



# Addressing loneliness and social isolation among older people in Europe\*

Veronica Sandu, Eszter Zólyomi and Kai Leichsenring

*Veronica Sandu and Eszter Zólyomi are researchers and Kai Leichsenring is Executive Director at the European Centre for Social Welfare Policy and Research*

*sandu@euro.centre.org  
zolyomi@euro.centre.org  
leichsenring@euro.centre.org*

**Key words:**  
**loneliness, social isolation, older people, well-being, targeted interventions**

## Introduction

Social isolation and loneliness affect people differently. The factors causing loneliness and isolation differ throughout the life course and might be linked to a specific event or a permanent condition. Research shows that patterns of social engagement that might influence loneliness in old age were established at least 20 years earlier and having a spouse or a partner is a significant factor to avoid loneliness (Dahlberg et al., 2018).

Loneliness is a prevalent phenomenon amongst older people (Victor et al., 2005). Many older people experience loneliness and social isolation due to declining health and mobility, life changes such as retirement and age-related losses. In addition, age-related stereotypes, prejudice, and discrimination against older people add to the risk to feel lonely and become isolated (Shiovitz-Ezra et al., 2018). In Europe, people tend to live longer but more often alone and the incidence of loneliness and isolation is expected to increase due to population ageing (European Commission, 2018).

---

\* This Policy Brief is based on the study 'Social isolation and loneliness among older people in Europe – Evidence, policies and interventions' prepared in 2019 by the European Centre for Social Welfare Policy and Research for the Institute for the Elderly and Social Services of Spain (IMSERSO). The opinions expressed in this Policy Brief are those of the authors. We are grateful for comments received from Selma Kadi, Ricardo Rodrigues and Sonila Danaj and would also like to thank Amalia Solymosi for editing and layout.

Disclaimer: This Policy Brief uses data from the latest European Quality of Life Survey (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>), and data from ESS Round 9: European Social Survey Round 9 Data (2018). Data file edition 3.1. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC, doi:10.21338/NSD-ESS9-2018. 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.



The COVID-19 pandemic and related lockdown periods significantly contributed to increased loneliness and social isolation. The first ad-hoc surveys have shown empirical evidence in more intense loneliness and isolation, in particular among older people (Stolz et al., 2021; Losada-Baltar et al., 2021; Santini and Koyanagi, 2021).

The public attention for issues of loneliness and isolation in European countries is clearly on the rise (Marczak et al., 2019). The policy measures vary from sector specific measures to complex intervention that would influence demographic, economic and cultural aspects in a country (Durcan & Bell, 2015).

### **Box 1. Defining loneliness and social isolation**

*Loneliness* is generally understood as an unpleasant feeling and experience that occurs when there is a discrepancy between the actual and desired quantity and quality of social relationships. *Social isolation* is an experience of reduced social interaction and social ties (Dykstra, 2009). Both phenomena are, however, interlinked and have a negative impact on the quality of life and well-being of people.

This Policy Brief aims to raise awareness regarding the impact of loneliness and social isolation on the well-being of older people. We present results on the prevalence of loneliness and social isolation and provide an overview of existing interventions from across Europe with related policy recommendations.

## **Why does loneliness matter?**

### **Loneliness impacts people's quality of life and health status across the life course**

Loneliness can impact people's quality of life and health status across the life course, but it is specifically relevant in the groups of pensioners and higher age (Bolton, 2012). The impact of social isolation and loneliness on older people mainly manifests in two dimensions, namely regarding the quality of life and the health status (Bolton, 2012). Research shows that severe and moderate loneliness decreases the quality of life (Musich et al., 2015). Isolated and lonely people are more likely to relate to feelings of pessimism, vulnerability, worthlessness (Griffin, 2010), have lower self-esteem and lower levels of interpersonal control (Morgan, 2017). Moreover, isolated people and those feeling lonely are more prone to anxiety and fatigue (Cacioppo et al., 2010). Loneliness and isolation can lead to a number of health issues, which is due to the fact that connectiveness is likely to be a stress regulator that incentivises healthier behaviours. People with less social connections are at greater risk of premature mortality (Tilvis et al., 2011). Isolated and lonely people are more



exposed to the risk of heart diseases and hypertension (Ong et al., 2012). People feeling lonely are more likely to report impaired sleep, poor diet, less mobility, less resilience and greater risk of smoking and addiction (Durcan & Bell, 2015; Cacioppo et al., 2015).

## Factors associated with loneliness and social isolation in later life

People experience loneliness and isolation in different ways. This is why the very same factors or situations may have different effects on different persons. Loneliness and isolation in later life can be linked to individual, community or societal circumstances, social drivers, major life transitions and events of loss and grief (Morgan, 2017; Clarke & McDougall, 2014).

**Factors related to loneliness differ throughout the life course and might be linked to a specific event or a permanent condition**

Individual circumstances that increase the likelihood of feelings of loneliness are: the marital status (being single, divorced or widowed), absence of family, close relationship, and a social network of good quality (Hansen & Slagsvold, 2015). People who live alone, become, or stop being a carer (Ekwall et al., 2005) are more likely to feel lonely. Additional risks of feeling lonely and being isolated are associated with migration status (Victor et al., 2012), belonging to a minority or ethnicity, low education, and income level (Cohen-Mansfield et al., 2016). Traumatic events like abuse, imprisonment, addiction, homelessness can also lead to loneliness. Any form of loss in health is closely associated with the risk of loneliness and isolation, so that people with dementia, poor physical health, impaired mobility, disability, sensorial impairment are at significantly higher risk of feeling lonely.

**Some factors cause long-standing low level of social engagement, others a temporary experience**

The particularities of the community in which people live in entail other decisive factors for social isolation and/or feelings of loneliness. These factors include the social infrastructure in neighbourhoods, the built environment, but also issues of distance and the lack of transportation means. For instance, older people from rural areas with functional impairments have reduced capacity to maintain social connections (Victor et al., 2012). At the same time, older people living in unsafe and deprived neighbourhoods of big cities are just as well exposed to isolation and loneliness (Scharf & De Jong-Gierveld, 2008). High living costs, limited labour market opportunities, lack of access to communication technologies and internet are additional risk factors.

Finally, the wider socio-economic and cultural context determines also social isolation and feelings of loneliness. Material deprivation and low economic status result in reduced possibilities of social interaction, less participation in social and volunteering activities (Jivraj et al., 2012). The general welfare regime



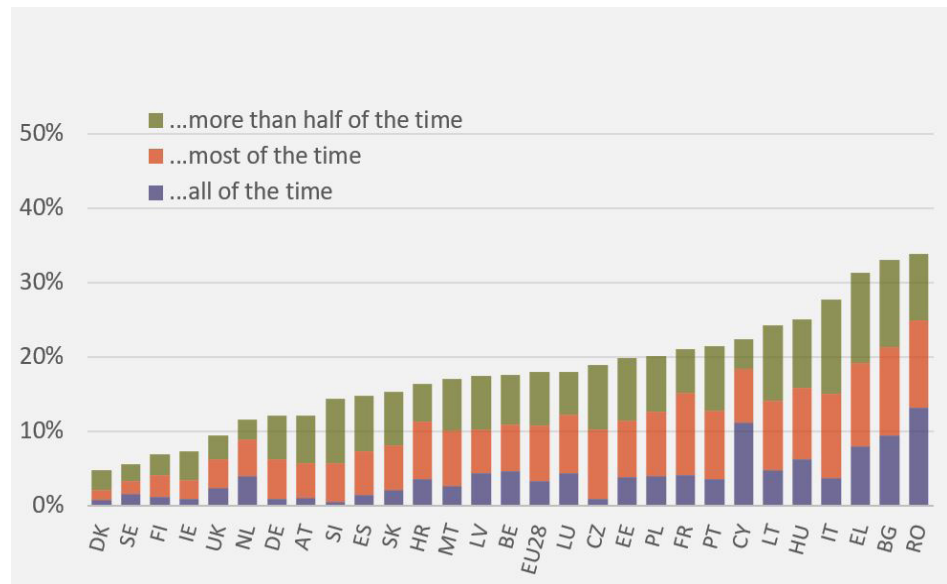
**Older people are more susceptible to community and societal factors associated with loneliness and isolation**

and access to support thus have a direct impact on isolation and loneliness of older people, including pension policies that affect the income level and thus the ability to participate in society.

## Loneliness and social isolation among older people across Europe

In 2016, 18% of EU citizens aged 65 or older reported to feel frequently lonely, and as many as two in ten older people in Romania and Bulgaria reported being lonely all or most of the time (Figure 1).

**Figure 1: Share of people aged 65 and older reporting feeling lonely (in %), 2016**



**Around one in every ten older adults in the EU experienced loneliness all or most of the time in 2016**

Source: Own calculation based on EQLS 2016

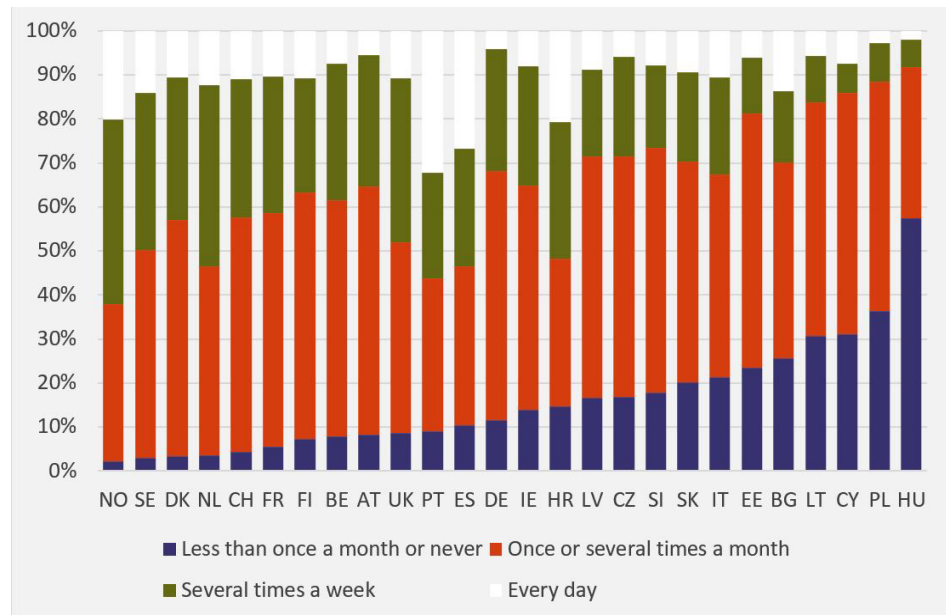
The prevalence of loneliness among the older population varies greatly across Europe. More than 30 per cent of older people in Romania, Bulgaria and Greece stated to have felt lonely “more than half of the time, most of the time or all of the time” in the two weeks preceding the survey. Somewhat less, but still over 20 per cent said the same in Hungary and Lithuania as well as in Italy, Cyprus, Portugal and France. The lowest share of older people reporting frequent loneliness was found in Denmark, Sweden, Finland and Ireland.

Social isolation, measured by the frequency of meeting socially with friends, relatives, or (former) work colleagues, affects older adults significantly more than other age groups. More than half of all older adults in Hungary, and over a third of older people in Poland, Cyprus and Lithuania report to meet socially

less than once a month or never (Figure 2). In contrast, less than 5% of older people in Switzerland, the Netherlands, Denmark, Sweden and Norway report such rare or non-existing social contacts.

It is important to note that in a number of countries, such as Portugal and Spain for example, older people report both a relatively high degree of social contacts and loneliness. Also, in Hungary, twice as many older people are affected by a lack or low level of social contacts, rather than by loneliness. Thus, people can be socially isolated without necessarily feeling lonely and conversely people may feel lonely despite having a broad social network and regular contacts.

**Figure 2: Share of people aged 65 and older who meet socially with friends, relatives or work colleagues (in %, 2018)**

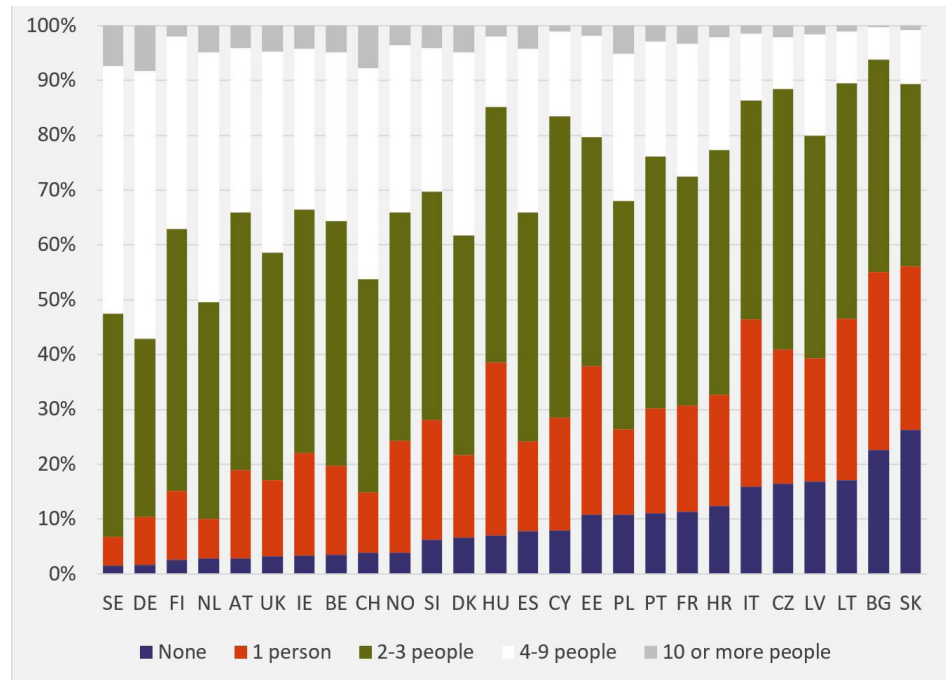


Source: Own calculations based on ESS Round 9 Edition 3.1.

Note: Meet socially implies meeting by choice and not for reasons of work or pure duty.

Figure 3 offers some indication on the quality of social relationships measured by the number of people with whom older adults can discuss personal or intimate matters. Most affected by the lack of emotional support are older people from countries like Slovakia, Bulgaria, Lithuania, Latvia, the Czech Republic and Italy. In these countries, more or close to 20 per cent of older people have nobody to discuss intimate matters with. In all surveyed countries, however, most older people have at least one person with whom they can talk about their private affairs.

**Figure 3: Share of older people aged 65 and more by reported number of people with whom to discuss intimate and personal matters (in %, 2018)**



Source: Own calculations based on ESS Round 9 Edition 3.1

These results tend to confirm that loneliness and social isolation are more common among older people living in Southern and particularly Eastern Europe than in the Northern and Western parts of the continent (Fokkema et al., 2012; Hansen & Slagsvold, 2015). This variation must be interpreted as a result of various factors, including individual and societal characteristics, and the interactions between these factors (Dykstra, 2009). The differences in social norms and values concerning family obligations as well as the composition of social networks older people rely on for support are additional factors that need to be considered (Johnson & Mullins, 1987; Jylhä & Jokela, 1990). For instance, family ties are stronger in Eastern and Southern Europe so that individual expectations with respect to social support by and within the family are higher. Older people’s social support networks in these countries are also mostly made up of relatives with fewer non-kin relations. They might therefore have stronger feelings of loneliness when their relationship with family members deteriorates.

### Programmes and interventions to tackle loneliness in old age

Measures to combat social isolation and loneliness most often focus on the local context, the construction of (new) social ties and on specific groups of society, rather than on national programmes of macro-economic redistribution.



Some of these initiatives are outlined in this section, while full titles and links to the main resources as well as a dedicated link to special COVID-19 support measures can be found in Annex 1.

### National and regional programmes

#### National programmes focus on facilitating contact between professionals, volunteers, and people in need

[MONALISA](#) is a [French National Programme](#) to reduce social isolation and loneliness of older people. The programme instigates the commitment of professionals, family members and volunteers in promoting joint living and reciprocity. The programme helps mobilise volunteers and puts in place ‘citizen teams’ (*équipes citoyennes*) to identify isolated older people and to provide appropriate support. The support offered by citizen teams varies depending on the individual needs and may include accompanied trips to the hospital or markets, support with various administrative issues and documentation as well as personal attendance. The programme offers a ‘training and exchange’ national platform for the citizen teams to foster the transfer of local experiences into national policy. Different solutions and initiatives to reach and support isolated older people are being piloted by the project and replicated, if successful. In 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. The programme was adjusted to [specific needs of older people during the COVID-19](#) crisis when two additional activities have been established: assistance to fragile isolated people (support with various needs of fragile people) and proximity solidarity (more intense online communication with isolated elderly).

[The LinkAge](#) National Programme UK is an initiative that connects individuals, groups and organizations through a platform that facilitates the transfer of knowledge, experience, and skills from older people to the community. The programme created ‘community hubs’ each of which is managed by a local advisory board. Besides the possibility to share experience and skills, older people can also acquire new skills and experiences (e.g., yoga and cooking classes, choirs, archery, sports, IT classes). An internal qualitative evaluation showed that the programme helps people to feel more connected, improves their well-being and contributes to increased physical activities (Davis & Ritters, 2009). At the onset of the COVID-19 pandemic the LinkAge site established a dedicated page to inform older people on various aspects related to protection, vaccination and support they can access. [‘Stay active during lockdown’](#) was a dedicated page to support older isolated people during the COVID-19 pandemic.

The [KISS](#) is a Swiss programme to promote and support the creation of cooperatives to run a non-monetary time-banking system. The scope of the



programme is to create additional incentives for volunteering. The programme established a number of cooperatives (public meeting places) throughout the country where people in need and people offering their services could meet and interact (communicate, do gardening and shopping together etc.). Professionals are part of the programme with the aim to strengthen the autonomous organisation and make the support more relevant to the needs of the beneficiary. The particularity of the programme is that volunteers are earning time-credits that can be redeemed in case of own need at a later stage. There are about 10 local cooperatives across the country. An evaluation of the programme (Künzi et al., 2016) showed that each of them gathered about 200 members, of which about 50% were active 'time-givers' providing on average about 1,500 hours per year per site. The programme helped beneficiaries to postpone the transfer into residential care, and regular social contact increased for both 'time-givers' and 'time-consumers'.

The [Befriending Networks Ireland](#) is a programme designed to support lonely and isolated older people through weekly volunteer visits and calls. Trained volunteers visit older people in their home once a week to provide companionship, call them each day to alleviate loneliness and provide support to coordinate various services they might need (e.g. medical appointments, housing and social welfare related issues). Beneficiaries are referred to the service by professionals, by family members and neighbours or themselves. A national online system (ALONE) supports people on both sides to connect to the programme. About 60 Member Organizations were established across the country. An external evaluation showed that an increased share of older persons report feeling less lonely after taking part in the programme (ESRI, 2017). A [COVID-19 dedicated helpline](#) was launched to offer support during the pandemic and the lockdowns.

**Individual initiatives concentrate on making older people feel useful and connected with the community**

The [Buurtcirkel Neighbourhood Circles Netherlands](#) is an initiative that brings together groups of 9-12 people who live in a neighbourhood (each in their own house) and could provide support to each other. Members of the group would accompany people to their appointments, help with shopping, etc. Each group has a neighbourhood coach to provide professional support. The initiative is supported by local authorities and non-profit and charity organisations. Some organisations also support other regional initiatives in establishing the programme.

### **Interventions for specific target groups**

The [UK Men in sheds](#) initiative is targeting lonely men at all ages by offering a space where they can come together and engage in practical work as a group





(woodwork, metal work, electronics). The goal is to facilitate and encourage connectedness, friendships and transfer of skills. Currently, about 400 men are part of the initiative and are represented by a non-profit entity. Participants reported improved communication, having a sense a purpose, belonging and more independence. COVID-19 related resources have been published on the programme's website, as well as a [Silvers' Covid-19 Safety Action Plan](#).

The Polish [Rządowy Programme](#) is a programme for social activities of older people with physical disabilities. The programme provides workshops, classes and training courses to older people, in a comfortable and accessible environment, also providing transportation services. Additionally, radio programmes were created and broadcasted by the Polish radios to engage and connect older people. Sponsored competitions and senior clubs for older people with disabilities are frequently organised.

#### **Interventions at long-term care settings**

**Successful policy interventions consider particularities and interests of different groups among the older population**

The [Circle of Friends](#) is an occupational therapy-oriented model in Finland that supports older people, also those in residential facilities, to form meaningful connections and to alleviate loneliness. The circle of friends is a closed group where people meet regularly. A trained facilitator works with each group towards becoming self-supportive and form personal connections. A facilitator may be a health or social care professional but also a volunteer who completed a special training module. This training of volunteers is based on 6 pillars: understand closed group dynamics, target-oriented learning, participation, peer support, empowerment, and enhancement of self-efficacy. An evaluation on this intervention (Jansson et al., 2019) showed that these interactions are considered as very meaningful by the beneficiaries and people felt more connected to each other. The group model proved efficient to alleviate loneliness in the residential setting (Brimelow & Wollin, 2017). The Circle of Friends programme had a special [module of support measures during the COVID-19 pandemic](#) and lockdowns.

#### **Assistive technologies to prevent and overcome social isolation**

A number of initiatives have emerged that use modern technologies to help isolated older people. Some of them concentrate on improving access to information and resources, on family communication, on supporting caregivers, increase mobility and social network. Digitalisation of the support measures can be, on one hand, a solution to increase communication and integration, and, at the same time, the nature of the digital interaction can reduce the human contact and increase isolation. Combined digital and in-person/group measures should therefore be considered while working with assistive technologies.



Some examples of mobile applications to improve communication with and among older people include (see Annex for further information):

- [SnapMiam](#) (France) is an APP that links older people, who offer a meal with students that would like to buy it. The student and the older person meet and have a joint meal.
- [Yvelines-Etudiants Seniors](#) (France) is an APP that serves as a platform to link older people with young people (high school and university students), who are hired by the community council to offer communication and support services.
- [Old 'up](#) (France) is a support programme that organises activities for older people around 4 main ideas: participate, discover, share, and create.
- [iConnect](#) (Greece), is an APP that serves as a platform to bring together students from several selected educational institutions and older people with dementia. In support programme students are educated to help with the long-term memory through cultural activities (poetry, theatre, music).
- [KOMP](#) (Norway) is a user-friendly family device that connects an older person with his/her family and friends. The device requires no digital skills, has a high contrast screen, no touchscreen, clear audio connection, and a one-button physical interface.
- [Digital Angels](#) (UK) is a programme that combines on-line and off-line individual and group sessions on various topics that are aimed to increase independence, communication, and mobility. Interest groups are formed to bring older people together. The support groups consist of various professionals.
- [DigitalSenior](#) (UK) is a programme aimed at improving the digital skills of seniors to facilitate communication and support through online tools.

## Conclusions and recommendations

A relatively large segment of the older population in Europe had been affected by loneliness and social isolation and more will be further affected as a consequence of measures to prevent the spread of the COVID-19 virus.

The factors that contribute to the perception of loneliness and/or to social isolation might be individual, but they also stem from diverse community, societal or environmental factors. These complex factors, including deep-rooted experiences and events over the life course or single events at older age, are challenging policies that aim at addressing the negative consequences of loneliness. Moreover, they are both, at the same time, influencing and influenced by health as well as by social and socio-demographic features.



The identification of good practices across Europe has shown that both bottom-up and top-down strategies have been developed over the past decade. The interventions and initiatives are ranging from complex programmes rolled out across jurisdictions to small-scale initiatives at the local level that try to enhance the participation of specific target groups in the community. At the national level, some countries such as France, the UK or the Netherlands have launched strategies with an explicit focus on combating loneliness, while others have addressed related issues in the context of national strategies such as ‘Active Ageing’, ‘Dementia strategies’, policies targeting informal carers or other programmes focusing on intergenerational exchange.

At the regional and local level, many bottom-up initiatives can be identified, including new forms of volunteering, befriending and civic engagement in the neighbourhood. Moreover, new information and communication technologies have been designed and may support both individual strategies and local, regional, or national initiatives. It is interesting to observe in both public and civil society initiatives that a common feature of successful leadership is often based on individual engagement. Strengthening such individuals through structural support and policies that reinforce social cohesion should therefore be higher on the agenda – as a general and preventive approach to avoid loneliness and social isolation it is of utmost importance to enhance opportunities to grow social capital across the entire life course.

However, also this study has shown that there is no ‘one size fits all’ solution to tackling loneliness and social isolation. A range of approaches are yet ready to be piloted and adapted to different national contexts. Policy-makers should strive to integrate these initiatives into existing or developing national strategies of ‘mainstreaming ageing’, ‘active and healthy ageing’ or the on-going United Nations Decade of Healthy Ageing (2021-2030)<sup>‡</sup>. In bringing together governments, civil society, international agencies, professionals, academia, the media, and the private sector in a concerted action, the fight against social isolation and loneliness should have a prominent place to improve the lives of older people, their families, and the communities in which they live. Particular focus is needed for generating evidence and performing evaluations of policies that tackle social isolation and loneliness.

---

<sup>‡</sup> <https://www.who.int/initiatives/decade-of-healthy-ageing>



## Annex

### Programmes & interventions to tackle loneliness in old age

Programme	Resources	COVID-19 support
MONALISA	<a href="https://www.monalisa-asso.fr/">https://www.monalisa-asso.fr/</a>	<a href="https://www.monalisa-asso.fr/covid19/monalisa-et-le-covid">https://www.monalisa-asso.fr/covid19/monalisa-et-le-covid</a>
The LinkAge National Programme UK	<a href="https://www.ageuk.org.uk/eastlondon/our-services/">https://www.ageuk.org.uk/eastlondon/our-services/</a>	<a href="https://www.ageuk.org.uk/eastlondon/our-services/covid-19-support/">https://www.ageuk.org.uk/eastlondon/our-services/covid-19-support/</a>
KISS	<a href="https://fondation-kiss.ch/">https://fondation-kiss.ch/</a>	<a href="https://fondation-kiss.ch/1a.php?t=Aktiv+bleiben+w%C3%A4hrend+covid-19+Einschr%C3%A4nkungen&amp;read_article=91">https://fondation-kiss.ch/1a.php?t=Aktiv+bleiben+w%C3%A4hrend+covid-19+Einschr%C3%A4nkungen&amp;read_article=91</a>
Befriending Networks Ireland	<a href="https://alone.ie/">https://alone.ie/</a>	<a href="https://alone.ie/alone-launch-a-covid-19-support-line-for-older-people-working-in-collaboration-with-the-department-of-health-and-the-hse/">https://alone.ie/alone-launch-a-covid-19-support-line-for-older-people-working-in-collaboration-with-the-department-of-health-and-the-hse/</a>
Buurtcirkel Neighbourhood Circles Netherlands	<a href="https://buurtcirkel.nl/">https://buurtcirkel.nl/</a>	
UK Men in sheds initiative	<a href="https://menssheds.org.uk/">https://menssheds.org.uk/</a>	<a href="https://menssheds.org.uk/2021/04/14/silvers-covid-19-safety-action-plan/">https://menssheds.org.uk/2021/04/14/silvers-covid-19-safety-action-plan/</a>
Polish Rządowy Programme	<a href="https://www.gov.pl/web/govtech/program-rzadowy">https://www.gov.pl/web/govtech/program-rzadowy</a>	
Finish Circle of Friends Programme	<a href="https://vtkl.fi/toiminta/ys-tavapiiri/circle-of-friends">https://vtkl.fi/toiminta/ys-tavapiiri/circle-of-friends</a>	<a href="https://vtkl.fi/tietoa/tukea-korona-aikaan">https://vtkl.fi/tietoa/tukea-korona-aikaan</a>
SnapMiam	<a href="https://www.bibamagazine.fr/insolite/fallait-le-savoir/snapmiam-le-site-qui-nous-invite-a-manger-chez-des-particuliers-9661.html">https://www.bibamagazine.fr/insolite/fallait-le-savoir/snapmiam-le-site-qui-nous-invite-a-manger-chez-des-particuliers-9661.html</a>	
Yvelines-Etudiants Seniors	<a href="https://www.yvelines.fr/solidarite/autonomie/soutien-a-domicile/lutter-contre-sentiment-disolement/yvelines-etudiants-seniors/">https://www.yvelines.fr/solidarite/autonomie/soutien-a-domicile/lutter-contre-sentiment-disolement/yvelines-etudiants-seniors/</a>	
Old'up	<a href="https://www.oldup.fr/accueil/72">https://www.oldup.fr/accueil/72</a>	
iConnect	<a href="https://eurocarers.org/iconnect-a-new-erasmus-project-for-greek-association-of-alzheimer-disease-and-related-disorders/">https://eurocarers.org/iconnect-a-new-erasmus-project-for-greek-association-of-alzheimer-disease-and-related-disorders/</a>	



---

KOMP	<a href="https://www.noisolation.com/global/komp/">https://www.noisolation.com/global/komp/</a>
Digital Angels	<a href="https://timetoshineleeds.org/blog/digital-angels-creating-connections-on-and-off-line">https://timetoshineleeds.org/blog/digital-angels-creating-connections-on-and-off-line</a>
DigitalSenior	<a href="https://dsc.erasmus.site/">https://dsc.erasmus.site/</a>

---

## References

- Beach, B. & Bamford, S.M. (2014). Isolation: The Emerging Crisis for Older Men – A Report Exploring Experiences of Social Isolation and Loneliness among Older Men in England, Advice and Support for Older Age - Independent Age, [www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf](http://www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf).
- Bolton, M. (2012). Loneliness—the state we’re in. A Report of Evidence Compiled for the Campaign to End Loneliness. Oxfordshire: Age UK, Oxfordshire.
- Brimelow, R.E. & Wollin, J.A. (2017). Loneliness in Old Age: Interventions to Curb Loneliness in Long-Term Care Facilities, *Activities, Adaptation & Aging*, 41(4), 301-315, DOI: 10.1080/01924788.2017.1326766
- Cacioppo, J.T. et al. (2015). The neuroendocrinology of social isolation, *Annual Review of Psychology*, 3(66), 733-767. doi: 10.1146/annurev-psych-010814-015240
- Cacioppo, J.T., Hawkley, L.C. & Thisted, R.A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging and Social Relations Study, *Psychology and Aging*, 25(2), 453-463. doi: 10.1037/a0017216
- Clarke, D. & McDougall, L. (2014). *Social isolation in Bristol. Risks, Interventions and Recommendations*. Bristol, Bristol City Council.
- Cohen-Mansfield, J. et al. (2016). Correlates and predictors of loneliness in older adults: a review of quantitative results informed by qualitative insights, *International Psychogeriatrics*, 28(4), 557-576. doi: 10.1017/S1041610215001532
- Dahlberg, L., Andersson, L. & Lennartsson, C. (2018). Long term predictors of loneliness in old age: results of a 20 years national study, *Aging and Mental Health*, 22(2), 190-196. doi: 10.1080/13607863.2016.1247425
- Davis, H. & Ritters, K. (2009). LinkAge Plus national evaluation: End of project report. Department for Work and Pensions Research Report No 572.
- Durcan, D. & Bell, R. (2015). *Local action on health inequalities: Reducing social isolation across the lifecourse*. London, Public Health England and UCL Institute of Health Equity.
- Dykstra, P.A. (2009). Older adult loneliness: myths and realities, *European Journal of Ageing*, 6, 91-100. doi 10.1007/s10433-009-0110-3
- Ekwall, A.K., Sivberg, B. & Rahm Hallberg, I. (2005). Loneliness as a predictor of quality of life among older caregivers, *Journal of Advanced Nursing*, 49(1), 23-32. doi: 1365-2648.2004.03260.x
- European Commission (2018). *The 2018 Ageing Report: Economic & Budgetary Projections for the 28 EU Member States (2016-2070)*. Luxembourg, Publications Office of the European Union (Institutional Paper 079/May).
- Fokkema, T., De Jong-Gierveld, J. & Dykstra, P.A. (2012). Cross-national differences in older adult loneliness, *The Journal of Psychology*, 146(1-2), 201-228. doi: 10.1080/00223980.2011.631612



- Griffin, J. (2010). *The lonely society?* London, Mental Health Foundation.
- Hansen, T. & Slagsvold, B. (2015). Late-life loneliness in 11 European countries: Results from the Generations and Gender Survey, *Social Indicators Research*, 124(1), 1-20.
- Jansson, A., Karisto, A. & Pitkälä K. (2019). Loneliness in assisted living facilities: An exploration of the group process, *Scandinavian Journal of Occupational Therapy*, DOI: 10.1080/11038128.2019.1690043
- Jivraj, S., Nazroo, J. & Barnes, M. (2012). Change in social detachment in older age in England, in J. Banks, J. Nazroo, J. & Steptoe, A. (Eds.), *The dynamics of ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)*. Institute for Fiscal Studies. ISBN: 978-1-903274-92-7.
- Johnson, D. P. & Mullins, L. C. (1987). Growing old and lonely in different societies: toward a comparative perspective, *Journal of Cross-Cultural Gerontology*, 2, 257-275.
- Jylhä, M. & Jokela, J. (1990). Individual experience as cultural—a cross-cultural study on loneliness among the elderly, *Ageing & Society* 10(3), 295–315.
- Künzi, K., Oesch, T. & Jäggi, J. (2016). *Quantifizierung des Nutzens der Zeitvorsorge KISS*. Bern: BASS.
- ESRI (2017). ALONE Annual Report 2016, Befriending Network Ireland.
- Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M.D.S., Fernandes-Pires, J., Márquez-González, M. (2021). "We Are Staying at Home" – Association of Self-perceptions of Aging, Personal and Family Resources, and Loneliness with Psychological Distress During the Lock-Down Period of COVID-19, *Journal of Gerontology B Psychol Sci Soc Sci*, 18;76(2): e10-e16. doi: 10.1093/geronb/gbaa048.
- Marczak, J. et al. (2019). Preventing social isolation and loneliness among older people, *Eurohealth Observer*, 25(4).
- Milligan, C. et al. (2013). *Men's Sheds and other gendered interventions for older men: improving health and wellbeing through social activity, A systematic review and scoping of the evidence base*. Lancaster, Lancaster University Centre for Ageing Research, UK.
- Morgan, D. (2017). Loneliness in later life: what are the risk factors? *EnvisAGE: A spotlight on tackling loneliness and social isolation among old people*, Wales: Age Cymru.
- Musich, S., Wang, S. S., Hawkins, K., & Yeh, C. S. (2015). The impact of loneliness on quality of life and patient satisfaction among older, sicker adults. *Gerontology and Geriatric Medicine*, 1, 2333721415582119.
- Ong, A.D., Rothstein J.D. & Uchino, B.N. (2012). Loneliness accentuates age differences in cardiovascular responses to social evaluative threat, *Psychology and Aging*, 27(1), 190-198. doi: 10.1037/a0025570
- Pantell, M., Rehkopf, D., Jutte, D., Syme, S.L., Balmes, J. & Adler, N. (2013). Social isolation: a predictor of mortality comparable to traditional clinical risk factors, *American Journal of Public Health*, 103(11), 2056-2062.
- Pinquart, M. & Sörensen, S. (2001). Influences on Loneliness in Older Adults: A Meta-Analysis, *Basic and Applied Social Psychology*, 23(4), 245-266, doi: 10.1207/S15324834BASP2304\_2.
- Santini, Z. & Koyanagi, A. (2021). Loneliness and its association with depressed mood, anxiety symptoms, and sleep problems in Europe during the COVID-19 pandemic. *Acta Neuropsychiatrica*, 33(3), 160-163. doi:10.1017/neu.2020.48
- Scharf, T. & De Jong-Gierveld, J. (2008). Loneliness in urban neighbourhoods: An Anglo-Dutch comparison, *European Journal of Ageing*, 5, 103-115.
- Shiovitz-Ezra, S., Shemesh J., McDonnell-Naughton, M. (2018). Pathways from Ageism to Loneliness, pp. 131-147 in Ayalon, L. & Tesch-Römer, C. (eds.) *Contemporary Perspectives on Ageism*. Cham: SpringerOpen.



Stolz, E., Mayerl, H., Freidl, W. (2021). The impact of COVID-19 restriction measures on loneliness among older adults in Austria, *European Journal of Public Health*, 31(1), 44-49. doi: 10.1093/eurpub/ckaa238.

Tilvis, R.S. et al. (2011). Suffering from Loneliness Indicates Significant Mortality Risk of Older People, *Journal of Aging Research*, 2011: 534781. doi: 10.4061/2011/534781

Victor, C.R., Scambler, S.J., Bowling, A. & Bond, J. (2005). The prevalence of, and risk factors for, loneliness in later life: A survey of older people in Great Britain. *Ageing and Society*, 25, 357–375.

Victor, C. R., Burholt, V. & Martin, W. (2012). Loneliness and ethnic minority elders in Great Britain: an exploratory study, *Journal of Cross-Cultural Gerontology*, 27(1), 65-78. doi: 10.1007/s10823-012-9161-6.

## About the European Centre for Social Welfare Policy and Research

The Policy Briefs series of the European Centre is edited by Sonila Danaj and Rahel Kahlert

The European Centre for Social Welfare Policy and Research is an intergovernmental organisation affiliated to the United Nations. Its purpose is to foster the collaboration between governments, research and other stakeholders in the field of social welfare.

### Core Functions

- Providing applied social science and comparative empirical research on social policy in the UN-European Region
- Forging the evidence-base for social policy making and mutual learning on social welfare issues
- Initiating future-oriented public policy debates on social welfare issues by networking across the UN-European Region

### Research Focus

The European Centre provides expertise in the fields of welfare and social policy development in a broad sense – in particular in areas where multi- or interdisciplinary approaches, integrated policies and inter-sectoral action are called for.

European Centre expertise includes issues of demographic development, work and employment, incomes, poverty and social exclusion, social security, migration and social integration, human security, care, health and well-being through the provision of public goods and personal services. The focus is on the interplay of socio-economic developments with institutions, public policies, monetary transfers and in-kind benefits, population needs and the balance of rights and obligations of all stakeholders involved.

### European Centre Publications

- ‘Policy Briefs’ contain recent research and policy advice results
- ‘European Centre Reports’ expose results of studies or research carried out in the context of national or international projects
- ‘European Centre Working Papers’ comprise preliminary findings or innovative ideas to be shared with a wider public
- The European Centre Newsletter is published in English on a monthly basis and synthesizes the news published regularly on our website

Furthermore, scientific staff of the European Centre regularly publish books, peer-reviewed articles or contributions to books.

Please contact us ([solymosi@euro.centre.org](mailto:solymosi@euro.centre.org)) if you want to get informed on a regular basis about our activities and publications.

### More information:

<http://www.euro.centre.org>

### Contact

Berggasse 17  
A – 1090 Vienna  
Tel: +43/1/319 45 05 -0  
Email: [ec@euro.centre.org](mailto:ec@euro.centre.org)