A CROSS-JURISDICTIONAL SCAN OF NATIONAL ANTI-LONELINESS STRATEGIES

Kiffer G. Card, PhD 🐦 *Kirk H. Hepburn, MPP*

Key Messages

- Loneliness and social Isolation are largely treated by governments as a concern for older adults. In reality, loneliness and social isolation impact many Canadians, young and old.
- With the exception of the United Kingdom, no countries have a comprehensive strategy for addressing loneliness.
- Countries should consider developing (1) monitoring and surveillance infrastructure for loneliness and social isolation, (2) comprehensive strategies addressing loneliness and social isolation, and (3) funding streams specific to addressing loneliness and social isolation.

Introduction

Social Isolation and loneliness has been linked to increased morbidity and mortality. Policies and programs are therefore needed to address loneliness and social isolation.

Loneliness is the subjective unpleasant feeling associated with a deficiency in the quantity or quality of social and emotional relationships.

Social isolation is the objective state of being disconnected from or having few ties with a social network.

In general, research and interventions aiming to address loneliness have focused on older persons' loneliness. This is because older people tend to be more socially isolated than younger people.

In 2019, the Angus Reid Institute conducted a survey using a demographically balanced online panel of Canadians. From this research, they created a typology of individuals based on whether they were socially isolated, frequently lonely, or both.

- The **"lonely and isolated"** group (23% of the population) were both lonely and isolated and tended to be poorer, less educated, living alone, and or members of a minority group (including "visible minorities" [a Canadian category meaning neither white nor Indigenous], LGBTQ2S, and Indigenous).
- The **"lonely but not isolated"** group (10%) were the *youngest* group on average, most educated, and almost as likely as the "desolate" to be unmarried (or in a common-law relationship).

- The **"isolated but not lonely"** group (15%) had lower incomes, less education, were older, more mostly married, and tended to have adult children.
- The **"moderately connected"** (31%) were similar to the national average in income, education, age, household composition, and marriage status.
- The **"strongly connected"** (22%) were neither lonely nor isolated, and they had the highest incomes, highest marriage rate, and most likely to have children.

These results suggest that loneliness frequently presents without isolation among the young. Therefore, it is likely that existing anti-loneliness policies and programs that target older people are likely insufficient to address the scope of the loneliness pandemic.

Purpose

In the wake of the COVID-19 pandemic, which has resulted in significant social disruption, it has never been more important to understand and identify strategies that can directly address loneliness and ameliorate its adverse effects on individuals and communities. This rapid cross-jurisdictional scan aims to characterize the national anti-loneliness strategies.

Methods

A rapid jurisdictional scan was conducted to evaluate the state of loneliness policy internationally.

Jurisdictions included:

- English-speaking, high income countries: Australia, Canada, New Zealand, the Republic of Ireland, the United Kingdom, and the United States;

- Japan, given recent high-profile media coverage of social isolation and loneliness issues; and
- The EU member states with, respectively, high loneliness and social isolation (Greece) and low loneliness and social isolation (Sweden).

A search was conducted for whether a country had (1) a government role dedicated to loneliness or social isolation, (2) a government strategy for loneliness or social isolation, (3) government programs explicitly for addressing loneliness or social isolation, and/or (5) meaningful civil society actions to address loneliness or social isolation.

Results

The majority of countries included in this jurisdictional scan lacked a comprehensive strategy to address loneliness. A summary of results, by country, is provide below

- **Australia**: The federal government funds organizations to send visitors to spend time with older people 20 times per year. Queensland has announced a parliamentary inquiry into loneliness and social isolation related to the COVID-19 pandemic.
- **Canada**: The federal government has no strategy or policies to address loneliness specifically. Statistics Canada has conducted research on social isolation and loneliness. Québec has published a strategy to address loneliness among seniors related to the COVID-19 pandemic.
- **Greece**: The government has no loneliness strategy or policy, but an organization piloted a helpline for older people experiencing loneliness. The European Social Survey found Greece

has a prevalence of frequent loneliness and social isolation higher than most EU nations.

- **Japan**: Local governments and community organizations create community cafes for seniors to address loneliness. Other governments coordinate check-ins for socially isolated, older people in response to a rise in unaccompanied, undetected deaths.
- **New Zealand**: The Minister for Seniors' long-term strategy to improve aging includes strategies to encourage social connectedness for older people.
- **Republic of Ireland**: The government has no loneliness strategy, but the Loneliness Taskforce has recommended funding to raise awareness of loneliness, support community organizations, and research, as well as including loneliness in a cabinet member's portfolio.
- **Sweden**: The government has no loneliness strategy - and Sweden is among the less lonely and socially isolated EU nations - but Helsingborg made international news for instituting an apartment building requiring a pensioner and a young person (under 25) to live together.
- **United States**: Amendments to the 1965 *Older Americans Act* allows federal programs to target social isolation among older people, and it requires research and reports from the Department of Health and Human Services.

Discussion

This jurisdictional scan reviewed the loneliness strategies for eight countries. Of these, the United Kingdom stands out as the only nation with a loneliness strategy that does not focus solely on older people. A cabinet member has responsibility for the strategy, annual reporting is required, and government bodies must incorporate loneliness into their plans.

The strategy has specific approaches across many policy levers, including information sharing; the postal system; collaborations with charitable organizations, employers, and local governments; the education system; advertising and other public messaging campaigns; cultural organizations; and the healthcare system.

The impacts of the UK's strategy will not be reported for some time, but progress has been made. The COVID-19 pandemic has simultaneously delayed many attempts to address loneliness *and* socially isolated people (likely generating more loneliness).

Importantly, the UK's approach is not the only way a government can and does affect loneliness. It is merely the most sweeping attempt by a government to reduce loneliness intentionally. However, many governments already enact policies that collaterally affect loneliness, perhaps even reducing it.

Funding to community organizations, socially-mindful education programs, encouraging volunteerism, supporting healthy family relationships, promoting work-life balance, reducing unemployment, and cultural events all could help individuals feel more connected.

Other government policies, however, may create or exacerbate loneliness, especially among specific groups. These may include policing and corrections approaches that divide families, inadequate income supports, inadequate green or community space, inadequate healthcare provision, and inadequate employment supports.

Recommendations

From this brief scan of jurisdictions, governments should consider:

- Recognizing loneliness as something that affects all people and identity groups who may be disproportionately impacted by loneliness and social isolation;
- Establishing a loneliness strategy or at least incorporate loneliness into planning, especially for economic recovery plans;
- Monitoring for increases in loneliness among their constituents, especially in response to the COVID-19 pandemic;
- Evaluating current policies and programming to identify those which may create or exacerbate loneliness; and
- Funding research on the extent and impacts of loneliness among their constituents.

Key References

- Statistics Canada. Social Isolation and Mortality Among Canadian Seniors
- Short Report: Social Isolation, loneliness and COVID-19
- Angus Reid. A Portrait of Social Isolation and Loneliness in Canada.
- BCCDC Jurisdictional Scan of Cities
- Jo Cox Commission - Loneliness Report
- UK Loneliness Strategy
- UK Loneliness Strategy 2020 Progress Report
- Loneliness monetisation report Analysis for the Department for Digital, Culture, Media & Sport
- Loneliness – an unequally shared burden in Europe, Science for Policy brief

SOCIALBUBBLE
P R O J E C T

🌐 www.socialbubbleproject.ca

🐦 @socialbubbleCA

Appendix 1. Country Profiles

United Kingdom

Loneliness	5% of adults in England reported feeling lonely "often" or "always" (2016/17, source). Costs estimated at £2.2-3.7B to employers/year, £1,700/person over 10 years in health and social services, or £12,000/person over 15 years for public sector. Life satisfaction impacts for a person experiencing moderate to severe loneliness valued at £9,976/year
Social Isolation	21.1% of UK adults reported meeting socially with friends, relatives, or colleagues at most once a month (source, 2018)
Roles	Strategy established under the Minister for Sport and Civil Society Currently the responsibility of the unpaid Parliamentary Under Secretary of State (to the Minister for Civil Society in the Department of Digital, Culture, Media and Sport), Baroness Barran.
Policy	The Jo Cox Commission on Loneliness issued its report, "Combatting loneliness one conversation at a time: A call to action" in 2017. In response, Government has produced a strategy (2018), the first national strategy of its kind: "A connected society: A strategy for tackling loneliness - laying the foundations for change". Policies in the aggressively multi-stakeholder approach include: - Expanding and improving **social prescribing** (NHS) - Piloting information and **data sharing** projects with local governments - Piloting a scheme coordinating **Royal Mail**, private sector, local governments, and voluntary organizations to identify and support older people experiencing loneliness - Researching community-led **housing** projects and **transport** providers as opportunities to address loneliness - Creating more community **spaces**, with guidance for schools to function as community spaces £1.5B Building Connections Fund, **funding** community and voluntary organizations addressing loneliness - Public **messaging** campaign to reduce stigma and raise awareness - Highlighting loneliness in a **mental health campaign** - Encouraging **employers** to recognize loneliness and support social connection - Addressing loneliness through **arts programs** and **libraries** - Providing sport and physical activity **grants** for programs for people over 55 - Continuing a Ministerial Group on loneliness, which will publish an **annual report** on loneliness - Requiring **planning** on loneliness from government departments
Outputs	From first annual report (2019/20): **Trained** front-line workers and produced a **guide** for local authorities 1,000 **social prescribing** link workers in primary care networks

	• "Let's Talk Loneliness" **messaging** campaign launched with 9.84 million impressions • Pilots underway • **Employers** of 900,000 people pledged, producing best practices guidance • Loneliness added to primary and secondary **curriculum** • 126 Building Connections grants issued, and £6.6B more announced From second annual report (2020/21): • 70 organizations in the Tackling Loneliness Network • £5M for National Academy for Social Prescribing • "Loneliness Monetisation Report" published 7 of 60 commitments completed.
Outcomes	Various evaluations underway (COVID-19 pandemic has introduced severe delays)
Notes	None.

Japan

Loneliness	Prevalence of perceived loneliness (in English) not found
Social Isolation	15% of elderly males in one-person households converse with others once or never in a two-week period, 5% for elderly females in one-person households; ~8% of non-elderly males in one-person households and ~4% for non-elderly females in one-person households (source, p. 16)
Roles	Currently the responsibility of Tetsushi Sakamoto, Minister for Promoting Dynamic Engagement of All Citizens, Minister in charge of Regional Revitalization, Minister of State for Measures for Declining Birthrate, Minister of State for Regional Revitalization
Policy	No national policy currently. Local governments and civil society are establishing community cafes for seniors, notably the Taketoyo Project. Nerima City, Tokyo, created networks of postal and gas company employees to provide check-in services for the elderly during their normal duties. (source) Emphasis is strongly on the aging population, and Japan has the largest proportion of older persons in the world.
Outputs	N/A
Outcomes	N/A
Notes	Unaccompanied and undetected deaths - *kodokushi* (孤独死) - are rising, as well as suicides.

Austrailia	
Loneliness	9.5% of Australians 15 and over report lacking social support One in two (50.5%) Australians feel lonely for at least one day in a week, while one in four (27.6%) feel lonely for three or more days. (source) 11.8% of older Australians reported feeling "alone and friendless" over a four-week period at least half the time (source).
Social Isolation	19% of older Australians are socially isolated (source).
Roles	No national role specifically for loneliness. Presumably the purview of the Department of Health.
Policy	The Department of Health has funded the Community Visitors Scheme (CVS) since 1992. Eligibility is restricted to anyone who receives government-subsidised residential aged care or Home Care Packages (who have been approved or waitlisted for residential care). Funded organizations coordinate at least 20 visits per year per recipient. Organizations also recruit, train and support volunteer visitors; conduct police checks for volunteers; match volunteers to older people receiving aged care; and support the relationships that form between the volunteers and the people they visit. Queensland's state government has announced a parliamentary inquiry into loneliness and social isolation in the context of the COVID-19 pandemic (source, source).
Outputs	CVS was reviewed in 2018: 212 "auspices" (service providers) under 325 agreements - A$16.9M - Over 11,000 active visitors annually, about $1,424/visitor 37% of funding is for group and home care one-on-one visits, the remainder is residential one-on-one visits - Auspice flexibility has increased over time, but stakeholders have asked for more Department involvement and guidance - Department found suboptimal awareness of and access to the CVS
Outcomes	No rigorous quantitative measurement, but some anecdata are collected from auspices and other stakeholders. Stakeholders report "genuine, lasting friendships developed between visitor and consumer". Visitors and consumers are both seen as beneficiaries of the scheme. Cognitive stimulation is noted, particularly for those in cognitive decline. Consumers value having a friend from outside the facility, from "the real world". Additional benefits for those from culturally and linguistically diverse backgrounds who have a visitor who speaks their native language.

Notes	The Commonwealth is implementing consumer-oriented, market based reforms to healthcare systems. For CVS, this reform entails policy shifts that aim to create seamless transitions (for people and funding) between home care and residential care.

Greece

Loneliness	10.4% report being frequently lonely (2010, source).
Social Isolation	43.2% socialize at most once per month (2010, source).
Roles	No role specifically for loneliness or social isolation
Policy	No national strategy Prolepsis Institute has established a helpline and collective activities for older people experiencing loneliness, in partnership with Les Petits Frères des Pauvres (who have enacted similar programs in other countries). The program ran from 2020 to 2021.
Outputs	N/A
Outcomes	N/A
Notes	Large increase in Greek loneliness during the pandemic (source).

United States

Loneliness	35% of adults 45 and older report loneliness (source).
Social Isolation	24% of community-dwelling Americans 65 and older are socially isolated (source).
Roles	The *Supporting Older Americans Act of 2020* directs the Assistant Secretary for Aging at the Department of Health and Human Services (HHS) to create objectives, priorities, and a long-term plan for supporting State and local efforts involving education about prevention of, detection of, and response to negative health effects associated with social isolation among older individuals, and submit a report to Congress on this effort by January 2021" (H.R.4334, sec. 115).

Policy	Federal *Supporting Older Americans Act of 2020* builds on the 1965 *Older Americans Act* (OAA). Its provisions and amendments (to 42 USC Ch. 35)
	• Add screening, supportive services, and health care for social isolation's health effects to HHS' disease prevention and health promotion services
	• Direct the Assistant Secretary for Aging to act as noted to the left
	• Require a report to:
	    o Evaluate whether the prevalence, public health effects, and services are adequately address under OAA programs
	    o Identify public awareness of OAA programs associated with social isolation
	    o Evaluate whether OAA programs
	        • Support local community projects and involve diverse sectors to decrease social isolation in older persons and caregivers
	        • Support outreach to screen older persons for social isolation

	• Focus on social isolation ○ Make recommendations to reduce social isolation's negative health effects • Allow grants to states to be used to screen for social isolation and provide services to support social connectedness and reduce negative health effects associated with social isolation • Allow projects to address negative health effects from social isolation among older people • Allow grants and contracts to provide for participation in multigenerational activities in part to reduce social isolation The interim report is due to Congress by 25 Mar 2022, with the full report due 25 Mar 2025.
Outputs	HHS has announced a challenge to create an online tool to help social isolated people connect
Outcomes	None reported.
Notes	

New Zealand

Loneliness	Of New Zealanders 15 and over, 0.7% felt lonely all the time, 3.0% most of the time, and 12% some of the time over the prior 4 weeks (source)
Social Isolation	Not available
Roles	No role specifically for loneliness or social isolation
Policy	In 2019, former Minister for Seniors Tracey Martin incorporated social connectedness into "Better Later Life/He Oranga Kaumātua 2019 to 2034: A strategy for making the future better for New Zealanders as we age/He rautaki kia oranga kaumātua ō rā ki te ao". The strategy includes: • Creation of communities informed by the Age friendly Aotearoa New Zealand Toolkit • Helping people plan to remain socially connected as they age • Promoting volunteering, networking, and employment • Physical accessibility • Raising awareness of loneliness' and social isolation's impacts on older people • Coordinating assistance to socially isolated older people across government • Addressing loneliness among younger people to provide tools as they age • Ensuring the community environment makes social connection easy • Promoting digital inclusion for older people
Outputs	First biennial report expected in 2021.
Outcomes	No outcomes reported
Notes	

Republic of Ireland

Loneliness	4.6% report being frequently lonely (2014, source)
Social Isolation	26.3% socialize at most once per month (2014, source)
Roles	
Policy	No national strategy. Senator Dr. Keith Swanick chaired the Loneliness Taskforce in 2018, centred on loneliness among older people and its health effects. Members included representation from ALONE (an organization supporting aging at home), professional bodies, other interest groups, and politicians. The taskforce recommends: • €3M to fund a campaign, initiatives, and research on loneliness • Responsibility for loneliness assigned to a Government Minister • Public and professional awareness campaign • Inclusion of loneliness in Healthy Ireland Campaigns and Reports • Funding for organizations on initiatives to address loneliness • Irish research on loneliness Department of Health, Health Service Executive, and health authorities collaborate with ALONE to provide a helpline for older people (source). ALONE engages in social prescribing, visitation, and befriending services.
Outputs	97,345 phone calls in 2019 (source)
Outcomes	No outcomes
Notes	

Sweden

Loneliness	4.9% report being frequently lonely (2014, source). 59% feel lonely often or sometimes, 30% of whom feel it is a problem (source).
Social Isolation	7.9% socialize at most once per month (2014, source). High rate of single occupancy (source).
Roles	No role specifically for loneliness or social isolation
Policy	No national strategy. Helsingborg's housing corporation has an apartment building where tenants must be either under 25 years old or a pensioner, and they must spend at least two hours a week together (source).
Outputs	No outputs
Outcomes	No outcomes
Notes	Lots of grey literature uses a term Google translates as "involuntary loneliness" (also in English). Swedes are characterized as valuing their autonomy a lot, so maybe this is an important distinction to them?

Canada

Loneliness	9.6% of men over 65 and 14.8% of women over 65 report subjective isolation (source). Marital status was the most important explanatory factor. Subjective isolation predicted mortality in follow-up, but only through health impacts (source). Angus Reid estimates 21% of Canadians are very lonely.
Social Isolation	24.7% of men over 65 and 23.5% of women over 65 report low participation (source). Marital status was the most important explanatory factor. Low participation predicted mortality in follow-up, both directly and through health impacts (source). Quebec has the highest prevalence of living alone by far (source). Angus Reid estimates 29% of Canadians are very isolated.
Roles	No role specifically for loneliness or social isolation
Policy	No national strategy. Statistics Canada has conducted research on subjective and participation-based social isolation. The COVID-19 pandemic motivated the Institut national de santé publique du Québec to produce recommendations for a provincial strategy to address isolation and loneliness (source). The recommendations emphasize forming partnerships among organizations, virtual supports, creating groups, involving seniors in program design, community spaces, transportation, minimizing COVID-19 transmission risk, and inequalities across space and communities.
Outputs	No outputs
Outcomes	No outcomes
Notes	