Loneliness and social exclusion among older Europeans before and during the COVID-19 pandemic

edited by

Bruno Arpino

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Indice

Preface

This e-book is the main output of a knowledge sharing process organized by the Joint Programming Initiative "More Years Better Lives – The Potential and Challenges of Demographic Change" (JPI-MYBL).

Launched in 2009, JPI-MYBL brought together several EU and non-EU countries to create a common research framework aiming to better coordinate, harmonize, and synchronize the research programmes of the participating countries on the topic of demographic change. The ultimate goal of JPI-MYBL is to better understand the complex effects of demographic change[1] and to produce evidence on the relationship between demographic change, equality, and wellbeing. It adopts a transnational and interdisciplinary approach to find innovative solutions that make "societal ageing" a resource and not a burden. It also involves different actors including researchers, policymakers and stakeholders.

In 2022, JPI-MYBL launched a knowledge-sharing process on isolation and loneliness among older people during the COVID-19 pandemic. The process consisted of four connected online workshops, scheduled in a specific time window (about six months), and attended by three groups of actors: stakeholders, researchers, and policy representatives who were invited to respond to a common "red line document" posted on the JPI-MYBL website. [2] A synthesis of this document is included in the Introduction of this e-book. Participants in the four knowledge-sharing workshops were later invited to prepare a short article based on their presentations. Their contributions are presented in this e-book, along with additional articles on the topics of isolation and loneliness among older people.

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1   Further information about JPI-MYBL, its projects and activities are available on the website: jp-demographic.eu .
2   jp-demographic.eu/Knowledge_Covid_Red-line_comments_clean.pdf

Introduction

Bruno Arpino, Giuseppe Gabrielli & Heidrun Mollenkopf

The demographic changes of the past and coming years will profoundly modify the population structure in Europe. These transformations are associated with changes in the distribution of resources and opportunities across Europe and beyond – changes that require adjustments in all areas of life, both at individual level and across society as a whole. Among these changes, population ageing is a long-term trend which began several decades ago in Europe. Increased life expectancy is a triumph for humanity but, coupled with fertility reduction and postponement, it causes population ageing (Grundy & Murphy 2017).

Social isolation and feelings of loneliness among older people are among the challenges posed by population ageing and shrinking family networks. Isolation and loneliness have negative consequences on individuals that may result in poor physical health, unhealthy behaviours, poor wellbeing and, ultimately, depression.

Loneliness also has an economic cost for individuals and society; it reduces interpersonal interactions, and thus social capital, and adversely affects physical and mental health (Burlina & Andrés 2021). Research has estimated that the annual cost of loneliness is about 1,000 euros per capita (Mihalopoulos et al. 2020). Individuals who feel lonely also tend to use healthcare services more than others (Gerst-Emerson and Jayawardhana 2015), with negative consequences on public health expenditures.

Loneliness and social isolation among older adults were already important research and policy topics before the onset of the COVID-19 pandemic (Tesch-Roemer & Huxhold 2019; Victor et al. 2000). However, the spread of COVID-19 and the physical distancing measures to limit transmission of the virus exacerbated pre-pandemic vulnerabilities linked to isolation and loneliness in ageing societies. While mortality and COVID-related health conditions have been extensively examined since the very beginning of the pandemic, JPI-MYBL felt that more comprehensive research was needed on isolation and loneliness among older adults over this period. This motivated the knowledge-sharing process briefly introduced in the Preface, with the key goal of understanding what suggestions

for policy and practice can be drawn, based on existing research and the expert knowledge and experience accumulated since the first lockdowns in Europe in early 2020.

ISOLATION, LONELINESS, AND THE COVID-19 PANDEMIC

In the decades preceding the COVID-19 pandemic, scholars and public health officials became increasingly concerned about the growing risks of loneliness driven by societal shifts such as fertility decline, the increase in one-person households and other factors, especially in the United States and Europe. A broad array of studies investigated the determinants and consequences of loneliness and social isolation (e.g., Dahlberg et al., 2022; de Jong et al. 2016; Fokkema et al. 2012; Morgan et al. 2021).

After the outbreak of the pandemic, physical distancing was imposed or encouraged at national, regional, and local levels, to mitigate the spread of COVID-19. People were asked to avoid public social spaces and minimize physical contact with others. Measures also included stay-at-home orders, and full physical isolation of high-risk individuals, such as older adults with pre-existing conditions (Plümper & Neumayer, 2020). While these mitigation measures were effective in slowing the spread of COVID-19 and reducing mortality, they may have increased isolation among older adults, possibly exacerbating the "loneliness pandemic" and the risks factors for loneliness (Dahlberg, 2021).

Studies have suggested that older adults were more resilient to loneliness than younger adults during COVID-19 (e.g., Beam & Kim, 2020; Bu et al., 2020; Luchetti et al., 2020). Thus, increased physical isolation due to the anti-COVID restrictions does not seem, on the whole, to have exacerbated feelings of loneliness among older adults. This finding may reflect a combination of factors, including lowered expectations for social interaction during the pandemic (Dahlberg, 2021) or increased contact at a distance (Arpino et al. 2021 a,b).

Although possibly more resilient than younger adults, it is unclear whether, and to what extent, older adults across Europe experienced increases in loneliness during COVID-19. Existing evidence offers mixed results (see the review by Dahlberg, 2021). In addition, although some studies showed unchanged feelings of loneliness among older adults overall, relevant heterogeneities may exist. Along this line, Arpino et al. (2022) show that individuals who lack certain close family ties (e.g., unpartnered people) have been at higher risk of reporting increased feelings of lone-

liness since the onset of the pandemic. This suggests that older people who lacked emotional and practical support might have been particularly exposed to its direct and indirect consequences. Van Tilburg (2022) shows that loneliness, and particularly emotional loneliness, increased between 2019 and 2020, although having a partner before the pandemic provided some protection.

Given that informal caregiving is mostly provided by close family members (Agree & Glaser 2009; Verbeek-Oudijk et al. 2014), childless and unpartnered individuals were, in principle, those at highest risk of experiencing unmet care needs during the pandemic. In fact, research has shown that family caregiving continued during the pandemic (Di Gessa et al. 2022; Rodrigues et al. 2021), in some cases replacing formal care services to avoid possible contagion by care professionals (Vislapuu et al. 2021). Studies have also reported higher anxiety and depression among family caregivers during the pandemic (Beach et al. 2021).

The increased need of care and the heavier burden placed on family caregivers call for new policy and practice solutions. Older people in residential care are at a particularly high risk of isolation, loneliness and reduced care. COVID-19 has pointed up an urgent need for higher standards of care in nursing homes in Europe (Miralles et al. 2021), and for the development of community-based alternatives and services to support persons with care needs and families with care responsibilities. These alternatives and services could be inspired by the principles outlined in a UN (2020) policy brief launched in the early phases of the pandemic. The development of good quality, affordable, available, and accessible community-based services being paramount for meaningful inclusion in the community, these services should be developed in collaboration with all stakeholders, from users to practitioners, including persons with care needs and their families. In parallel, broader-scope interventions to reduce isolation and loneliness among the general population can, and need to be, implemented, e.g. by improving public transport and through laws and policies to address ageism, inequality and the digital divide (WHO 2021b).

THE EXPERIENCE OF THE KNOWLEDGE SHARING PROCESS

The aim of the JPI-MYBL knowledge-sharing process on "Isolation and loneliness of older people during the COVID-19 pandemic: formal/informal care" was to complement existing research and to provide a concrete perspective on the issues concerned. Policy representatives, stakeholders,

and researchers were involved in the entire process (see Preface), with the aim of shedding light on the topic and disseminating knowledge, practices and policy measures implemented throughout Europe to limit the direct and indirect negative consequences of the pandemic, whose impact may be felt for years to come.

The process consisted of four online workshops. Their synthetic reports are available on the JPI-MYBL website, and brief summaries of each are provided here.

WORKSHOP 1 - STAKEHOLDERS

In the first workshop, stakeholders presented their views on needs and presented key studies concerning the main topic to an audience of other stakeholders, researchers and policy makers. The stakeholders emphasized that older people themselves must be included in the discussions. It was highlighted that good practices and tools for influencing policy on a local level already exist, but that their impact is difficult to measure.

WORKSHOP 2 - RESEARCHERS

In the second workshop, researchers presented some scientific outcomes to an audience of stakeholders, other researchers and policy makers. The presentations highlighted the importance of family, friends, and other social contacts in preventing loneliness. The stakeholders signalled again that the perspective of older persons themselves should be embedded in research. It also became clear that some research topics, methodologies, and research groups had been overlooked in previous research. For example, cross-country comparisons or differentiation between urban and rural conditions were rare (see, however, Atzendorf & Gruber 2021 for an exception). These differences might provide important pointers to understand what kind of welfare state or policy, or what practices might reduce the impact of the pandemic, and perhaps loneliness in general.

WORKSHOP 3 - POLICY MAKERS

In the third workshop, policy makers reacted to the solicitations received in the previous workshops by providing their points of view and suggesting possible actions. It emerged that loneliness policies differ across countries. Overall, it was concluded that the COVID-19 pandemic highlighted the issues related to loneliness and isolation and showed the

strengths and limitations of policies and interventions. When it comes to "curing" loneliness (among older adults), there is still a long way to go. For the future, it is important to investigate why some older adults are lonely and some are not, and to use that knowledge to prevent loneliness among individuals of all ages.

WORKSHOP 4 - SYNTHESIS

After the third workshop, the JPI-MYBL sent out a questionnaire to participants to collect their views on the process and the lessons learned. The process ended with a meeting during which the participants made a synthesis of all the input and agreed on recommendations for the future. The questionnaire results highlighted the gap between research and policy. All the different perspectives were highly appreciated, and it was agreed that the workshops were interesting because the participants were very open about their findings and their opinions and were able to learn from each other.

In conclusion, the knowledge-sharing process pointed up the particular need to:

- include older persons' perspectives in the discussions at all levels
- close "blank spots" (i.e., unexplored areas) in research, and
- find more effective ways to translate knowledge into political interventions.

The experience gained with the knowledge-sharing process, the results, and the prospective issues that emerged from the joint discussions showed convincingly that JPI-MYBL can move closer to its goal and should continue to pursue the approach used. To increase the Programme's impact in the future, the commitment of participating countries should be widened, and cooperation among the different actors strengthened, with further improvements in the distilling, translating, and dissemination of knowledge.

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1
Pre-COVID evidence on loneliness and social exclusion

1.1 Lonely and excluded: A downward spiral? An investigation in Germany before the COVID-19 pandemic

Oliver Huxhold & Bianca Suanet

Loneliness and the feeling of being excluded from society both arise from the unsatisfied need to belong, and these negative experiences tend to reinforce each other over time, Oliver Huxhold and Bianca Suanet note. The longer people feel lonely, the less they perceive themselves as valued members of society.

INTRODUCTION

Humans are an inherently social species. During early history, cooperation in small groups became the primary survival strategy in response to the many environmental hazards early humanity faced. It is probably for this reason that all members of our species share an ingrained need to be connected to others. This need to belong manifests itself as a tendency to constantly form and maintain reliable and meaningful social ties (Baumeister & Leary, 1995). Generally speaking, people need a few close and trusted social relationships, as well as a larger group of friends and acquaintances with whom they can pursue social activities (Cacioppo et al., 2015). If these social needs are not met, socially deprived individuals may feel lonely. Chronic loneliness has been shown to lead to serious mental and physical health problems and may even permanently decrease ability to form and maintain social bonds (Hawkley & Cacioppo, 2010). We argue that loneliness may even damage individuals' sense of belonging to the society they live in.

Sociologists have argued for a long time that to satisfy the need to belong, people not only need to have meaningful relationships: they also need to perceive themselves as being part of society and able to participate in societally valued activities. In classic sociological work, Durkheim (1893 [1965]) postulated that with the increasing division of labor in the process of early modernization, solidarity in a society changed. It became

progressively less based on concrete personal and community relationships – such as family ties – and increasingly dependent on each individual's abstract contribution to society. As a consequence, when people today perceive themselves as socially excluded – meaning that they do not feel sufficiently able to participate in activities that bind them to their societies – their sense of societal solidarity is threatened and they may feel estranged from their immediate social environment (Abrutyn, 2019). In line with this, some studies have shown that people who perceive themselves as socially excluded tend to exhibit low subjective well-being. In addition, the perception of social exclusion can act as a self-fulfilling prophecy, barring people from even the few opportunities for social participation that are available to them (Hommerich, 2015).

THE CURRENT STUDY

In a recent study (Huxhold et al., 2022), we hypothesized that loneliness and perceived social exclusion are distinct but related phenomena, because both express violations of the individual's need to belong. First, we assumed that loneliness and perceived social exclusion share a common set of risk factors, albeit to a different degree, as loneliness refers to the need to have a satisfying network and social exclusion to the need to belong at the societal level. Second, assuming that people get strong cues about their worth in society from their social relationships, we hypothesized that experiences of loneliness – indicating a lack of social relationships in terms of quantity or quality – may lead over time to the perception of being excluded from society as a whole.

METHODS AND RESULTS

To test our hypotheses, we used data from a survey of 6,002 adults aged 40–85 living in private households in Germany. Two assessment waves conducted three years apart, in 2014 and 2017, respectively, were included in the analysis. We employed cross-sectional and longitudinal structure equation models to account for measurement error and sample selectivity.

Our analyses indeed revealed a relatively strong correlation between loneliness and perceived social exclusion (r = 0.56). Lonelier people were more likely to perceive themselves as excluded from society and vice versa. This finding supported our assumption that both experiences are related at a fundamental level, since both may indicate a lack of belonging.

Moreover, further tests confirmed that experiences of loneliness and of perceived social exclusion can be caused by similar risk factors – such as socio-economic disadvantage or deficiencies in the social network. However, being poor and low-educated were more strongly associated with perceived social exclusion, whereas a lack of social support and high-quality social relationships was more strongly associated with loneliness.

Most importantly, we found that lonely people tend to feel more socially excluded over time. This aligns with the idea that people experience belonging to society partly through their integration in interpersonal social relationships, as suggested, for example, by Abrutyn (2019): not being successful in personal social interactions may give people the notion that they are not worthy members of society.

DISCUSSION

It is often argued that high incidence rates of loneliness may pose a threat to the social coherence of modern societies. To our knowledge, this is the first study that provides direct empirical support for this claim. We found that experiences of loneliness over time arouse a feeling of not being a valuable member of society. Furthermore, people who feel excluded from society tend to withdraw from social activities in general and volunteering activities in particular (Hommerich, 2015). Thus, in fostering a feeling of estrangement from society, loneliness may be particularly harmful for civic engagement.

Moreover, our findings are particularly relevant from the perspective of ongoing population ageing. Adults often feel more socially excluded after retiring from paid work (Wetzel & Mahne, 2016). In all European countries, the baby-boomers – the most numerous generation in history – will transit into retirement over the next few years. Providing them with a sustainable opportunity structure for active ageing, i.e. social and civic participation, will become a major challenge.

Governments could, for example, encourage volunteer organizations to recruit more older adults or could initiate campaigns to fight negative age stereotypes. Our advice based on the results of this study is that social policies and interventions against loneliness should focus more strongly on fostering community participation and social activities of older adults, as loneliness might spill over into decreased feelings of belonging to society, thereby damaging social trust and cohesion. In this regard, older adults with a lower socio-economic status should receive particular attention,

as they find themselves in a double jeopardy: they are more likely to be lonely and to feel socially excluded.

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1.2 Moroccan and Turkish older migrants in the Netherlands before the COVID-19 pandemic: lonely despite social contacts

Tineke Fokkema & Marjolijn Das

Moroccan and Turkish older migrants in the Netherlands frequently feel lonely, not because they lack social relationships, Tineke Fokkema & Marjolijn Das note, but because of poorer health, lower socio-economic status and a sense of limited control over their lives. Migrant-specific and other general risk factors, such as language barriers, discrimination and unmet filial expectations, also likely play a role.

The first Moroccan and Turkish labour migrants[1] came to the Netherlands in the 1960s and 1970s (Figure 1). They were mainly young men with little or no education who saw migration as a means to escape poverty in their country of origin. Although official recruitment agreements were concluded with Morocco (1969) and Turkey (1964), they did not play a major role in this migration: most of these first migrants came to the Netherlands on their own initiative. The government and the migrants themselves thought their stay would be temporary. However, contrary to expectations, and despite the economic recession after the 1973 oil embargo and the relocation of industrial production to low-wage countries, there was no mass return. This was partly due to the unfavourable political and economic prospects in the migrants' countries of birth, combined with increasingly restrictive immigration policies that included a withdrawal of the "return option" enabling migrants to come back to Europe after returning home. Instead, many of the stayers brought their wives and children over through family reunification, as evidenced by the sharp increase in the proportion of Moroccan and Turkish women migrants from the 1970s onwards. Immigration of Moroccans and Turks subsequently decreased

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1 "Migrants" refers to persons born abroad and with at least one parent born abroad (first generation). "Migration background" or "non-native" refers to both first-generation and second-generation migrants (persons born in the Netherlands and with at least one parent born abroad). "Dutch" refers to persons whose parents were both born in the Netherlands.

and the age of older adults (aged 55 and above) in the Moroccan and Turkish population increased considerably over the following years.

Figure 1: Moroccan and Turkish migration to the Netherlands, by gender, 1964–2021
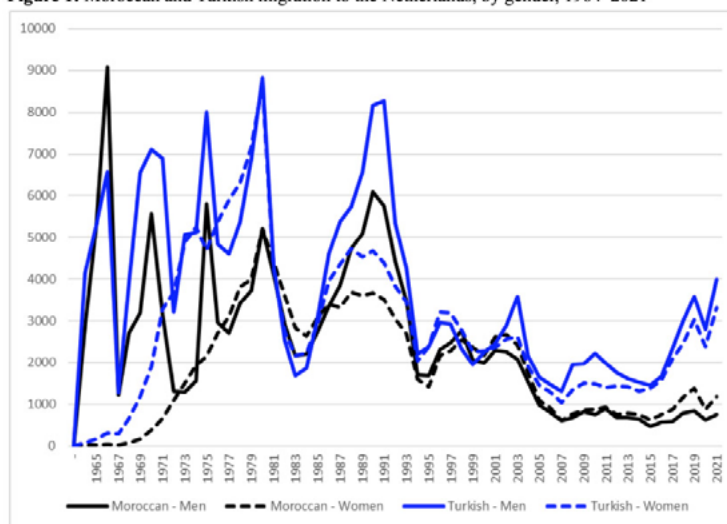
Source: Statistics Netherlands

Between 1990 and 2020, the number of Moroccan older adults increased roughly tenfold and the number of Turkish older adults almost eightfold (see Figure 2). On 1 January 2022, there were 62,700 Moroccan and 68,500 Turkish older adults living in the Netherlands. Together they constitute 14% of the overall non-native population aged 55 and older in the Netherlands. As future older adults with a Moroccan and Turkish background are not expected to return en masse to their country of birth (or that of their parents), the size of these two groups of older adults will increase further. According to the most recent forecast by Statistics Netherlands, in 2050, the Dutch population will include approximately 181,600 older adults with a Moroccan background and 199,000 older adults with a Turkish background, representing 18.7% of the overall non-native population aged 55 and older. At the moment, the numbers of second-generation Moroccan and Turkish older adults are still negligible – less than 1% were born in the Netherlands. By 2050 the picture will be different: around four in ten older adults with a Moroccan or Turkish background will belong to the second generation.

Figure 2. Moroccan and Turkish older adults (55+) in the Netherlands, 1990–2020–2050
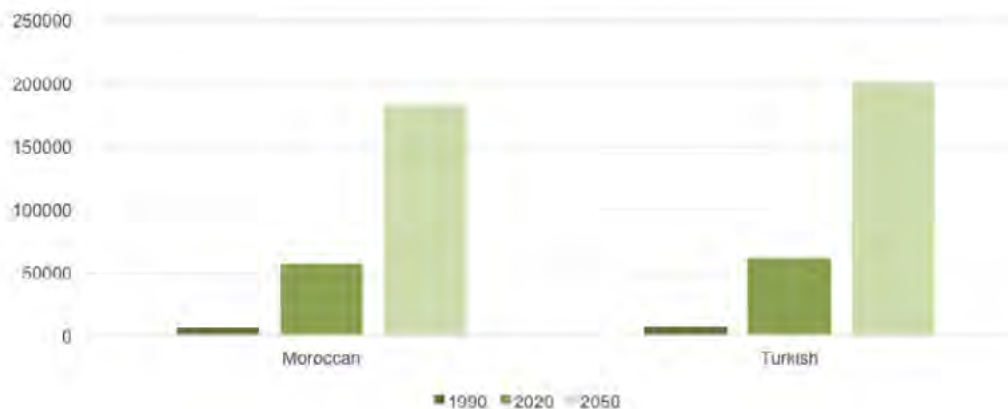
LONELY…

Loneliness – the perceived discrepancy between actual and desired social relationships (Perlman & Peplau, 1981) – is much more prevalent among Moroccan and Turkish older migrants than among Dutch older adults. This is concerning, given the negative effects of loneliness on both mental and physical health (Cacioppo & Cacioppo, 2014). Using the 11-item De Jong Gierveld Loneliness Scale (DJGLS; de Jong Gierveld & van Tilburg, 1999), earlier research showed that 58 and 54%, respectively, of Moroccan and Turkish older migrants aged 55–64 are moderately lonely (score 3–8), compared to 21% of their Dutch peers (Fokkema et al., 2016). For severe loneliness (score 9–11), the differences between the groups are even greater. Almost one in four Turkish older migrants feels severely lonely, compared to 12% of Moroccan older migrants and 4% of Dutch older adults. A similar picture emerges from another study among older people aged 65+ in the four largest Dutch cities – Amsterdam, Rotterdam, The Hague and Utrecht – using a shorter 6-item version of DJGLS (de Jong Gierveld & van Tilburg, 1999): 64% of Moroccan and 69% of Turkish older migrants feel moderately or severely lonely (score 2–6), compared to 50% of their Dutch peers of the same age in the same city (El Fakiri & Bouwman-Notenboom, 2015).

...BUT NOT ALONE

Loneliness is often associated with people who live alone and have few contacts. Recent research, however, shows that this is not the case for Moroccan and Turkish older migrants in the Netherlands (Fokkema & Das, 2020). They have a partner slightly more often than Dutch older adults: 72 and 70% of Moroccan and Turkish older migrants, respectively, are married or cohabiting with a partner compared to 68% of older adults with a Dutch background. Many studies have found that being partnered is one of the most important buffers against loneliness if the relationship is of good quality (Fokkema & Naderi, 2013; ten Kate et al., 2020). On average, Moroccan and Turkish older men are eight and four years older, respectively, than their spouse. The likelihood of widowhood is therefore greater for older women than for older men: 60% of the former have a partner versus 80% of the latter.

To add to the puzzle of severe loneliness, Moroccan and Turkish older migrants have more children on average than Dutch older adults and more often co-reside with one or several children (Fokkema & Das, 2020). Only 7% of Moroccan and 5% of Turkish older migrants are childless, versus 16% of Dutch older adults. Excluding childless persons, Moroccan and Turkish older migrants have 3.4 and 4.8 children on average, respectively, compared to 2.3 for their Dutch peers. Moreover, 53% of Moroccan and 44% of Turkish older migrants (not counting those who are institutionalised) live with one or more of their children. Among Dutch older adults, the share is 18%.

CHILDREN CLOSE-BY

In old age, Moroccan and Turkish older migrants live much closer to one of their adult children (Fokkema & Das, 2020). Figure 3 shows the average distance in km to the nearest child: 4.7 km for Moroccan and 5.1 km for Turkish older migrants, compared to 13.5 km for Dutch older adults. While among the latter there is little difference in distance from sons and daughters, Moroccan and Turkish older migrants live closer to their sons than to their daughters. Figure 4 shows the proportion of older adults with one or several children living within a 5-km radius. Compared to their Dutch counterparts, Moroccan and Turkish older migrants are significantly more likely to have at least one child living close-by: 86% have at least one child living within a 5-km radius, compared to 63% of Dutch older adults. The differences become greater within a narrower radius of 1

km: more than half of Moroccan and Turkish older migrants have children living within 1 km of their home, compared to three in ten Dutch older adults.

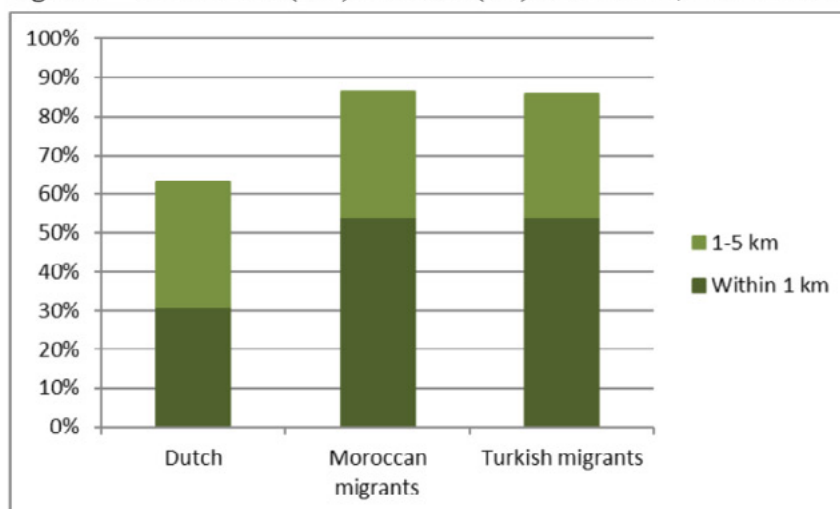**Figure 3 -** Average distance (km) of older adults (55+) from nearest child, The Netherlands 2019
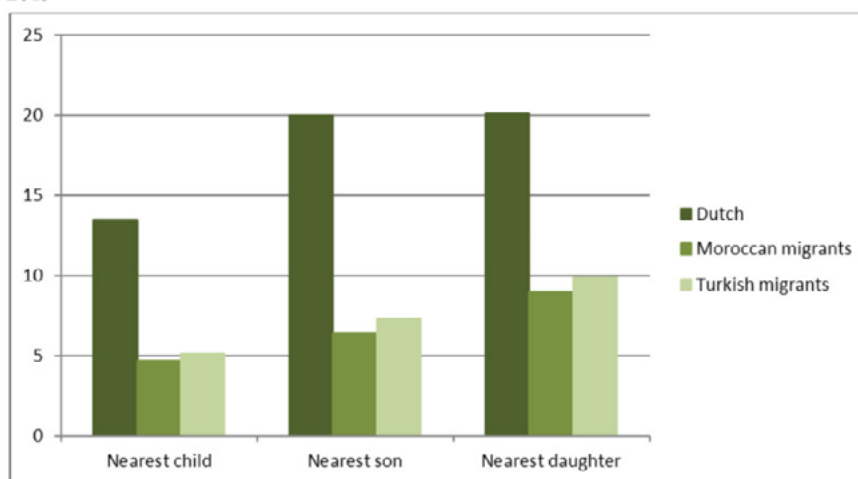
Note: Excluding co-resident children
Source: Statistics Netherlands, System of Social statistical Datasets

Figure 4 - Older adults (55+) with child(ren) within 5 km, The Netherlands 2019 (%)

Note: Excluding co-resident children
**Source:** Statistics Netherlands, System of Social statistical Datasets

These differences between Moroccan and Turkish older migrants and their Dutch counterparts are partly due to their socio-demographic and economic characteristics and those of their children (Fokkema & Das, 2020). Among other things, on average, Moroccan and Turkish older migrants are younger, have more children, live in more densely urbanised areas and have a lower income than their Dutch counterparts. Furthermore, on average, their children are less educated than the children of Dutch older adults. All these characteristics are known to be related to the residential distance between parents and children and the likelihood of parents and children living together (Smits et al., 2010). However, even after correcting for a large number of socio-demographic and socio-economic characteristics in a regression analysis, Moroccan and Turkish older migrants are still more likely to live with children or close to them.

An additional explanation can be sought in the stronger norms and values relating to family solidarity that prevail within Moroccan and Turkish communities, where children have a duty to care for their elderly parents (Dykstra & Fokkema, 2012). This is in line with our findings (not presented here) that the likelihood of living either with or near children increases with age – the oldest-old are often more in need of help – and is highest among Moroccan and Turkish older migrants aged 75+, compared to "young-older migrants" aged 55 to 65. However, changing norms about family solidarity and a shift towards individualism in younger cohorts may also play a role here.

Co-ethnic people close-by

While older adults with a Dutch background live throughout the Netherlands, Moroccan and Turkish older migrants predominantly reside in large municipalities, especially in the four big cities (Fokkema & Das, 2020). This means that co-ethnic peers often live nearby. Of the older adults with a Moroccan background, 61% live in a very densely urbanised municipality, the vast majority (70%) in the four big cities (Figure 5). The respective proportions are around 50% and 80% among older adults with a Turkish background, and 17%% and 46% among older adults with a Dutch background. While Moroccan and Turkish older migrants probably have less contact with Dutch people, this does not necessarily entail a negative effect on their social well-being. Previous research shows that a strong sense of belonging to one's own ethnic group protects just as well against severe loneliness as a strong sense of belonging to larger Dutch society (Klok et al., 2017).

Figure 5 - Urban density of older adults' (55+) municipality of residence in the Netherlands, 2019 (%)
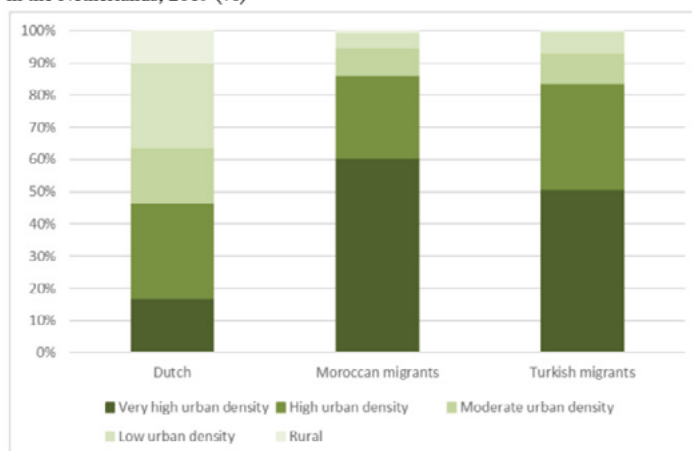
Note:
Very high urban density: 2,500 addresses or more per square kilometre;
High urban density: 1,500 to 2,000 addresses per square kilometre;
Moderate urban density: 1,000 to 1,500 addresses per square kilometre;
Low urban density: 500 to 1,000 addresses per square kilometre;
Rural: fewer than 500 addresses per square kilometre
Source: Statistics Netherlands, System of Social statistical Datasets

RISK FACTORS FOR LONELINESS

If Moroccan and Turkish older migrants compare favourably with Dutch older adults in terms of "availability" of a partner, children and co-ethnic peers, why are they more lonely? Recent research has identified three general risk factors for loneliness: health problems, low socio-economic status and a perceived lack of control over life (van Tilburg & Fokkema, 2021). All these factors make it more difficult to engage in activities and establish new contacts. Moroccan and Turkish older migrants have poorer health, including a greater number of depressive symptoms, are less satisfied with their income, and experience less control over their own lives. The loneliness differential with respect to Dutch older adults drops by more than half when these differences are taken into account, but remains significant.

Further explanations could be sought in migrant-specific or other general risk factors. Several Dutch qualitative studies indicate that a language barrier, experiences of ethnic discrimination, living between two worlds (the Netherlands and Morocco/Turkey), and inadequate access to regular professional care play a role (Nhass & Verloove, 2020; Pot et al., 2020). Large-scale survey research is needed to confirm the effect of these migrant-

specific risk factors on loneliness. Poor relationship quality or excessive, unrealistic expectations (for example about frequency of visits and support from children) among Moroccan and Turkish older migrants could also play a role, as loneliness arises when a discrepancy is experienced between actual and desired relationships, either in terms of quantity or quality. There are signs that the duty of care, taken for granted by parents, increasingly clashes with children's busy work and family lives. When children cannot meet expectations, this might lead to friction in the parent-child relationship, feelings of disappointment and rejection (ten Kate et al. 2021), and ultimately loneliness. However, here too, hard quantitative evidence is lacking.

To conclude

It is gradually becoming clear that Moroccan and Turkish older migrants in the Netherlands are particularly vulnerable in terms of their social well-being. Although surrounded by family members and co-ethnic peers, they report loneliness much more frequently than Dutch older adults. To get a better grip on the causes – besides relatively poor health, low socio-economic status and lack of control over life – further in-depth research is needed. In addition, it would be interesting to see whether this high prevalence of loneliness also occurs among younger cohorts of migrants, to examine whether loneliness is specific to their migrant status, and perhaps also to determine whether the experiences of the current cohort of older migrants are unique.

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2

Loneliness, social exclusion and the COVID-19 pandemic

2.4 Who felt lonely during the COVID-19 pandemic among European older adults?

Omar Paccagnella, Veronica Cassarà,

Maria Iannario & Cosmo Strozza

Feelings of loneliness are not very widespread among European older adults (aged 50 years and over) according to SHARE data. And, surprisingly enough, according to the analysis of Omar Paccagnella, Veronica Cassarà, Maria Iannario, and Cosmo Strozza, the COVID-19 pandemic did not affect these feelings very much: those whose self-reported status worsened broadly match those who reported an improvement.

Introduction

The COVID-19 pandemic has caused enormous psychological, social, and economic harm worldwide. Public health measures adopted to fight the spread of the virus, such as limitations of social and physical contacts, may have exacerbated loneliness and social isolation among younger and older adults. Loneliness is a state of emotional distress arising from a discrepancy between desired and actual social interactions. It should not be confused with social isolation, as not all individuals with limited social interactions feel lonely.

Several studies suggest that older adults, despite a higher risk of social isolation, were more resilient to loneliness during the COVID-19 outbreak than younger people (Arpino et al., 2020; Luchetti et al., 2020). However, research is needed to correctly identify who felt lonely during the COVID-19 pandemic and who felt lonely because of the COVID-19 pandemic.

Who feels lonely?

To provide a clearer picture of this issue, we exploited data collected by the Survey of Health, Ageing and Retirement in Europe (SHARE) before and during the COVID-19 outbreak. More specifically, we analysed data collected in the eighth wave of SHARE, carried out in 2019/2020

(Börsch-Supan, 2022a), the first SHARE Corona survey, carried out in 2020 (Börsch-Supan, 2022b), and the second SHARE Corona survey, carried out in 2021 (Börsch-Supan, 2022c).

In these waves, the same question ("How often do you feel lonely?") was asked with three possible answers:

1) Often

2) Some of the time

3) Hardly ever or never.

Figure 1 displays the distribution of self-reported loneliness before and during the COVID-19 pandemic, selecting only the respondents who participated in all of these waves (n=31,250). It shows that the proportion of individuals never (or hardly ever) reporting loneliness was very large (more than two thirds of respondents) and declined over time. However, while this comparison highlights who feels lonely in different periods of time, it cannot be conclusive about the role of the pandemic in causing loneliness.

Figure 1. Distribution of self-reported loneliness, by wave (European respondents aged 50 years and over).
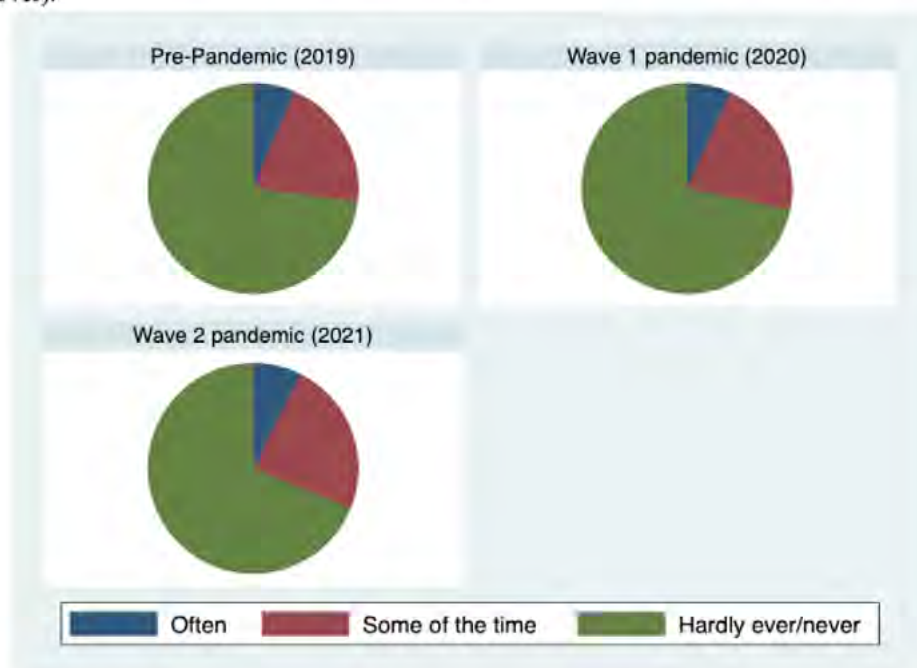
Source: SHARE data.

To further investigate this issue, we exploited the additional question asked in both SHARE Corona surveys: "Has that been more so, less so or about the same [as before the outbreak of Corona/than during the first wave]?". Here, the possible answers were:

1) Less so

2) About the same

3) More so.

Unfortunately, this question was asked only to those who reported feeling lonely "often" or "some of the time" in the first SHARE Corona survey and to all respondents (whatever their feeling) in the second Corona survey, so the results cannot be compared. Moreover, they should be interpreted with caution since these are self-assessments of loneliness status and answers may suffer from individual heterogeneity in reporting feelings.

A DIFFERENT VIEW: CHANGES IN LONELINESS

To identify those who felt lonely because of the COVID-19 pandemic, we focused on respondents who reported a change with respect to their pre-pandemic status, although even this strategy may not be flawless, as for some of these respondents the change may be due to other reasons (e.g., the loss of a loved one). However, this approach has the advantage of removing individual heterogeneity and allows us to identify both deterioration and improvement of self-reported loneliness resulting from different reactions to the measures put in place to contain the virus.

Tables 1 and 2 summarise the results obtained with our strategy. More than 70% of the older respondents show no change in loneliness with respect to the 2019 evaluation (the total percentages in the main diagonal). This does not mean that they did not feel lonely, but rather that their reported level of loneliness did not change during the pandemic period. Indeed, it is interesting to note that about 2.7% of the respondents (combining the two surveys) rated themselves as often lonely both before and during the COVID-19 outbreak.

The proportion of individuals who reported any type of deterioration of their status (14.5% and 16.7%, respectively, during the first and the second COVID-19 waves) is somewhat low and comparable with the proportion of those reporting improvement (13.2% during the first wave and 12.4%

in the second wave). Moreover, only about 2% of respondents (slightly more in the second wave) reported a strong increase in their feelings of loneliness.

Summing up, this brief discussion can help to identify people whose feelings of loneliness really changed during the COVID-19 outbreak. In future research, we will investigate the characteristics of those who did not report any change. Our conjecture is that they represent a group of individuals whose feelings were barely affected by the pandemic, and this could provide a first step towards studying resilience to the COVID-19 crisis among older people.

Table 1. Distribution of self-reported loneliness in the first wave of the COVID-19 pandemic compared with the pre-pandemic status (European respondents aged 50 years and over).

Pre-pandemic (2019)	Wave 1 (2020)			Total
	Often	Some of the time	Hardly ever or never	
Often	2.63%	2.38%	1.47%	6.48%
Some of the time	2.43%	8.82%	9.34%	20.59%
Hardly ever or never	1.77%	10.25%	60.91%	72.93%
Total	6.83%	21.45%	71.72%	100.00%

Note: Red and blue denote, respectively, worsening and improvement in the respondents' self-reported loneliness.
Source: Authors' calculation on SHARE Data.

Table 2. Distribution of self-reported loneliness in the second wave of the COVID-19 pandemic compared with the pre-pandemic status (European respondents aged 50 years and over).

Pre-pandemic (2019)	Wave 2 (2021)			Total
	Often	Some of the time	Hardly ever or never	
Often	2.77%	2.44%	1.27%	6.48%
Some of the time	2.65%	9.27%	8.67%	20.59%
Hardly ever or never	2.12%	11.96%	58.85%	72.93%
Total	7.54%	23.67%	68.80%	100.00%

Note: Red and blue denote, respectively, worsening and improvement in the respondents' self-reported loneliness.
Source: Authors' calculation on SHARE Data.

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2.1 Kinlessness and loneliness before and during the COVID-19 Pandemic

Bruno Arpino, Christine A. Mair,

Nekehia T. Quashie & Radoslaw Antczak

The pre-COVID literature established that lacking a partner or children was among the risk factors for loneliness among older people. Bruno Arpino, Christine A. Mair, Nekehia T. Quashie, and Radoslaw Antczak examine the associations of loneliness with partnership and parenthood and whether they changed with the COVID-19 pandemic.

Research prior to the COVID-19 outbreak identified being unpartnered or childless as risk factors for loneliness among older adults (Dahlberg et al. 2022; Fokkema et al. 2012). The COVID-19 pandemic might have affected loneliness among kinless older adults differently from the rest of the older population. With the aim of fighting the spread of the virus, several mitigation policies and recommendations were implemented at national, regional, and local levels. These mitigation strategies, which were especially stringent during the first phases of the pandemic and varied across countries, included avoidance of public social spaces, minimizing physical contact with others, "stay-at-home" orders, and full physical isolation, especially for older adults, and those with health issues in particular.

Kinlessness, loneliness and the COVID-19 pandemic

The "physical distancing" imposed by these strategies also produced "social distancing", i.e. reduced social contacts, at least face-to-face (Arpino et al. 2021). Thus, anti-COVID policies may have exacerbated risks of loneliness, among older adults especially (Dahlberg 2021; van Tilburg et al. 2021). These consequences may have been more serious for those lacking close kin, such as unpartnered or childless older adults. For example, the types of contacts that are more common in networks of kinless older adults, such as extended family and non-family ties, may have been

more vulnerable to disruption during the pandemic compared to partner and child ties.

On the other hand, linkages between parenthood, partnership, and loneliness are complex and may have been particularly nuanced during the pandemic. For example, older parents who are accustomed to frequent in-person contact with their children may have experienced an uptick in loneliness when child contact was disrupted. Childless older adults, on the other hand, might be more accustomed to less contact and may therefore have experienced less disruption.

Loneliness before and during the pandemic in Europe

In a recent study (Arpino et al. 2022), we examined whether unpartnered and childless older adults (aged 50 years and over) were more likely to report loneliness compared to those with these family ties, and whether the gap in loneliness between those with and without these ties increased during the COVID-19 pandemic. Our analyses are based on data from the Survey of Health, Ageing and Retirement in Europe (SHARE). We used pre-COVID data from wave 8, which started in October 2019 but was suspended in all countries in March 2020 due to the COVID-19 outbreak. We also used data from the SHARE Corona Survey 1 (SCS1) implemented between June and August 2020 to collect information on individuals' behaviours and conditions during the pandemic.

Our analyses show that before the pandemic, when asked "Have you felt lonely recently?", unpartnered and childless older adults were more likely to report loneliness compared to those with these family ties (Table 1, M1a-M2a). This remained true even when both factors were considered together, although the effect of childlessness on loneliness was smaller (Table 1, M3a). Older adults lacking one tie only (unpartnered parents or partnered childless) were at greater risk of loneliness compared to those who had both ties (Table 1, M4a).

During the pandemic, the associations between family ties and loneliness remained stable, with no notable change in the effects of being childless or unpartnered on loneliness before versus during the pandemic (Table 1, M1b-M3b). However, in contrast to the pre-COVID period, considering the combination of being childless and unpartnered made no difference (Table 1, M4b): In fact, in this case, the average marginal effect (AME) of parenthood is very similar for partnered and unpartnered individuals; similarly, the AME of partnership does not change significantly by

parenthood. As a result, the effects of being unpartnered and childless on loneliness became more independent during the pandemic.

Table 1 – Average Marginal Effects (AMEs) of being childless and of being unpartnered on the probability of feeling lonely during the pandemic or lonelier than before the pandemic

AME of:	Before the pandemic (regular SHARE wave 8)				During the pandemic (SHARE Corona Survey 1)							
	Do you feel lonely?				Do you feel lonely?				Have felt lonelier than before the pandemic?			
	(M1a)	(M2a)	(M3a)	(M4a)	(M1b)	(M2b)	(M3b)	(M4b)	(M1c)	(M2c)	(M3c)	(M4c)
being childless	0.1126***		0.0504***		0.1005***		0.0377***		0.0177***		0.0004	
	(0.0078)		(0.0073)		(0.0071)		(0.0067)		(0.0050)		(0.0046)	
being unpartnered		0.1874***	0.1794***			0.1857***	0.1795***			0.0545***	0.0544***	
		(0.0050)	(0.0051)			(0.0046)	(0.0047)			(0.0034)	(0.0034)	
being childless for:												
partnered				0.0758***				0.0367***				-0.0077
				(0.0112)				(0.0099)				(0.0065)
unpartnered				0.0367***				0.0444***				0.0074
				(0.0111)				(0.0102)				(0.0074)
being unpartnered for:												
parents				0.1843***				0.1789***				0.0526***
				(0.0054)				(0.0050)				(0.0037)
childless				0.1451***				0.1866***				0.0677***
				(0.0148)				(0.0133)				(0.0092)
n	44329	44329	44329	44329	53820	53820	53820	53820	53820	53820	53820	53820

Note: Unweighted estimates. Positive values signal that the variable (e.g. being childless) increases the feeling of loneliness, before or during the pandemic (or both). All model estimates derive from logistic regressions and are fully adjusted for control variables. Explanatory variables act incrementally: being childlessness (M1), unpartnered (M2) or both (M3). Interactions are considered in model (M4). Note that for model 4 we do not report the coefficients of the interactions but the AMEs of being childless and of being unpartnered separately for the two groups defined by the other variable (partnership and parenthood status, respectively). Standard errors in parentheses. * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

FEELING MORE LONELY DURING THE PANDEMIC

Our second outcome examines whether people reported feeling more lonely during the pandemic. We found that unpartnered individuals were more likely to report feeling lonelier during the COVID-19 pandemic compared to those in a partnership. Childless individuals, on the other hand, were not at higher risk of reporting feeling lonelier compared to parents (Table 1, M1c-M3c). The effect of being unpartnered was slightly stronger among childless individuals, but the difference in the impact of being unpartnered on loneliness between childless and parent individuals was not statistically significant (Table 1, M4c).

CHANGES AND STABILITY IN FEELING LONELY COMPARED TO BEFORE THE PANDEMIC

Our third outcome was obtained by combining the answers to the question "Have you felt lonely recently?" asked of respondents who participated in both the regular SHARE wave 8 and the SCS1. This analysis (not presented in Table 1) highlights that unpartnered individuals were more likely to "have become lonely" during the pandemic, while childless and unpartnered individuals were less likely to "exit" loneliness if they felt lonely before the pandemic.

Conclusions

We found that both before and during the pandemic, lacking close kin (especially a partner) was associated with a higher risk of feeling lonely among older Europeans. However, "kinless" older adults (unpartnered and childless) were not lonelier than those who lacked only one of these ties. This may signal that kinless individuals have developed a range of resources and different coping strategies to manage the lack of close kinship ties, such as a rich network of friends (Mair, 2019).

While "physical distancing," "lockdown," and "stay-at-home" mitigation measures provided protection from COVID-19, the restrictions on face-to-face interactions and public spaces for socializing also removed key sources of social integration for those who were already more likely to spend time alone (e.g., the unpartnered). As the population of unpartnered and childless older adults grows globally, future public health strategies should seek a balanced mitigation approach that also considers the consequences of isolation, particularly for those who are already at higher risk for loneliness.

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2.3 Loneliness in Italy during the COVID-19 pandemic: a gender perspective

Damiano Uccheddu & Ester Lucia Rizzi

Focusing on gender differences, and exploiting the four waves of the ResPOnsE COVID-19 survey (data collected between April 2020 and December 2021), Damiano Uccheddu and Ester Lucia Rizzi investigate the influence of socio-demographic, behavioural, and contextual factors on loneliness among older Italian older adults during the COVID-19 pandemic. Men living alone and women with poor health were especially affected by the pandemic and the related containment measures.

Introduction

Social isolation and loneliness in older adults have emerged as increasingly pressing social concerns due to their negative effects on overall well-being (Prohaska et al. 2020). Old age, poor health, low education, and low income are positively related to loneliness; similarly, living alone, lack of a partner, partner loss, poor social relationships, limited social network, and low social activity may all be associated with increased loneliness (Dahlberg et al. 2022).

The COVID-19 pandemic posed unprecedented challenges to social interactions in everyday life, exacerbating existing inequalities in loneliness across different groups (van Tilburg et al. 2021; Arpino et al. 2022). The pandemic may have caused greater loneliness due to a reduction in social interactions, deaths of friends or family members, and the stress caused by its impact on social networks (van Tilburg et al. 2021). This was particularly evident in Italy, the first European country to face a severe COVID-19 health crisis (Dotti Sani, Molteni, and Sarti 2022).

Gender may play a role in shaping how individuals experience and respond to loneliness during difficult life course events (Umberson, Lin, and Cha 2022), but research on gendered responses to loneliness during a pandemic is still limited (Wilson-Genderson et al. 2022). Our study partially fills this gap: focu-

sing on Italy, we examine how gendered socio-demographic and behavioural factors influenced the loneliness of men and women during the pandemic.

OUR STUDY

Our study is based on data from the ResPOnsE COVID-19 survey conducted in Italy to monitor public opinion and well-being during the COVID-19 pandemic (Vezzoni et al. 2020). The data was collected through online interviews between April 2020 and December 2021, in four waves[1]. The reference population consisted of individuals aged 18 or older residing in Italy, and more than 30,000 interviews were conducted. Our analysis focused on a sample of 1,053 men (2,106 observations) and 731 women (1,462 observations) above 64 years old who participated in two out of four rounds of the ResPOnsE COVID-19 study and had available information on the variables of interest.

To measure loneliness, we used a binary indicator grouping individuals as either experiencing it "frequently" or "most or all the time"[2], controlling for the set of variables indicated in the footnotes to our tables and figures. To examine how these factors influenced the propensity to experience loneliness we applied a linear probability model with random effects. This method employs a combination of within- and between-individual variation to estimate the coefficients of the independent variables and assumes a null correlation between the independent variables and the error term. To test for statistically significant gender differences, interaction terms between gender and each independent variable were included. Results for gender differences are shown in terms of average marginal effects (AMEs), representing changes in the probability of feeling lonely.[3]

RESULTS

On average, the probability of feeling lonely was higher for Italian women (25%) than for men (11%), controlling for other factors in the regression model (Table 1).

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1 April-July 2020; December 2020; March-June 2021, and November-December 2021.

2 The exact survey question was: "In the past 7 days, how often […] have you felt lonely?" with response options "Rarely or none of the time (less than 1 day)"; "Some or a little of the time (1-2 days)"; "Frequently (3-4 days)"; and "Most or all of the time (5-7 days)". This measure was based on items suggested by the COVID-19 and Mental Health Measurement Working Group at the Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, and was adapted from the CES-D depression scale.

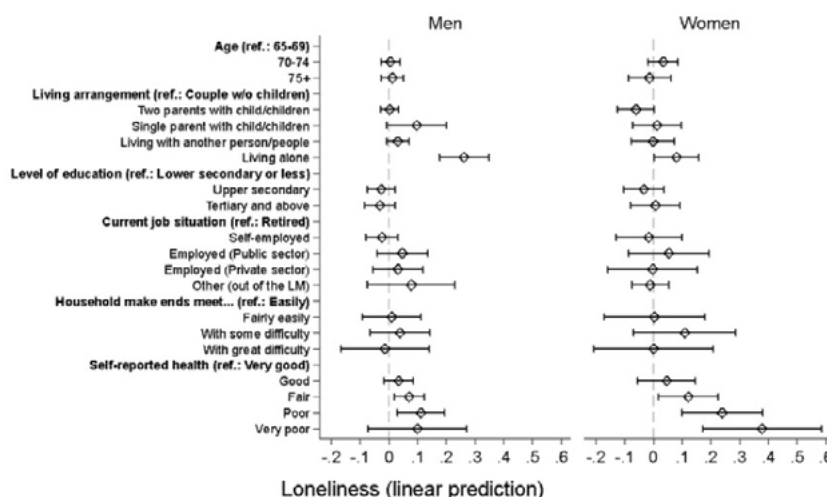3 Reproducibility files are available at https://github.com/damiano-uccheddu

Table 1. Predicted probabilities of loneliness by gender, controlling for socio-demographic and contextual variables. Italy, 2020–2021.

Gender	Predicted probability	P>z	95% Confidence Interval	
Men	0.114	0.000	0.099	0.129
Women	0.253	0.000	0.229	0.277

Note: The study is based on ResPOnsE COVID-19 data (Vezzoni et al. 2020) from Italy (April 2020 - December 2021) with 1,053 men and 731 women (1,784 individuals and 3,568 observations) aged 65 and above. Linear probability models with random effects were used to analyse factors affecting loneliness. Models include all the control variables: age, living arrangements, educational attainment, current job situation, household financial stability, self-reported health, remote communication methods (Skype, Phone, WhatsApp, or other apps), activity in the last week, compliance with government rules, exposure to COVID-19 among acquaintances and relatives, geographical area of residence, size of the municipality, daily new confirmed COVID-19 cases and deaths (quintiles), and the wave of the survey.
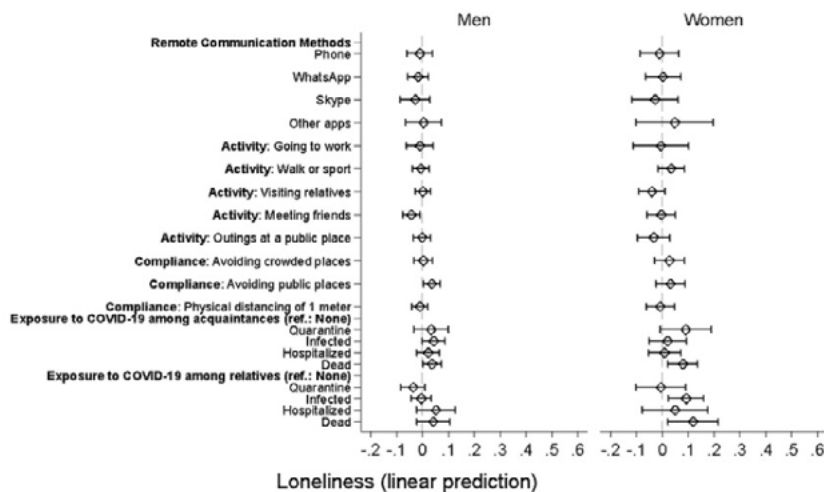
Gender differences in loneliness were found to be statistically significant for those living alone, especially for men (+26 percentage points), but also for women (+8 percentage points; Figure 1). While no other predictors showed statistically significant gender differences, poor self-per-

Figure 1. Associations between socio-demographic factors and loneliness, by gender. Italy, 2020–2021.

Note: The study is based on ResPOnsE COVID-19 data (Vezzoni et al. 2020) from Italy (April 2020 - December 2021) with 1,053 men and 731 women (1,784 individuals and 3,568 observations) aged 65 and above. Linear probability models with random effects were used to analyse factors affecting loneliness. Models include all the control variables: age, living arrangements, educational attainment, current job situation, household financial stability, self-reported health, remote communication methods (Skype, Phone, WhatsApp, or other apps), activity in the last week, compliance with government rules, exposure to COVID-19 among acquaintances and relatives, geographical area of residence, size of the municipality, daily new confirmed COVID-19 cases and deaths (quintiles), and the wave of the survey. Results are presented as average marginal effects (AMEs) with 95% confidence intervals, expressing changes in probabilities relative to the reference category.

Figure 2. Associations between COVID-19 pandemic-related factors and loneliness, by gender. Italy, 2020–2021.
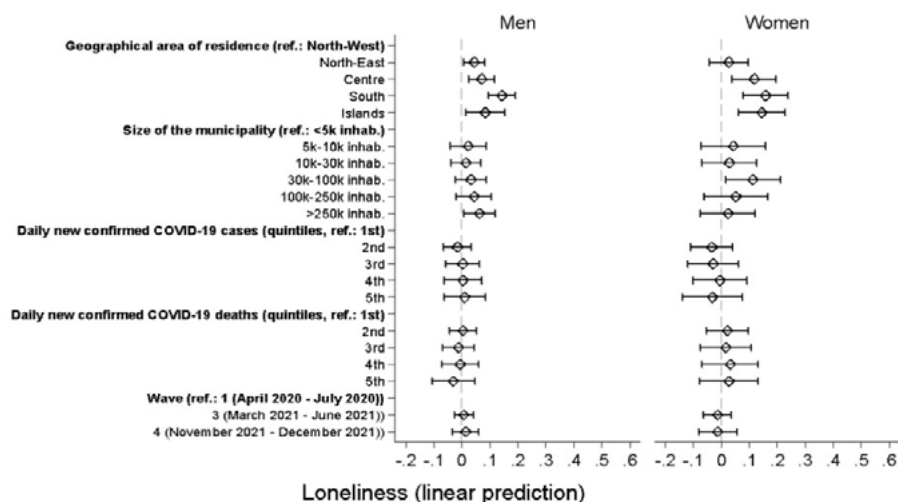

Note: The study is based on ResPOnsE COVID-19 data (Vezzoni et al. 2020) from Italy (April 2020 - December 2021) with 1,053 men and 731 women (1,784 individuals and 3,568 observations) aged 65 and above. Linear probability models with random effects were used to analyse factors affecting loneliness. Models include all the control variables: age, living arrangements, educational attainment, current job situation, household financial stability, self-reported health, remote communication methods (Skype, Phone, WhatsApp, or other apps), activity in the last week, compliance with government rules, exposure to COVID-19 among acquaintances and relatives, geographical area of residence, size of the municipality, daily new confirmed COVID-19 cases and deaths (quintiles), and the wave of the survey. Results are presented as average marginal effects (AMEs) with 95% confidence intervals, expressing changes in probabilities relative to the reference category.

Italian men who had met friends in the week before the interview had a lower risk of loneliness (–4 percentage points; Figure 2,). In contrast, complying with government-imposed rules, particularly avoiding public places, was associated with an increase in loneliness among men (+4 percentage points). Notably, both men and women who had lost acquaintances to COVID-19 faced a higher risk of loneliness (+4 percentage points for men and +8 for women; Figure 2). For women, a statistically significant increase in loneliness (+12 percentage points) was observed when a relative had passed away due to COVID-19.

The geographic area and the size of the Italian municipalities also affected loneliness, the latter with effects that differed for men and women (Figure 3).

Figure 3. Associations between contextual factors and loneliness, by gender. Italy, 2020–2021.

Note: The study is based on ResPOnsE COVID-19 data (Vezzoni et al. 2020) from Italy (April 2020 - December 2021) with 1,053 men and 731 women (1,784 individuals and 3,568 observations) aged 65 and above. Linear probability models with random effects were used to analyse factors affecting loneliness. Models include all the control variables: age, living arrangements, educational attainment, current job situation, household financial stability, self-reported health, remote communication methods (Skype, Phone, WhatsApp, or other apps), activity in the last week, compliance with government rules, exposure to COVID-19 among acquaintances and relatives, geographical area of residence, size of the municipality, daily new confirmed COVID-19 cases and deaths (quintiles), and the wave of the survey. Results are presented as average marginal effects (AMEs) with 95% confidence intervals, expressing changes in probabilities relative to the reference category.

CONCLUDING REMARKS

Loneliness may be a serious issue among Italian older adults, particularly among men who live alone and women with poor health, and may have been exacerbated by government restrictions on social relations during the COVID-19 pandemic. In the event of a new pandemic crisis, policymakers should consider these potential consequences in the design and implementation of containment measures.

Nor surprisingly, the experience of grief during COVID-19 significantly exacerbated loneliness. This was particularly noticeable among women, who are traditionally responsible for taking care of sick family members (Del Río-Lozano et al. 2022) and who are more likely to be a survivor in older couples (Sobotka et al. 2020). During the pandemic, the consequences of losing a loved one may have been amplified by the inability to be with them in the final moments or attend their funeral. If a new pandemic crisis occurs, bereavement services and health systems should make provision for this extra suffering.

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2.2 Older people with care needs in Norway during the COVID-19 pandemic

Anne Skevik Grødem

The pandemic in Norway led to restrictions on nursing home visits, a reduction in practical help for home-dwelling elderly people, and limits on social activities. These services, Anne Skevik Grødem notes, took a long time to return to normal, placing an additional burden on informal carers and leading to widespread concern about the welfare of older people with care needs.

On 12 March 2020, the Norwegian government implemented strict measures to limit the spread of COVID-19. The main approach was to limit mobility, which included closing schools and kindergartens, mandating working from home whenever possible, and closing most services that involved face-to-face contact. On 14 March, the government also closed the country's borders. The new situation was highly disruptive for individuals in need of care services, as well as for their formal and informal carers.

Before examining the various issues in detail, it is worth noting that a high proportion of elderly people in Norway live in their own homes and manage with very little help, and most of them found ways to cope during the restrictions (Røde Kors, 2021). Some emphasised that they had been through hard times before – a 92-year-old woman compared the situation to the Second World War, and expressed relief that at least blackout curtains were not required this time. Besides, being retired, they were used to spending a lot of time at home, and talking on the phone or communicating online provided an outlet for many. The pandemic took its toll on everybody, but data do not suggest that healthy, self-reliant elderly people were worse off than other age groups (NOU 2022:5).

Limits to visits in care institutions

The pandemic nevertheless raised a number of challenges for care services, which in Norway are the responsibility of municipalities. Since the

1980s, care institutions have been downscaled, and most care recipients live in their own home (Gautun & Grødem, 2015). By 2020, more than 80% of residents in care institutions had dementia. Care institutions continued to operate as normally as possible in March 2020, although many altered staff rotation schedules to minimize the number of staff coming in and out. The Directorate of Public Health issued guidelines on how to protect vulnerable residents in care homes, and how to act if a resident contracted the virus (NOU 2022:5, p. 410). Difficult issues arose over family visits, however: 72% of municipalities reported in a survey that visits to residents in care institutions were severely or very severely limited in March and April 2020 (Figure 1).

Figure 1. To what extent were visits to residents in nursing homes restricted during the pandemic?
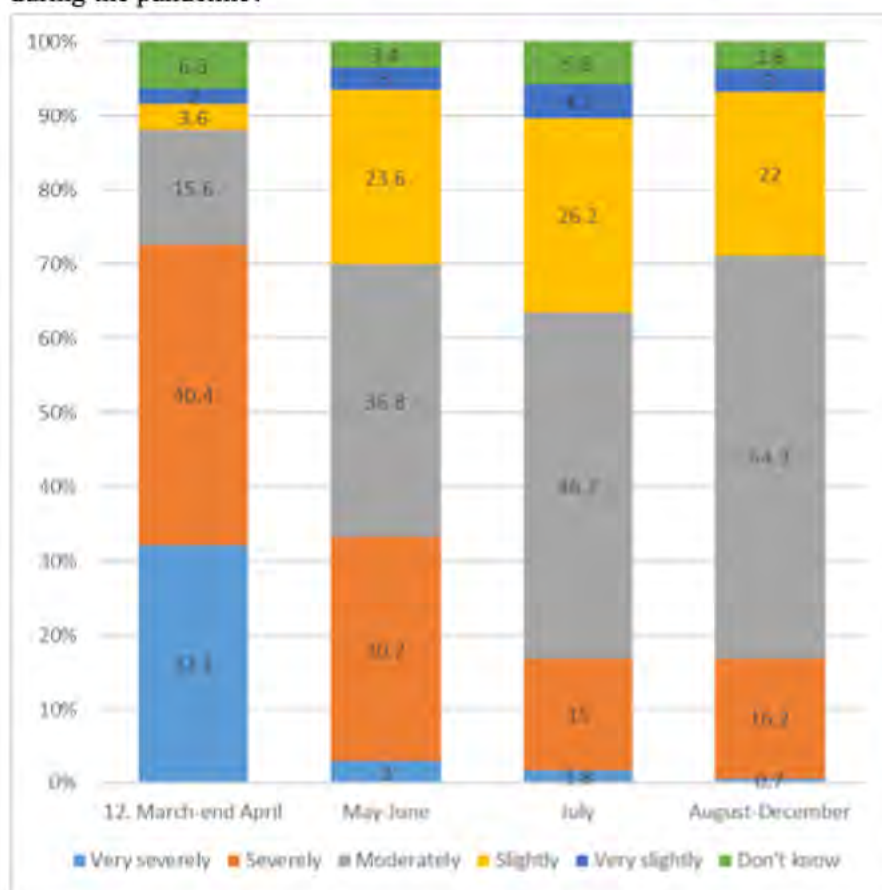
Source: Deloitte 2021:42. Based on survey of municipalities, N varies between 109 and 105

Visiting restrictions and physical distancing had painful consequences for individuals with later-stage dementia. Residents would sometimes be distressed, or act out, because they could not understand why they could no longer meet, or touch, their loved ones.

MY CARE HOME IS MY CASTLE

To compensate for the downscaling of institutional care, municipalities across Norway have built designated "care homes" (omsorgsboliger) for residents with care needs. While typically designed to accommodate disability and facilitate care, they are legally the residents' home, and hence their castle. It therefore caused a minor scandal when newspapers revealed that many municipalities closed care homes to visitors in March and April 2020. On 20 April 2020, the Directorate of Public Health stated that local authorities had no legal right to do this, and that care home residents were free to make their own decisions – even in a pandemic. This process highlighted an issue that care organizations and the families of care recipients had been pointing up for years, namely that municipalities fail to distinguish properly between the legal statuses of institutions and care homes.

REDUCED PRACTICAL HELP AND SOCIAL ACTIVITY

Surveys indicate that municipalities largely maintained medical help to home-dwelling care recipients during all stages of the pandemic. They were more likely to reduce practical help, such as help with cleaning or laundry (Figure 2). An often-quoted reason for limiting services in the home was fear of contagion on the part of users or their families, who refused such help in order to limit the number of people coming in and out of the user's home. In other cases, services were downscaled because local authorities redeployed personnel to handle other tasks related to the ongoing pandemic. The pandemic represented a major burden for local authorities, and practical help to the elderly – and other recipients of care services – was not always a top priority.

The services that suffered most during the pandemic were social activities for the elderly. Activity centres and day centres are important meeting places where elderly people can socialize, have a meal, and take part in various activities. Many municipalities closed these centres for much of 2020, and many also scaled down respite services for home-dwelling el-

derly people with dementia, which severely increased the burden on informal carers. Under these circumstances, it is not surprising that 52% of the next of kin of elderly people with dementia reported additional burdens during the pandemic, and that 80% were concerned about the welfare of their relative with dementia (Nasjonalforeningen for folkehelsen, no date). As one informal carer put it, "She sits alone all day. Her joy of life and memory are declining rapidly".

Figure 2a. To what extent has the municipality succeeded in maintaining home-based nursing care during the pandemic?
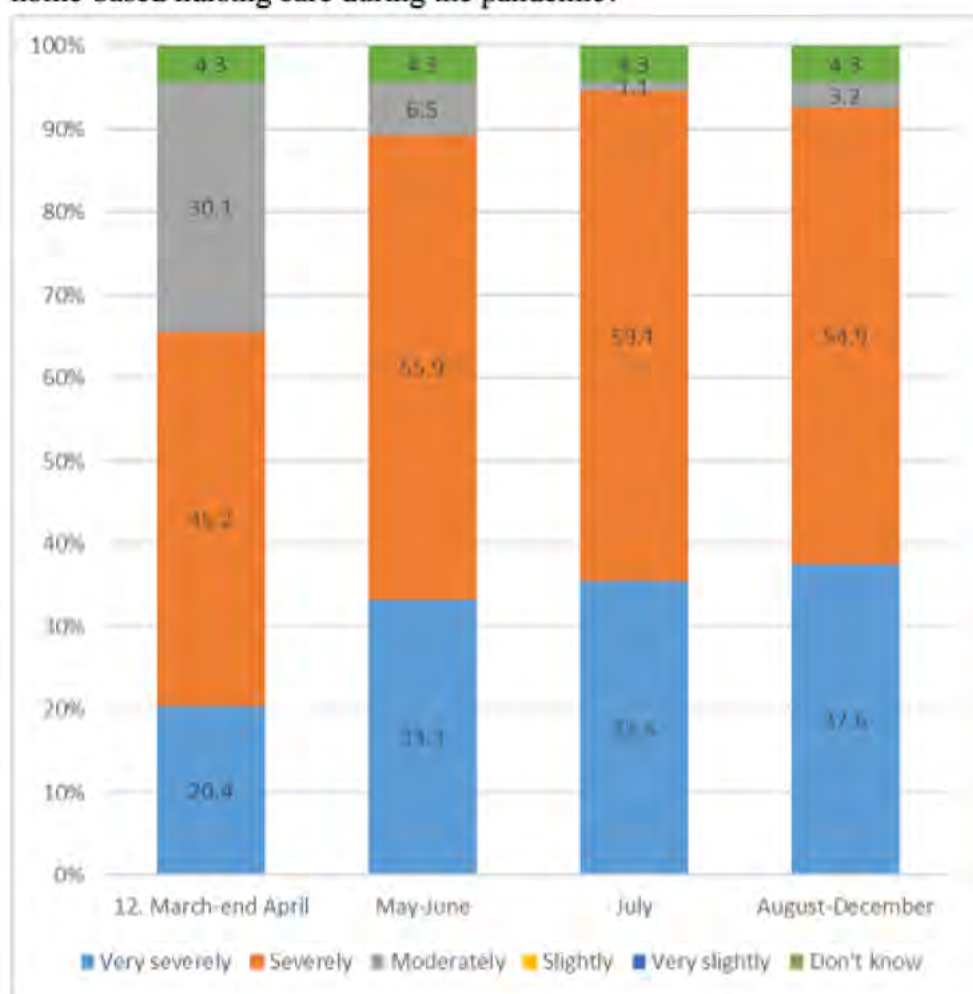
Source: Deloitte 2021:38. Based on survey to the municipalities, N=93.

Figure 2b. To what extent has the municipality succeeded in maintaining practical help in the home during the pandemic?
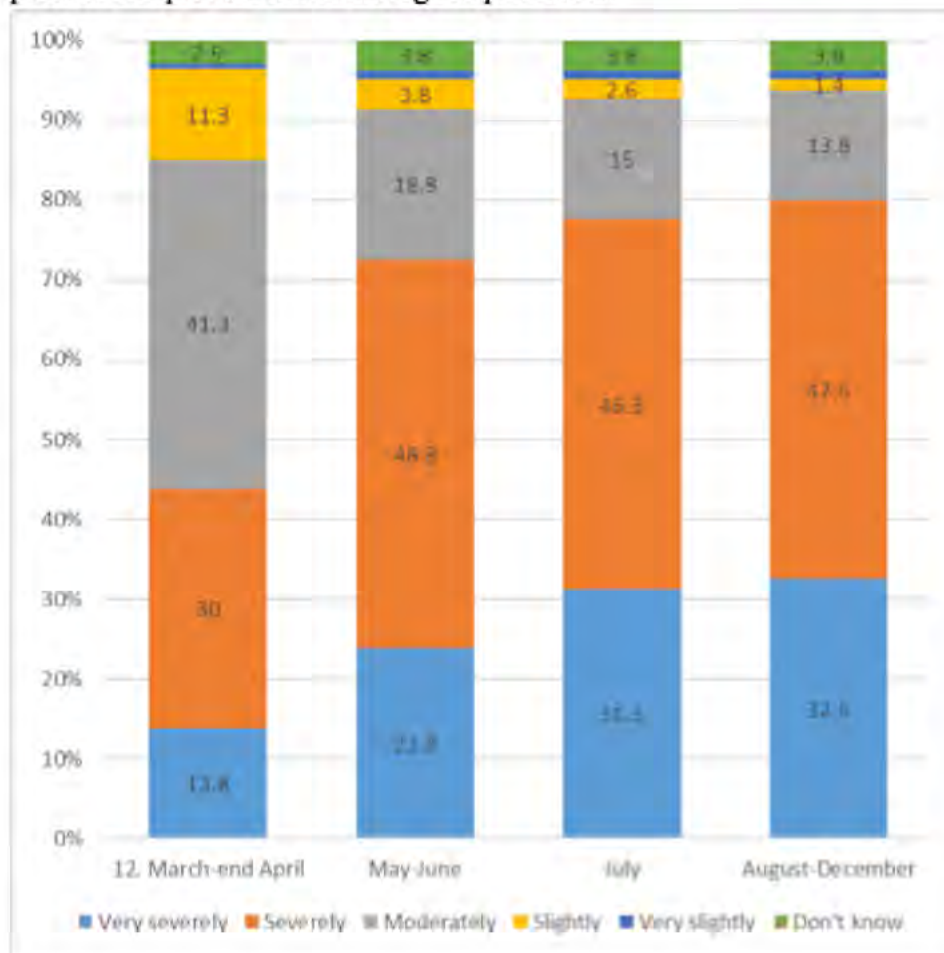
Source: Deloitte 2021:39. Based on survey to the municipalities, N=80

A LONG PANDEMIC FOR THE ELDERLY

In Norway, the most severe restrictions were lifted in late April 2020. Between April 2020 and February 2022, COVID restrictions were less stringent and mainly limited to the geographical areas where infection rates were high. Analyses of pandemic management, however, show that municipalities were often unsure how to act, and tended to follow national recommendations "to the letter" in order "to be sure they were doing enough" (NOU 2022:5). Hence, as late as in June 2021, humanitarian organizations were still hearing from distraught family members who were not allowed to visit their institutionalized loved one more than once

a week (Nasjonalforeningen for folkehelsen, 2021). Also, months after the reopening in April 2020, only 37% of municipalities said the senior centres were operating as normal.

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Nasjonalforeningen for folkehelsen (no date), 'Hun klarer ikke en stengning til.' Rapport om personer med demens og koronasituasjonen

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2.3 How well did we maintain social relationships during the pandemic in the Netherlands?

*Lisanne CJ Steijvers, Stephanie Brinkhues
& Nicole HTM Dukers-Muijrers*

Dutch people over 40 years of age, in particular older people, men, and people living in highly urban areas, lost social relationships and support during the COVID-19 pandemic, as demonstrated by the SaNAE-study. Lisanne CJ Steijvers, Stephanie Brinkhues, Nicole HTM Dukers-Muijrers, and colleagues argue that public health in times of a pandemic, and beyond, should include strategies to promote strong social networks.

Social networks and the COVID-19 pandemic

Social networks are the social relationships in which people are embedded and that connect people. The number of interpersonal contacts decreased during the COVID-19 pandemic because of the widely implemented infection prevention and physical distancing measures (Jarvis et al. 2020; Völker 2023).

To assess in detail how people's social networks were affected, data were consolidated from the SaNAE study (Social Network Assessment in Adults and Elderly). This study evaluates various aspects of the structure and function of people's social networks, in the 'general' middle-aged and older population (age 40+), and in specific subgroups (by age, sex, educational level, and urban density of living area) (Steijvers et al. 2022). The ongoing cohort study was started in 2019, with follow-ups in 2020 and 2022 (Steijvers et al. 2022).

Changes in social network size differ across population subgroups

Before the pandemic in 2019, the 3,344 participants in the study (mean age 65 years) had, on average, 11 social relationships (network size). During the pandemic, 46% of all participants subsequently experienced a

decrease in their network size, with a mean decrease of seven relationships (Table 1). Social networks during the pandemic became smaller and more family-centred (Figure 1).

Figure 1. Social network composition (types of relationships) in 2020

- Share of family members
- Share of friends
- Share of acquaintances
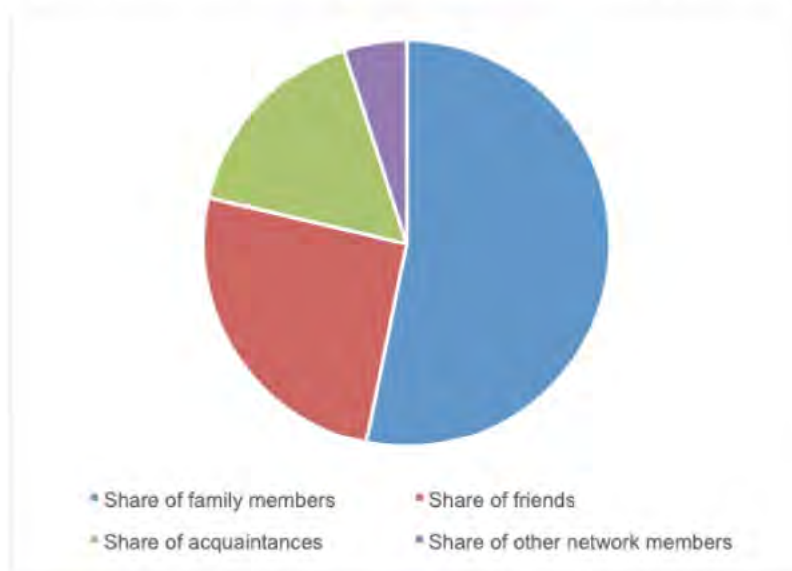- Share of other network members

Table 1. Changes in the number of social relationships and number of social supporters between 2019 and 2020 in middle-aged and older adults (The Netherlands. N=3,344)

	% Decrease (d)	% Stable	% Increase (i)
Network size	46% (7)	26%	28% (6)
Informational support	36% (3)	18%	46% (4)
Emotional support	52% (5)	13%	35% (4)
Practical support	40% (2)	31%	28% (2)

Notes: % = Share of all participants experiencing that situation (100% on each row); (d) = mean decrease; (i) = mean increase.
Source: Steijvers et al (2022).

Subgroups more likely to experience a decrease in social network size were men, people of older age (70+ years), people with a vocational education, or who lived in a highly urbanized area. Notably, social network size increased for 28% of the population, women and people with an

academic education especially. In these cases, the mean increase was six relationships.

CHANGES IN SOCIAL SUPPORT DIFFER ACROSS POPULATION SUBGROUPS

Social network members can be persons who provide social support. The number of emotional social supporters (people with whom important topics are discussed) decreased in 52% of the study population (mean decrease of five), and the number of practical supporters (providing help with jobs in or around the house) decreased in 40% of the study population (mean decrease of two) (Table 1). The number of emotional and practical supporters increased for 35% and 28% of participants, respectively, those living in rural areas especially.

The number of informational supporters (people who advise on problems) increased during the COVID-19 pandemic for a substantial share of participants, i.e., 46% (mean of four), especially women, people living in rural areas, and people living in highly urbanized areas.

PROMOTING STRONG SOCIAL NETWORKS FOR PUBLIC HEALTH

While at population level, network size decreased by a mean of one social relationship during the COVID-19 pandemic, subpopulations demonstrated substantial heterogeneity. Some subgroups, such as men, older persons (>70 years), and persons with vocational education, showed marked and substantial decreases. Note that men and people with vocational education already had smaller social networks than others before the pandemic: one-third of the men and one-third of people with vocational education had five or fewer social relationships. They also had the highest risk of a decrease in network size during the pandemic. This is concerning since loss of social connection and social isolation is associated with loneliness (Holt-Lunstad et al. 2015, Dahlberg et al. 2022), depression (Wang et al. 2018), and the onset and progression of chronic conditions such as cardiovascular diseases (Valtorta et al. 2016) and type 2 diabetes mellitus (Brinkhues et al. 2017; Brinkhues et al. 2018; Schram et al. 2021). Social supporters were also lost, mainly among men, people aged 40-49 years (versus older), and people with vocational education. Social support is important to maintain or improve health and to build resilience (Hakulinen et al. 2016). Social support (emotional support in particular) reduces the risk of loneliness (Dahlberg et al. 2022), chronic conditions (Schram et al. 2021), and mental health conditions (Wang et al. 2018). It is encouraging

to note that social relationships and support increased for some people, mainly women and people living in rural areas. Such promising examples can be further explored to inform the design of public health interventions that (also) include elements to strengthen social networks.

In conclusion, social connectedness is important for health and well-being. Public health and pandemic response should include strategies to promote strong social networks for all people in the population, and for vulnerable subgroups in particular.

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3
Addressing loneliness and social exclusion

3.1 How the built environment can tackle loneliness – experience from the UK

ROBIN HEWINGS

Research shows that where we live makes a difference to our chances of being lonely. However, there are ways to design new places and change existing ones to encourage connection. This, in Robin Hewings' opinion, is a promising way to tackle loneliness across a whole population.

Where we live makes a difference to the chances of being lonely. If we think about our local area, we can all think of places where we might bump into people and places where we might go to see friends. We can probably also think of places where we would rather not linger and of features such as badly designed road crossings that stop us from wanting to go out and visit others.

Recent research backs up our common-sense beliefs: some places are lonelier than others. That's true even when we take into account who lives there, and some of these differences can be attributed to the local built environment. If you are reading this then it is likely you agree that loneliness is one of the great issues of our times. It is also likely that you know there is no easy or simple way to tackle loneliness. That means we need to find every policy and service that can make a difference. Making our environment better for social connection can prevent people becoming lonely in the first place, complementing vitally important services, such as social prescribing, befriending and voluntary groups, to help lonely people.

OUR RECENT WORK ON THE BUILT ENVIRONMENT

In response to this clear evidence (Marquez et al. 2022; Wigfield et al. 2022) that the built environment makes a difference to loneliness we wanted to understand what practical policies could make a difference. This interest was also reflected by the group of UK parliamentarians[1] who are concerned by loneliness. We ran events with academics, architects, think

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1 All-Party Parliamentary Group on Tackling Loneliness and Community Connection. Further information

tanks and housing providers to generate insights and discussion. We also drew on the international academic literature on this topic, and found practical examples of projects that have made a difference to an area.

We found that evidence on loneliness and the built environment is growing rapidly, with exciting research being developed. While there is lots more to learn, there is a clear basis for action. Our report, "Loneliness and the built environment"[2], draws on examples of successful projects in the UK which include both the development of new buildings and urban regeneration, focusing on housing and the wider social infrastructure of shops and local facilities. These projects can have a real impact on people's lives, creating safe, enjoyable and friendly spaces for people to live in and meet others.

WHAT IS NEEDED

There is no single solution to reducing loneliness through our built environment. It is about the overall pattern. We need walkable, safe, friendly neighbourhoods where people can get around, and a range of community infrastructure with a mix of services from the public, private and voluntary sectors.

With the right mix there are spaces for different kinds of interaction. That means we need "bumping spaces" – places where people meet each other by chance – like a post office queue or benches, where we might see neighbours or acquaintances. These support "weak ties". We also need places for the creation of "strong ties" where we develop and maintain real friendships, for example at community groups and activities.

The right spaces also create the opportunity for more formal services to tackle loneliness. A lunch club needs a community hall. As part of "From Isolation to Inclusion", a project funded by the EU's Interreg North Sea Region, the Canal and River Trust in the UK are tackling loneliness through activities at their network of well-planned, well-maintained waterways and waterside spaces. These activities could not be delivered without the existing infrastructure of attractive local spaces. Similarly, in the Belgian city of Aalst, the municipality has been talking to residents about how to increase belonging in their local area. Another municipality involved in the project is Aarhus in Denmark. It has explicitly designed new housing in the city to encourage social connection amongst residents, with new

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2   https://www.campaigntoendloneliness.org/tackling-loneliness-through-the-built-environment/

flats that have indoor spaces for children to play, a kindergarten as well as specialist housing for older people.

In doing this work, we need to bear in mind that different people will experience the same place differently. A good place for a group of young people to gather near a shop might feel threatening to others. A cosy pub can be lovely for some but not welcoming to everyone.

HOW TO MAKE IT HAPPEN

What makes social connection develop well – or not – in a local area is often found in the details: the perfect spot for a bench that is nice for a chat, the shared space that is not used because it is dark and feels like a wind tunnel. Understanding the use of places for social connection depends on tapping into deep local knowledge by really speaking to people, including those who may be vulnerable to loneliness. Listening to what they want and how they might use an area can make all the difference.

To do this, we need to encourage a public expectation that addressing loneliness will automatically be prioritised when changes are made to the local built environment. This priority needs to be built into formal regulation through the national planning policy framework and especially through local strategic development plans. Alongside this, training and support is needed for national and local decision makers as well as planners, architects, housing associations and construction companies to understand the impact of loneliness and exercise their power to make change. Built environment professionals who are already prioritising this aspect of their work can champion good practice on this issue.

Loneliness ties in with other pressing social issues. Our call-to-action fits into a number of other agendas. It shares much with creating age-friendly communities for young and old, creating successful local economies and encouraging active travel. Indeed, in the same way as the step change in action to change neighbourhoods so that more people are physically active, we need to make sure that our built environment encourages friendship and connection rather than loneliness.

RECOMMENDATIONS

- Protect and create less lonely places: Identify, protect and create attractive, friendly built environments, green spaces with safe, navigable pedestrian access . These should be designed to support the

development of both weak and strong ties for people of different genders and ages, people with physical and mental health problems, members of ethnic and sexual minority groups, across all social categories.

• Involve local people and make this an expected part of built environment practice and policy making. Encourage local people, including lonely people and people at risk of loneliness, to inform and contribute to the process of change and foster an expectation that the protection and creation of less lonely built environments is prioritised among the public. And, via training, regulation and examples of good practice, ensure that the issue becomes a standard part of thinking and practice for powerful stakeholders: built environment policy-makers and professionals.

• Connect this work to other local improvements that address loneliness: Build a connection between work to create a less lonely built environment in an area and improvements in housing, transport, employment, education, health, culture and leisure which can also mitigate loneliness.

• Strengthen the evidence: Undertake new research, as recommended by the Department for Digital, Culture, Media & Sport (DCMS) in its report Tackling Loneliness Evidence Review, to strengthen understanding of the extent and mechanisms of connection between specific types of place or aspects of place-based interventions and reductions in loneliness, thereby informing improved design of the built environment.

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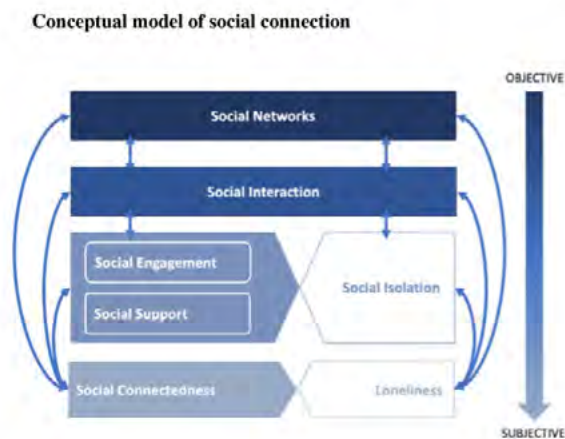
3.2 Measuring social connection in nursing homes in Canada and UK: the SONNET study

JENNIFER BETHELL & ANDREW SOMMERLAD

Social connection is essential in nursing homes. Yet, current ways of measuring it may be inappropriate in these settings. Jennifer Bethell and Andrew Sommerlad illustrate how the SONNET study is seeking to achieve progress in this respect. Its findings may help to enhance care and improve health and quality of life in nursing homes.

WHAT IS SOCIAL CONNECTION?

Social connection is an umbrella term that describes how we connect to other people and includes several distinct but related concepts. Some of these, like the number of people in a person's social network or the degree of social isolation, an objective lack of social contact, are readily observed or measured. Other aspects, like loneliness, which describes how someone feels about the quality and quantity of their relationships, are subjective. While both objective and subjective aspects of social connection have been linked to health outcomes, they are different. For example, we know that some people are socially isolated but not lonely, just as some people feel lonely despite a large social network and busy social life.

Conceptual model of social connection

source: sonnetstudy.com

WHY IS SOCIAL CONNECTION IMPORTANT IN NURSING HOMES?

Social connection is a basic human need. For residents of nursing homes, as for people living in other settings, aspects of social connection are also related to health. Research conducted in nursing homes – even before the COVID pandemic – showed that social connection was linked to both physical and mental health outcomes, like mortality and depression. For nursing home residents, social connection is also considered a key component of quality of life and, by extension, person-centred care.

WHY DO WE NEED A MEASURE OF SOCIAL CONNECTION DEVELOPED SPECIFICALLY FOR NURSING HOMES?

Research and reporting on social connection have the potential to advance care and improve health and quality of life in this population. Yet, to date, studies and measures of nursing home quality have tended to focus on medical care (Armstrong et al. 2017), prioritizing health outcomes such as falls and medication use over aspects of quality of life such as social connection. Further, while some research has tested modifiable risk factors and interventions to improve social connection in nursing homes (Bethell et al. 2021; Brimelow and Wollin 2017; Mikkelsen et al. 2019; Quan et al. 2019), many use measures that were not developed for this setting and population. Given the increasingly varied profiles of people moving in to nursing homes, it is also unclear if existing measures are still applicable to today's nursing home population.

Measures and methods to assess social connection need to be developed specifically for nursing homes and the people who live there. Important considerations for measuring social connection relate to both the setting and the resident population. For example, most residents are older adults, and many have complex health needs, including those related to cognitive, mobility and sensory impairments. Further, many residents maintain vital relationships with family and friends who may provide social support, including by participating in care. Residents also receive daily care from staff and share space with other residents, including for meals and recreation.

WHAT WILL THE SONNET STUDY DO?

Through the Social Connection in Long-Term Care Home Residents (SONNET) study, our team of researchers in Canada and the United King-

dom is working to improve measurement of this person-centred outcome. We will:

1. systematically review measurement instruments that assess social connection among nursing home residents,

2. interview nursing home residents, families and staff about important aspects of social connection (and its measurement) and

3. develop a measure of social connection and establish its initial psychometric properties.

The measure will be designed for use in future observational and interventional care home research, and for routine data collection in nursing homes to evaluate quality of care. Our findings will enable researchers and care settings to test the effects of interventions and to report individual-, home- and system-level outcomes.

For more information about the SONNET study, please visit: https://www.sonnetstudy.com/

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