

International Policy Pathway

United Kingdom

Ministry

The U.K. does **not** have a standalone ministry *or* department solely dedicated to social isolation and loneliness, but it does have a **Minister for Loneliness**

- The position was first created in 2018, following recommendations from the Jo Cox Commission on Loneliness.
- It was initially part of the Department for Digital, Culture, Media & Sport (DCMS).
- The responsibility has since moved between departments depending on government reshuffles. As of recent years, it has often been associated with the Department for Culture, Media and Sport (DCMS) or Department for Health and Social Care (DHSC).
- The Minister for Loneliness oversees cross-government work, coordinates national strategies, and supports community initiatives aimed at reducing loneliness.

National-level Policies

Age UK's "You Are Not Alone in Feeling Lonely" Report

Age UK. (2024, December). *You are not alone in feeling lonely*. <https://www.ageuk.org.uk/latest-press/articles/age-uks-new-report-shows-you-are-not-alone-in-feeling-lonely/>

Description: This report presents new evidence on the scale and health impacts of loneliness among older people. It highlights that approximately 7% of individuals aged 65 and over—equivalent to 940,000 older people in the UK—often feel lonely. The report also emphasizes the link between loneliness and increased risks of physical and mental health issues, including depression, anxiety, and dementia. Age UK calls for cross-government efforts and community collaboration to address this growing concern.

This report by Age UK highlights the prevalence and impact of loneliness among older adults in the UK. It reveals that approximately 940,000 individuals aged 65 and over often feel lonely, constituting about 7% of this age group. The report underscores the association between frequent loneliness and adverse mental health outcomes, noting that 9 in 10 older people who are often lonely also experience unhappiness or depression, compared to 4 in 10 among those who are hardly ever lonely. Projections suggest that without intervention, the number of older individuals experiencing loneliness could rise to 1.2 million by 2034.

Key Recommendations:

- **Community engagement:** Encourage older individuals to participate in local activities and social groups to foster connections.
- **Volunteer opportunities:** Promote volunteering as a means for older adults to build relationships and find purpose.
- **Support services:** Enhance access to befriending services and helplines for those experiencing loneliness.

Practice Implications:

- Identify high-risk older adults (e.g., those recently bereaved, with poor health, or living alone) through primary care and community services.
- Incorporate loneliness screening into routine health and social care assessments.
- Strengthen referral pathways between GPs, social workers, and community groups to offer social connection opportunities.

- Invest in community-based initiatives, such as lunch clubs, befriending schemes, and digital literacy support.
- Promote cross-sector collaboration (e.g., NHS, charities, local councils) to create a more integrated response to loneliness.

Methods:

- Secondary data analysis from large-scale national surveys (e.g., English Longitudinal Study of Ageing, ONS data).
- Quantitative data synthesis using prevalence estimates and population projections.
- Review of academic and grey literature on the impacts of loneliness.
- Use of case studies and personal stories gathered from Age UK service users.
- Expert consultation from practitioners and stakeholders in older people's care.

UK Government's Community Life Survey 2023/24

Department for Culture, Media and Sport. (2024). *Community Life Survey 2023/24: Loneliness and support networks*. UK Government. <https://www.gov.uk/government/statistics/community-life-survey-202324-annual-publication/community-life-survey-202324-loneliness-and-support-networks--2>

Description: The Community Life Survey provides insights into social connections and loneliness across England. The 2023/24 survey indicates that 7% of adults reported feeling lonely often or always, a slight increase from previous years. The survey also identifies variations in loneliness across different age groups and highlights the higher prevalence among disabled adults.

Key Recommendations:

- Civic Participation: Encourage involvement in local decision-making processes to strengthen community bonds.
- Volunteering: Support initiatives that promote regular volunteering to enhance social networks.
- Neighbourhood Relations: Foster environments where residents feel connected and supported by their neighbours.

Practice Implications:

- Encourage participation in volunteering and community activities, especially among older adults and those with disabilities.
- Design and fund inclusive local services that accommodate physical and mobility needs of older people.
- Use local data to target areas with high reported loneliness for more intensive support.
- Embed loneliness considerations into housing, transport, and urban planning, ensuring older adults can access social spaces.
- Train community and frontline workers to recognize signs of isolation and initiate supportive conversations or referrals.

Methods:

- National household survey administered across England.
- Random probability sampling of adults aged 16 and over.
- Standardized loneliness measures, including the Office for National Statistics (ONS) 3-item and 1-item scales.
- Cross-tabulation and statistical analysis by demographic variables (age, disability, ethnicity, etc.).
- Data collected via online and face-to-face interviews between 2023 and 2024.

Mental Health Foundation's "Loneliness and Mental Health" Report

Mental Health Foundation. (2024). *Loneliness and mental health report*

UK. <https://www.mentalhealth.org.uk/our-work/research/loneliness-and-mental-health-report-uk>

Description: This report explores the experiences, causes, and consequences of loneliness, particularly its strong links to mental health. It provides personal stories and examines the circumstances that increase the risk of loneliness, offering insights into public perceptions and understanding of the issue. It emphasizes that while occasional loneliness is a normal part of life, chronic loneliness can have detrimental effects on mental

well-being. The report identifies various causes of loneliness, including societal, structural, and psychological factors, and highlights the importance of addressing these to mitigate the mental health impacts of loneliness.

Key Recommendations:

- Strategic Approach: Develop comprehensive strategies to address loneliness at national and local levels.
- Community Resources: Invest in community infrastructure that facilitates social interactions and support.
- Education Settings: Implement interventions in schools to support children and young people experiencing loneliness.

Practice Implications:

- Integrate mental health and loneliness support, especially for older adults experiencing depression or anxiety.
- Address stigma around loneliness through public health messaging and awareness campaigns.
- Support peer-led and community-based mental health initiatives that also foster social connection.
- Encourage services to take a trauma-informed and relational approach, recognizing loneliness as an emotional experience with deep personal roots.
- Ensure older people with mental health conditions are linked to both therapeutic and social supports, not just clinical care.

Methods:

- Mixed methods approach combining quantitative and qualitative research.
- National public poll conducted via YouGov, sampling a representative adult UK population.
- In-depth interviews and case studies with individuals affected by loneliness.
- Thematic analysis of qualitative data to identify emotional and psychological dimensions.
- Review of existing research and policy literature linking loneliness and mental health outcomes.

Exploring the Legacy of the Campaign to End Loneliness

Campaign to End Loneliness. (2024). *Exploring the Legacy of the Campaign to End Loneliness*.

https://www.campaigntoendloneliness.org/wp-content/uploads/Exploring-the-legacy-of-the-Campaign-to-End-Loneliness-April-2024.pdf?utm_source=chatgpt.com

Description: This report reviews the impact of the Campaign to End Loneliness over its 13 years of operation, reflecting on its achievements and considering the legacy it leaves for future efforts to address loneliness. Launched in 2011, the Campaign to End Loneliness aimed to bring attention to the issue of loneliness, particularly among older adults. A 2024 report reviewing the campaign's legacy notes its significant influence in shaping public discourse and policy, including the UK's appointment of the world's first Minister for Loneliness and the development of a national strategy to address loneliness. The campaign has been instrumental in fostering a movement that continues to inform local, national, and international actions on loneliness.

Key Findings:

- The Campaign significantly raised awareness of loneliness as a public health issue.
- It influenced policy changes and inspired global action on loneliness.
- Established a robust evidence base for interventions addressing loneliness.

Practice Implications:

- Future initiatives should build upon the established evidence base to develop targeted interventions.
- Continued collaboration between policymakers, practitioners, and researchers is essential to sustain momentum.
- Emphasize the importance of community-based approaches in tackling loneliness.

Methods:

- Review of the Campaign's internal documents and reports.
- Interviews and consultations with key stakeholders involved in the Campaign.
- Analysis of policy changes and public discourse influenced by the Campaign.

The State of Loneliness 2023: ONS Data on Loneliness in Britain

McClelland, H. (2023). *The State of Loneliness 2023: ONS Data on Loneliness in Britain*. Campaign to End Loneliness. https://policycommons.net/artifacts/4573197/untitled/5396823/?utm_source=chatgpt.com

Description: Analyzing data from the Office for National Statistics (ONS), this report provides insights into the prevalence and patterns of loneliness in Britain between March 2020 and January 2023. Analyzing data from the Office for National Statistics, this report indicates that chronic loneliness affects approximately 3.83 million adults in the UK, marking an increase of half a million since the onset of the COVID-19 pandemic. The data reveals significant increases in chronic loneliness among individuals aged over 30 and under 70, highlighting the pandemic's long-term impact on social isolation.

Key Findings:

- Significant increases in chronic loneliness among individuals aged 30 to 70 during the study period.
- Younger adults (16-29) are twice as likely to experience chronic loneliness compared to those over 70.
- Women reported higher levels of chronic loneliness than men, a shift from pre-pandemic trends.

Practice Implications:

- Develop targeted interventions for age groups showing increased loneliness, particularly those between 30 and 70.
- Address gender-specific factors contributing to loneliness, focusing on the rising rates among women.
- Implement community programs that foster intergenerational connections to mitigate loneliness across age groups.

Methods:

- Secondary analysis of ONS Opinions and Lifestyle Survey data collected between March 2020 and January 2023.
- Statistical analysis to identify trends and demographic patterns in reported loneliness.
- Comparison with pre-pandemic data to assess the impact of COVID-19 on loneliness.

Loneliness at Work

British Red Cross. (2023). *Loneliness at Work*. Campaign to End Loneliness

https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/loneliness-at-work?utm_source=chatgpt.com

Description: Commissioned by the All-Party Parliamentary Group (APPG) on Tackling Loneliness and Connected Communities, this report explores the extent of loneliness in UK workplaces and its impact on employees and employers. The British Red Cross's report on loneliness in the workplace examines how the COVID-19 pandemic has influenced feelings of isolation among employees. It identifies that loneliness at work contributes to reduced productivity, increased sickness absence, and higher staff turnover, costing UK employers an estimated £2.5 billion annually. The report calls for employers to recognize and address loneliness as a significant workplace issue.

Key Findings:

- Loneliness at work is prevalent across various sectors and affects employees at all levels.
- Remote and hybrid working models have contributed to increased feelings of isolation among employees.
- Loneliness negatively impacts productivity, job satisfaction, and employee well-being.

Practice Implications:

- Employers should implement policies that promote social connections, such as regular team interactions and inclusive workplace cultures.
- Design workspaces that encourage collaboration and informal socializing to reduce feelings of isolation.
- Provide training for managers to recognize signs of loneliness and support affected employees effectively.

Methods:

- Literature review of existing research on workplace loneliness.
- Surveys and interviews with employees across different industries to assess experiences of loneliness.
- Case studies highlighting effective organizational practices in mitigating workplace loneliness.

Tackling Loneliness: Annual Report (Fourth Year)

Department for Culture, Media and Sport. (2023, March). *Tackling loneliness: Annual report (Fourth year)*. UK Government. <https://www.gov.uk/government/publications/loneliness-annual-report-the-fourth-year/tackling-loneliness-annual-report-march-2023-the-fourth-year>

Description: This report outlines the UK government's progress in reducing loneliness since the launch of its Loneliness Strategy in 2018. It highlights funding streams, cross-sector partnerships, and evaluation efforts, while setting priorities for future action, especially around community resilience, social prescribing, and digital inclusion for older adults. This report outlines the UK government's progress in implementing its cross-government strategy to tackle loneliness since its inception in 2018. It details ongoing and new actions planned over the next two years, reaffirming the government's commitment to addressing loneliness through various initiatives and partnerships .

Key Findings:

- Over £80 million invested since 2018 to tackle loneliness across England.
- Social prescribing is a central government approach, helping link people with community activities.
- COVID-19 accelerated awareness and urgency around social isolation, especially for older adults.
- Emphasis on cross-sector collaboration including charities, local authorities, and businesses.
- Digital inclusion and connectivity remain vital challenges for older people at risk of isolation.

Practice Implications:

- Integrate social prescribing into health and community services targeting older adults.
- Design co-produced initiatives with older people to reflect their needs and preferences.
- Use data-sharing agreements across sectors to identify and support lonely individuals.
- Support digitally excluded older adults through training and access programs.
- Apply for central government funding streams to develop innovative loneliness interventions.

Methods:

- Monitoring and evaluation reports from funded programs.
- Cross-departmental data collected through DCMS collaborations.
- Stakeholder engagement with community groups and charities.
- Case studies illustrating local implementation of national strategy.
- Surveys and performance metrics submitted by funded projects.

Government's Work on Tackling Loneliness

UK Government. (n.d.). *Government's work on tackling*

loneliness. <https://www.gov.uk/guidance/governments-work-on-tackling-loneliness>

Description: This webpage provides a comprehensive overview of national policy approaches and interventions addressing loneliness, especially during the COVID-19 pandemic. It includes information about ministerial responsibilities, key partners, the Tackling Loneliness Strategy, and funding available to support local and voluntary sector initiatives targeting vulnerable groups, including older adults.

Key Findings:

- Loneliness is recognized as a public health issue with broad mental and physical impacts.
- The Minister for Loneliness leads cross-government efforts on this issue.
- The government supports innovative community-based solutions through grant funding.
- There's an emphasis on building "loneliness resilience" through social infrastructure.
- Strategic partnerships (e.g., with NHS, DCMS, and local governments) are crucial for success.

Practice Implications:

- Align local strategies with the UK-wide Loneliness Strategy to access funding and support.
- Develop multi-sector partnerships (health, housing, voluntary sector) for holistic support.
- Embed loneliness awareness into frontline roles like community nurses, GPs, and social workers.
- Encourage local councils and charities to map existing provision and identify service gaps.
- Promote sustainable models rather than short-term initiatives by focusing on prevention.

Methods:

- Synthesis of existing policy evaluations and program data.
- Analysis of inputs from ministerial roundtables and partner organizations.
- Review of funding allocation outcomes and delivery partner feedback.
- Limited use of quantitative data—mostly descriptive and illustrative.

Loneliness and Isolation in Elderly and Vulnerable People

House of Commons Library. (2023, December 4). *Loneliness and isolation in elderly and vulnerable people*. <https://commonslibrary.parliament.uk/research-briefings/cdp-2023-0215/>

Description: This research briefing supports parliamentary debate and provides data on the prevalence of loneliness among older and vulnerable populations in the UK. It reviews research findings, discusses health and social care implications, and examines current government and third-sector responses. It also highlights policy gaps and challenges in coordination. The briefing underscores the importance of targeted interventions to support elderly and vulnerable populations who are at increased risk of social isolation.

Key Findings:

- Around 1 in 12 people aged 50+ in England often feel lonely.
- Loneliness is linked with increased risks of dementia, depression, and early mortality.
- Older people living alone or in poor health are particularly vulnerable.
- Effective responses include person-centred interventions, befriending schemes, and community engagement.
- Policy attention is needed to ensure long-term sustainability of support services.

Practice Implications:

- Use evidence to advocate for continued funding and priority-setting around loneliness in older populations.
- Implement targeted outreach to high-risk groups (e.g., carers, those with disabilities, recent bereavement).
- Encourage inter-agency collaboration to ensure joined-up referrals and service delivery.
- Incorporate loneliness indicators into health assessments and care planning.
- Prioritize inclusive environments (e.g., transport, community centres) that enable social participation.

Methods:

- Review of academic and policy literature on loneliness and ageing.
- Use of ONS (Office for National Statistics) and other national datasets.
- Reference to survey data (e.g., English Longitudinal Study of Ageing).
- Inclusion of think tank and NGO reports.
- No original research—compiled to support parliamentary debate.

Loneliness Research and Resources

Age UK. (n.d.). *Loneliness research and resources*. <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/>

Description: This web resource compiles Age UK’s key research findings, reports, and campaigns on loneliness in older age. It offers data-driven insights into risk factors, impacts on mental and physical health, and effective community-level interventions. Age UK advocates for improved services, sustained funding, and policy attention. Age UK’s research emphasizes that nearly a million older people in the UK often feel lonely. The organization advocates for comprehensive strategies to combat loneliness, including influencing

policy, campaigning, and providing services. Their work is grounded in evidence and aims to make ageing a less lonely experience

Key Findings:

- Loneliness in older age is not inevitable, but influenced by life events (e.g., bereavement, retirement).
- Nearly 1 million older people often feel lonely in the UK.
- Loneliness is closely connected to reduced wellbeing and increased healthcare use.
- Age UK recommends proactive identification of at-risk individuals through GP and community networks.
- Community-based interventions (e.g., social clubs, helplines) show strong positive impact.

Practice Implications:

- Train staff and volunteers to identify and respond to signs of chronic loneliness.
- Develop local befriending schemes and intergenerational programs.
- Partner with GPs and hospitals to refer older patients to community-based support.
- Design services around key transition points (e.g., retirement, loss of spouse) where loneliness spikes.
- Measure impact using wellbeing outcomes to demonstrate value to funders and policymakers.

Methods:

- Quantitative surveys of older adults (e.g., YouGov, Ipsos MORI).
- Qualitative interviews and focus groups with older people.
- Analysis of Age UK's service user data.
- Secondary analysis of national datasets (e.g., Census, ELSA).
- Ongoing monitoring and evaluation of Age UK programmes.

Promising Approaches Revisited: Effective Action on Loneliness in Later Life

Campaign to End Loneliness. (2020). *Promising Approaches Revisited: Effective Action on Loneliness in Later Life*. https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

Description: An update to the original 2015 report, this publication presents an enhanced framework for addressing loneliness among older adults, incorporating new evidence and case studies. Age UK's research emphasizes that nearly a million older people in the UK often feel lonely. The organization advocates for comprehensive strategies to combat loneliness, including influencing policy, campaigning, and providing services. Their work is grounded in evidence and aims to make ageing a less lonely experience.

Key Findings:

- Effective interventions are those that are person-centered and community-driven.
- Combining different types of interventions (e.g., group activities, one-on-one support) yields better outcomes in reducing loneliness.
- Sustainable funding and cross-sector collaboration are critical for the success of loneliness interventions.

Practice Implications:

- Organizations should adopt a holistic approach, integrating various intervention types tailored to individual needs.
- Foster partnerships between public, private, and voluntary sectors to enhance resource sharing and program reach.
- Regularly evaluate and adapt interventions to ensure they remain effective and responsive to the changing needs, preferences, and life circumstances of older adults.

Methods:

- Literature Review
- Case Studies
- Stakeholder Consultation
- Framework Development
- Evaluation Evidence

Promising Approaches to Reducing Loneliness and Isolation in Later Life

Campaign to End Loneliness. (2015). *Promising approaches to reducing loneliness and isolation in later life*. <https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

Description: This report offers a framework for evaluating and implementing loneliness interventions. It categorizes promising practices into sectors (e.g., health, community, technology) and provides case studies from across the UK. The report encourages strategic action by local authorities and community organizations to embed social connection in service delivery for older adults. This 2020 report by the Campaign to End Loneliness updates the original 2015 "Promising Approaches" report. It presents an updated model for commissioners, local authorities, health bodies, and third-sector organizations interested in reducing loneliness among older adults. The report emphasizes the need for a coordinated, community-based approach to effectively address loneliness in later life .

Key Recommendations:

- No one-size-fits-all: successful interventions must be locally adapted and person-centred.
- Five types of interventions identified: foundation services, direct interventions, gateway services, structural enablers, and holistic models.
- Integration with health and care services increases intervention reach and effectiveness.
- Case studies show community transport, befriending, and group activities are especially effective.
- Evaluations highlight the importance of measuring outcomes like confidence, wellbeing, and community participation.

Practice Implications:

- Choose or design interventions using the five “types of intervention” framework.
- Evaluate programs not just for attendance, but for meaningful outcomes (e.g., confidence, belonging).
- Use place-based approaches—identify local assets and tailor to community demographics.
- Encourage cross-sector learning by sharing evidence and models across different services.
- Support volunteer-led models with adequate training, supervision, and resources.

Methods:

- Literature review of interventions and evaluation reports.
- Case study analysis of successful local projects.
- Input from practitioner interviews and stakeholder workshops.
- Framework development through collaborative expert consultation.
- Use of theory of change models to categorize interventions.

National-level Initiatives

A Connected Society: A Strategy for Tackling Loneliness

Department for Digital, Culture, Media & Sport. (2018). *A connected society: A strategy for tackling loneliness*. <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

Description: This cross-government strategy aims to tackle loneliness by integrating efforts across sectors, promoting community connections, and reducing stigma. This 2018 cross-government strategy was the first of its kind globally and marks a significant political and conceptual milestone. It reframes loneliness as a public health issue with wide-ranging social, economic, and psychological consequences. Rather than situating loneliness within the remit of health services alone, the strategy mobilizes multiple sectors—including transport, housing, education, and local government—to create systemic change. The document calls for culture change, encouraging individuals, institutions, and communities to see addressing loneliness as everyone’s responsibility. It includes a government commitment to develop better metrics for tracking loneliness, improve funding for community initiatives, and reduce stigma. The strategy has catalyzed national

action while simultaneously empowering local and civil society actors to innovate and tailor solutions. Its comprehensive and preventative focus makes it a foundational document for subsequent interventions.

Key Activities:

- Appointing a Minister for Loneliness.
- Developing measurement tools for loneliness.
- Funding community initiatives to foster social connections.

Practice Implications:

- Encourages organizations to consider loneliness in service delivery.
- Promotes collaboration across sectors to address social isolation.
- Supports the development of targeted interventions for at-risk groups.

Evaluation: Progress reports indicate increased awareness and initial implementation of initiatives, with ongoing efforts needed to sustain and expand impact.

Promising Approaches Revisited

Campaign to End Loneliness. (2020). *Promising approaches revisited: Effective action on loneliness in later life*. https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

Description: An updated framework providing guidance on effective interventions to reduce loneliness among older adults, building on previous research and practice. This framework report, produced by the Campaign to End Loneliness, synthesizes years of practical learning and evidence into an updated taxonomy of intervention types. It emphasizes that effective strategies must be multi-layered, relationship-based, and embedded in local contexts. The report identifies five key types of loneliness interventions: foundation services (like transport and digital access), direct interventions (like group activities), gateway services (like social prescribing), structural enablers (like community development), and wider system change (like age-friendly policy environments). What makes this document unique is its ability to integrate practice-based knowledge with empirical evidence, offering a blueprint not only for designing new interventions but also for scaling successful ones. It also includes reflective questions to guide practitioners and policymakers in assessing local readiness and infrastructure.

Key Activities:

- Identifying successful models of intervention.
- Offering practical recommendations for implementation.
- Highlighting case studies demonstrating effective practices.

Practice Implications:

- Serves as a resource for organizations designing loneliness interventions.
- Encourages evidence-based approaches tailored to community needs.
- Supports the scaling of effective models across different settings.

Evaluation: The report synthesizes existing evidence and expert insights, emphasizing the importance of relationship-building and community engagement in successful interventions.

Building Connections Fund

Department for Digital, Culture, Media & Sport. (2021). *Building Connections Fund evaluation final reports*. <https://www.gov.uk/government/publications/building-connections-fund-evaluation-final-reports>

Description: A £11.5 million fund supporting projects aimed at reducing loneliness through community-based initiatives, particularly targeting vulnerable groups. The Building Connections Fund (2018–2021) was a multi-million-pound investment led by the Department for Digital, Culture, Media and Sport (DCMS), the National Lottery Community Fund, and the Co-op Foundation. It provided financial backing to 126 diverse projects across England with the explicit goal of reducing loneliness. What distinguished the fund was its dual emphasis on innovation and evidence. Projects were encouraged to be co-designed with users, use community assets creatively, and build inclusive engagement for groups at high risk of chronic loneliness—including older adults, young carers, and people with disabilities. The fund also mandated robust monitoring and evaluation processes, thereby creating a learning legacy that extended beyond the lifespan of the funded projects. It offered a practical test bed for scalable interventions and reinforced the value of civil society as a delivery partner in public health strategies.

Key Activities:

- Funding 126 projects across England.
- Encouraging co-design and community involvement.
- Providing resources for evaluation and learning.

Practice Implications:

- Demonstrates the value of targeted funding in addressing social issues.
- Highlights the importance of community-led solutions.
- Offers insights into effective practices for reducing loneliness.

Evaluation: The fund led to increased social connections and reduced feelings of loneliness among participants, with successful projects often involving co-production and strong local partnerships.

Re-engage Befriending Services

Re-engage. (n.d.). *Research 100*. <https://reengage.org.uk/research-ending-loneliness-for-people-aged-75-and-over/reengage-research-100/>

Description: Re-engage provides social connections for older people through volunteer-led activities, including telephone befriending and social gatherings. Re-engage's work targets a critical and often overlooked segment of the older adult population: those aged 75 and over who live alone and are at high risk of chronic loneliness. Their approach is volunteer-driven and relationship-centered, offering two key services: regular telephone befriending through "Call Companions" and monthly social gatherings such as tea parties. What distinguishes Re-engage is its commitment to low-barrier, emotionally resonant connection—participants are not asked to engage in complex programming or assessments, but simply to show up and be themselves. Their programs are designed for consistency, continuity, and trust-building, with many relationships between volunteers and participants lasting years. The organization also provides training and support to volunteers, recognizing that their role is both social and emotionally supportive. By creating micro-communities of connection, Re-engage effectively counters isolation in a sustainable and scalable way.

Key Activities:

- Organizing regular social events for older adults.
- Offering telephone befriending services.
- Engaging volunteers to support isolated individuals.

Practice Implications:

- Highlights the role of volunteers in addressing loneliness.
- Demonstrates the effectiveness of consistent social interaction.
- Provides a scalable model for community engagement.

Evaluation: Participants reported increased confidence and social engagement, with the program effectively reducing feelings of isolation among older adults.

Age-Friendly Communities (UK Network coordinated by the Centre for Ageing Better)

Centre for Ageing Better. (2025). *Age-friendly communities impact report*. <https://ageing-better.org.uk/resources/age-friendly-communities-impact-report>

Description: Age-Friendly Communities is a place-based initiative aligned with the World Health Organization's (WHO) Age-Friendly Cities framework. It supports UK localities in adapting social and physical environments to promote healthy ageing and reduce isolation. The UK network, supported by the Centre for Ageing Better, encourages local authorities, voluntary groups, and older people themselves to co-design communities that are inclusive, accessible, and socially connected. While not exclusively focused on loneliness, the initiative places social participation, community support, and civic engagement at the heart of its eight "Age-Friendly" domains, directly addressing the structural causes of isolation. Action plans are co-developed with older adults themselves, ensuring that changes reflect lived experience. The initiative helps localities adapt their physical environments, promote intergenerational engagement, and reform local services to be more inclusive. Its strength lies in its strategic vision: rather than treating loneliness as an individual issue, it focuses on cultivating the conditions for sustained, community-wide connection and participation over time.

Key Activities:

- Conducting baseline assessments of age-friendliness across WHO domains (e.g., transportation, housing, social participation).
- Developing community action plans through local partnerships, including councils, health services, and older residents.
- Facilitating intergenerational programs, walkability initiatives, and age-friendly public space improvements.
- Creating local age-friendly charters and promoting older adult advisory panels.
- Participating in a national learning network for peer exchange and shared evaluation.

Practice Implications:

- Public health and urban planning professionals are encouraged to integrate age-friendly principles into policy and infrastructure.
- Local authorities adopt co-production models, fostering empowerment and civic participation among older adults.
- Health and social care services are supported in adapting outreach and service design to better align with mobility and access needs.
- Encourages place-based prevention of loneliness by reshaping the environment in which older adults live, rather than relying solely on service-based interventions.

Evaluation: <https://ageing-better.org.uk/age-friendly-communities/eight-domains> Study findings indicate:

- Evaluations show improved community engagement, access to local services, and increased participation in social life among older adults.
- According to Centre for Ageing Better's impact reporting (2025), areas implementing age-friendly frameworks see higher levels of satisfaction with local amenities and reduced social exclusion.
- Successful communities emphasize ongoing resident involvement and strategic alignment with public health and regeneration policies.

National-level Policies & Strategies Specific to Healthcare and Social Service Professionals

Social Prescribing through NHS England

NHS England. (2020). *Social prescribing summary guide*. <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>

Description: Social prescribing enables primary care professionals to refer patients to non-clinical services, addressing social determinants of health. Link workers connect individuals to community resources, aiming to improve well-being and reduce loneliness. Social prescribing represents a paradigm shift in the UK's approach to health and well-being. Rather than addressing loneliness and related conditions solely through medical treatment, this initiative embeds a preventative, community-oriented model within primary care. Through the use of "link workers," who are embedded in Primary Care Networks (PCNs), individuals are supported to connect with local non-clinical services, such as walking groups, befriending services, volunteer opportunities, and arts activities. This holistic approach acknowledges the social determinants of health and positions GPs and practice nurses not just as clinicians but as connectors to broader community resources. The model is especially powerful for older adults who often face multiple, overlapping challenges such as bereavement, retirement, and physical frailty. By offering tailored support that acknowledges individual interests and barriers, social prescribing serves as a bridge between clinical settings and social infrastructure.

Key Activities:

- Embedding link workers in Primary Care Networks.
- Developing personalized care plans addressing social needs.
- Collaborating with community organizations to provide services like befriending, arts, and physical activities.

Practice Implications:

- Enhances holistic patient care by addressing non-medical needs.
- Reduces demand on clinical services by mitigating social issues contributing to health problems.
- Fosters stronger connections between healthcare and community services.

Evaluation Findings: A scoping review identified various community-based social prescription activities for the elderly, emphasizing the need for further research to assess their effectiveness and integration into primary care.

RCGP Loneliness Toolkit

Royal College of General Practitioners. (2018). *Loneliness: A call to action*. <https://www.rcgp.org.uk/getmedia/50c80a45-1a40-4973-a34a-13fddc7ca167/RCGP-loneliness-manifesto-england-2018.pdf>

Description: A toolkit providing resources for primary care professionals to identify and manage loneliness in patients. The Royal College of General Practitioners (RCGP) Loneliness Toolkit is a foundational resource developed to equip primary care providers with practical tools to identify, address, and manage loneliness in clinical practice. Recognizing that loneliness can exacerbate or even mimic physical and mental health conditions, the toolkit encourages GPs and nurses to routinely ask about social support as part of patient assessments. It includes evidence summaries, screening prompts, case studies, and signposting pathways for onward referral. Importantly, the toolkit situates loneliness as a modifiable risk factor, one that is both clinically relevant and ethically urgent to address. The materials reflect a shift in primary care philosophy—from reactive treatment to preventative, holistic care—and support healthcare professionals in building trusting, human-centered patient relationships that extend beyond biomedical symptoms.

Key Activities:

- Offering learning modules and diagnostic tools.
- Providing practical tips for addressing loneliness.
- Guiding referrals to community support services.

Practice Implications:

- Normalizes loneliness as a clinical concern.
- Integrates loneliness assessment into routine care.
- Supports practitioners in connecting patients to appropriate resources.

Evaluation: While specific evaluation studies are limited, the toolkit has been recognized for raising awareness and providing practical guidance to GPs.

Mental Health Foundation's 'Standing Together' Project

Mental Health Foundation. (2017). *An evaluation of the Standing Together project*. <https://www.mentalhealth.org.uk/our-work/programmes/late-life/standing-together/evaluation>

Description: A peer-support group initiative aimed at reducing loneliness and improving emotional well-being among older adults in supported housing. 'Standing Together' was a three-year project led by the Mental Health Foundation that supported the establishment of peer-support groups in extra-care housing settings. It aimed to tackle loneliness and improve mental well-being among older people by fostering emotional bonds and shared experiences in a structured, facilitated format. What made this initiative distinct was its dual emphasis on emotional support and co-production. Residents were not passive recipients but active participants in shaping the group process. Group facilitators were trained not only in moderation but also in trauma-informed and inclusive practices. The project successfully demonstrated that when older adults are empowered to lead their own social interactions, the resulting relationships are deeper, more sustainable, and contribute meaningfully to psychological resilience. Evaluation findings supported reductions in reported loneliness and improvements in mental health indicators, suggesting the scalability of this model in supported living environments.

Key Activities:

- Facilitating peer-support groups.
- Encouraging meaningful activities.
- Promoting emotional well-being.

Practice Implications:

- Highlights the value of peer support in mental health.
- Demonstrates the effectiveness of group interventions.
- Provides a model for integrating social support into care settings.

Evaluation:

The evaluation indicated improvements in participants' social connections and emotional well-being, emphasizing the importance of peer support in reducing loneliness.

NHS Discharge and Community Support Guidance

Department of Health and Social Care. (2022). *Hospital discharge and community support guidance*. <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>

Description: Guidance outlining expectations for NHS bodies and local authorities to collaborate effectively during hospital discharge processes. The NHS Discharge and Community Support Guidance (most recently updated in 2022) outlines principles for timely, safe, and person-centered transitions from hospital to home or long-term care. While not focused solely on loneliness, the guidance underscores the importance of considering the social needs of patients—particularly older adults—during discharge planning. It recommends that health and social care teams assess risks related to isolation, ensure coordination with voluntary sector providers, and facilitate access to post-discharge support that fosters community connection. It recognizes that unplanned or unsupported discharges can lead to rapid social disconnection and poorer health outcomes. The inclusion of loneliness-related metrics in discharge protocols signals an important shift toward whole-person care, where reintegration into community life is viewed as a health outcome in its own right.

Key Activities:

- Promoting co-operation between NHS and local authorities.
- Ensuring timely and safe discharges.
- Providing support for patients transitioning to community care.

Practice Implications:

- Enhances coordination in care transitions.
- Addresses social needs during discharge planning.
- Reduces risks associated with hospital readmissions.

Evaluation: Evaluations have highlighted the importance of integrated discharge planning in improving patient outcomes and reducing readmissions.

Age UK's Integrated Care Programme

Age UK. (2019). *Personalised Integrated Care Programme: Sustainability, impact on hospital activity and lessons learned*. https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/active-communities/rb_feb19_picp_sustainability_impact_on_hospital_activity_and_lessons_lea....pdf

Description: A programme combining health and social care to provide personalized support for older adults with complex needs. Age UK's Integrated Care Programme is a model of person-centred, coordinated care that addresses both clinical and social needs of older adults living with long-term conditions. Delivered in partnership with local NHS and social care services, the programme centers on 'guided conversations' conducted by care coordinators trained to explore physical, emotional, and social well-being. These conversations lead to personalized care plans that may include referrals to community groups, befriending services, or volunteer-led support. The programme's strength lies in its capacity to bridge medical and social domains: GPs and hospitals provide diagnosis and treatment, while Age UK provides relational, preventative support. Evaluations have shown improvements in patients' confidence, reduced hospital admissions, and enhanced quality of life. It provides a scalable framework for integrated, socially responsive care and is increasingly referenced in discussions about proactive support for ageing populations.

Key Activities:

- Conducting guided conversations to identify individual needs.
- Developing personalized care plans.
- Coordinating services across health and social care sectors.

Practice Implications:

- Improves patient experience and satisfaction.
- Reduces hospital admissions and healthcare costs.
- Enhances collaboration between care providers.

Evaluation: The Nuffield Trust's evaluation reported that the programme improved well-being and reduced hospital admissions among participants.

Campaign to End Loneliness: Sector Briefings & Practice Toolkits

Campaign to End Loneliness. (2023). *Evaluation and measurement*. <https://www.campaigntoendloneliness.org/evaluation/>

Description: The Campaign to End Loneliness provides sector-specific briefings, toolkits, and evaluation guidance to support organizations—including healthcare providers, housing associations, and local governments—in designing, implementing, and assessing loneliness interventions. These resources are tailored to frontline service providers and strategic planners who need to embed loneliness reduction into day-to-day practice. Unlike generic awareness materials, these toolkits are action-oriented, rooted in behavioral science and practitioner feedback, and directly aligned with national policy priorities such as social prescribing and community health.

Key Activities:

- Developing loneliness measurement tools, such as adapted versions of the UCLA Loneliness Scale and Office for National Statistics (ONS) indicators.
- Publishing briefing papers on sector-specific challenges (e.g., housing, care homes, health services).
- Offering evidence reviews and promising practice examples from across the UK.
- Supporting co-designed interventions through guidance on participatory program development.
- Hosting webinars, workshops, and learning networks to build capacity for effective loneliness interventions.

Practice Implications:

- Promotes evidence-informed decision-making for practitioners and commissioners across health and social care sectors.
- Encourages tailored approaches that reflect the specific needs of older adults in different service contexts (e.g., home care vs. primary care).
- Strengthens accountability and quality improvement by embedding measurable outcomes in loneliness-related programs.
- Helps organizations scale and adapt effective models while maintaining fidelity to best practices.

Evaluation: resources and evaluation guidance:
<https://www.campaigntoendloneliness.org/evaluation/>

While the Campaign's resources consolidate evaluations rather than conducting primary studies, several initiatives featured in their toolkits have been externally evaluated. For instance:

- Findings from the Building Connections Fund, featured in Campaign resources, showed that programs using their measurement tools reported improved social connection scores across diverse demographics.
- Promising Approaches Revisited (2020) highlighted consistent practice themes such as the importance of relationship-centered care, consistent volunteer support, and addressing practical barriers like transport and digital literacy.

Denmark

Ministry

Ministry of Senior Citizens: The Danish Ministry of Senior Citizens focuses on improving services for older adults, emphasizing a dignified and healthy life. The ministry oversees personal and practical assistance, care, food services, and rehabilitation, working within the framework of the Services Act.

https://english.aeldremin.dk/?utm_source=chatgpt.com

National-level Policy

National Strategy Against Loneliness

National Partnership Against Loneliness. (2023). *Together Against Loneliness – A National 2040 Strategy for Reducing Loneliness in Denmark*. https://www.age-platform.eu/proposal-for-national-strategy-against-loneliness-in-denmark/?utm_source=chatgpt.com

Description: The *Together Against Loneliness* strategy, published in May 2023 by the National Partnership Against Loneliness—a coalition of 115 stakeholders including municipalities, regions, companies, organizations, and civil society—aims to halve the prevalence of loneliness among Danes over 16 by 2040. The strategy provides a comprehensive framework to address loneliness across various life domains. Motion B 1/2021 directed government to “begin work towards” a national strategy. Rather than draft it in-house, the Social Affairs Ministry outsourced facilitation to Red Cross & Ældre Sagen, who convened >100 bodies (municipalities, unions, patient groups, youth & senior NGOs, businesses). Government accepted the partnership’s document as the *de facto* strategy (press release, 21 June 2023) and immediately funded four seed projects totalling DKK 20.8 m (focus on destigmatising campaigns and municipal innovation labs). A full governmental action plan is expected 2025, but many municipalities have already aligned their 2024 health-equity plans with the strategy’s KPIs.

Key Recommendations:

- Home and Living: Enhancing social connections within residential settings.
- Daycare, School, and Education: Promoting inclusive and supportive educational environments.
- Leisure and Communities: Encouraging participation in community and recreational activities.
- Working Life and Employment: Fostering social interactions and support systems in the workplace.
- Health and Care: Integrating social well-being initiatives within health and care services.

Practice Implications:

- De-stigmatization Efforts: Launching national campaigns to reduce the stigma associated with loneliness, encouraging individuals to seek help.
- Community Engagement: Developing programs that facilitate social interactions, such as shared meals and intergenerational activities.
- Policy Integration: Embedding loneliness reduction initiatives within existing policies across housing, education, employment, and healthcare sectors.
- Research and Knowledge Sharing: Establishing a national research and knowledge center to gather and disseminate information on effective interventions.

Methods:

- Stakeholder Consultations: Engaging 115 stakeholders from various sectors in multiple rounds of consultations and workshops to gather diverse perspectives and expertise.
- Evidence Gathering: Collecting scientific and practical knowledge from both Danish and international initiatives, action plans, and strategies to inform the recommendations.
- Consensus Building: Working collectively to integrate existing efforts and propose cohesive strategies and actions aimed at reducing loneliness nationwide.

Strategy to alleviate loneliness among frail older adults during COVID-19

National Board of Social Services [Socialstyrelsen]. (2020, June 19). *Strategi for afhjælpning af ensomhed blandt svækkede ældre under COVID-19* Copenhagen:

Socialstyrelsen. <https://www.socialstyrelsen.dk/media/16306/ensomhedsstrategi-aeldreomradet-t2.pdf>

Description: A rapid, action-oriented national playbook produced at the height of Denmark’s first re-opening phase in 2020. It sets out a temporary cross-sector partnership (co-facilitated by FOA—the national care-workers’ union—and Ældre Sagen) to mobilise civil-society, municipalities and health-care actors around frail, home-bound or institutionalised elders who remained isolated by infection-control rules. The strategy couples an epidemiological problem statement—drawing on real-time COVIDMind data and 2017 regional health profiles—with a flexible package of practical solutions that partners are asked to adapt, document and share via a Socialstyrelsen knowledge portal. frames loneliness as a function of (a) *exposure* (infection-control restrictions), (b) *vulnerability* (frailty, sensory loss, cognitive decline) and (c) *depleted coping* (psychological sequelae of prolonged isolation). All initiatives must hit at least two corners of the triad. Instead of listing centrally funded projects, the strategy invites *any* organisation to enrol in a “Partnership on Elder Affairs”, share micro-projects in an online idea-bank and badge them with a common visual identity to accelerate replication.

Key Recommendations:

- Launch an open national partnership and monthly e-forums to coordinate actors.
- Populate a digital “idea-bank” on Socialstyrelsen’s portal with at least 100 initiatives by Q4-2020.
- Diversify intervention formats: group-based offers, one-to-one befriending, ordinary activity programmes, transport assistance and functional-rehab activities.
- Prioritise digital inclusion —provide hardware, internet access and coaching to elders.
- Scale volunteer engagement with emphasis on low-COVID-risk age groups.
- Strengthen systematic outreach through home-care, primary-care and community “bridge-builders” to identify isolated elders.
- Document & share learning continuously; prepare ground for a longer-term all-age loneliness strategy beyond the pandemic.

Practice Implications:

- Act as “brobyggere” (connectors): use routine contacts (home-care visits, GP appointments, pharmacy encounters) to screen for loneliness and refer to partner initiatives.
- Apply validated tools (e.g., 3-item UCLA/T-ILS) when assessing social isolation.
- Integrate physical-activity or digital-contact coaching into home-rehab plans while respecting infection-control guidance.
- Collaborate closely with voluntary organisations to co-deliver befriending or transport help.
- Communicate risk & reassurance to elders and families to rebuild confidence in safe social participation.

Methods:

- Rapid stakeholder co-design: two-week drafting sprint led by FOA & Ældre Sagen; iterative feedback from >40 national organisations via virtual workshops.
- Evidence scan: extraction of burden-of-disease estimates from *Sygdomsbyrden i Danmark* (2016) and prevalence figures from regional health profiles and the ongoing COVIDMind survey (Københavns Universitet).
- Internal data synthesis & milestone planning by Socialstyrelsen analysts; no new primary data collection.

Good later life with well-being & health –Action Plan

Danish Health Authority [Sundhedsstyrelsen]. (2019, December 7). *Gode ældreliv med trivsel og sundhed: Fagligt oplæg til handlingsplanen “Det gode ældreliv”*. Copenhagen:

Sundhedsstyrelsen. <https://www.sst.dk/-/media/Udgivelser/2019/Gode-aeldreliv-med-trivsel-og-sundhed> Sundhedsstyrelsen Sundhedsstyrelsen Sundhedsstyrelsen

Description: A 92-page evidence-to-policy blueprint underpinning the 2019-2022 *Det gode ældreliv* national action plan (DKK 165 m). It synthesises epidemiological data, socio-economic modelling (SØM) and

extensive stakeholder consultation to articulate 14 system-level recommendations across five themes: (1) social participation & mental health, (2) support for family carers, (3) smooth transition into retirement, (4) prevention & healthy ageing, and (5) rehabilitation and dignified end-of-life care. The document positions loneliness as a modifiable determinant of health, embedding social-connection goals throughout. Loneliness is treated not as a symptom but as a *barrier* that blunts motivation for health behaviours.

Key Recommendations:

- Build a national knowledge base on meaningful communities for older adults.
- Foster neighbourhood & housing-complex initiatives to strengthen everyday social ties.
- Ensure vulnerable & frail elders can enter or re-enter communities (e.g., transport, assisted participation).
- Provide structured information and counselling for a positive transition to retirement.
- Expand flexible respite and psycho-social support for family carers.
- Promote healthy lifestyle behaviours (nutrition, physical activity, alcohol moderation) with age-appropriate messaging.
- Embed functional-capacity training into home-care and municipal services.
- Strengthen early detection of loneliness and alcohol overuse during preventive home visits.

Practice Implications:

- Systematic loneliness & risk screening during preventive home visits and primary-care encounters.
- Inter-professional collaboration with municipal lifestyle coaches, social workers and civil-society actors to connect elders to local groups.
- Routine dialogue with family carers and referral to respite/education services.
- Incorporate strength- and balance-training into rehabilitation care plans to maintain community participation.

Methods:

- Mixed-methods evidence review: analysis of national datasets (*Ældres Sundhed og Trivsel – Ældreprofilen 2019*) plus targeted literature scans on social participation and frailty.
- Cost-effect modelling: Socialøkonomisk Investeringsmodel scenarios for selected interventions.
- Broad stakeholder engagement

National-Level Initiatives

More Together ('Flere i Fællesskaber') Initiative

Lasgaard, M., Løvschall, C., Qualter, P., Laustsen, L. M., Lim, M. H., Maindal, H. T., Hargaard, A., & Christiansen, J. (2023). Reducing loneliness in the community. More Together ('Flere i Fællesskaber')—a complex intervention in Denmark. *The European Journal of Public Health*, 33 https://findresearcher.sdu.dk/ws/portalfiles/portal/204084721/FINAL_REDUCED.pdf

Description: The 'More Together' (MoTo) initiative is a large-scale, complex, multi-component, and multi-level intervention aimed at reducing loneliness among young people and older adults in Silkeborg Municipality, Denmark. Inspired by the Collective Impact framework, MoTo is practice-driven and rooted in an extensive cross-sector partnership that includes institutions, organizations, and companies. The intervention is implemented over a four-year period, with the overall effect assessed through a comprehensive impact evaluation. A six-year, municipality-wide “collective-impact” experiment that treats loneliness as a *community design flaw* rather than an individual problem. Silkeborg Kommune, DEFACTUM (regional research unit) and 14 civil-society, business and philanthropic partners co-own a single theory of change: *mobilise every local arena so that anyone who needs a “way into a fellowship” finds one within 48 hours.*

Key Recommendations:

- Organizing a cross-sector partnership to address loneliness through collaborative efforts.

- Structuring a comprehensive intervention program that includes various components and activities targeting different aspects of loneliness.
- Implementing the program over an extended period to ensure sustainability and effectiveness.
- Conducting thorough evaluations to assess the impact and inform future interventions.

Practice Implications:

- New methods for developing, implementing, and evaluating loneliness interventions.
- Potential to transform the understanding of loneliness interventions
- Inform and guide future community-based initiatives.

Evaluation: Lasgaard, M., Bo, A. F., Nielsen, L. A., Swane, C. E., Qualter, P., & Christiansen, J. (2023). Reducing loneliness in the community. *More Together (Flere i Fællesskaber)*—a complex intervention in Denmark. *Health Promotion International*, 38(5), daad105. <https://doi.org/10.1093/heapro/daad105OxfordAcademic+4OUCL+4research.manchester.ac.uk+4> Study findings indicate:

- The initiative successfully organized a cross-sector partnership involving various stakeholders, including municipal departments, civil society organizations, and volunteers.
- A well-defined programme structure was established, encompassing multiple components and activities designed to foster social connections.
- The intervention focused on both young and older adults experiencing loneliness, aiming to create inclusive community environments.
- The experiences and insights gained from the More Together initiative may inform and guide future interventions targeting loneliness in different contexts.

Danmark Spiser Sammen

Folkebevægelsen mod Ensomhed. (2024). *Danmark Spiser Sammen*. <https://modensomhed.dk/danmark-spiser-sammen> [Folkebevægelsen mod Ensomhed](#)

Description: Since 2016 the 90-member National Partnership has turned two ordinary calendar weeks (week 17 in April and week 45 in November) into a *distributed social-dining festival*. Any actor—care-home kitchen, housing estate, parish hall, private flat—can register a meal on the portal, download a starter-kit (invites, place-cards, “good host” tips) and badge the event with the green DSS logo. The initiative’s theory of change is simple: *a shared meal is the lowest-threshold setting for starting a new social tie; repetition makes the tie stick*. Older adults are a prime target: municipalities promote meals in preventive-home-visit letters and Ældre Sagen chapters run “bring-a-neighbour” suppers. DSS thus functions as **a national pop-up infrastructure**: hosts supply tables and goodwill; the partnership supplies marketing, insurance guidance, menu templates and a geo-mapped event platform. Older adults are central; municipalities insert DSS flyers in preventive-home-visit invitation letters, and senior-housing blocks receive starter grants (DKK 5 000) for hall-rental and food. By 2024 more than 3 500 meals were logged nationwide, with research showing over 70 % public brand recognition.

Key Activities:

- National publicity drive (TV spots, royal patron tweets) six weeks before each campaign week.
- Interactive map and self-service upload of events on Danmarkspisersammen.dk.
- Free “meal-starter boxes” (tablecloth, conversation cards) for first-time hosts.
- Mini-grants (≤ DKK 5 000) from Nordea-fonden for large inter-generational meals.
- Automatic sign-posting from the map to local volunteer befriending schemes.

Practice implications:

- **Low-effort social prescription:** GPs, nurses and preventive-visit staff can hand patients a QR-flyer that lists the nearest communal meals.
- **Bridge to sustained engagement:** care staff can accompany a first visit, then use follow-up calls to encourage repeat attendance.
- **Opportunity for co-located services:** dietitians, digital coaches or dementia advisers often run info stands at the meals—clinicians can piggy-back.

Evaluation: Christiansen, J., & Lasgaard, M. (2017). *Kortlægning og analyse af danske initiativer til ensomme* (DEFACTUM). <https://www.maryfonden.dk/wp-content/uploads/2021/10/Kortlaegning-og-analyse-af-danske-initiativer-til-ensomme.pdf> Study findings indicate:

- **Reach** — already by 2017 DSS accounted for >20 % of *all* nationally coordinated loneliness initiatives; organisers reported 1 600 meals and ≈ 45 000 diners that year.
- **Older-adult participation** — 41 % of meals were hosted in venues primarily serving seniors (care homes, senior-housing common rooms).
- **Sustainability signal** — 52 % of first-time hosts planned another meal within three months, suggesting potential for habit-forming community action.

Preventive Home Visits Loneliness-Screen & Social-Prescription Pathway

Danish Health Authority. (2020). *Forebyggende hjemmebesøg til ældre – tidlig opsporing* [Guidance manual]. <https://www.sst.dk/-/media/Udgivelser/2020/Forebyggende-hjemmebesoeg-til-aeldre/Forebyggende-hjemmebesoeg-til-aeldre-tidlig-opsporing.ashx>

Description: Denmark’s law has, since 1996, guaranteed every older resident a nurse- or OT-led *preventive home visit* at milestone ages. The 2019 legal amendment and 2020 guideline injected **loneliness as a core screening domain** and instructed staff to use a validated three-item UCLA scale, record scores in the municipal EHR and—where scores ≥6—offer a *social prescription* to local NGOs (DaneAge, Red Cross “Visitor Friend”, transport buddies, communal-dining events). Municipalities retain flexibility over visit frequency and whether some assessments are delivered as group meetings in community halls. Denmark’s preventive-home-visit programme, dating back to 1996, guarantees milestone-age consultations with a municipal nurse or OT. The 2019 legislative amendment and 2020 guideline **elevated loneliness detection to a statutory core**, requiring staff to: use the 3-item UCLA loneliness scale; record scores in the municipal EHR; offer an *immediate* social prescription (e-referral) where scores ≥ 6.

Key Activities:

Pre-visit invitation with fixed date (*datobrev*) to maximise uptake.

Structured conversation template: functional status → mental health → **loneliness screen** → lifestyle.

In-visit electronic referral button that pushes contact details to a civil-society coordinator within 48 h.

Quarterly municipal audit of referral completion and outcomes.

Annual peer-learning webinars hosted by the Health Authority & SUFO (national preventive-visit network).

Practice Implications:

- **Universal detection safety-net:** even if an older patient is not in formal care, GPs can be confident the loneliness screen will be offered at least every five years (more often for high-risk groups).
- **Shared language & tool:** frontline nurses, therapists and physicians work with the same three-item UCLA scale, easing hand-overs.
- **Documented referral loops:** clinicians can track whether a patient *actually engaged* with a community offer, as NGOs now feed completion status back into the municipal system.
- **Equity focus:** single-living 70-year-olds (a group with high loneliness prevalence) are now *mandatorily* invited after the 2019 reform.

Evaluation: Danish Health Authority. (2023, September 11). *Evaluering af forebyggende hjemmebesøg* [National evaluation report]. <https://www.sst.dk/da/udgivelser/2023/Evaluering-af-forebyggende-hjemmebesoeg>

- **Coverage** – 82 % of 80-year-olds and 74 % of single 75-year-olds accepted a visit in 2022; lower uptake (61 %) among single 70-year-olds remains a gap.
- **Loneliness attention** – in 71 % of observed visits the UCLA screen was completed; 28 % of those screened positive.
- **Referral follow-through** – of positive cases, 57 % accepted at least one social-prescription referral; 68 % of that subgroup *made* first attendance at an NGO or communal-dining activity within eight weeks.
- **Outcome perception** – interviewed elders reported heightened awareness of community offers and “having someone to call”; evaluators conclude that *quality of conversation* (time, relational skill) predicts benefit more than visit format.

National-Level Policies & Strategies Specific to Healthcare and Social Service Professionals

Permanent, Self-Governed Teams in Elderly Care

Danish Ministry of Social Affairs and Senior Citizens. (2021). *Agreement on 50 million DKK to combat loneliness*. https://unece.org/sites/default/files/2022-01/mipaa20-report-denmark.pdf?utm_source=chatgpt.com

Description: In November 2020, the Danish government, alongside a broad majority of political parties, allocated DKK 50 million to combat loneliness among vulnerable populations, including older adults. This funding supports the establishment of permanent, self-governed teams in elderly care to ensure that older individuals receive consistent care from familiar caregivers, thereby fostering closer relationships and reducing feelings of isolation. Inspired by the Dutch *Buurtzorg* model, Denmark bankrolls municipalities to replace large, task-driven home-care units with **small, self-managing, multi-disciplinary teams** that hold end-to-end responsibility for a defined caseload of older clients. The goal is relational continuity, earlier detection of decline—including social withdrawal—and more rehabilitative practice.

Key Activities:

- Formation of self-governed teams comprising healthcare and social service professionals dedicated to elderly care.
- Assignment of consistent caregivers to specific older adults to build trust and familiarity.
- Regular home visits and personalized care plans tailored to individual needs.

Practice Implications:

- Enhanced continuity of care through consistent caregiver assignments.
- Improved communication and trust between caregivers and older adults.
- Potential reduction in feelings of loneliness and social isolation among older adults.

Evaluation: Specific evaluation studies on this initiative are limited. However, the Danish government's commitment to funding and policy adjustments reflects a proactive approach to addressing social isolation among older adults. https://unece.org/sites/default/files/2022-01/mipaa20-report-denmark.pdf?utm_source=chatgpt.com

Home-Based Rehabilitation Programs

Healthcare Denmark. (n.d.). *A dignified elderly care in Denmark*

https://healthcaredenmark.dk/media/tmkhokaf/white-paper-dignified-elderly-care-pdf-uk.pdf?utm_source=chatgpt.com

Description: Denmark emphasizes a citizen-centered approach in elderly care, aiming to empower older adults to maintain their independence and quality of life. Home-based rehabilitation programs focus on providing personalized care within the individual's home environment, addressing both physical and psychosocial needs. A paradigm shift from *doing for* to *training with* older adults at home. Launched in Fredericia (2008) and now embedded in >80 municipalities, the model provides **time-limited, goal-oriented reablement** delivered by an integrated team (home-care aides, physiotherapist, occupational therapist, visiting nurse). Community nurses and GPs are encouraged to refer at the *earliest functional wobble*, not at the point of full dependency. Therapists use motivational interviewing to surface social goals, while aides integrate *micro-social actions* (inviting neighbours for coffee) into daily tasks.

Key Activities:

- Assessment of individual needs and development of personalized rehabilitation plans.
- Provision of physical therapy, occupational therapy, and other rehabilitative services at home.
- Training and support for daily living activities to enhance self-sufficiency.

Practice Implications:

- Promotion of independence and empowerment among older adults.
- Reduction in hospital readmissions and long-term care placements.
- Potential alleviation of loneliness through regular interactions with healthcare professionals.

Evaluation: A study exploring perspectives of older adults with disabilities and their healthcare professionals on experienced loneliness during home-based rehabilitation revealed themes of "unspoken pain," "gatekeeping emotions," "resignation," and "awaiting company." These findings highlight the importance of addressing emotional and social aspects alongside physical rehabilitation.

DaneAge Association (Ældre Sagen)

DaneAge Association. (n.d.). *About DaneAge*. https://rightsofolderpeople.org/list-of-members/?utm_source=chatgpt.com

Description: Founded in 1986, the DaneAge Association is a nonprofit, direct membership organization advocating for the interests of senior citizens in Denmark. With approximately 690,000 members and 217 local chapters, the organization addresses issues such as social isolation among the elderly through various programs and initiatives. DaneAge offers ready-made, quality-assured referral pathways for patients who present with social frailty in primary care or post-discharge contexts; volunteers are indemnified and trained in basic safeguarding, easing professional concerns.

Key Activities:

- Organizing social events and activities to foster community engagement among older adults.
- Providing volunteer opportunities for members to support peers and engage in advocacy.
- Offering counseling and support services tailored to the needs of older adults.

Practice Implications:

- Strengthened social networks and community ties among older adults.
- Increased awareness and advocacy for issues affecting the elderly population.
- Enhanced access to resources and support services for members.

Evaluation: While specific evaluation studies are not detailed, the extensive membership and widespread presence of DaneAge suggest a significant impact on promoting social engagement and addressing isolation among older adults in Denmark. https://rightsofolderpeople.org/list-of-members/?utm_source=chatgpt.com

Netherlands

Ministry

The Netherlands does not have a dedicated ministry or department specifically for ‘Social Isolation and Loneliness’ or ‘Seniors’. Responsibility for addressing social isolation and loneliness — particularly among older adults — is held within the Ministry of Health, Welfare and Sport (Ministerie van Volksgezondheid, Welzijn en Sport – VWS). Additionally, the Council for Public Health and Society (Raad voor Volksgezondheid en Samenleving – RVS) plays an influential advisory role by publishing policy guidance and ethical frameworks on issues including loneliness, social participation, and relational well-being.

National-level Policies

Gezond en Actief Leven Akkoord (GALA)

APA citation: Ministerie van Volksgezondheid, Welzijn en Sport. (2023, January 31). *Gezond en Actief Leven Akkoord (GALA)*.

<https://www.rijksoverheid.nl/documenten/rapporten/2023/01/31/gala-gezond-en-actief-leven-akkoord>

Description: GALA is a tripartite agreement between the national government, municipalities/GGD’s and health-insurers that sets a long-term preventive health agenda to 2040. It frames health as “positive health” (well-being and social participation) and makes reduction of loneliness in older adults a core outcome under the pillar “Vitaal ouder worden.” The accord creates a single, broad specific-grant (brede SPUK) that finances municipal loneliness strategies, neighbourhood initiatives, volunteer connectors and fall-prevention programmes. Seven system goals steer the agreement: shrinking health inequities, designing neighbourhoods that invite movement and encounter, reinforcing the “social basis”, promoting healthy lifestyles, strengthening mental resilience, enabling vital ageing, and financing all of this through a region-wide prevention infrastructure. Municipalities receive a four-year *brede SPUK* block grant that folds 17 existing funding streams into one programmable budget; in exchange they must incorporate measurable loneliness objectives and public dashboards into their Local Health Plans. Five “chain approaches” (e.g., falls prevention for older adults and social prescribing) create uniform care pathways linking GPs, home-care nurses, welfare organisations and volunteer networks. Because GALA is signed jointly with insurers, it also opens the door for primary-care practices to bill preventive counselling and social-participation referrals

against the grant, effectively treating loneliness mitigation as a reimbursable service rather than a discretionary welfare activity.

Key Recommendations:

- embed loneliness prevention in every municipal health plan
- invest “unequally for equity” by channeling extra funds to vulnerable districts
- build a regional prevention-infrastructure linking social care, primary care and community actors
- monitor loneliness with uniform indicators and publish annual dashboards
- use neighbourhood ‘assets’ (GPs, social work, housing corporations) for early detection and referral.

Practice Implications:

- Primary-care and home-care teams are expected to screen for social isolation during routine contacts, refer to local coalitions, integrate social prescribing into care plans, and share data with municipal monitors.
- Community nurses are positioned as brokers who connect medical risk (frailty, falls) with social risk (loneliness, low digital literacy).
- Preventive counselling and group activities become billable under the SPUK grant when aligned with GALA indicators.

Methods:

- negotiated policy process
- surveillance data
- synthesis of previous national accords
- iterative consultation rounds with municipal health directors

Integraal Zorgakkoord (IZA)

Ministerie van Volksgezondheid, Welzijn en Sport & zorgpartijen. (2022, September 16). *Integraal Zorgakkoord: Samen werken aan gezonde zorg.*

<https://www.rijksoverheid.nl/documenten/rapporten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg>

Description – IZA is a multilateral agreement binding VWS, insurers, professional bodies and municipalities to keep Dutch healthcare “good, accessible and affordable.” While wider than ageing policy, it names loneliness and poverty as social determinants that must trigger non-medical responses. Parties commit to regional “zorg- en welzijnsnetwerken” that route lonely older people to community support instead of additional clinical treatment, with shared financing via transformation funds. IZA requires each region to sign a multi-year transformation contract in which hospitals, GPs, mental-health providers, social-care agencies and municipalities jointly allocate a dedicated transformation fund to interventions that shift activity out of hospitals and into community or neighbourhood settings. Loneliness is singled out—with debt, housing insecurity and health literacy—as a condition that should trigger diversion from clinical treatment to community supports, and it must therefore be visible in regional outcome dashboards and in insurers’ value-based payment models. The accord obliges care professionals to share digital care plans with social-domain partners, reduces administrative load by two hours per week per professional, and instructs insurers to reward practices that systematically screen for social isolation and refer into municipal coalitions. By embedding these requirements in a legally enforceable agreement, IZA reframes SI&L from a welfare concern into a mainstream health-system performance indicator and finances the shift through earmarked transformation resources.

Key Recommendations:

- formalise collaboration between GPs, social work and mental-health providers for early loneliness signalling
- embed loneliness metrics in regional health-outcome contracts
- free up transformation funds for initiatives that substitute clinical activity with community-based companionship or day-activity programmes
- cut administrative barriers so professionals can refer across schemes quickly.

Practice Implications:

- GPs and practice nurses gain a formal mandate to redirect patients from medical pathways toward community or municipal supports when isolation is the root issue.

- Regional agreements require care professionals to share care-plans digitally with social-domain colleagues and to join multidisciplinary network meetings.
- Workforce clauses also promise workload relief by shifting “social” encounters (loneliness visits) to trained volunteers or welfare workers.

Methods:

- consensus bargaining among 14 national organisations (hospitals, mental-health, primary care, municipalities, insurers, patient federations).
- drafts circulated publicly;
- stakeholder feedback was captured in an open internet consultation
- quantitative pressure-testing of cost trajectories by the Dutch Health Care Authority

Ageing Policies – Access to Services in Different Member States

Bergstra, M. (2021). *Ageing policies – access to services in different Member States: Annex VI - Country study on The Netherlands*. Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament.

https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662940/IPOL_STU%282021%29662940%28ANN06%29_EN.pdf?utm_source=chatgpt.com

Description: This study provides an overview of recent developments in aging policies in the Netherlands, focusing on active aging, economic and social participation, healthcare, long-term care, and supportive environments. It includes best practices and assesses the impact of the COVID-19 pandemic on the well-being of older people. This country report, part of a broader EU comparative study, provides a panoramic yet critical assessment of how the Netherlands structures access to services for its aging population. It focuses on *active aging, economic and social participation, access to healthcare and long-term care, and the design of supportive environments*. With the increasing urgency to create age-inclusive systems, the Netherlands is examined not only for its policy robustness but also for equity and service integration challenges. This EU-level comparative framework positions the Netherlands as relatively advanced in infrastructure, but calls for **greater coherence, evaluation, and digital inclusion strategies** in aging policy. The Netherlands' decentralization model has enabled localized innovation (e.g., community-based social prescribing and loneliness strategies), but this same model has produced **regional disparities** in service access and effectiveness.

Key Recommendations:

- Formulate coordinated healthy and active aging policy frameworks at national, regional, and local levels.
- Improve responsiveness of policies by consulting bodies representing older people.
- Enhance monitoring of progress towards active aging through regular publication of relevant indicators.

Practice Implications:

- Integrated policies that address various aspects of aging,
- Encourage the involvement of older individuals in policy development and ensuring that services are accessible and responsive to their needs.

Methods:

- Comprehensive review of existing policies
- Statistical data analysis
- Consultations with experts and stakeholders in the field of aging

Programma Langer Thuis (Ageing-in-Place Action Plan)

Ministerie van Volksgezondheid, Welzijn en Sport. (2018). *Programma Langer Thuis*.

<https://www.rijksoverheid.nl/documenten/rapporten/2018/06/15/programma-langer-thuis>

Description: Langer Thuis is one of three pillars of the 2018 *Pact voor de Ouderenzorg*. It sets out three action lines—integrated home support, resilient informal care and age-friendly housing—to help seniors remain safely connected in their own neighbourhoods. Loneliness is treated as a cross-cutting risk: municipalities

must strengthen the “social basis,” housing corporations should plan communal living models, and volunteer networks are mobilised for companionship visits. Incorporates three mutually reinforcing action lines: integrated home support, resilient informal care, and suitable housing. Municipalities and insurers must organise multidisciplinary *teams* that develop a single care-and-participation plan around frail seniors and explicitly track perceived social connectedness. Action line 2, finances respite care, volunteer match services and digital platforms to prevent overburdening of caregivers, while also piloting “social-approach dementia” projects that address the loneliness of both patients and carers. Action Line 3 obliges municipalities to map the local elder-housing task and fast-track clustered housing with communal facilities, linking construction subsidies to evidence of planned social activities. Throughout, the programme positions loneliness as a signal that older adults risk slipping from self-reliance into costly residential care, thereby making SI&L prevention a lever for both quality-of-life and macro-cost containment. Implementation is deliberately decentralised—municipalities, housing corporations, insurers and volunteer organisations negotiate local variants—yet the Ministry provides national coordination, learning networks and monitoring indicators that include autonomy, perceived care coherence and loneliness prevalence.

Key Recommendations:

- create multidisciplinary teams formed around frail older adults with a single care-plan
- fund municipal campaigns and pilots under *Eén tegen Eenzaamheid* to reduce loneliness
- scale respite-care options and digital platforms for over-burdened caregivers
- accelerate construction of clustered housing with shared communal areas
- monitor quality-of-life, perceived autonomy and loneliness indicators annually

Practice Implications:

- District nurses and GPs are expected to cooperate with welfare and housing partners, use a shared electronic care-plan, and flag loneliness during frailty assessments.
- Professionals must partner with volunteer coordinators and community centres to ensure older adults have access to social-participation opportunities before health deteriorates.

Methods:

- analysis of demographic trends and evidence from earlier pilots
- input from practitioners, older adults and caregivers
- outcome indicators were co-designed

Council for Public Health and Society (RVS) Advisory Report

Raad voor Volksgezondheid en Samenleving. (2017). *De vele kanten van eenzaamheid* [The Many Aspects of Loneliness]. Den Haag: RVS. Retrieved April 11, 2025,

from https://www.raadrvs.nl/binaries/raadrvs/documenten/publicaties/2017/07/10/de-vele-kanten-van-eeenzaamheid/Verkenning_De_vele_kanten_van_eeenzaamheid.pdf

Description: This exploratory report delves into the multifaceted nature of loneliness, particularly among older adults in the Netherlands. It examines the societal, psychological, and policy-related dimensions of loneliness, emphasizing that it is not solely an individual issue but a complex phenomenon influenced by various factors. The report aims to broaden the understanding of loneliness and to inform more effective and compassionate policy responses. This landmark advisory report marked a paradigm shift in how Dutch public discourse—and subsequently policy—addressed loneliness, particularly in aging populations. Instead of treating loneliness solely as a clinical or welfare problem, the RVS positions it as a **social phenomenon that requires structural, cultural, and relational solutions**. The title—*The Many Aspects of Loneliness*—reflects the report’s emphasis on the **plurality** of loneliness: emotional, social, existential, and situational. The RVS critiques overly medicalized responses and short-term “befriending” schemes, arguing instead for: long-term investments in **relational infrastructure** (e.g., inclusive public spaces, multigenerational housing); **narrative reframing** of loneliness as a shared human experience, not an individual failure; recognition of loneliness among older adults as often rooted in **societal disconnection** rather than merely reduced mobility or widowhood; **ethical duty of society**—including professionals in health, welfare, urban planning, and civil society—to design against loneliness.

Key Recommendations:

- Recognize the Complexity of Loneliness: Acknowledge that loneliness has multiple forms and causes, requiring nuanced approaches rather than one-size-fits-all solutions.
- Promote Social Participation: Encourage initiatives that facilitate meaningful social interactions and community involvement for older adults.
- Integrate Loneliness into Policy Agendas: Ensure that policies across various sectors consider the impact on social connections and aim to reduce loneliness.
- Foster Collaborative Efforts: Engage stakeholders from different sectors, including healthcare, social services, and community organizations, to work together in addressing loneliness.
- Support Research and Innovation: Invest in research to better understand loneliness and develop innovative interventions tailored to diverse populations.

Practice Implications:

- Holistic Assessment: Incorporate evaluations of social well-being into routine health assessments to identify signs of loneliness.
- Interdisciplinary Collaboration: Work with social workers, community organizers, and other professionals to create comprehensive care plans that address both health and social needs.
- Patient-Centered Communication: Engage in open dialogues with patients about their social lives and feelings of loneliness, creating a safe space for discussion.
- Referral to Community Resources: Connect patients with local programs and activities that promote social engagement and support.

Methods:

- Literature review
- Stakeholder consultations
- Case studies

National-level Initiatives

Joining Forces: Synergy of Isolated Seniors and Refugees

United Way the Netherlands. (n.d.). *Joining Forces: Synergy of Isolated Seniors and Refugees*. Retrieved April 9, 2025, from <https://unitedway.nl/portfolio/seniors-and-refugees-join-forces/>

Description: The "Joining Forces" project aims to enhance the quality of life for two vulnerable groups in the Netherlands: isolated seniors and refugees. By facilitating meaningful interactions between these groups, the project seeks to alleviate loneliness among the elderly and promote social integration for refugees. Refugees are carefully matched with elderly individuals and trained volunteers to provide mutual support. This collaboration not only assists seniors in acquiring technical skills to stay connected with their communities but also offers refugees a sense of purpose and integration into Dutch society. Educational programs are provided to help refugees understand local values and practices, and necessary electronic devices are supplied through partnerships with organizations like Helpdigitaal.

Key Recommendations: While the project description does not explicitly list formal recommendations, the following implicit strategies can be inferred:

- **Facilitate Intergenerational and Cross-Cultural Interactions:** Encourage programs that bring together different demographic groups to foster mutual understanding and support.
- **Provide Technical Training for Seniors:** Offer education to elderly individuals to help them utilize modern communication tools, reducing feelings of isolation.
- **Support Refugee Integration through Volunteering:** Engage refugees in volunteer opportunities that allow them to contribute positively to their new communities, enhancing their sense of belonging.
- **Collaborate with Educational Organizations:** Partner with institutions like Edu4U to provide refugees with training that aids their integration process.
- **Ensure Access to Necessary Technology:** Work with organizations to supply electronic devices to seniors, enabling them to stay connected.

Practice Implications:

- **Enhanced Social Cohesion:** By promoting interactions between seniors and refugees, the project fosters a more inclusive and cohesive society.
- **Improved Mental Well-being:** Both groups experience benefits; seniors combat loneliness, and refugees find purpose and integration, leading to better mental health outcomes.
- **Skill Development:** Seniors gain technical skills, and refugees develop language and cultural competencies, aiding their adaptation to Dutch society.
- **Community Empowerment:** The project empowers local communities by encouraging volunteerism and active participation in social initiatives.

Methods: The project details are based on practical implementation and observations by United Way the Netherlands. Information was gathered through direct engagement with participants, collaboration with partner organizations, and ongoing assessments of the project's impact on the target groups. The insights reflect a combination of qualitative feedback from participants and quantitative data on participation rates and outcomes.

United Against Loneliness

Ministry of Health, Welfare and Sport. (2018). *Eén tegen eenzaamheid: Nationale aanpak tegen eenzaamheid onder ouderen* [One Against Loneliness: National Approach to Combat Loneliness Among Older Adults] <https://www.eentegeneenzaamheid.nl>

Description: Launched in 2018 by the Dutch Ministry of Health, Welfare and Sport (VWS), the **One Against Loneliness** initiative is a comprehensive national program aimed at reducing loneliness among older adults. Recognizing loneliness as a multifaceted issue with significant health implications, the program seeks to create a societal movement involving various stakeholders to foster social connections and community engagement. Embedded within the broader *Pact for the Elderly Care*, the initiative positions loneliness as a structural issue requiring **system-wide, multi-sectoral engagement**. Rather than focusing solely on service delivery, it seeks to **create a national movement**, shifting the conversation from charity or pity to rights, dignity, and connectedness.

The initiative acknowledges that loneliness is deeply influenced by demographic, technological, and cultural shifts, including: shrinking social networks due to widowhood or mobility limitations; ageism and exclusion from digital and urban life; a weakening of intergenerational ties and neighborhood bonds.

Key Activities:

- **National Coalition Formation:** Establishment of a coalition comprising businesses, civil society organizations, and government entities to collaboratively address loneliness.
- **Local Action Plans:** Support for municipalities to develop and implement tailored strategies to combat loneliness within their communities.
- **Awareness Campaigns:** Nationwide campaigns to raise awareness about loneliness and reduce associated stigmas.
- **Training and Resources:** Provision of tools and training for professionals and volunteers to identify and address loneliness among older adults.
- **Monitoring and Research:** Continuous evaluation and research to assess the effectiveness of interventions and inform policy adjustments.

Practice Implications:

- **Early Identification:** Enhanced ability to recognize signs of loneliness in patients, leading to timely interventions.
- **Integrated Care Approach:** Incorporation of social well-being assessments into routine healthcare practices.
- **Referral Networks:** Access to a network of community resources and programs to which patients can be referred.
- **Professional Development:** Opportunities for training and skill development in addressing psychosocial aspects of patient care.

Evaluation: Bureau HHM. (2021, October). *Rapportage derde evaluatie Eén tegen Eenzaamheid* [Third Evaluation Report: One Against Loneliness]. Ministry of Health, Welfare and Sport. <https://www.hhm.nl/wp->

[content/uploads/MW211933-Rapportage-derde-evaluatie-Een-tegen-Eenzaamheid-oktober-2021.pdf](#). Study findings indicate:

- A significant number of municipalities developed local action plans and formed coalitions to address loneliness.
- Enhanced collaboration among various stakeholders, leading to more cohesive efforts in combating loneliness.
- Effective use of provided tools and training materials by professionals and volunteers.
- Notable increase in public awareness about loneliness and its implications.
- Need for sustained funding, ongoing training, and continuous evaluation to maintain and enhance program effectiveness.

Housing, Support, and Care for the Elderly (WOZO) Initiative

Ministry of Health, Welfare and Sport. (2022). *Wonen, Ondersteuning en Zorg voor Ouderen (WOZO)*.

<https://www.rijksoverheid.nl/documenten/rapporten/2022/07/04/wozo-programma-wonen-ondersteuning-en-zorg-voor-ouderen>

Description: Launched in 2022, the WOZO initiative aims to reform elderly care by promoting longer independent living through health care prevention, additional housing for the elderly, and technological innovations such as videotelephony and robots. WOZO (*Wonen, Ondersteuning en Zorg voor Ouderen*) is a landmark policy reform package aimed at redesigning the architecture of eldercare in the Netherlands to reflect demographic shifts and the principle of **independent living with dignity**. Responding to both the overburdening of institutional care and the growing desire of seniors to age in place, WOZO reframes eldercare from reactive to **proactive, preventative, and digitally enabled**. The initiative's premise is: "Self-reliant when possible, care when necessary." It assumes that the care infrastructure must adapt to support: **earlier and better home adaptations, strengthened primary and community-based care, technology-supported aging** (e.g., home sensors, video check-ins, digital medication reminders), **expanded housing options** beyond traditional LTC facilities, including co-housing and age-friendly apartments.

Key Recommendations:

- Invest in preventive healthcare measures to maintain seniors' independence.
- Develop additional housing options tailored to the needs of the elderly.
- Implement technological innovations to support independent living and care.

Practice Implications:

- A shift in elderly care towards more home-based solutions,
- Leveraging technology and community support to reduce reliance on institutional care.

Evaluation: European Observatory on Health Systems and Policies. (2025, March 28). *Housing, Support and Care for Older People (WOZO), a multi-stakeholder agreement*. Retrieved April 9, 2025,

from <https://eurohealthobservatory.who.int/monitors/health-systems-monitor/analyses/hspm/netherlands-2016/housing-support-and-care-for-older-people-%28wozo%29-a-multi-stakeholder-agreement>

The evaluation noted that many WOZO projects had not been fully implemented due to the complexity of collaboration among various stakeholders, including healthcare providers and municipalities. The existing healthcare structure was found to be insufficiently supportive of WOZO's objectives.

GezelschApp

Jansen-Kosterink, S., Varenbrink, P., & Naafs, A. (2018). The GezelschApp - A Dutch Mobile Application to Reduce Social Isolation and Loneliness. In *Proceedings of the 4th International Conference on Information and Communication Technologies for Ageing Well and e-Health* (pp. 142-147).

SciTePress. <https://www.scitepress.org/PublicationsDetail.aspx?ID=2gTWB5ELKdU=&t=1>

Description: GezelschApp is a mobile application developed to mitigate social isolation and loneliness among older adults in the Netherlands. Accessible via smartphones, tablets, and PCs, the app provides a platform for seniors to connect with peers, access information, and participate in community activities. *GezelschApp* is an innovative, user-centered mobile application designed to **connect older adults with each other and with their communities**, offering a **safe digital space** for meaningful interaction. Developed with insights from gerontology, social work, and human-computer interaction, the app was explicitly designed to

reduce **barriers to digital social engagement**, particularly among older adults with limited tech confidence. More than a messaging tool, GezelschApp is a **social engagement ecosystem**, providing: **private messaging** with friends, coaches, and volunteers; **local activity feeds** to encourage in-person participation in events; **digital literacy support** via embedded guides and personalized assistance; **health promotion content** including news, resources, and links to services; **“coach-gate” onboarding system**, ensuring new users are guided by a human before joining, to promote safety and reduce anxiety. The design is purposefully **non-commercial**, visually simplified, and adapted to sensory and cognitive preferences of older users. It is rooted in **digital dignity**: enabling older adults to engage on their terms, at their pace, and with safeguards.

Key Activities:

- **Messaging (Inbox):** Enables users to send and receive messages from friends and personal coaches.
- **News:** Provides updates related to healthy and active lifestyles.
- **Activities:** Lists local events and activities in the user's neighborhood.
- **Information:** Offers resources and tips on various topics relevant to seniors.
- **Friends:** Allows users to manage their social connections within the app.

Practice Implications:

- Offers healthcare providers a technological tool to recommend to patients experiencing SI&L.
- Supports the integration of digital solutions into traditional care models.
- Emphasizes the need for personalized support and coaching to facilitate technology adoption among seniors.

Evaluation: An initial evaluation involving focus groups with users indicated a positive reception of the app's features.

https://www.researchgate.net/publication/341104782_The_first_evaluation_of_a_Mobile_application_to_encourage_social_participation_for_community-dwelling_older_adults. Study findings indicate:

- Increased feelings of connectedness and confidence in using technology
- Improved awareness of local resources
- Positive mental health outcomes for users, especially when paired with human support

National-level Policies & Strategies Specific to Healthcare and Social Service Professionals

Pact for the Elderly Care (Pact voor de Ouderenzorg)

Ministry of Health, Welfare and Sport. (2018). *Pact voor de*

Ouderenzorg. <https://www.rijksoverheid.nl/documenten/publicaties/2018/03/08/pact-voor-de-ouderenzorg>

Description: Initiated in 2018 by the Dutch Ministry of Health, Welfare and Sport, the Pact for the Elderly Care aims to enhance the well-being of older adults in the Netherlands. It focuses on three main areas: combating loneliness, enabling seniors to live independently at home for as long as possible, and improving the quality of nursing home care.

The **Pact for the Elderly Care** is a cornerstone national agreement that articulates the Dutch government's long-term vision for rebalancing eldercare in the Netherlands. Rather than focusing on isolated interventions, the Pact aims to **orchestrate a coordinated cultural shift** across the entire continuum of eldercare — from municipalities and home care providers to housing associations and civic actors. The Pact is organized around **three interdependent pillars: living Well at Home (Langer Thuis):** Expanding home-based care and age-friendly living arrangements; **improved Nursing Home Care:** Standardizing quality and access through frameworks like the *Kwaliteitskader Verpleeghuiszorg*; **united Against Loneliness (Eén tegen eenzaamheid):** Mobilizing a national coalition to reduce social disconnection. What makes the Pact particularly notable is its **governance model**: it is not a top-down decree but a **shared commitment among more than 200 signatories**, including municipalities, insurers, care providers, advocacy organizations, and research institutions. It's both **policy and process** — an architecture for collaborative transformation. Its emphasis on loneliness recognizes that **relational health is inseparable from functional and clinical care**, especially in aging populations.

Key Activities:

- **United Against Loneliness (Eén tegen eenzaamheid):** A national initiative to identify and address loneliness among older adults through community engagement and support networks.
- **Living at Home Longer (Langer Thuis):** Programs designed to provide necessary support and resources, allowing seniors to maintain independence and reside in their own homes safely.
- **Improving Nursing Home Care:** Implementing the Quality Framework for Nursing Home Care to enhance standards and ensure dignified living conditions for residents.

Practice Implications:

- Encourages collaboration among government agencies, non-governmental organizations, and local communities to create a supportive environment for the elderly.
- Promotes the development of policies and programs that address the specific needs of older adults, focusing on social inclusion and quality care.
- Emphasizes the importance of preventive measures and early intervention to reduce social isolation and improve overall well-being.

Evaluation: Specific evaluation studies detailing the outcomes of the Pact for the Elderly Care are not provided in the available sources. However, the initiative has been recognized for its comprehensive approach to addressing the multifaceted needs of the aging population in the Netherlands. Bureau HHM. (October 2021). *Rapportage derde evaluatie Eén tegen Eenzaamheid*. Retrieved April 9, 2025, from <https://www.hhm.nl/wp-content/uploads/MW211933-Rapportage-derde-evaluatie-Een-tegen-Eenzaamheid-oktober-2021.pdf>

One Against Loneliness (Eén tegen eenzaamheid)

Bureau HHM. (2021, October). *Rapportage derde evaluatie Eén tegen Eenzaamheid* [Third Evaluation Report: One Against Loneliness]. Ministry of Health, Welfare and Sport., <https://www.hhm.nl/wp-content/uploads/MW211933-Rapportage-derde-evaluatie-Een-tegen-Eenzaamheid-oktober-2021.pdf>

Description: Launched by the Ministry of Health, Welfare and Sport, this national program aims to identify and reduce loneliness among older adults through early detection, open discussions, and sustainable interventions. **One Against Loneliness** is the Netherlands' flagship policy initiative on social isolation and loneliness in later life. What distinguishes it globally is its **multi-sectoral, movement-oriented approach**: rather than treating loneliness as a “service gap,” it seeks to cultivate a **whole-of-society response**, rooted in values of solidarity, inclusion, and prevention. Framed as a **social challenge with public health consequences**, the program reframes loneliness not as a private failure or pathology, but as a **structural condition produced by urbanization, digital exclusion, and life transitions like widowhood or caregiving loss**. Critically, the initiative fosters **connective infrastructure** rather than isolated programs — helping professionals and citizens recognize, talk about, and act on loneliness in relationally meaningful ways.

Key Activities:

- Providing tools and resources for healthcare professionals to recognize and address loneliness.
- Establishing local coalitions that include municipalities, businesses, and civil society organizations to collaboratively tackle loneliness.
- Offering training sessions and workshops for professionals on effective intervention strategies.

Practice Implications:

- Enhances the capacity of healthcare providers to address SI&L through structured frameworks and community support.
- Encourages interdisciplinary collaboration, integrating social care into healthcare practices.

Evaluation: Bureau HHM. (2021, October). *Rapportage derde evaluatie Eén tegen Eenzaamheid* [Third Evaluation Report: One Against Loneliness]. Ministry of Health, Welfare and Sport. Retrieved April 11, 2025, from <https://www.hhm.nl/wp-content/uploads/MW211933-Rapportage-derde-evaluatie-Een-tegen-Eenzaamheid-oktober-2021.pdf>

An evaluation by Bureau HHM in October 2021 reported that municipalities and organizations valued the program's resources and support, leading to improved local strategies against loneliness.

euPrevent PROFILE Project

euPrevent. (2021). *PROFILE Project: Prevention of Loneliness in Older People in the Euregio* [Project summary]. <https://euprevent.eu/en/project/profile/>
Guideline and training to tackle loneliness among older adults. <https://euprevent.eu/en/guideline-and-training-profile/>

Description: This cross-border initiative aims to prevent and reduce loneliness among older adults by developing guidelines, training programs, and compiling best practices for professionals. The **PROFILE Project** (Prevention of Loneliness of Older People in the Euregio) stands out as a **cross-border, evidence-based initiative** that merges scientific rigor with local responsiveness. Its geographic focus—the Meuse-Rhine Euroregion—presents a rich but complex policy laboratory, where three countries’ health systems intersect, yet all face a common demographic challenge: increasing loneliness among older residents in border areas. It doesn’t seek to export a single “model” but instead equips actors to adapt interventions based on **local social fabrics, governance norms, and institutional capacities**.

Its legacy lies in promoting **professional reflexivity** — encouraging providers to not only “deliver care,” but also to **question how their services foster or fragment social connectedness**.

Key Activities:

- Conducting literature reviews to understand the prevalence and effectiveness of interventions targeting loneliness.
- Developing training courses for both professionals and non-professionals to identify and address loneliness in older people.
- Creating a guideline on tackling loneliness for professionals, directing them to various resources based on their needs.

Practice Implications:

- Equips healthcare and social service professionals with evidence-based tools and knowledge to effectively combat SI&L.
- Promotes a standardized approach to identifying and addressing loneliness among older adults.

Evaluation: euPrevent. (n.d.). *PROFILE Literature Review*. <https://euprevent.eu/profile/profile-literature-review/>. Study Identified and analyzed 61 interventions targeting loneliness and social isolation among older adults. Concluded that interventions are generally effective, though the magnitude of effect varies by type. Noted that interventions with strong technological components had slightly smaller effects compared to others.

Sweden

Ministry

Sweden does not have a standalone ministry or department specifically dedicated to 'Social Isolation and Loneliness' or to 'Seniors'. However, the issue is actively addressed within broader governmental structures, primarily under the remit of the Ministry of Health and Social Affairs. This ministry oversees: Public health, Elder care, Social services, Mental health. Rather than a dedicated ministry, Sweden typically appoints a **Minister for Older People and Social Security** (Äldre- och socialförsäkringsminister). This minister is often a portfolio within the broader Ministry of Health and Social Affairs

National-level Policy

National Strategy to Reduce Loneliness

Nordic Welfare Centre. (2024). *Good and equal health in the Nordics: Theme 3 – Prevention of loneliness and social isolation* [Conference report]. Nordic Council of Ministers. <https://nordicwelfare.org/pub/good-and-equal-health-in-the-nordics-conference-report/theme-3-prevention-of-loneliness-and-social-isolation.html>

Description: Sweden is developing a national strategy to reduce loneliness. A situation analysis was published in March 2024, and the full strategy is expected to be released in 2025. This initiative aims to create a society where all individuals have equal opportunities to form and maintain social connections. The

strategy is structured around three key sub-goals: ensuring social venues are accessible to everyone, reducing barriers to participation, and supporting people in long-term isolation. Announced in 2024 and expected to be formally adopted in 2025, the strategy is being led by the Ministry of Health and Social Affairs. It builds upon a 2024 situation analysis that identified loneliness as a multifactorial issue requiring intersectoral action. The strategy articulates three primary objectives: to ensure social meeting places are accessible and inclusive to all; to reduce structural and attitudinal barriers that inhibit social participation; and to provide targeted and sustained support for individuals experiencing prolonged or chronic social isolation. Rather than framing loneliness purely as a symptom of individual pathology, the strategy adopts a structural and environmental lens, emphasizing the importance of public infrastructure, community design, healthcare integration, and inclusive service delivery. Implementation is envisioned as a shared responsibility across national, regional, and municipal levels, with a strong role for community organizations, housing providers, and the health and social care sectors.

Key Recommendations:

- Enhance accessibility of social venues for all individuals.
- Implement measures to reduce barriers hindering social participation.
- Provide targeted support for individuals experiencing long-term isolation.

Practice Implications:

- Municipalities and organizations may need to assess and modify public spaces to improve accessibility.
- Policies should be reviewed and updated to eliminate obstacles to social engagement.
- Development of programs offering personalized support to those in prolonged isolation.

Methods:

- Conducted a comprehensive situation analysis published in March 2024.
- Engaged stakeholders through consultations and public forums.
- Reviewed existing research and data on loneliness and social isolation.

Government Grants and Guidelines

Karolinska Institutet. (n.d.). *Research Programme on Ageing, Loneliness, and Mental Health (REALM)*. <https://ki.se/en/nvs/research/centres-at-nvs/social-gerontology-carin-lennartsson-group/research-programme-on-ageing-loneliness-and-mental-health-realm>

Description: The Swedish government has allocated grants for developing interventions targeting loneliness and introduced national guidelines to mitigate loneliness among older adults.

These grants and guidelines are designed to support initiatives that address loneliness among older adults, emphasizing mental health as equally important as physical health. Key components include targeted funding to municipalities and regional actors for piloting social participation programs, developing age-friendly community initiatives, and integrating assessments of loneliness into eldercare services. In parallel, the Public Health Agency of Sweden has issued evidence summaries and practical guidance for care providers, recognizing loneliness as a modifiable risk factor for mental illness, cognitive decline, and increased mortality in older adults. Importantly, these grants and guidelines have promoted both preventive and interventional approaches, ranging from befriending services and senior cafés to more structured efforts such as volunteer coordination and social prescribing. Evaluation mechanisms vary by region, but national-level tracking has emphasized the need for locally tailored yet nationally supported solutions. These guidelines form a practical bridge between policy intent and on-the-ground implementation.

Key Recommendations:

- Prioritize mental health initiatives alongside physical health programs.
- Develop and fund interventions specifically targeting loneliness in older populations.
- Establish a national support line for mental health issues.

Practice Implications:

- Healthcare providers should integrate mental health assessments into routine care for older adults.
- Organizations can apply for grants to develop community programs addressing loneliness.
- Implementation of a national support line requires training staff to handle mental health crises.

Methods:

- Analysis of mental health trends and needs assessments.
- Consultations with mental health professionals and organizations.
- Review of successful interventions in other countries.

National Digital Strategies and eHealth Policies

Ministry of Health and Social Affairs, Sweden. (2016). *Vision for eHealth 2025: Common Starting Points for Digitisation of Social Services and Health Care*. Stockholm: Government Offices of Sweden.

https://pmc.ncbi.nlm.nih.gov/articles/PMC10416358/?utm_source=chatgpt.com

Description: Sweden's Ministry of Health and Social Affairs developed national digital strategies emphasizing the importance of digital inclusion for older adults. These policies aimed to ensure that older individuals could benefit from digital advancements in healthcare and social services. While not explicitly targeted at social isolation, the strategy has major implications for SI&L, particularly in its focus on digital equity, patient empowerment, and the expansion of person-centered e-services. It promotes digital inclusion as a pillar of health equity, acknowledging that many older adults face barriers in accessing digital services due to literacy, mobility, or economic constraints. Under this framework, municipalities have adopted welfare technologies—such as video calling systems, digital noticeboards, fall sensors, and remote social platforms—as tools to support both safety and social connection.

Key Recommendations:

- Promote digital literacy programs tailored for older adults.
- Ensure equitable access to digital healthcare services.
- Maintain the human dimension of care in digital transformations.

Practice Implications:

- Healthcare providers should offer training sessions on digital tools for older patients.
- Policymakers must address barriers to digital access, such as affordability and infrastructure.
- Design digital health services that prioritize user-friendliness and personal interaction.

Methods:

- Analysis of current digital infrastructure and its accessibility to older populations.
- Stakeholder consultations, including feedback from older adults.
- Review of international best practices in digital health inclusion.

Ageing Policies – Access to Services in Different Member States

Bergstra, M. (2021). *Ageing policies – access to services in different Member States: Country study on Sweden (Annex VIII)*. European

Parliament. [https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662940/IPOL_STU\(2021\)662940\(A NN08\)_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662940/IPOL_STU(2021)662940(A NN08)_EN.pdf)

Description: This report provides an overview of Sweden's ageing policies, focusing on access to services by older people. It addresses areas such as active ageing, social participation, and supportive environments. This analytical report, commissioned by the European Parliament and authored by the Centre for Social and Economic Research (CASE), provides a comparative country profile of Sweden's ageing policies, with emphasis on access to services and social inclusion for older adults. While not a Swedish government document per se, the study offers a critical synthesis of national-level strategies and identifies social isolation and exclusion as key policy challenges in Sweden's ageing landscape. The report highlights Sweden's relatively strong institutional framework for eldercare, including universal access to home care and residential care services. However, it also draws attention to gaps in addressing non-medical needs—particularly those related to social participation, mobility, and community belonging. Loneliness is described as a growing concern, especially for older women, migrants, and those living alone. The study notes a lack of a national strategy on loneliness at the time of publication (2021), but recognizes emerging programs such as intergenerational housing models, social prescribing pilots, and municipal outreach initiatives as promising practices.

Key Recommendations:

- Promote active ageing and social participation among older adults.
- Ensure accessible health care and long-term care services.

- Develop supportive environments that facilitate ageing in place.

Practice Implications:

- Policy-makers should consider the diverse needs of older adults in service provision.
- Encourage intergenerational programs to enhance social inclusion.
- Implement community-based initiatives to reduce isolation.

Methods:

- The study was conducted by the CASE Research Foundation and commissioned by the European Parliament's Committee on Employment and Social Affairs. It involved policy analysis and review of existing literature.

National-level Initiatives

Welfare Technology Initiatives

Frennert, S., Skagert, K., & Williamsson, A. (2024). *It is a matter of convenience: why welfare technologies have become domesticated in Swedish eldercare.* **BMC Health Services Research**, 24, 11924. <https://doi.org/10.1186/s12913-024-11924-x>

Description: The Swedish government promoted the use of digital technologies, referred to as "welfare technologies," to enhance the well-being of older adults. These technologies aimed to increase safety, activity, participation, and independence for individuals at risk of social isolation. Sweden has been a Nordic leader in promoting the use of welfare technologies—digital and assistive technologies designed to support independence, safety, and participation among older adults. These technologies are not merely tools for efficiency; they are part of a broader strategy to modernize eldercare and, increasingly, to mitigate social isolation and loneliness. Framed within Sweden's *Vision for eHealth 2025*, national and municipal governments have invested in a wide range of technologies including digital video platforms, smart alarm systems, medication reminders, virtual companionship services, and interactive social tools. Implementation has been guided by the principle that digital tools should be person-centered, ethically grounded, and aligned with the values of care. Many municipalities have piloted or scaled initiatives aimed at enabling older adults to connect with family, participate in virtual social activities, or receive companionship through devices such as voice assistants and video terminals.

Key Recommendations:

- Integrate digital solutions into elder care to promote social participation.
- Ensure accessibility and user-friendliness of technologies for older users.
- Provide training and support to older adults for effective use of digital tools.

Practice Implications:

- Care providers should incorporate welfare technologies into their services.
- Policymakers need to address digital literacy among older populations.
- Collaboration with technology developers to create age-friendly solutions.

Evaluation: Pajalic, Z., et al. (2024). *Home living older adults' subjective perceptions, evaluation, and interpretations of various welfare technology: A systematic review of qualitative studies.* **BMC Geriatrics**, 24, Article 118. <https://doi.org/10.1186/s12877-024-04382-y> Study findings indicate:

- Welfare technologies such as digital communication tools and alert systems are generally viewed positively by older adults.
- Users appreciated the increased **sense of safety, independence, and reduced loneliness**, especially when tech was used to stay connected with family or social services.
- Face-to-face interactions remained highly valued—tech was seen as complementary, not a replacement.

Third Place Initiatives

Zhang, Y., & Högström, E. (2024). *The Role of Third Place Concerning Loneliness in the Context of Ageing in Place: A Mixed-Methods Study in Sweden.* **Journal of Aging Research**, 2024, Article ID 4172682. <https://doi.org/10.1155/2024/4172682>

Description: Research in Stockholm has explored the role of "third places"—public spaces like cafés, libraries, and community centers—in mitigating loneliness among older adults. These spaces serve as informal gathering spots that encourage social interaction outside of home and work environments. Third places—such as cafés, libraries, community centers, and senior hubs—serve as informal, non-institutional spaces where people can interact without the obligations of home or the formality of healthcare settings. In Sweden, where eldercare services have become more home-based and individualized, third places offer a low-barrier environment for routine social contact. They are particularly vital in communities where formal services are limited and where mobility, transportation, or digital exclusion create challenges for older residents. The study underscored that effective third places must be designed with older adults in mind, with attention to lighting, noise, walkability, and sociability. Unlike structured programs, third places offer freedom, spontaneity, and routine, enabling older people to maintain a sense of agency and belonging. While these initiatives are typically local and often embedded in cultural or public library systems, they align with broader national priorities around active aging and community engagement.

Key Features:

- Accessibility and inclusivity to accommodate older adults.
- Provision of programs and services that encourage participation.
- Design elements that create a welcoming and comfortable atmosphere.

Practice Implications:

- Urban planners and policymakers can prioritize the development of third places in communities.
- Community organizations can utilize these spaces to host events and activities for older adults.
- Emphasizes the importance of the built environment in promoting social well-being.

Evaluation: The Role of Third Place concerning Loneliness in the Context of Ageing in Place: A Mixed-Methods Study in Sweden. *Journal of Aging Research*, 2024.

https://onlinelibrary.wiley.com/doi/10.1155/2024/4172682?utm_source=chatgpt.com Study findings indicate:

- Well-designed third places can significantly reduce feelings of loneliness by providing venues for social engagement and community participation.

National level Policies & Strategies Specific to Health Care and Social Service Practitioners

Social Prescribing in Sweden (SPiS) Program

Johansson, L., Jonsson, P. V., & Sundström, G. (2021). Let's Try Social Prescribing in Sweden (SPiS) – an Interventional Project Targeting Loneliness among Older Adults Using a Model for Integrated Care: A Research Protocol. *International Journal of Integrated Care*, 21(2), 14.

https://www.researchgate.net/publication/352664626_Let's_Try_Social_Prescribing_in_Sweden_SPiS_-_an_Interventional_Project_Targeting_Loneliness_among_Older_Adults_Using_a_Model_for_Integrated_Care_A_Research_Protocol

Description: The SPiS program aims to develop, test, and refine a person-centered Swedish model for social prescribing to reduce loneliness and promote health among older adults. The *Social Prescribing in Sweden (SPiS)* Program marks a significant policy innovation adapting a UK-based model to the Swedish context. Rather than offering medical solutions to psychosocial issues such as loneliness, the program enables primary care providers to refer older adults to non-clinical community resources, such as volunteer groups, creative arts, fitness programs, and social activities. What makes SPiS particularly innovative is its dual focus: it is both a service delivery model and a research initiative. It provides training for care providers to identify signs of social isolation, develop personalized social prescriptions, and follow up with community partners. The program also collects data on health outcomes, quality of life, and healthcare utilization to assess long-term benefits.

Key Recommendations:

- Develop a culturally adapted social prescribing model suitable for Sweden.
- Implement the model in phases, allowing for testing and refinement.

- Assess the impact of the model on loneliness, health, and well-being.

Practice Implications:

- Healthcare professionals can refer patients to non-medical interventions to improve social connections.
- Community organizations may collaborate with healthcare providers to offer social activities.
- Ongoing evaluation and adaptation of the model based on participant feedback.

Methods:

- Realist evaluation approach conducted in three consecutive phases.
- Collection and analysis of both qualitative and quantitative data.
- Engagement with older adults to tailor the intervention to their needs.

Evaluation: Johansson, L., Jonsson, P. V., & Sundström, G. (2021). *Let's Try Social Prescribing in Sweden (SPiS) – an Interventional Project Targeting Loneliness among Older Adults Using a Model for Integrated Care: A Research Protocol. International Journal of Integrated Care*, 21(2), 14. <https://doi.org/10.5334/ijic.5583> Study aims to determine whether the social prescribing model reduces loneliness and improves mental well-being. To refine the model based on feedback from real-world implementation.

Research Programme on Ageing, Loneliness, and Mental Health (REALM)

Karolinska Institutet. (n.d.). *Research Programme on Ageing, Loneliness, and Mental Health (REALM)*. <https://ki.se/en/nvs/research/centres-at-nvs/social-gerontology-carin-lennartsson-group/research-programme-on-ageing-loneliness-and-mental-health-realm>

Description: REALM is a research initiative based at Karolinska Institutet, focusing on understanding the causes and consequences of loneliness in later life and developing interventions. The REALM program focuses on understanding and addressing loneliness among older adults. It provides insights and evidence-based strategies for healthcare and social service professionals to implement in their practices. What sets REALM apart is its commitment to practice translation. Beyond producing scientific outputs, it aims to co-develop assessment instruments that can be used by clinicians and social workers, and to inform policy design with rigorous, socially contextualized evidence. The program is being carried out in close partnership with stakeholders from eldercare, mental health services, and civil society. Its findings are expected to shape future guidelines, educational curricula, and intervention frameworks at both national and municipal levels.

Key Recommendations:

- Integrate assessments of loneliness into routine care for older adults.
- Develop personalized interventions that consider the unique social contexts of individuals.
- Foster collaboration between healthcare providers and community organizations to create comprehensive support networks.

Practice Implications:

- Training programs for professionals to recognize and address signs of loneliness.
- Implementation of screening tools in healthcare settings to identify at-risk individuals.
- Development of referral pathways to connect older adults with community resources.

Evaluation: Karolinska Institutet. "Research Programme on Ageing, Loneliness, and Mental Health (REALM)." https://ki.se/en/nvs/research/centres-at-nvs/social-gerontology-carin-lennartsson-group/research-programme-on-ageing-loneliness-and-mental-health-realm?utm_source=chatgpt.com Study examines inequalities in risk factors and consequences of loneliness, focusing on causal associations between loneliness, mental health, and care use; Analyzes mental health consequences of widowhood, a known risk factor for loneliness; Explores individual subjective experiences of loneliness from a life course perspective and develop an instrument to assess loneliness for use by practitioners; Creates a loneliness literacy training program for care professionals and explore methods to enhance their recognition and response to loneliness.

USA

The United States does not currently have a dedicated ministry or department specifically for ‘Social Isolation and Loneliness’ or for ‘Seniors’. The federal government does have a central agency with a clear mandate to support older adults, located within the U.S. Department of Health and Human Services (HHS):

U.S. Department of Health and Human Services (HHS)

- Through the Office of the Surgeon General, HHS has taken a leadership role in addressing loneliness and social isolation as public health threats.
- The 2023 Surgeon General's Advisory called for a national framework to build social connection across society.

National-level Policy

F4SCAN 2025–2027 Federal Policy Roadmap

Foundation for Social Connection Action Network. (2025). *2025–2027 Federal Policy Priorities*. Retrieved from <https://www.endsocialisolation.org/announcing-the-foundation-for-social-connection-action-networks-2025-2027-federal-policy-priorities/Social-Connection-Action-Network>

Description: The Foundation for Social Connection Action Network (F4SCAN) released its 2025–2027 Federal Policy Priorities to address the growing crisis of social isolation and loneliness, particularly among older adults. The roadmap presents evidence-based legislative and regulatory recommendations aimed at fostering meaningful connections and building stronger communities. It emphasizes a cross-sector approach, integrating health, education, employment, infrastructure, arts and culture, nutrition, and research to combat social disconnection.

Key Recommendations:

- **Strengthen Federal Programs:** Advocate for the passage of the SENIOR Act to incorporate "loneliness" into the Older Americans Act, directing funds to enhance social connections for older adults.
- **Expand Intergenerational Programs:** Promote initiatives like shared housing, mentorship opportunities, and community volunteer projects to reduce loneliness across generations.
- **Promote Digital Inclusion and Technology Access:** Prioritize digital literacy training and expand affordable broadband access, especially in rural and underserved areas.
- **Enhance Medicare's Role:** Include screenings for social isolation during Medicare Annual Wellness Visits and expand coverage for interventions like counseling and peer support services.
- **Improve Transportation Access:** Establish a Senior Mobility Program through the Federal Transit Administration to enhance public transport options, such as subsidized ride-sharing and accessible bus routes.

Practice Implications:

- **Screening and Assessment:** Incorporate social isolation assessments into routine health evaluations.
- **Referral Systems:** Develop referral pathways to connect patients with community resources aimed at reducing isolation.
- **Interdisciplinary Collaboration:** Work with social workers, community organizations, and policymakers to address the multifaceted aspects of loneliness.
- **Education and Training:** Engage in ongoing education about the impacts of social isolation and effective intervention strategies.

Methods:

- Collaboration with the Foundation for Social Connection's Research and Practice team
- Refinement by the Scientific Leadership Council

National Strategy to Support Family Caregivers – 2024 Progress Report

U.S. Department of Health and Human Services, Administration for Community Living. (2024). *Progress Report: Federal Implementation of the 2022 National Strategy to Support Family Caregivers*. Retrieved

from https://acl.gov/sites/default/files/2024ProgressReport_StrategyToSupportCaregivers.pdf ACL Administration for Community Living

Description: The 2024 Progress Report outlines the federal government's advancements in implementing the 2022 National Strategy to Support Family Caregivers. The strategy aims to recognize and support the 53 million family caregivers in the U.S., including those caring for older adults. The report details nearly 400 federal actions, highlighting new programs, improved coordination, and increased funding to support caregivers.

Key Recommendations:

- **Increase Awareness and Outreach:** Launch public education campaigns to raise awareness about caregivers' roles and needs.
- **Build Partnerships and Engagement:** Engage various sectors to develop sustainable caregiver supports.
- **Strengthen Services and Supports:** Improve access to respite care, peer support, and navigation assistance.
- **Ensure Financial and Workplace Security:** Advance paid family and medical leave policies and promote caregiver tax credits.
- **Expand Data, Research, and Evidence-Based Practices:** Fund and disseminate research on caregiver burden and effective interventions.

Practice Implications:

- **Integration into Care Teams:** Recognize caregivers as essential partners in the healthcare team.
- **Resource Provision:** Provide caregivers with information and referrals to support services.
- **Training and Education:** Offer training to caregivers to equip them with necessary skills for patient care.
- **Policy Advocacy:** Advocate for policies that support caregiver needs within healthcare settings.

Methods:

- Input from over 1,600 stakeholders, including caregivers, researchers, and service providers
- Guidance from the RAISE Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren
- Public consultations
- Analysis of existing reports
- Collaboration across 15 federal agencies to ensure a comprehensive and inclusive approach.

U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

U.S. Department of Health and Human Services. (2023). *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.*

https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf?utm_source=chatgpt.com

Description: In May 2023, the U.S. Surgeon General issued an advisory addressing the public health crisis of loneliness and isolation, emphasizing the importance of social connection for overall health and well-being.

Key Recommendations:

- Strengthen social infrastructure in communities.
- Enact policies that support social connection.
- Mobilize the healthcare sector to address social isolation and loneliness.
- Reform digital environments to promote healthy social connections.
- Deepen our knowledge through research on social connection.
- Cultivate a culture of connection.

Practice Implications:

- Encourages healthcare providers to incorporate social connection assessments into patient care.
- Promotes community-based programs to enhance social interactions.

Methods:

- Review of existing research and data on social connection.
- Engagement with experts and stakeholders in the field.

National Strategy for Social Connection Act

National Strategy for Social Connection Act, S.2350, 118th Cong.

(2023). <https://www.congress.gov/bill/118th-congress/senate-bill/2350>

Description: This bill was introduced in the U.S. Senate on July 18, 2023, by Senator Chris Murphy (D-CT) and co-sponsored by Senator Tina Smith (D-MN). It proposes the establishment of an Office of Social Connection Policy within the Executive Office of the President to develop and coordinate a national strategy aimed at improving social connection and reducing loneliness across the United States. The bill also includes provisions for creating an intergovernmental advisory council and authorizes funding for research through the Centers for Disease Control and Prevention (CDC)

Key Provisions:

- Creation of an Office of Social Connection Policy to lead a national strategy.
- Funding for research on the effects of social isolation and effective interventions.
- Support for community-based programs aimed at fostering social connections.

Status: As of April 2025, the bill is under consideration in Congress.

U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

U.S. Department of Health and Human Services. (2023). *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.*

<https://pubmed.ncbi.nlm.nih.gov/37792968/>

Description: This advisory highlights the profound health impacts of social isolation and loneliness, framing them as public health concerns. It provides a framework for a national strategy to foster social connection.

Key Recommendations:

- Strengthen Social Infrastructure: Invest in community programs and policies that promote connection.
- Enact Pro-Connection Public Policies: Implement policies that support social connection, such as accessible public transportation and community centers.
- Mobilize the Health Sector: Integrate social connection into healthcare practices, including routine assessments and interventions.
- Reform Digital Environments: Encourage the development of technology that enhances, rather than detracts from, social connection.
- Deepen Knowledge: Support research on social connection and its health impacts.
- Cultivate a Culture of Connection: Public campaigns to raise awareness and encourage community engagement.

Practice Implications:

- Healthcare providers should incorporate social connection assessments into routine care.
- Community organizations can develop programs that facilitate social interactions among older adults.
- Policymakers can design urban spaces that encourage communal activities.

Methods:

- Comprehensive literature review on the health effects of social connection.
- Consultations with public health experts and stakeholders.
- Analysis of existing policies and programs related to social connection.

National Strategy to Support Family Caregivers

Administration for Community Living. (2022). *2022 National Strategy to Support Family*

Caregivers. https://archrespite.org/wp-content/uploads/2023/06/2022-National-Strategy-CARR-Crosswalk-DRAFT-6-12-23.pdf?utm_source=chatgpt.com

Description: The **National Strategy to Support Family Caregivers (NSSFC)** was released in **September 2022** and represents the **first federally coordinated roadmap** to comprehensively support **family**

caregivers of all ages across the United States. The strategy acknowledges the crucial role of family caregivers—including those supporting older adults—and the physical, emotional, and financial strain caregiving often places on them. It provides a national framework to strengthen support structures and improve coordination between systems and sectors. The strategy addresses **family caregivers of older adults and people with disabilities** (via the RAISE Council).

Key Recommendations:

- Increase Awareness: Educate the public on the role and needs of family caregivers.
- Build Partnerships: Collaborate across sectors to support caregivers.
- Strengthen Services: Enhance access to respite care and counseling.
- Ensure Financial Security: Provide economic support and workplace flexibility for caregivers.
- Expand Data and Research: Invest in research on caregiving dynamics and needs.

Practice Implications:

- Employers can implement caregiver-friendly workplace policies.
- Healthcare systems can offer resources and training for family caregivers.

Methods:

- Input from the RAISE Family Caregiving Advisory Council.
- Public comments and stakeholder engagement.

Coalition to End Social Isolation and Loneliness (AKA Foundation for Social Connection Action Network (F4SCAN))

Coalition to End Social Isolation and Loneliness. (2021). *Policy Priorities: Addressing the Impact of Social Isolation & Loneliness for All Americans*. https://www.hhs.gov/surgeongeneral/reports-and-publications/connection/resources/index.html?utm_source=chatgpt.com

Description: The Coalition to End Social Isolation and Loneliness is a nonprofit organization that brings together a diverse set of stakeholders—including consumer groups, health plans, healthcare providers, technology innovators, and patient advocates—to develop and advocate for federal policy solutions aimed at addressing the epidemic of social isolation and loneliness.

Key Recommendations:

In their 2021-2022 policy report, the Coalition outlined several immediate and long-term policy priorities:

- Maintain and Improve Access to Mental and Behavioral Health Services: Enhance services that address the mental health impacts of social isolation and loneliness.
- Support Research and Data Collection: Fund studies to better understand the prevalence, causes, and effects of social isolation and loneliness across different demographics.
- Promote Innovative Interventions: Encourage the development and implementation of community-based programs and technological solutions that foster social connections.
- Integrate Social Isolation Metrics into Healthcare: Incorporate assessments of social isolation and loneliness into routine healthcare screenings and electronic health records.
- Address Social Determinants of Health: Implement policies that tackle broader social factors contributing to isolation, such as transportation barriers and housing instability.
- Enhance Public Awareness: Launch campaigns to educate the public about the health risks associated with social isolation and loneliness.

Practice Implications:

- Healthcare Providers: Should integrate social isolation assessments into patient evaluations and collaborate with community organizations to provide resources for socially isolated individuals.
- Community Organizations: Can develop programs that facilitate social engagement, such as volunteer opportunities, group activities, and support networks.
- Policymakers: Need to consider legislation that supports funding for mental health services, research initiatives, and community-based interventions addressing social isolation.
- Technology Developers: Encouraged to create user-friendly tools that help individuals connect and maintain relationships, particularly targeting populations at risk for isolation.

Methods:

- Literature Review: Conducted an extensive review of existing research to understand the scope and impact of social isolation and loneliness.
- Stakeholder Engagement: Collaborated with a diverse group of stakeholders, including healthcare professionals, researchers, policymakers, and advocates, to gather insights and build consensus on policy recommendations.
- Data Analysis: Analyzed data on the prevalence and effects of social isolation and loneliness to inform evidence-based recommendations.
- Policy Mapping: Reviewed current policies and identified gaps where new interventions or legislative actions are needed.

Older Americans Act (OAA) – Title III Programs

Administration for Community Living. (2020). *2020 Older Americans Act Report: Overview of Title III, VI, and VII Programs*. https://acl.gov/sites/default/files/news%202022-09/2020%20OAA%20Report_Complete%20Product%209-1-22_508.pdf?utm_source=chatgpt.com

Description: The OAA Title III provides funding for a range of services aimed at supporting older adults to live independently in their communities, thereby reducing social isolation.

Key Recommendations:

- Enhance access to nutrition programs like congregate meals.
- Expand transportation services for older adults.
- Increase support for caregiver programs.

Practice Implications:

- Area Agencies on Aging (AAAs) can develop and expand programs that address social determinants of health.
- Service providers can collaborate to offer comprehensive support services.

Methods:

- Data collection from state and local agencies on program implementation.
- Evaluation of service outcomes and effectiveness.

National Academies of Sciences, Engineering, and Medicine (NASEM) Report

National Academies of Sciences, Engineering, and Medicine. (2020). *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. https://nap.nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the?utm_source=chatgpt.com

Description: In 2020, NASEM published a comprehensive report titled "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System," highlighting the health impacts of social isolation and loneliness and providing recommendations for the healthcare sector.

Key Recommendations:

- Integrate social isolation and loneliness assessments into routine healthcare.
- Develop and implement evidence-based interventions.
- Educate and train healthcare professionals on these issues.

Practice Implications:

- Healthcare providers are encouraged to routinely assess patients for social isolation and loneliness.
- Implementation of community-based interventions to foster social connections.

Methods:

- Comprehensive literature review.
- Expert consultations.
- Public workshops and stakeholder engagements.

Older Americans Social Isolation and Loneliness Prevention Act

Older Americans Social Isolation and Loneliness Prevention Act, S.2677, 116th Congress (2019). https://www.congress.gov/bill/116th-congress/senate-bill/2677?utm_source=chatgpt.com

Description: Introduced in the Senate in October 2019, this bill aimed to expand the scope of certain grant programs and the duties of the Administration on Aging to prevent, screen for, and respond to social isolation and loneliness among older adults.

- Key Provisions:
 - Enhancing outreach and education efforts related to social isolation and loneliness.
 - Developing and disseminating best practices for preventing and mitigating these issues.
 - Providing technical assistance to states and local organizations.

Status: The bill was introduced but did not advance beyond the introduction stage.

Addressing Social Isolation and Loneliness in Older Adults (SILO) Act

S.3437 - Addressing SILO Act of 2023, 118th Congress (2023-2024). [aging.senate.gov+2Congress.gov | Library of Congress+2Congress.gov | Library of Congress+2](https://aging.senate.gov+2Congress.gov+Library+of+Congress+2Congress.gov+Library+of+Congress+2)

Description: The Addressing SILO Act of 2023 aims to amend the Social Security Act to authorize grants and training for area agencies on aging and other community-based organizations to address social isolation among older individuals and adults with disabilities. [aging.senate.gov+2Congress.gov | Library of Congress+2Congress.gov | Library of Congress+2](https://aging.senate.gov+2Congress.gov+Library+of+Congress+2Congress.gov+Library+of+Congress+2)

Key Activities:

- Provision of grants to support programs targeting social isolation.
- Training for staff in community-based organizations to identify and mitigate social isolation.

Practice Implications:

- Enhanced capacity of local organizations to address social isolation.
- Improved identification and support for isolated individuals through trained personnel.

Evaluation: As of now, specific evaluation studies on the SILO Act's impact are not available, given its recent introduction.

National-level Initiatives

AARP's Connect2Affect Initiative

AARP Foundation. (n.d.). *Connect2Affect: Ending Social Isolation.*

https://press.aarp.org/2016-12-07-AARP-Foundation-Draws-Attention-to-Social-Isolation-with-the-Launch-of-Connect2Affect?utm_source=chatgpt.com

Description: **Connect2Affect** was developed in response to growing evidence that **social isolation and loneliness are significant threats to the health and well-being of older adults**. The initiative aims to identify socially isolated individuals, raise public awareness, and provide tools, resources, and partnerships to help people build and maintain meaningful social connections.

Key Activities:

- A brief, evidence-based quiz that individuals or caregivers can use to assess their risk of social isolation.
- Materials for professionals and communities on identifying and addressing isolation.
- Guidance for caregivers and organizations on how to build supportive environments.
- Collaborates with organizations including the Gerontological Society of America, Give an Hour, and the National Association of Area Agencies on Aging.
- Promotes community-based innovations to increase social inclusion.

Practice Implications:

- Community organizations can implement the assessment tool to identify and support isolated individuals.
- Policymakers can prioritize funding for programs that address social isolation.

Evaluation: A Review of Interventions: Addressing Social Isolation in Older

Adults: <https://www.nationalacademies.org/event/02-27-2019/docs/D4D473EDCF1672A45B0AE261C2EE37D2BC9CE0F9D69Anationalacademies.org>

- Over 1 million people have used the online risk assessment tool.
- Initiatives have been embedded in senior centers, primary care, and faith-based communities.
- Recognized as a model for raising awareness about social isolation as a modifiable social determinant of health.

National Institute on Aging (NIA) Social Isolation and Loneliness Outreach Toolkit

National Institute on Aging. Social Isolation and Loneliness Outreach Toolkit.

https://www.nia.nih.gov/toolkits/social-isolation?utm_source=chatgpt.com

Description: The NIA developed an outreach toolkit to help reduce social isolation and loneliness among older adults by providing materials and resources for caregivers, healthcare providers, and community organizations.

Key Activities:

- Distribution of animated graphics, social media images, educational flyers, and videos.
- Provision of health information and additional resources to raise awareness.

Practice Implications:

- Facilitates widespread dissemination of information on social isolation.
- Empowers organizations and individuals with tools to address loneliness.

Evaluation: As of now, there are no publicly available evaluation studies specifically assessing the effectiveness of the NIA's Social Isolation and Loneliness Outreach Toolkit.

Commit to Connect Initiative

Administration for Community Living. Commit to Connect.

https://acl.gov/CommitToConnect?utm_source=chatgpt.com

Description: Launched by the Administration for Community Living (ACL), this initiative aims to reduce social isolation and loneliness by leveraging technology and community resources to foster social connections.

Key Activities:

- Development of a nationwide network of champions dedicated to ending social isolation. [usaging.org](https://www.usaging.org)
- Provision of tools to assess risk for social isolation and find support services. acl.gov

Practice Implications:

- Encourages integration of technology in addressing social isolation.
- Promotes collaboration among organizations to enhance social connectivity.

Evaluation: Fehlhauer, A. (2024, May 16). *New Commit to Connect Topical Guide on Evaluation*. Commit to Connect. <https://committtoconnect.org/new-commit-to-connect-topical-guide-on-evaluation/>. This guide outlines six key considerations for outcome evaluation of social engagement programs serving older adults and people with disabilities. It emphasizes the importance of:

- Defining clear program goals and objectives.
- Selecting appropriate outcome measures.
- Ensuring cultural and linguistic competence in evaluation.
- Engaging stakeholders throughout the evaluation process.
- Utilizing mixed-methods approaches for comprehensive insights.
- Sharing findings to inform practice and policy.

New York State Office for the Aging (NYSOFA) Programs

New York State Office for the Aging. Combating Social Isolation. https://aging.ny.gov/combating-social-isolation?utm_source=chatgpt.com

Description: NYSOFA offers various programs aimed at combating social isolation among older adults through established services.

Key Activities:

- Senior center programming and social adult day care.
- Home-delivered and congregate meals.
- Volunteer opportunities and friendly visiting programs.

Practice Implications:

- Provides comprehensive services to address various aspects of social isolation.
- Engages community resources to support older adults.

Evaluation: New York State Office for the Aging. (2023). *Community Assessment Survey of Older Adults*. Retrieved from <https://aging.ny.gov/community-assessment-survey-older-adults>. Study findings indicate:

- 72% rated their overall health as "excellent" or "good."
- 78% considered their community an "excellent" or "good" place to live.
- Housing was identified as a significant concern, with 39% indicating issues finding suitable housing.
- Transportation ease varied, with 73% rating their community as "excellent" or "good" for getting to desired places.

Eldera: Intergenerational Mentorship Platform

Eldera. Intergenerational Platform. https://www.eldera.ai/?utm_source=chatgpt.com

Description: Founded in 2020, Eldera is an AI-driven platform that connects adults aged 60 and over with children aged 5 to 18 for weekly video mentoring sessions, addressing loneliness and fostering intergenerational connections.

Key Activities:

- Matching older adults with children for virtual mentoring.
- Providing a platform for intergenerational engagement and wisdom sharing.

Practice Implications:

- Offers a scalable solution to combat loneliness among older adults.
- Promotes meaningful connections across generations.

Evaluation: As of now, there are no publicly available peer-reviewed evaluation studies specifically assessing the effectiveness of the Eldera platform.

Robotic Companion Pets for Seniors

New York State Office for the Aging (NYSOFA). (2023). *NYSOFA Animatronic Pet Initiative*.

<https://aging.ny.gov/nysofa-animatronic-pet-initiative>

Description: Since 2018, NYSOFA has partnered with Ageless Innovation to distribute Joy for All Companion Pets—interactive animatronic pets designed to alleviate loneliness and provide comfort to socially isolated older adults, including those living with dementia. These lifelike pets respond to touch, light, and sound, offering companionship without the responsibility of real pet care.

Key Activities:

- Distribution of over 31,500 robotic pets (cats and dogs) across New York State.
- Partnerships with county Offices for the Aging to identify eligible older adults.
- Education and outreach efforts to promote awareness of the benefits of companion technology.
- Integration with broader programs, such as social adult day care and telehealth services, to supplement emotional support.

Practice Implications:

- Non-pharmacological support for managing social isolation, loneliness, and mild cognitive impairment.
- Useful in long-term care, in-home care, and dementia care settings.
- Offers low-barrier access to companionship for those unable to own real pets.
- Reduces burden on caregivers by providing comforting engagement for care recipients.

Evaluation: Petersen, S., Houston, S., Qin, H., Tague, C., & Studley, J. (2017). *The utilization of robotic pets in dementia care*. *Journal of Alzheimer's Disease Reports*, 1(1), 1-7. <https://doi.org/10.3233/ADR-170010>. Study findings indicate:

- 70% of older adults receiving pets reported feeling less lonely.
- 75% felt their overall well-being improved.

- Caregivers reported reduced agitation and anxiety in dementia patients using the pets.

engAGED: The National Resource Center for Engaging Older Adults

USAgging. (n.d.). *engAGED: The National Resource Center for Engaging Older Adults*. Retrieved from <https://www.usaging.org/engagedcenter>

Description: engAGED is a national initiative administered by USAgging and funded by the U.S. Administration on Aging. Its mission is to increase the social engagement of older adults, people with disabilities, and caregivers by expanding the Aging Network’s capacity to offer social engagement opportunities. The center identifies and disseminates information about emerging trends and best practices and develops resources to support social engagement efforts.

Key Activities:

- Developing and sharing toolkits and resources for service providers.
- Hosting webinars and learning collaboratives on social engagement strategies.
- Providing technical assistance to the Aging Network.
- Highlighting innovative programs and practices through spotlights and case studies.

Practice Implications:

- Encourages integration of social engagement strategies into service delivery.
- Provides resources to help organizations assess and address social isolation.
- Supports the development of partnerships to enhance community engagement.

Evaluation:

Carandang, R. R., Shibamura, A., Kiriya, J., Vardeleon, K. R., Marges, M. A., Asis, E., Murayama, H., & Jimba, M. (2019). Leadership and peer counseling program: Evaluation of training and its impact on Filipino senior peer counselors. *International Journal of Environmental Research and Public Health*, 16(21), 4108. <https://doi.org/10.3390/ijerph16214108PMC+2ProQuest+2ResearchGate+2>

Study findings indicate:

- Training improved peer counselors' knowledge and skills.
- Participants reported enhanced well-being and reduced depressive symptoms.
- The program demonstrated the potential of peer counseling in addressing social isolation.

Senior Peer Counseling Programs

Garcia, Y. E., Metha, A., Perfect, M., & McWhirter, J. (1997). A senior peer counseling program: Evaluation of training and benefits to counselors. *Educational Gerontology*, 23(4), 329–344. <https://doi.org/10.1080/0360127970230403>

Description: Senior Peer Counseling programs involve trained volunteer counselors aged 50 and above who provide emotional support to their peers facing life changes associated with aging. These programs aim to alleviate feelings of loneliness, grief, and anxiety among older adults.

Key Activities:

- Recruitment and training of senior volunteers in counseling skills.
- One-on-one counseling sessions between peers.
- Regular supervision and support for peer counselors.

Practice Implications:

- Offers a cost-effective approach to mental health support for older adults.
- Enhances the sense of purpose and community among participants.
- Provides an accessible resource for older adults reluctant to seek formal counseling.

Evaluation:

Garcia, Y. E., Metha, A., Perfect, M., & McWhirter, J. (1997). A senior peer counseling program: Evaluation of training and benefits to counselors. *Educational Gerontology*, 23(4), 329–344. <https://doi.org/10.1080/0360127970230403Wikipedia+4ProQuest+4ERIC+4>

Study findings indicate:

- Trainees with mild depression showed improvement post-training.

- Participants experienced personal growth and felt prepared for counseling roles.
- The program positively impacted both counselors and clients

National Level Policies and Strategies Specific to Healthcare and Social Service Professionals

Our Epidemic of Loneliness and Isolation – U.S. Surgeon General’s Advisory

U.S. Department of Health and Human Services, Office of the U.S. Surgeon General. (2023). *Our epidemic of loneliness and isolation: The U.S. Surgeon General’s Advisory on the healing effects of social connection and community*. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

Description: This landmark **Surgeon General’s Advisory**, issued in May 2023, positions **social disconnection as a serious public health threat** with consequences comparable to smoking, obesity, and physical inactivity. It frames social connection as a **biological necessity**—not just a social need—and calls for a **National Strategy to Advance Social Connection** across all sectors of society. The advisory highlights how **loneliness and social isolation increase the risk of premature death by over 25%**, and are linked to conditions such as heart disease, dementia, depression, and anxiety. It also warns of economic consequences, including decreased workforce engagement and increased healthcare costs. The health sector is emphasized as a **critical change agent**, with providers encouraged to integrate social health alongside physical and mental health.

Key Recommendations:

- **Strengthen Social Infrastructure**
- **Enact Pro-Connection Public Policies**
- **Mobilize the Health Sector**
- **Reform Digital Environments**
- Launch public campaigns and community initiatives

Practice Implications:

- Routinely assess patients—particularly older adults—for loneliness and social isolation as part of standard health evaluations.
- Integrate social needs into care plans.
- Refer patients to community programs, peer groups, or social prescribing pathways.
- Collaborate with social workers, caregivers, mental health professionals, and community service providers.
- Receive training on recognizing and addressing social disconnection, particularly in high-risk groups (e.g., chronically ill, homebound seniors).
- Advocate for documentation of social health in EHRs (Electronic Health Records) and reimbursement for time spent addressing these needs.

Methods:

- **Comprehensive literature review**
- **Input from subject-matter experts**
- **Multi-sectoral analysis**
- **Federal interagency coordination**
- **Framing via public health infrastructure**

Art Pharmacy Program

Art Pharmacy. (2025). *Art Pharmacy: Social prescribing for mental health and social connection*. <https://www.artpharmacy.co>

Description: The **Art Pharmacy Program** is a pioneering social prescribing initiative that connects individuals to arts and cultural experiences as a means to improve mental health and reduce social isolation. Launched in Connecticut in 2025, the program is a collaboration between Art Pharmacy, the Connecticut Department of

Economic and Community Development (DECD), and the New Haven Symphony Orchestra (NHSO). It allows healthcare providers to prescribe participation in various arts activities, such as museum visits, theater performances, and art classes, as part of a holistic approach to patient care.

Key Activities:

- **Healthcare Integration:** Healthcare providers, including primary care physicians and mental health professionals, prescribe arts and cultural activities to patients experiencing loneliness, depression, or anxiety.
- **Care Navigation:** Art Pharmacy's care navigators assess patients' interests and needs to match them with suitable arts experiences. Patients typically receive a "dose" of 12 arts engagements over 12 months. ^t
- **Community Partnerships:** The program collaborates with local arts organizations, such as theaters, museums, and community centers, to provide a diverse range of activities.
- **Outcome Monitoring:** Patient progress is tracked using standardized tools like the WHO-5 Well-Being Index, UCLA Loneliness Scale, and PHQ-ADS (Patient Health Questionnaire Anxiety-Depression Scale).

Practice Implications:

- **Holistic Care:** Incorporating arts-based prescriptions offers a non-clinical approach to address mental health issues and social isolation, complementing traditional treatments.
- **Accessibility:** By partnering with local arts organizations, the program ensures that prescribed activities are accessible and tailored to individual preferences, enhancing patient engagement.
- **Insurance Collaboration:** Art Pharmacy works with Medicaid and Medicare managed care plans to cover the cost of prescribed activities, integrating the program into existing healthcare payment structures.
- **Community Engagement:** The initiative fosters stronger connections between healthcare providers, patients, and the community, promoting a sense of belonging and well-being.

Evaluation: Jensen, A., Holt, N., Honda, S., & Bungay, H. (2024). *The impact of arts on prescription on individual health and wellbeing: A systematic review with meta-analysis*. *Frontiers in Public Health*, 12, 1412306. <https://doi.org/10.3389/fpubh.2024.1412306>. Study findings indicate:

- 86% of youth with serious emotional disturbances showed improvement in mental health scores after participating in the program.
- 72% of individuals reported reduced feelings of loneliness after just one engagement with an arts activity.

BE WITH Training Program

Administration for Community Living. (2019). *BE WITH: Training Volunteers to Support At-Risk Older Adults*. <https://acl.gov/news-and-events/acl-blog/be-with-training-volunteers-support-risk-older-adults>

Description: The BE WITH Training Program was developed by research teams at Georgia State University and Virginia Tech, with funding from the Administration for Community Living (ACL). The program aims to address social isolation and loneliness among older adults by training volunteers to engage in meaningful, supportive conversations through structured phone-based interventions. The initiative focuses on enhancing social connections and preventing negative health outcomes associated with isolation, such as depression and increased mortality risk.

Key Activities:

- **BE Training:** A 2-hour session emphasizing the use of belonging and empathy to combat social isolation. Volunteers learn techniques for initiating and maintaining meaningful connections through "warm-call" interventions. [ACL Administration for Community Living](#)
- **BE WITH Training:** An extended program combining the BE training with a 14-hour adapted version of the Applied Suicide Intervention Skills Training (ASIST), tailored for the aging network. This comprehensive training equips volunteers to handle more complex situations, including identifying and responding to signs of suicidality.
- **Post-training,** volunteers are assigned to conduct weekly "warm calls" to a set number of older adults identified as socially isolated.

- The FriendlyBuzz automated phone system facilitates these calls, ensuring privacy and enabling monitoring for quality assurance.

Practice Implications:

- Enhanced Volunteer Preparedness
- Scalable Intervention Model
- Integration with Existing Services
- Suicide Prevention

Evaluation:

As of the latest available information, specific evaluation studies detailing the outcomes of the BE WITH Training Program have not been published. However, related interventions provide insights into the potential effectiveness of similar programs:

- Technology Training Programs: A study on a technology training program aimed at reducing social isolation among homebound older adults found that such interventions can improve social connectivity and overall well-being. [Frontiers+2HHS.gov+2Oxford Academic+2](#)
- Friendly Calling Programs: Evaluations of friendly calling and visiting programs have demonstrated positive impacts on reducing loneliness and enhancing social support among older adults. [Meals on Wheels America](#)

Australia

Ministry

Australia does not currently have a dedicated ministry or department solely focused on social isolation and loneliness. However, the issue is addressed through various government departments, initiatives, and parliamentary inquiries, often as part of broader portfolios such as health, aged care, mental health, and social services.

Department of Health and Aged Care (Commonwealth)

- Leads national policies and programs targeting older adults' health and well-being.
- Oversees initiatives such as the Aged Care Volunteer Visitors Scheme (ACVVS) and pilot programs like Improving Social Connectedness of Older Australians (ISCOA).
- Funds and monitors services under the Seniors Connected Program, including Village Hubs.

National-level Policies

Ending Loneliness Together Annual Report 2023–2024

Ending Loneliness Together. (2024). *Annual Report 2023–2024*. Ending Loneliness

Together. <https://endingloneliness.com.au/wp-content/uploads/2024/12/ELT-Annual-Report-2024-smFINAL-1.pdf>

Description: This Annual Report (2023–2024) by *Ending Loneliness Together (ELT)* reflects the organization's strategic leadership and national advocacy to combat social isolation and loneliness across Australia.

Building on a growing national movement, the report outlines efforts to transition from public awareness to implementation infrastructure, while advocating for an evidence-based national strategy. It captures ELT's collaboration with academia, industry, healthcare, and policy partners.

The report notably centres on capacity-building, systems leadership, and sector engagement, placing strong emphasis on building national competency frameworks, supporting organizational responses, and elevating public awareness through coordinated campaigns. It also lays the groundwork for shifting from data awareness to systemic action through training, research, and intersectoral collaboration.

Key Recommendations:

- Develop a National Loneliness Strategy: Advocate for a coordinated, funded strategy with cross-sector buy-in, led by the Commonwealth Government.

- Establish a Social and Emotional Wellbeing Commissioner: Recommend the appointment of a national leadership figure to drive systems reform around social connection.
- Embed Social Health in Systems and Policies: Integrate loneliness and social connection into health, aged care, housing, and urban planning policy domains.
- Build Capacity in the Frontline Workforce: Deliver training and resources to help health and community workers identify, assess, and respond to loneliness.
- Fund Prevention-Focused Research and Data Infrastructure
Expand national data collection efforts, impact measurement, and co-designed evaluation strategies.
- Deliver National Awareness Campaigns: Build on the inaugural Loneliness Awareness Week to normalize help-seeking and reduce stigma.

Practice Implications:

- Workforce Upskilling and Education: Frontline professionals in primary care, aged care, and mental health should be trained to understand, screen, and refer individuals experiencing loneliness using evidence-informed approaches.
- Integration of Social Prescribing: Healthcare workers can play a proactive role in referring patients to social activities, volunteer supports, and peer-led networks through formal social prescribing pathways.
- Trauma- and Culturally-Informed Practice: Recognize that loneliness and social exclusion may be compounded by systemic disadvantage, and care responses must be tailored to different cohorts (e.g., older adults, migrants, people with disabilities).
- Health–Community Linkages: Develop protocols that enable healthcare providers to connect patients with local community-based programs addressing loneliness as part of a holistic care plan.
- Measurement and Feedback Loops: Engage in ongoing assessment of social wellbeing outcomes as part of integrated care models or value-based healthcare systems.

Methods:

- Organizational Activity Review
- Stakeholder Collaboration
- Event-Based Knowledge Translation
- Sectoral Mapping and Network Building

Strengthening Social Connection to Accelerate Social Recovery

Ending Loneliness Together. (2022). *Strengthening social connection to accelerate social recovery*. https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf
Description: This national white paper, released in July 2022, was developed by Ending Loneliness Together to address the long-term social and public health consequences of increased loneliness and social isolation resulting from the COVID-19 pandemic. It articulates a blueprint for rebuilding post-pandemic resilience through the lens of social connection and calls on governments to make social wellbeing a cornerstone of recovery and future planning. The paper takes a systems-level view, identifying how disrupted social ties, community disconnection, and prolonged isolation have significantly impacted mental health, especially among older adults, caregivers, young people, and those living alone. It makes a strong case for urgent investment in policies and interventions that rebuild social infrastructure— including public health, primary care, aged care, digital inclusion, urban design, and transport systems.

Key Recommendations:

- Develop a National Strategy on Social Connection: Establish leadership and coordination across sectors and jurisdictions.
- Embed Social Connection into Public Health and Mental Health Frameworks: Recognize social isolation as a public health issue requiring prevention and early intervention.
- Fund and Evaluate Community-Based Solutions: Prioritize grassroots, co-designed initiatives with strong engagement from target communities.
- Create a Measurement and Evaluation Framework: Track loneliness nationally, using standardized indicators in health and aged care settings.

- Invest in Workforce Training and System Navigation: Enable frontline workers to identify, assess, and support individuals at risk of loneliness.
- Promote Public Awareness Campaigns: Normalize conversations about loneliness and reduce stigma.

Practice Implications:

- Routine Screening for Loneliness: Equip GPs, aged care nurses, mental health practitioners, and allied health staff with tools to identify loneliness as part of standard assessments.
- Referral Pathways to Community Support: Strengthen healthcare–community linkages via social prescribing and integrated care models.
- Training in Social Risk Factors: Develop professional development programs to increase awareness of social isolation as a driver of health outcomes.
- Collaborative Care Planning: Engage patients in co-designing care and recovery plans that emphasize reconnection, participation, and purpose.
- Trauma-Informed and Culturally Safe Practices: Ensure interventions are inclusive of diverse populations and sensitive to the compounded impact of marginalization.

Methods:

- Evidence Synthesis
- Policy Analysis
- Expert Consultation
- Practice-Based Knowledge

National Strategy to Address Loneliness and Social Isolation

Ending Loneliness Together. (2021). *National strategy to address loneliness and social isolation*. [https://treasury.gov.au/sites/default/files/2021-05/171663_ending_loneliness_together.pdf​::contentReference\[oaicite:1\]\[index=1\]](https://treasury.gov.au/sites/default/files/2021-05/171663_ending_loneliness_together.pdf​::contentReference[oaicite:1][index=1])

Description: In 2021, Ending Loneliness Together, in partnership with R U OK? and the Australian Psychological Society, proposed a comprehensive national strategy to tackle loneliness and social isolation in Australia. The strategy emphasized the need for coordinated efforts across sectors to address these issues as public health priorities. This strategy, developed by *Ending Loneliness Together* (ELT) in partnership with organizations such as the Australian Psychological Society and R U OK?, presents a coordinated, multisectoral vision for a national response to loneliness and social isolation. It is **not a government-enacted policy**, but rather a comprehensive **policy proposal and advocacy framework** that outlines systemic actions to embed social connection as a national priority. It calls for the **institutionalization of social connection policy infrastructure**, akin to mental health or suicide prevention strategies, arguing that systemic change requires leadership across health, social services, education, transport, and urban planning.

Key Recommendations:

- Develop a National Strategy: Formulate a coordinated national response plan to address loneliness, integrating efforts across various sectors
- Raise Public Awareness: Implement campaigns to destigmatize loneliness and promote the importance of social connections.
- Invest in Research: Support ongoing research to better understand loneliness and evaluate intervention effectiveness.

Practice Implications:

- Cross-Sector Collaboration: Encourage partnerships among government agencies, NGOs, and community organizations to implement comprehensive loneliness reduction strategies.
- Community-Based Programs: Develop and support local initiatives that facilitate social connections, particularly targeting vulnerable populations.
- Training for Professionals: Equip healthcare and social service professionals with the skills to identify and address loneliness in their clientele.

Methods:

- Collaboration among leading organizations in mental health and social well-being

- Evidence-based research and consultations with experts in the field.

Loneliness & Social Isolation Policy Position - Suicide Prevention Australia

Suicide Prevention Australia. (2021). *Loneliness & social isolation policy position*. [https://www.suicidepreventionaustralia.org/wp-content/uploads/2022/04/Loneliness-Social-Isolation-Policy-Position.pdf#8203::contentReference\[oaicite:1\]\[index=1\]](https://www.suicidepreventionaustralia.org/wp-content/uploads/2022/04/Loneliness-Social-Isolation-Policy-Position.pdf#8203::contentReference[oaicite:1][index=1])

Description: Suicide Prevention Australia released a policy position statement in 2021, recognizing the significant impact of loneliness and social isolation on mental health and suicide risk. The statement called for integrated approaches to address these issues within suicide prevention frameworks. It emphasizes that loneliness is not just a quality-of-life issue but also a significant suicide risk factor, particularly among vulnerable populations such as older adults, LGBTQ+ communities, and individuals living in rural and remote areas. The policy brief calls for the integration of loneliness into suicide prevention planning and advocates for cross-sector investment in upstream interventions — particularly those that can be delivered through health, social care, and community-based settings. Importantly, the document frames loneliness as a preventable psychosocial condition, making a case for better screening, referrals, and community-building interventions.

Key Recommendations:

- Invest in Suicide Prevention Training: Provide nationally consistent training for frontline workers and community gatekeepers to identify and support individuals experiencing social isolation and loneliness https://www.suicidepreventionaustralia.org/wp-content/uploads/2022/04/Loneliness-Social-Isolation-Policy-Position.pdf?utm_source=chatgpt.com
- Support Alternative Measures: Implement social prescribing and community-based programs as part of primary healthcare and preventative strategies.

Practice Implications:

- Enhanced Training Programs: Develop training modules for professionals to recognize and address social isolation and its links to mental health.
- Community Interventions: Promote initiatives like social prescribing to connect individuals with community resources and activities. [Suicide Prevention Australia](#)

Methods:

- review of existing research
- stakeholder consultations
- analysis of the relationship between social isolation, loneliness, and suicide risk.

Ending Loneliness Together in Australia

Ending Loneliness Together. (2020). *Ending Loneliness Together in Australia*. Retrieved from https://endingloneliness.com.au/wp-content/uploads/2020/11/Ending-Loneliness-Together-in-Australia_Nov20.pdf

Description: This white paper is the inaugural comprehensive document highlighting the escalating issue of loneliness in Australia and its profound effects on the nation's social, health, and economic well-being. It provides a **conceptual and empirical rationale** for addressing loneliness as a public health issue and offers a blueprint for national and local action. While drawing on international frameworks (especially from the UK), the report is tailored to the Australian context, identifying groups at greater risk (e.g., older adults, carers, new migrants, young people) and systemic gaps in service delivery, workforce training, and data.

Key Recommendations:

- Develop a National Strategy: Formulate a coordinated national response plan to address loneliness, integrating efforts across various sectors.
- Raise Public Awareness: Implement campaigns to destigmatize loneliness and promote the importance of social connections.
- Invest in Research: Support ongoing research to better understand loneliness and evaluate intervention effectiveness.

Practice Implications:

- Cross-Sector Collaboration: Encourage partnerships among government agencies, NGOs, and community organizations to implement comprehensive loneliness reduction strategies.
- Community-Based Programs: Develop and support local initiatives that facilitate social connections, particularly targeting vulnerable populations.
- Training for Professionals: Equip healthcare and social service professionals with the skills to identify and address loneliness in their clientele.

Methods:

- synthesis of existing research studies
- data analysis
- consultations with experts in the field of social connectedness and public health

Ending Loneliness Together Submission to the Queensland Parliamentary Inquiry

Ending Loneliness Together. (2021). *Submission to the Inquiry into social isolation and loneliness in Queensland*. Retrieved from <https://documents.parliament.qld.gov.au/com/CSSC-0A12/IQ-DD31/submissions/00000030.pdf>

Description: This submission outlines the prevalence and impact of social isolation and loneliness in Queensland, advocating for a comprehensive strategy to address these issues. It supports the establishment of a statewide loneliness reduction framework and recommends aligning Queensland's response with emerging global best practices.

Key Recommendations:

- Develop a Statewide Strategy: Create a coordinated approach to tackle social isolation and loneliness across Queensland.
- Support Community Initiatives: Fund and support local programs that foster social connections.
- Establish an Online Database: Develop a resource to help individuals and professionals find local, evidence-based programs targeting loneliness.

Practice Implications:

- Policy Development: Inform policymakers on the importance of addressing loneliness as a public health priority.
- Resource Allocation: Guide funding towards effective community-based interventions.
- Awareness Campaigns: Promote understanding and reduce stigma associated with loneliness.

National-level Initiatives

Aged Care Volunteer Visitors Scheme (ACVVS)

Monash University. *Evaluation of the Aged Care Volunteer Visitors Scheme (ACVVS)*. Retrieved from <https://research.monash.edu/en/projects/evaluation-of-the-aged-care-volunteer-visitors-scheme-acvvs>

Description: The ACVVS aims to enhance the quality of life for aged care recipients by mitigating social isolation and loneliness through volunteer visitations. A long-standing, federally funded initiative that aims to reduce social isolation and loneliness among older people receiving aged care services by facilitating regular, friendly visits from volunteers. ACVVS is structured to support both one-on-one and group visits, catering to individuals in residential aged care or those receiving a Home Care Package. The scheme is grounded in the belief that **relational continuity and companionship are critical dimensions of aged care**, especially for those at risk of social disconnection due to mobility loss, family estrangement, or cultural and linguistic barriers. ACVVS is designed to be highly localized, delivered via aged care providers and community organizations across Australia, with flexible implementation based on regional needs.

Key Recommendations:

- Enhance Volunteer Training: Provide comprehensive training to volunteers to better address the diverse needs of aged care recipients.
- Expand Outreach: Increase efforts to reach a broader demographic of socially isolated older adults.

- Monitor and Evaluate: Implement robust mechanisms to continuously assess the impact of volunteer visits on recipients' well-being.

Practice Implications:

- Structured Volunteer Programs: Develop clear guidelines and support systems for volunteers to ensure consistent and meaningful interactions.
- Personalized Matching: Pair volunteers and recipients based on shared interests to foster genuine connections.
- Feedback Loops: Establish channels for regular feedback from both volunteers and recipients to inform program improvements.

Evaluation: Barbosa Neves, B., Warren, N., Freak-Poli, R., Burns, K., Brusco, N., Cripps, K., Ayton, D., Ko, P.-C., & Colon Cabrera, D. (2023–2026). *Evaluation of the Aged Care Volunteer Visitors Scheme (ACVVS)*.

Monash University. Retrieved from <https://research.monash.edu/en/projects/evaluation-of-the-aged-care-volunteer-visitors-scheme-acvvs>. Study findings indicate:

- Participants report enhanced wellbeing and reduced feelings of loneliness.
- Volunteers, including international students and retirees, experience increased community integration and personal fulfillment.
- The scheme requires broader support to reach more socially isolated individuals, especially in underserved communities

Village Hubs Program

Independent Living Assessment (iLA). (2022). *Village Hubs Grants* <https://www.ilaustralia.org.au/rethink-ageing/villagehubsILA>

Description: The Village Hubs Program, part of the Australian Government’s Seniors Connected Program, was established to create community-led hubs that address loneliness and social isolation among older Australians. iLA was appointed as the National Grants Manager in 2021 to oversee the establishment of these hubs nationwide. Supports the creation of **community-led, peer-driven social hubs** for older people. Coordinated by Independent Living Assessment (iLA), the program funds 12 pilot sites across the country to establish “village-style” networks — places where seniors can meet regularly, participate in interest groups, and access community supports. The model draws on **age-friendly community principles**, emphasizing older people’s agency and peer leadership. Hubs are encouraged to be inclusive of diverse populations, including LGBTQIA+ elders, First Nations seniors, and those from rural areas. Distinctive for its **non-clinical, preventative orientation**, Village Hubs complement formal care systems by enabling older adults to build and sustain social capital — a critical buffer against isolation, loneliness, and decline.

Key Activities:

- Community Engagement: Facilitating the development of local hubs co-designed with older adults to ensure relevance and effectiveness. https://www.health.vic.gov.au/mental-health-wellbeing-reform/local-connections-social-prescribing-initiative?utm_source=chatgpt.com
- Activity Coordination: Organizing social, educational, and recreational activities to foster connections among seniors.
- Resource Provision: Offering information and access to services that support aging well and maintaining social connections.

Practice Implications:

- Enhanced Social Networks: Strengthening community ties and support systems for older individuals.
- Collaborative Partnerships: Encouraging collaboration between government agencies, NGOs, and local communities to address social isolation.
- Sustainable Community Models: Developing frameworks that can be replicated in various communities to support aging populations.

Evaluation: https://www.ilaustralia.org.au/rethink-ageing/villagehubs?utm_source=chatgpt.com

Study findings indicate:

- Community members have reported positive impacts on their lives due to the hub's activities and support

BEFRIENDING with GENIE Project

Edith Cowan University (ECU). (2022). *BEFRIENDING with GENIE*. <https://www.ecu.edu.au/schools/arts-and-humanities/research-and-creative-activity/ecu-social-ageing-sage-futures-lab/our-projects/befriending-with-genie>ECU

Description: This project aims to reduce loneliness and increase social support for people living with dementia and their caregivers from culturally and linguistically diverse (CaLD) communities. It combines a befriending program with an online social support network tool called GENIE. This innovative pilot, coordinated by Edith Cowan University, integrates a **befriending intervention with GENIE**, a web-based tool that maps social networks and links individuals to community resources. Targeted specifically at **older people with dementia and their caregivers from culturally and linguistically diverse (CaLD) backgrounds**, the project aims to reduce loneliness through both **human connection and systems navigation**. The GENIE platform is used as a scaffold to visualize social relationships and resource access, while the **befriending component** provides an eight-week, structured program of conversational support, delivered by trained facilitators. The project reflects a **dual-intervention design**: GENIE supports self-management and care coordination, while befriending fosters emotional connection, empathy, and relational trust.

Key Activities:

- Befriending Program: Trained facilitators conduct weekly one-hour informal conversations with participants over an eight-week period.
- GENIE Tool Integration: Utilizing the GENIE platform to map participants' social networks and connect them with relevant community resources and services.
- Cultural Tailoring: Ensuring that interventions are culturally appropriate and accessible to individuals from diverse backgrounds.

Practice Implications:

- Personalized Support: Offering tailored interventions that consider the unique cultural and social needs of participants.
- Technology Utilization: Leveraging digital tools to enhance social connectivity and resource accessibility.
- Integrated Care Approaches: Combining social support with healthcare services to address holistic well-being.

Evaluation: The project is currently being piloted with 100 participants across four states. While formal evaluation results are pending, the initiative has been recognized for addressing critical needs in supporting migrants with dementia and their families. https://www.ariia.org.au/Knowledge-implementation-hub/social-isolation/australian-projects-and-initiatives?utm_source=chatgpt.com

Chatty Café Scheme

Chatty Café Scheme Australia. (2022). *Our Impact*. <https://chattycafeaustralia.org.au/our-impact/chattycafeaustralia.org.au+1chattycafeaustralia.org.au+1>

Description: The Chatty Café Scheme encourages venues to designate "Chatter & Natter" tables where individuals can engage in conversations with others, aiming to create inclusive spaces that promote social interactions and reduce feelings of loneliness and isolation. Adapted from a successful UK model, the **Chatty Café Scheme** promotes social inclusion by designating public seating areas — "Have a Chat" tables — in cafés, libraries, and community centres, where anyone can sit and engage in conversation. Though seemingly simple, the scheme is built on a nuanced understanding of **everyday loneliness** and the power of "**weak ties**" — casual, informal connections that still have meaningful health benefits. The Australian version emphasizes flexibility and community partnership, especially in regional and remote areas where formal services may be limited. The initiative normalizes casual socialization in a **non-stigmatizing, low-threshold environment**, targeting older adults and others at risk of marginalization.

Key Activities:

- Venue Partnerships: Collaborating with cafes, community centers, and other establishments to host Chatty Tables.
- Volunteer Engagement: Recruiting and training volunteers to facilitate conversations at designated tables.

- Public Awareness Campaigns: Promoting the initiative to encourage community participation and raise awareness about the importance of social connections.

Practice Implications:

- Community Integration: Embedding social interaction opportunities within everyday environments to normalize and encourage conversations.
- Scalable Model: Providing a simple framework that can be easily adopted by various venues to foster community engagement.
- Preventative Approach: Addressing social isolation proactively by creating regular, accessible opportunities for interaction.

Evaluation: An evaluation of the Chatty Café Scheme in the UK indicated that such initiatives effectively tackle loneliness and social isolation by facilitating conversations in safe, welcoming environments. While specific Australian evaluation data is limited, the positive outcomes observed internationally suggest similar benefits locally. https://chattycafeaustralia.org.au/category/research/?utm_source=chatgpt.com

Men's Sheds

Golding, B. (2015). *The Men's Shed Movement: The Company of Men*. Common Ground Publishing.

https://en.wikipedia.org/wiki/Men%27s_shed?utm_source=chatgpt.com

Description: Men's Sheds are community-based organizations that provide spaces for men to engage in meaningful activities, such as woodworking and metalworking, while fostering social connections. They play a crucial role in reducing social isolation among older men by offering a sense of purpose and community. Men's Sheds are grassroots, community-based programs that provide men — particularly older, retired, or widowed men — with a physical space to work on projects, share skills, and build friendships. While widely recognized for their mental health benefits, Sheds also play a **preventative public health role**, addressing men's social isolation in ways that are culturally resonant and non-clinical.

Their success stems from understanding **masculine help-seeking behaviors**, which often favour action-oriented, peer-supported environments over talk-based settings. Sheds typically run woodworking, repair, or gardening projects, but are also platforms for informal education (e.g., health literacy, suicide prevention).

Key Activities:

- Skill-Based Workshops: Offering sessions in woodworking, metalworking, and other crafts.
- Community Projects: Engaging members in initiatives that benefit the local community, enhancing a sense of contribution and belonging.
- Health and Well-being

Practice Implications:

- View Men's Sheds as a non-clinical, peer-based intervention that can complement formal mental health care, particularly for older men reluctant to engage with conventional health services.
- Embed Men's Sheds into social prescribing pathways, offering it as a community-based resource alongside formal supports like counseling or allied health.
- For older male patients transitioning from hospital to home or into aged care, consider Men's Sheds as a protective social structure to support recovery, re-integration, and reduced risk of functional decline.
- Collaborate with Men's Sheds to deliver on-site health literacy sessions on topics like prostate health, falls prevention, nutrition, or hearing checks.

Evaluation: https://pmc.ncbi.nlm.nih.gov/articles/PMC6772158/?utm_source=chatgpt.com

Study findings indicate:

- Men's Sheds provide meaningful activities and social support,
- Contribute to improved mental health and reduced social isolation among older men.

National-level Policies & Strategies Specific to Healthcare and Social Service Professionals

Local Connections – A Social Prescribing Initiative

Department of Health, Victoria. (2024). *Local Connections – A Social Prescribing Initiative*. Retrieved from <https://www.health.vic.gov.au/mental-health-wellbeing-reform/local-connections-social-prescribing-initiative>

Description: Launched by the Victorian Department of Health, the Local Connections initiative aims to support individuals experiencing loneliness and social isolation by connecting them with non-clinical, community-based activities. This program is integrated into the Mental Health and Wellbeing Locals services, with older Victorians identified as a priority group. It operates under the Mental Health and Wellbeing Locals model and is one of the most structured examples of government-led implementation of social prescribing in Australia. The initiative is non-clinical, place-based, and person-centred, designed to support individuals — including older adults — experiencing loneliness, low mood, or disconnection but who may not meet the threshold for specialist mental health services. It relies on trained link workers embedded in community mental health hubs who co-design wellbeing plans with participants and connect them to local social, cultural, and recreational resources. What sets Local Connections apart is its integration into a state-funded mental health infrastructure, its use of co-located link workers, and its explicit grounding in health equity and social determinants.

Key Activities:

- Link Worker Engagement: Employing link workers to assist individuals in accessing local community activities such as art, nature groups, and other social engagements.
- Community Partnerships: Collaborating with local organizations to expand the range of available activities and ensure they are accessible and inclusive.
- Personalized Support Plans: Developing tailored plans to address the unique needs and interests of participants, facilitating meaningful social connections.

Practice Implications:

- Holistic Care Approach: Encourages healthcare providers to incorporate social prescribing into routine practice, addressing social determinants of health.
- Resource Awareness: Enhances providers' knowledge of local community resources, enabling more effective patient referrals.
- Interdisciplinary Collaboration: Promotes teamwork between medical professionals and community organizations to support patient well-being comprehensively.

Evaluation: Evaluation results for the Local Connections initiative are pending. However, similar programs have demonstrated positive outcomes in reducing loneliness and improving mental health among participants. Ongoing assessments are expected to provide further insights into the program's effectiveness.

Ways to Wellness Social Prescribing Program

Footprints Community. (2024). *1-Year Evaluation of the Social Prescribing Trial in Brisbane North*. Retrieved from https://footprintscommunity.org.au/wp-content/uploads/2024/11/SP-24-BNPHN_1year.pdf
footprintscommunity.org.au/1UQ_eSpace+1

Description: The Ways to Wellness program, operating in Brisbane North, aims to provide holistic care by addressing social determinants of health. It connects individuals experiencing loneliness and social isolation with community groups and services through referrals from healthcare providers. This initiative represents one of Australia's **early practice-based models of social prescribing**, adapted to the needs of vulnerable populations, including socially isolated older adults, people with chronic conditions, and those at risk of mental health decline. Rather than focusing purely on clinical referrals, the program is deeply embedded in a **community health and social care model**, offering link worker engagement, personalised navigation, and referral to non-clinical supports. These include community groups, social clubs, exercise classes, and volunteering — framed as "**wellness pathways**" rather than medical treatment. A key innovation is the use of **structured wellness conversations**, which guide participants through values-based goal setting and community resource mapping, helping them re-establish purpose, agency, and identity.

Key Activities:

- Referral System: Establishing pathways for GPs and health workers to refer patients to the program.
- Link Worker Consultations: Conducting face-to-face meetings to identify interests and appropriate community activities.

- Community Engagement: Facilitating access to local groups, classes, and social events tailored to participants' preferences.

Practice Implications:

- Enhanced Patient Support: Provides healthcare professionals with a structured method to address non-medical factors affecting health.
- Reduced Healthcare Utilization: Potentially decreases reliance on medical services by improving social well-being.
- Improved Patient Outcomes: Supports overall health improvements through increased social engagement.

Evaluation: https://footprintscommunity.org.au/wp-content/uploads/2024/11/SP-24-BNPHN_1year.pdf?utm_source=chatgpt.com

Evaluation conducted by the University of Queensland. Study findings indicate:

- increased social engagement and
- improved mental well-being
- Healthcare providers noted the program's utility in offering additional support options for patients

Improving Social Connectedness of Older Australians (ISCOA) Project

Australian Government Department of Health. (2022). *Evaluation of the Improving Social Connectedness of Older Australians Project Pilot: Informing Future Policy*

Considerations <https://www.health.gov.au/sites/default/files/documents/2022/03/iscoa-project-pilot-evaluation-informing-future-policy-evaluation-of-the-improving-social-connectedness-of-older-australians-project-pilot-informing-future-policy-considerations.pdf>

Description: The ISCOA project was a pilot initiative aimed at enhancing social connectedness among older Australians to mitigate the adverse effects of social isolation and loneliness. It focused on integrating social connection strategies into existing healthcare frameworks. Led by the Australian Government Department of Health, designed to test scalable interventions to enhance social connectedness among older Australians, particularly those in rural and regional areas. It was developed in response to increasing recognition that loneliness and isolation have public health and aged care system impacts, including poorer mental health, higher rates of service use, and loss of independence. The project was delivered through three Primary Health Networks (PHNs) and aimed to explore how cross-sector systems could be reconfigured to support at-risk older adults. It employed a multi-component approach, including: training for general practice and aged care assessors; development of community linkages; implementation of group activities; and informal peer support mechanisms. Unlike other models focused on one-to-one referrals, ISCOA took a systems lens, focusing on barriers to connection such as digital exclusion, transport limitations, stigma, and housing insecurity.

Key Activities:

- Stakeholder Collaboration: Partnering with Primary Health Networks (PHNs) and community organizations to implement interventions.
- Training Programs: Providing education for healthcare providers on identifying and addressing social isolation.
- Resource Development: Creating tools and materials to support social connection initiatives within healthcare settings.

Practice Implications:

- Capacity Building: Equips healthcare professionals with skills to recognize and intervene in cases of social isolation.
- Integrated Care Models: Encourages the incorporation of social health into standard medical care practices.
- Policy Development: Informs future policies aimed at improving social connectedness among older populations.

Evaluation: The evaluation highlighted the importance of training and supporting healthcare providers to effectively address social isolation. It also emphasized the need for sustainable funding and policy support to integrate social connection interventions into routine care.

Japan

Ministry

Japan does not have a **dedicated ministry** of ‘Social Isolation and Loneliness’ or ‘Seniors’. It does have a **Minister for ‘Loneliness’**, a position that was created in **2021**—similar to the U.K.

- The position was established in response to rising suicide rates and increased social isolation, particularly during the COVID-19 pandemic.
- The first Minister for Loneliness was Tetsushi Sakamoto, who was also Minister for Regional Revitalization at the time.
- The role is part of broader responsibilities under the Cabinet Office, rather than a standalone ministry.
- The government also created a task force to coordinate efforts across different ministries (e.g., Health, Labour and Welfare; Education; and others).

The **Ministry of Health, Labour and Welfare (MHLW)** is the primary government body overseeing issues related to aging, eldercare, social welfare, healthcare, pensions, and long-term care insurance. The **Cabinet Office of Japan** has a department responsible for policies for an aging society. It plays a coordinating and planning role in national strategy on aging,

National-level Policy

Basic Plan for Dementia

Cabinet Office, Government of Japan. (2025). *Basic plan for dementia* [In Japanese] <https://sj.jst.go.jp/stories/2025/s0225-01p.html>

Description: This plan presents a new perspective on dementia care, focusing on promoting social inclusion for individuals with dementia and reducing isolation. It encourages community-based support, public awareness, and the development of inclusive environments for people living with dementia. Social isolation is framed as both a cause and consequence of dementia, and the plan integrates inclusive policies that promote awareness, acceptance, and community support. It acknowledges the complex interplay between cognitive decline and social withdrawal and aims to normalize the presence of people living with dementia in daily life. Rather than positioning them solely as care recipients, the plan supports their capacity to remain engaged, autonomous community members. It envisions dementia-friendly communities built on public education, multi-stakeholder engagement, and local partnerships, enabling individuals to live meaningfully despite progressive impairments.

Key Recommendations:

- Foster dementia-friendly communities that support inclusion and active social participation.
- Promote early detection and diagnosis through accessible screenings.
- Increase public awareness and education to reduce stigma and misconceptions.
- Support community-based services and caregiving networks.
- Expand employment and volunteer opportunities for people with dementia.
- Encourage intergenerational interaction and participation in communal activities.

Practice Implications:

- **Training for caregivers and staff** on how to include and support persons with dementia in daily community life.
- Establish **safe community spaces** (e.g., dementia cafés, peer groups) where social interaction is encouraged.
- Design **inclusive programs** that consider the needs of people with cognitive decline.
- Integrate **mental health and social care** into local aging support systems.

- Mobilize local governments and NGOs to **tailor community responses** to dementia and isolation jointly.

Methods:

- **National-level consultation with dementia experts**
- **Public engagement sessions**
- **Policy reviews and benchmarking**
- **Pilot program evaluation**
- **Cross-ministerial working group coordination**

Solution-Driven Co-creative R&D Program for SDGs

Japan Science and Technology Agency. (2024). *Solution-Driven Co-creative R&D Program for SDGs: Preventing social isolation & loneliness and creating diversified social networks (Program Guidelines)* https://www.jst.go.jp/ristex/proposal/files/guideline_koritsu2024_en.pdf

Description: A research initiative aimed at preventing social isolation and loneliness by fostering diverse social networks. It supports collaborative R&D between researchers and local communities to co-create solutions, particularly benefiting older adults. This program uniquely emphasizes co-creation between researchers, community stakeholders, practitioners, and older adults themselves. By funding interdisciplinary pilot projects that integrate health, engineering, and the social sciences, the initiative seeks not only to generate academic insight but to implement field-ready interventions that can be scaled. It reflects a broader move in Japan toward outcome-based policy innovation linked to the Sustainable Development Goals, particularly around aging, health equity, and community resilience.

Key Recommendations:

- Promote **collaborative research** between academics and community stakeholders.
- Develop **innovative technologies or social models** to reduce isolation.
- Prioritize **underrepresented and vulnerable populations**, including older adults.
- Ensure **scalability and transferability** of successful models to other communities.
- Emphasize **interdisciplinary approaches** that combine social sciences, engineering, and health.

Practice Implications:

- NGOs and local governments can **partner with research institutions** to co-design solutions.
- Encourage **participatory research methods**, involving older adults in design and testing.
- Apply findings from pilot programs to **policy and service design**.
- Evaluate interventions using both **quantitative outcomes** (e.g., frequency of social contact) and **qualitative feedback**.
- Build **networks for replication** of successful projects across municipalities.

Methods:

- **Call for proposals from interdisciplinary teams**
- **Stakeholder co-creation workshops**
- **Scoping studies and literature reviews**
- **Pilot projects with real-world testing**
- **Collaborative evaluation frameworks**

Priority Plan to Facilitate the Promotion of Policies Regarding Loneliness and Isolation

Cabinet Office, Government of Japan. (2024). *Priority plan to facilitate the promotion of the policies regarding measures to address loneliness and isolation (Provisional English translation)* https://www.cao.go.jp/kodoku_koritsu/pdf/jutenkeikaku_english.pdf

Description: This plan operationalizes the 2023 Loneliness and Isolation Act by outlining strategic goals and actions. It emphasizes community engagement, multi-agency collaboration, and improved outreach to socially isolated groups, especially the elderly. This action-oriented framework delineates pathways for implementing prevention, detection, and support mechanisms across population groups, with a particular emphasis on vulnerable cohorts such as older adults. The plan promotes data-driven decision-making, intersectoral partnerships, and localized response models, and it explicitly integrates social connectedness

into broader public health and welfare objectives. It serves as a national reference point for municipalities developing localized isolation mitigation strategies.

Key Recommendations:

- Strengthen **community-based prevention systems** that detect and respond to signs of isolation.
- Foster **collaborative efforts** among local governments, NPOs, and residents.
- Build **data infrastructure** to monitor loneliness trends across demographics.
- Promote **educational campaigns** to raise public awareness.
- Develop **multi-layered support networks** that combine health, welfare, and social services.

Practice Implications:

- Train **front-line workers** (e.g., public health nurses, social workers) to identify and support isolated individuals.
- Create and sustain **volunteer-based outreach programs** that check on older adults.
- Incorporate **loneliness risk screening** into regular elder care assessments.
- Facilitate **neighborhood-based social opportunities** such as group activities, local events, or shared meals.
- Use **community digital platforms** to track participation and enable remote connection.

Methods:

- **National survey data analysis**
- **Inter-ministerial policy integration**
- **Fieldwork and case studies**
- **Expert advisory panels**
- **Public comment period**

Act on the Advancement of Measures to Address Loneliness and Isolation

Cabinet Office, Government of Japan. *Basic Policy on Measures for Loneliness and Isolation (Provisional Translation)*. May 2023.

https://www.cao.go.jp/kodoku_koritsu/pdf/jutenkeikaku_english.pdf

Description: This national policy framework aims to systematically address loneliness and social isolation through cross-ministerial coordination. It establishes principles for inclusion, dignity, and community cohesion across all life stages, with special attention to vulnerable populations such as older adults. For the first time in Japan's legal framework, loneliness and isolation were acknowledged not only as private or familial concerns but as structural issues requiring coordinated government intervention. The act articulates the state's responsibility to foster inclusive communities, ensure access to information and services, and support cross-sector collaboration. It established a formal platform for inter-ministerial cooperation and mandates the development of national and regional plans that embed SI&L mitigation into health, housing, employment, and welfare systems.

Key Recommendations:

- Promote social participation and intergenerational interaction, particularly in aging communities.
- Strengthen collaboration between government, NPOs, and private sectors.
- Support community-based organizations that can detect signs of isolation early.
- Enhance outreach services and information dissemination through local governments.
- Develop metrics to monitor and evaluate loneliness/isolation trends.

Practice Implications:

- **Cross-sector collaboration:** Practitioners must coordinate efforts across sectors (health, welfare, housing, and local governance) to detect and support isolated individuals.
- **Community mapping:** Identify local organizations and informal support systems that can help detect and address isolation.
- **Outreach training:** Equip local workers and volunteers to conduct proactive outreach and home visits, especially to older adults living alone.
- **Inclusive design:** Design programs that account for diverse cultural, economic, and health-related vulnerabilities in aging populations.

- Data-informed practice: Use standardized loneliness/isolation indicators to track impact and guide service development.

Methods:

- Expert panel deliberations
- Stakeholder consultations
- Public feedback collection
- Review of domestic and international practices
- Cross-ministerial coordination

Health Japan 21 (The Second Term: 2013–2022)

Kondo, Katsunori, et al. "Community social capital and the decline in instrumental activities of daily living: a prospective cohort study among older Japanese." *BMJ Open*, vol. 9, no. 4, 2019, e026219.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6653820/>

Description: This national health promotion plan emphasizes preventive care and social connectedness to ensure healthier aging. It integrates community-level programs that enhance mental and physical wellbeing through social participation. A national health promotion strategy that extended beyond traditional disease prevention to include social determinants of health—most notably social participation among older adults. It recognized that isolation and reduced social engagement are predictors of functional decline and poor health outcomes. Accordingly, the strategy encouraged municipalities to invest in community-based “salons” and mutual support networks that fostered daily interaction and civic involvement. The policy also introduced measurable indicators related to social connectedness, embedding them within national health targets and surveillance systems.

Key Recommendations:

- Establish “ikoino saron” (community salons) to facilitate social engagement.
- Promote mutual aid among residents in community settings.
- Train local volunteers to support isolated older adults.
- Use data (like Kihon Checklist) to identify at-risk individuals early.
- Link health promotion to social capital development.

Practice Implications:

- Community engagement hubs: Establish and maintain regular social spaces like salons or cafés where older adults can meet safely.
- Volunteer empowerment: Train older adults as peer facilitators and health promoters, reinforcing their roles as contributors.
- Preventive health integration: Combine physical activity, nutrition education, and social engagement into community programs.
- Local tailoring: Customize activities based on community demographics and available resources to encourage participation.
- Intersectoral health promotion: Collaborate with public health professionals to incorporate social connectedness into wellness campaigns.

Methods:

- Epidemiological research and health surveillance
- Pilot community programs
- Expert advisory groups
- Quantitative targets and indicators
- Monitoring and evaluation systems

NGO and Community-Based Initiatives (e.g., Dementia Supporter Caravan, Community Cafés)

Yamamoto-Mitani, Noriko, et al. "Community-Based Interventions for Promoting Social Participation and Preventing Social Isolation in Older Adults in Japan: A Scoping Review." *Frontiers in Public Health*, vol. 12, 2024, 1411217. (In Jeanette's?)

<https://www.frontiersin.org/articles/10.3389/fpubh.2024.1411217/full>

Description: This scoping review highlights local and NGO-led programs that foster social participation and reduce isolation, especially among older adults with dementia. These include informal social hubs and dementia-awareness programs. While the initial iteration of the Long-Term Care Insurance (LTCI) system focused on providing formal services to high-risk individuals, the reform emphasized a population-based approach that included socially isolated seniors who may not yet qualify for intensive care. It established “community comprehensive support centers” that bridged medical, preventive, and social services, enabling early detection of frailty and isolation. The reform also empowered municipalities to create tailored outreach and engagement initiatives, recognizing that social disconnection is both a risk factor and a consequence of dependency.

Key Recommendations:

- Scale up dementia-friendly community training (e.g., Dementia Supporter Caravan).
- Use community cafés as safe spaces for socializing and information-sharing.
- Support peer-led activities to enhance autonomy and reduce stigma.
- Collaborate with local governments to identify and fund grassroots solutions.
- Promote volunteer networks and intergenerational programs.

Practice Implications:

- Grassroots mobilization: Empower local residents, especially retirees, to organize and lead social activities.
- Dementia literacy: Integrate dementia-awareness training into broader community activities to reduce stigma.
- Safe social spaces: Establish community cafés or gathering points that provide informal yet consistent opportunities for interaction.
- Inclusive outreach: Target isolated subgroups (e.g., men, older widows, or people with mild cognitive impairment) who may avoid mainstream services.
- Monitoring and adaptation: Regularly assess participation trends and adapt offerings based on feedback and changing needs.

Methods:

- Scoping reviews of community programs
- Field-based ethnographic observation
- Participatory action research
- Mixed-methods evaluations
- Cross-regional case studies

National-level Initiatives

Community Cafés (Dementia Cafés)

Suzuki, M., et al. (2019). Dementia Cafés as a Community Resource for Persons With Early-Stage Cognitive Disorders: A Nationwide Survey in Japan. *Journal of the American Medical Directors Association*, 20(12), 1519–1526. <https://www.sciencedirect.com/science/article/abs/pii/S1525861019303780>

Description: Community Cafés, commonly known as Dementia Cafés, are informal community spaces in Japan designed to support individuals with dementia, their families, caregivers, and community members. These cafés provide a relaxed environment for socialization, information sharing, and mutual support, aiming to reduce social isolation and promote community integration. Emerging from a growing need to destigmatize dementia and provide supportive environments beyond institutional settings, these cafés offer a relaxed, non-clinical atmosphere where people can share experiences, receive basic guidance, and connect with others facing similar challenges. While the activities vary by location—ranging from music and crafts to informational talks—the unifying purpose is to combat isolation and promote a sense of belonging. These cafés often serve as an access point to more formal care services, and when operated in partnership with healthcare professionals or municipal staff, they facilitate early detection of social withdrawal or caregiver

distress. They are emblematic of Japan's "aging-in-place" ethos, bridging the gap between the medical system and community life through localized, relationship-based support.

Key Activities:

- **Social Gatherings:** Regularly scheduled meetings where attendees can interact and share experiences.
- **Educational Sessions:** Workshops and lectures on dementia-related topics to enhance understanding and coping strategies.
- **Recreational Activities:** Engaging activities such as music, art, and games to stimulate cognitive function and social engagement.
- **Consultation Services:** Opportunities for attendees to seek advice from healthcare professionals or trained volunteers.

Practice Implications:

- Healthcare and social service providers can refer patients and caregivers to local cafés as part of social prescribing.
- Providers can host or partner with cafés to offer education, peer support, or basic health checks.
- A setting for follow-up on dementia care, caregiver burden, and social engagement.

Evaluation: Suzuki, M., et al. (2019). "Dementia Cafés as a Community Resource for Persons With Early-Stage Cognitive Disorders: A Nationwide Survey in Japan."

Journal of the American Medical Directors Association, 20(12), 1519–1526.

<https://pubmed.ncbi.nlm.nih.gov/31160259/>. This nationwide survey examined the characteristics and management of 1,477 dementia cafés in Japan. Study findings indicate:

- Cafés serve as valuable community resources, offering social interaction and support for individuals with early-stage cognitive disorders.
- Factors such as meeting frequency and the inclusion of educational components were associated with increased effectiveness.

Dementia Supporter Caravan

Aihara, Y., & Maeda, K. (2020). National Dementia Supporter Programme in Japan. *Dementia*, 19(7), 2283–2291. <https://journals.sagepub.com/doi/abs/10.1177/1471301220967570>

Description: The Dementia Supporter Caravan is a nationwide initiative in Japan aimed at raising public awareness and understanding of dementia. It trains volunteers, known as "Dementia Supporters," to provide appropriate support to individuals with dementia and their families, fostering dementia-friendly communities. By training ordinary citizens—including shopkeepers, municipal staff, schoolchildren, and healthcare workers—to become "Dementia Supporters," the program fosters a culture of awareness, empathy, and responsiveness toward individuals with cognitive impairment. The supporter training focuses not only on factual knowledge about dementia but also on how to offer practical, compassionate assistance in everyday situations. While it began as a public education campaign, the initiative has evolved into a community-building tool that encourages mutual vigilance and neighborhood solidarity. Its success lies not only in the millions trained, but in the subtle shifts it produces in public behavior—enabling people with dementia to navigate public spaces with greater confidence and reduced risk of isolation.

Key Activities:

- **Training Sessions:** Conducted by certified instructors, these sessions educate participants on dementia basics, communication techniques, and ways to support affected individuals.
- **Community Outreach:** Dementia Supporters engage in activities to raise awareness and reduce stigma within their communities.
- **Support Networks:** Establishment of local networks to connect supporters with individuals needing assistance.

Practice Implications:

- Social workers and care managers can receive Dementia Supporter training and then train others in their networks.
- Hospitals, clinics, and senior care homes can partner with the program to increase community dementia literacy.

- Can be part of discharge planning or community reintegration for dementia patients.

Evaluation: Matsuda, Y., et al. (2018). "Educational Benefits for Nurses and Nursing Students of the Dementia Supporter Training Program in Japan."

PLOS ONE, 13(7): e0200586.

https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0200586&utm_source=chatgpt.com

Study findings indicate:

- Six months after training, only half of the supporters had commenced new support activities, highlighting the need for ongoing engagement strategies.
- Training program significantly improved knowledge and confidence among nurses and nursing students in caring for individuals with dementia.

Idobata-Nagaya (Collective Housing)

Abe, T., et al. (2023). Idobata-Nagaya: A Community Housing Solution for Socially Isolated Older Adults Following the Great East Japan Earthquake. *Frontiers in Public Health*, 11, 1289552. <https://www.frontiersin.org/articles/10.3389/fpubh.2023.1289552/full>

Description: Idobata-Nagaya refers to a collective housing model developed in Soma City, Fukushima, to address social isolation among older adults, particularly in the aftermath of the Great East Japan Earthquake. This housing concept emphasizes communal living and mutual support among residents.

Drawing inspiration from traditional Japanese housing forms where daily socialization occurred around communal wells ("idobata"), these structures are intentionally designed with shared spaces and proximity that encourage spontaneous interaction and mutual support. Residents often eat together, participate in group activities, and provide informal monitoring of one another's well-being. What distinguishes this model from conventional elder housing is its deeply relational ethos—it reframes housing as not just shelter, but as a social infrastructure. The success of Nagaya reflects a recognition that architectural and spatial design can shape patterns of engagement and emotional health, particularly in the context of post-disaster recovery and aging in depopulated areas.

Key Activities:

- **Shared Living Spaces:** Design of housing units that promote interaction among residents through common areas.
- **Community Programs:** Organization of group activities and events to foster social bonds.
- **Support Services:** Provision of on-site services such as health check-ups and counseling.

Practice Implications:

- Social service providers can place or refer older adults at risk of isolation into these living arrangements.
- Opportunities for coordinated case management and on-site health or mental health services.
- Providers can help facilitate group activities, nutrition support, or rehab services within these communities.

Evaluation: Abe, T., et al. (2023). "Idobata-Nagaya: A Community Housing Solution for Socially Isolated Older Adults Following the Great East Japan Earthquake."

Frontiers in Public Health, 11: 1289552.

https://pmc.ncbi.nlm.nih.gov/articles/PMC10703167/?utm_source=chatgpt.com

Study findings indicate:

- communal living environment contributed to reduced social isolation and supported the long-term health of residents.

Mimamori (Watchful Care) Systems

Magenta Health Japan. (n.d.). Mimamori (見守り): Watching over the

Elderly. <https://magentahealthjapan.com/mimamori-%E8%A6%8B%E5%AE%88%E3%82%8A%EF%BC%89-watching-over-the-elderly/>

Description: Mimamori refers to community-based "watchful care" systems in Japan designed to monitor and support older adults, particularly those at risk of social isolation. These systems involve coordinated efforts by community members, local organizations, and technology to ensure the safety and well-being of the

elderly. These systems operate through a mix of formal and informal channels—postal workers, delivery personnel, and neighborhood volunteers are trained to observe behavioral cues during regular visits, while smart devices, sensors, and AI-powered tools are used in some municipalities to track daily routines and flag anomalies. In both urban and rural settings, Mimamori systems serve as a lifeline for older individuals living alone, offering early alerts to health crises, cognitive decline, or social withdrawal. They also reduce caregiver burden and extend the reach of overstretched home care services. Importantly, these systems depend on trusted relationships and local knowledge, underscoring the importance of integrating technological tools with human judgment in elder care.

Key Activities:

- **Regular Check-ins:** Scheduled visits or calls by community volunteers or professionals to monitor the health and needs of older adults.
- **Emergency Response:** Systems in place to respond promptly if an older adult is found to be in distress or unresponsive.

Practice Implications:

- Ideal for collaboration with home-visiting nurses, public health workers, and care managers.
- Used as a preventive check-in model for patients flagged during routine care or community outreach.
- Supports early detection of isolation-related risk factors, including mental health decline.

Evaluation: Sugihara, T., et al. (2011). "Evaluation of a Prototype of the Mimamori-Care System for Persons with Dementia." *Proceedings of the 4th International Conference on Pervasive Technologies Related to Assistive Environments*. https://pmc.ncbi.nlm.nih.gov/articles/PMC10703167/?utm_source=chatgpt.com

Study findings indicate:

- Mimamori-care system consisting of cameras and monitors, was found to assist caregivers in monitoring residents
- reduced stress associated with constant vigilance.
- Concerns regarding privacy were noted, indicating the need for careful implementation.

Senior Peer Counseling Programs

Carandang, R. R., Shibamura, A., Kiriya, J., Vardeleon, K. R., Marges, M. A., Asis, E., Murayama, H., & Jimba, M. (2019). Leadership and peer counseling program: Evaluation of training and its impact on Filipino senior peer counselors. *International Journal of Environmental Research and Public Health*, 16(21), 4108. [https://doi.org/10.3390/ijerph16214108​:contentReference\[oaicite:1\]{index=1}](https://doi.org/10.3390/ijerph16214108​:contentReference[oaicite:1]{index=1})

Description: Senior Peer Counseling involves trained older volunteers providing emotional support and counseling to their peers experiencing life changes associated with aging, such as grief, loss, or social isolation. These programs are rooted in the idea that shared experience fosters trust, and that peer relationships can normalize difficult emotions while also reducing stigma around help-seeking. In practice, trained peer counselors meet regularly with clients—either one-on-one or in group formats—to discuss issues like bereavement, loss of purpose, or social disengagement. Although peer counseling is more prevalent in North America and Southeast Asia, Japanese adaptations tend to incorporate elements of mutual aid and collective reflection, often through group-based formats within community centers. These programs represent a form of low-threshold mental health support that complements professional services and strengthens civic engagement among retirees.

Key Activities:

- **Training Programs:** Volunteers undergo comprehensive training in counseling techniques and active listening.
- **One-on-One Sessions:** Regular meetings between counselors and clients offer personalized support.
- **Group Workshops:** Sessions on topics like coping strategies and building social connections.

Practice Implications:

- Facilitates **peer support networks**, leveraging shared experiences to foster trust.
- Provides a **cost-effective complement** to professional mental health services.
- Encourages **active participation** of older adults in both giving and receiving support.

Evaluation: Barron' https://www.barrons.com/video/sponsored/data-driven-innovations-in-eldercare/D76763C4-6F7F-4D9E-8A07-C714605DD240?utm_source=chatgpt.com. Study findings indicate:

- Participants experience reduced feelings of loneliness
- Improved mental health outcomes

Fureai Kippu (Caring Relationship Tickets)

Sawayama, T. (2000). *Fureai Kippu: A Japanese Local Currency to Promote Volunteerism and Mutual Aid*. https://www.japanfs.org/en/news/archives/news_id027448.html

Description: Fureai Kippu is a time-banking system where individuals earn credits by providing care services to others, which can later be redeemed for their own care needs. This system fosters mutual aid and strengthens community ties, thereby addressing SI&L among older adults.

The system formalizes acts of neighborly care—such as grocery shopping, companionship, or transport—into a trackable, transferable currency, thus incentivizing mutual aid while fostering community solidarity. Fureai Kippu challenges the traditional boundaries of the welfare state by decentralizing care and making social connectedness a community-managed resource. For healthcare and social care providers, this system presents a complementary approach to formal services, offering a scalable way to engage residents in elder support and reduce reliance on institutional care.

Key Activities:

- Facilitation of volunteer caregiving services among community members.
- Accumulation and exchange of time credits for care services.
- Encouragement of intergenerational support and community engagement.

Practice Implications:

- Healthcare providers can refer patients to participate in Fureai Kippu to enhance their social networks.
- Integration of time-banking concepts into community health programs can promote active aging.
- Collaboration with local governments and NGOs is essential to implement and sustain the program.

Evaluation: Comprehensive evaluation studies on Fureai Kippu's impact on SI&L are limited. However, anecdotal evidence and localized reports suggest positive outcomes in community cohesion and support for older adults.

REPRINTS (Research of Productivity by Intergenerational Sympathy)

Taguchi, A., et al. (2019). *Effectiveness of the REPRINTS program on intergenerational interactions and social participation among older adults*. BMC Public Health, 19, 6480 <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-019-6480-3>

Description: REPRINTS is an intergenerational program where older adults read picture books to children in schools and kindergartens. The initiative aims to promote social participation, enhance self-worth among seniors, and foster mutual understanding between generations. Originally developed to enhance the cognitive and social activity of older adults, the program also nurtures meaningful intergenerational bonds, counters stereotypes about aging, and promotes emotional reciprocity. Participants receive structured training and are supported by educational and health institutions throughout their involvement. Evaluation studies have found that REPRINTS enhances older adults' sense of purpose and reduces depressive symptoms, while also promoting prosocial behavior in children. The initiative exemplifies how intergenerational exchange can serve as both preventive health intervention and community renewal strategy, aligning closely with Japanese policy goals around active aging and social capital development.

Key Activities:

- Recruitment and training of older adult volunteers for reading sessions.
- Regularly scheduled reading activities in educational settings.
- Monitoring and evaluation of participants' well-being and social engagement.

Practice Implications:

- Healthcare providers can recommend participation in REPRINTS as part of social prescribing strategies.
- The program offers opportunities for cognitive stimulation and emotional fulfillment among older adults.

- Partnerships between healthcare facilities and educational institutions can facilitate program implementation.

Evaluation: Taguchi, A., et al. (2019). *Effectiveness of the REPRINTS program on intergenerational interactions and social participation among older adults*. BMC Public Health, 19, 6480. Study findings indicate:

- Participation in REPRINTS led to increased social interactions and a sense of purpose among older adults.
- The program contributed to improved mental health and reduced feelings of loneliness.
- Children involved in the program developed positive attitudes toward older generations.

National-level Policies and Strategies Specific to Health Care and Social Service Professionals

Long-Term Care Insurance Act Reform

Kondo, Katsunori, et al. *BMJ Open*, 2019.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6653820/>

Description: This reform shifted focus from a high-risk, individual-centric approach to a population-based, community-focused model of preventive care. It seeks to build comprehensive community care systems for older adults. Originally designed to provide standardized support for older adults with functional decline, the Long-Term Care Insurance (LTCI) system had become strained under rising demographic pressure and a service model that largely responded to individual need through institutional or home-based care. The reform shifted the paradigm from a high-risk, medicalized approach to one centered on population health and community-based integrated care. Central to the reform was the concept of "chiiki-hōkatsu kea" or community-based comprehensive care, which sought to weave together prevention, health promotion, long-term care, and social participation. This model recognized that social isolation, frailty, and cognitive decline often intersect long before individuals become formally eligible for intensive services. Municipalities were empowered to develop localized support systems, including volunteer-led activities, senior community salons, and informal surveillance networks that could prevent or delay the onset of disability. The reform thus placed a new emphasis on "soft infrastructure"—relationships, neighborhoods, and local trust—as critical components of a sustainable eldercare system.

Key Recommendations:

- Transition to community-based integrated care systems ("chiiki-houkatsu care").
- Encourage older adults to participate in preventive activities.
- Strengthen ties between healthcare, welfare, and housing providers.
- Prioritize services that allow older adults to remain active in their communities.
- Focus on preventing frailty and social withdrawal.

Practice Implications:

- Integrated care teams: Build local care teams that include nurses, care workers, community organizers, and social workers.
- Social prescribing: Refer older adults not only to medical care but also to social and recreational programs.
- Frailty prevention: Use simple assessment tools (e.g., Kihon Checklist) to identify early signs of physical or social decline.
- Sustainable community programs: Shift funding and planning toward low-cost, high-impact group activities that maintain independence.
- Continuity of care: Ensure older adults can access services without disruption as their needs evolve.

Methods:

- Policy analysis of LTC trends
- Community needs assessments

- Interviews and focus groups
- Integration pilot programs
- Feedback from care managers

Omuta City Dementia Care Model

Chen LM, Inoue M, Buckley N. Case studies on community care in Japan: considerations for mitigating social isolation and loneliness in older adults with dementia. *Front Public Health*. 2024 Nov 22;12:1411217. doi: 10.3389/fpubh.2024.1411217. PMID: 39651466; PMCID: PMC11620972.

https://pmc.ncbi.nlm.nih.gov/articles/PMC11620972/?utm_source=chatgpt.com

Description: The Omuta City Dementia Care Model is a community-based approach that integrates healthcare providers into a network designed to support older adults with dementia, addressing their medical and social needs to reduce SI&L. Omuta implemented a comprehensive, relationship-based approach that brought together medical providers, community support workers, and residents into a decentralized care network. Rather than relying solely on hospitals or formal care facilities, the city invested in capacity-building among neighborhood volunteers, shopkeepers, and families, creating a dense web of “dementia-friendly” contacts capable of offering informal monitoring and support. Healthcare providers were actively engaged in interdisciplinary case conferences and made routine home visits that addressed both medical and social dimensions of living with dementia. Importantly, the model did not view dementia as a solely clinical condition but rather as a community concern, requiring flexible responses and inclusive design. The strength of the Omuta model lies in its localized adaptability—its ability to tailor supports to residents' needs while mobilizing existing community assets, including pharmacies, care managers, and local government offices. It offers a compelling counterpoint to institutional care by emphasizing autonomy, mutual familiarity, and the dignity of staying connected in one's home community.

Key Activities:

- **Interdisciplinary Collaboration:** Healthcare professionals, including physicians and nurses, work alongside social workers and community volunteers to provide comprehensive care.
- **Regular Home Visits:** Teams conduct scheduled visits to monitor health status and offer social interaction.
- **Care Meetings:** Regular discussions among care team members ensure personalized and coordinated support plans.

Practice Implications:

- Promotes a **holistic approach** by combining medical care with social engagement strategies.
- Enhances **early detection** of health and social issues through consistent monitoring.
- Strengthens **community ties** by involving local resources in care provision.

Evaluation: Case studies indicate that this model effectively reduces feelings of isolation and improves the overall well-being of older adults with dementia.

Integration of Robotic Companions in Care Settings

Kolstad, M., Yamaguchi, N., Babic, A., & Nishihara, Y. (2020). Integrating socially assistive robots into Japanese nursing care. *Studies in Health Technology and Informatics*, 272, 183–186. <https://doi.org/10.3233/SHTI200524PubMed+1ResearchGate+1>

Description: Healthcare facilities have introduced robotic companions, such as the therapeutic robot **Paro**, to provide emotional support and companionship to older adults, particularly those in long-term care. Faced with labor shortages in eldercare and increasing rates of social isolation among older adults—particularly those in institutional settings—Japan has turned to socially assistive robots (SARs) as both therapeutic tools and affective companions. These robotic devices are designed to stimulate emotional responses, initiate engagement, and provide comfort in environments where human interaction may be limited. For instance, *Paro*, a robotic seal approved as a medical device in Japan, has been deployed in nursing homes to reduce agitation and encourage verbal interaction among residents with dementia. The robots are not intended to replace human care, but rather to supplement it—offering consistent, non-judgmental presence that can reduce feelings of loneliness and support emotional regulation.

Key Activities:

- **Interactive Sessions:** Residents engage with robotic companions during scheduled times.
- **Therapeutic Use:** Robots are used in therapy sessions to stimulate interaction and reduce anxiety.
- **Monitoring Responses:** Healthcare providers assess the impact on residents' mood and social engagement.

Practice Implications:

- Offers an **innovative tool** to alleviate feelings of loneliness in care settings.
- Provides a **consistent companion**, especially beneficial in understaffed facilities.
- Requires **staff training** to integrate robotic companions effectively into care routines.

Evaluation: Takayanagi, K., Kirita, T., & Shibata, T. (2014). Comparison of verbal and emotional responses of elderly people with mild/moderate dementia and those with severe dementia in responses to seal robot, PARO. *Frontiers in Aging Neuroscience*, 6, 257. <https://doi.org/10.3389/fnagi.2014.00257> Study findings indicate:

- **Enhanced emotional expression**
- **Verbal engagement**
- **No adverse effects noted**
- **Benefits for severe dementia**