy response should be based on an integrated approach encompassing different areas, such as health, housing, mobility, income adequacy, human rights, environment and security. Hence it is important to ensure coordination between the different ministries or departments that can play a role dealing with these issues (i.e. ministries responsible for health, employment, economy, transport etc.). In addition, the exchange of information and data, both between the relevant ministries at national level and between the different governance levels is an important element to guarantee a coordinated and well-functioning approach.

National strategies and local interventions require evidence about the scale of the problem and effectiveness of interventions. The national level is best placed to provide this information, fund evaluation on regional, local and national level and to disseminate good practice. This includes baseline analysis of average rates of loneliness, social isolation and exclusion, more data about underrepresented groups (people with disabilities, migrants or people in residential care), robust research designs, longitudinal survey data and the evaluation of interventions.

Prevent

Given demographic change, prevention is pivotal in all interventions. For example, in the Netherlands, more than 700,000 older people feel moderately lonely and are thus a key target group, so that the problem does not increase. Prevention needs to be based on robust information about risk factors and input from professionals on the ground. This could include the more obvious doctors, nurses, or social workers, but also hairdressers or shop assistants, as they equally can have regular interactions with people in their neighbourhoods. Training of these professionals can help them to identify signs of loneliness and social isolation and report them before they become critical.

Prevention measures can also include community and leisure activities, exercise, regular visits to people considered at risk and pre-retirement activities. This strengthens people's resilience to cope with situations. For instance, in Malta the Institute for Public Services organises pre-retirement talks aiming to help participants to plan for retirement, build resilience, as well as facilitate the transition to their new lifestyle. These talks deal with a wide range of topics. such as the emotional aspects of retirement, information on community services and contributory pensions, how to maintain a healthy lifestyle, screening and support with legal matters. In Hungary, the Network of Walking Clubs promotes healthy ageing and an opportunity to strengthen intra-generational relationships or the nationwide 'Helping Hands' programme promotes independent living for people over 80. In France, a paid postal service visits family member weekly and provides 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. Other countries pointed out that the rationalisation in postal services would not allow for carrying out this service.

Special attention must be given to psychological well-being. For example, the Flemish Expertise Centre for Suicide Prevention has developed practical advice aimed at all care providers who visit older people (e.g. family support, home care givers and general practitioners) in order to pick up signals that might indicate that the person (and especially men over 75 years) is suicidal.

Poster of the 'How are you?' campaign

Making the problem of loneliness and social isolation more public can support people to seek help before they face serious consequences. As with other public campaigns, the target group needs to be determined. For example, the West Flemish campaign 'How are you?' was developed because of the high suicide rates in the Belgian region. In this very rural area people do not often speak about their feelings. The aim of the campaign is to break taboos and to encourage people to talk and listen to each other. The campaign is visually attractive with strong images; a video with a musician in the dialect of West Flanders or 'Poetry Slams' reaching out to young people to express their feelings. As a result, suicide rates have decreased in Western Flanders.

Campaign messages change public perceptions of ageing and focus on inclusion and participation. For example, invitations to join social activities, to participate in local decision making, or to volunteer are much more positive than communicating the risk of loneliness.

Using appropriate messengers and spokespeople for campaigns is important for reaching out to the right audiences. As in the example above, local or national celebrities can help to raise awareness. For instance, the Dutch action plan 'As one against Loneliness' is supported by ambassadors, prominent people from TV or sport, and advisors for local regions who provide topical expertise. In this way campaigns can be adapted and made more relevant to different age or interest groups, making them more likely to engage with the messaging.

Co-create

Involvement of people who will be using services or measures is essential. Co-production and consultation with at-risk groups and the wider public exists on the national level: for instance, in Romania a consultative structure, the National Council of Elderly Persons, was established to support public institutions in designing and implementing efficient policies for older people and to suggest how to reach out to people at risk. In other countries councils of older people are active at the local level. For example, in France the Departmental Council of Citizenship and Autonomy allows representatives of older people (and people with disabilities) to express their point of view on this topic.

4.1.2 Success factors for local approaches

National, regional or local strategies need to be implemented within individual communities (rather than at a larger regional scale), given that neighbourhoods can play such an important role in tackling loneliness and social isolation among older people.

Local measures improve accessibility, support services, social networks and social contacts. These interventions can be provided at individual, group or community-level. Based on local analysis and input from local groups, such as staff working in health and social services, community and religious groups and older people themselves, target groups and solutions can be identified.

Mix different interventions

As mentioned above, a mix of different but simultaneous interventions can ensure the involvement of different groups. Moreover, various communication channels can be used to reach out to and engage people, such as local newspapers, flyers, frontline professionals, phone and online communication.

Activities should be conducted face-to face but can be prepared, facilitated or moderated via phone, email or online chat conversations. For example, people can self-organise volunteering opportunities and other activities on websites (volunteering job banks, time banks etc.) while telephone helplines can be used to support in emergencies, followed up with face-to-face or group activities. Online communications in particular need to be designed in an inclusive and easy way.

At individual-level, measures for older people can include information, counselling or advice, cognitive training, befriending, mentoring or regular home visits. As the perception of loneliness might often be individual, one-to one interventions can decrease negative thoughts (for all ages). Training to increase social skills or cognitive training (also organised in group interventions) have been shown to increase social contacts and boost self-esteem.

Low-threshold actions, such as encouraging people to greet neighbours in the street, play an important role in the mix of interventions. For example, the Gouden Dagen in the Netherlands focusses firstly on encouraging people to get to know somebody's name and greet them in a personal way, and then arrange meetings for a cup of coffee. Another example is the Friendship Programme run by the Voluntary Center Foundation in a Budapest district where volunteers visit or engage older people at home. Civil engagement and volunteering also help to support lonely people. In many countries, such as Romania, public service providers do not have the capacity to address the entire spectrum of needs of elderly people. Therefore, many social services are developed and implemented by private providers, mainly non-governmental organisations that are accredited as service providers. People just before or shortly after their retirement have huge potential to support their older peers. For example, in the Zebbug Project in Malta people aged around 60 support people over 80 via phone calls or with other activities, such as shopping.

Group interventions building up social networks include group leisure activities. These often take place in community locations, such as active ageing centres or intergenerational houses. These activities can help older adults to remain physically, mentally and socially active. Digital skills training for older people can contribute to tackling 'digital exclusion', increasing their confidence in using digital tools. An example are workshops for digital inclusion in Blankenberge, Belgium, where volunteers organise workshops to teach digital skills. Initiatives which combine digital training with supporting people to develop better relationships (wither with visiting volunteers or their families) can be more effective at tackling loneliness than one-off digital skills workshops. It is also important to consider the challenges and the risks represented by digitalisation, as it can discourage people from establishing contacts and relationships with people in person.

Silver-T Service, Malta

In some cases, targeted measures and programmes can also address specific vulnerable sub-groups of older people, such as people going through difficult life events and stressors, 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 providing intercultural training for care workers and organising specific social activities.

At community level age-friendly environments support older people and everyone else to feel safe and welcome to take part in public and community events and they can increase civil engagement through encouraging volunteering. Those interventions are specifically important in areas with a declining population, as they can increase the attractiveness of communities as places to live and stay. One key aspect in this is

accessible transportation, such as the Silver-T Service in Malta which helps people with their shopping or doctor appointments.

With increasing long-term care and health care needs, local inclusion strategies need to involve care managers and providers, so that older people can live more independently and included in the community. For example, in Malta the Dementia Intervention Team and the Dementia Day Centres provide tailored services for older people with dementia. With this focus on home-based care special attention should also be paid to family or informal carers, and their financial, emotional and social respite and support.

Involve local networks and actors

Inclusive communities are vital for participation. At a local level, support is best offered in places that people visit on a regular basis. General practitioners and other health professionals, social or care workers, volunteers, shop assistants, hairdressers, priests or other religious leaders hence need to be involved to get that first 'foot in the door' in order to offer support.

Utilising existing structures can be a more efficient choice than creating new ones. Public authorities should map services, resources and activities that are already provided at local level by different actors (i.e. community asset mapping). This can also help to identify current gaps in services. Social networks, like religious, community, sport and leisure groups, need to be involved and opportunities to engage and co-create need to be designed. This can motivate, stimulate and engage participants and prevent drop-outs from any initiatives introduced.

Train professional and volunteers

Professionals and volunteers need time to build up trust and relationships. In addition, continuity is important, so that ideally services are provided by the same person. Volunteers are vital to carry out interventions at a local level to tackle loneliness, social exclusion and social isolation. However, they need professional support and training. Most importantly, they need to be trained to listen actively, be empathetic, and create a safe space to discuss feelings.

Additionally, knowledge sharing, exchange of good practice and cooperation between different organisations, professionals and volunteers should be fostered. In the Netherlands a specific Platform was created (the Coalition) to stimulate research into different aspects of loneliness through lectures and informational gatherings.

Evaluate

Many interventions are complex, combining different elements and activities, so that it can be difficult to assess their success. Currently there is a limited evidence base available to evaluate the effectiveness of interventions aimed at tackling loneliness and social exclusion among older people, or providing clear evidence on 'what works' in different social and cultural contexts. As mentioned above, better information about the scale of the issue, using longitudinal survey data or baseline analysis, can be important for evaluating the effectiveness of interventions upon a particular population, by establishing their existing or starting levels of need prior to any intervention. Also important is measuring the impact of such interventions upon factors or elements of loneliness (if not directly asking about loneliness). National-level policy makers and organisations should support local activities following the examples of the Dutch 'Fund for effectiveness', which supports evaluation, or the Flemish intervention database which encourages the sharing of practice. Existing research has though already identified some common elements with a positive impact: involvement of the community, a participative approach and activities supporting active engagement. Further work to strengthen these conclusions on effectiveness and identify further successful elements can only benefit policy makers and lonely people.

5   Conclusion

Older people face several disadvantages which increase with age. Changing family structures, urbanisation and demographic and technological development will change the issues of social exclusion, isolation and loneliness. In most European countries, the number of lonely people above 65 will increase, putting especially people over 80 at high risk of social isolation and loneliness. However, there are also positive developments, such as more social contacts outside the family or volunteering activities of people over 60.

Societal, community and individual factors determine social exclusion, social isolation and loneliness. People at high risk of feeling lonely are people over 80, people with poor health or a disability, migrants, those in deprived areas or regions with declining populations, people with low income, in unemployment or low skills. Life events, such as the death of a partner, also increase the probability of loneliness. Local analysis of needs, involvement of frontline workers and tackling stereotypes help to identify and reach out to risk groups.

Despite the increased awareness about loneliness more evidence about the issue and impact of interventions is needed. 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 measure loneliness and hence to evaluate the effectiveness of measures. Robust research designs and longitudinal survey data as well as results of interventions help to (re-)assess the effectiveness of measures.

Given the serious health, social and economic risks of weak social connections, targeted activities should be more integrated in policies. Throughout Europe, both bottom-up and top-down strategies have already developed over time. On national level, political will, implementation support to local actors and coordination between different ministries and between different governance levels are key to develop comprehensive policy responses and to promote awareness about the issue.

The local level is crucial to develop activities for and with older people. Many activities already exist that provide social contact and exchange outside of traditional family bonds. Individual support (like social cognitive training, buddy programmes, mentors or befriending), group leisure activities and community support (such as age-friendly programmes, free transportation or volunteering) need to be created in cooperation with everyone who will make use of the service.

European, national and local strategies for the inclusion of older people need partnership working. In this way, successful practices to promote social inclusion of older people can be also further shared on national or European level, as for example in this Peer Review. On local level, frontline workers, community groups and older people themselves need to network in order to create places to meet and build up meaningful relations.

All activities should be focussed on preventing loneliness and social isolation. Awareness-raising breaks taboos and makes people more aware of potential risk groups. This in turn promotes initiatives that aim at enhancing social capital and social cohesion and enables individuals to build up resilience during times of change.