
6. INTRODUCTION TO DIFFERENT INTERVENTION MODELS AND PROPOSALS

INTRODUCTION

Social intervention is an action carried out in an organised fashion that attempts to respond to social needs and have a significant bearing on interaction between people and aspires to public or social legitimisation (Fantova, 2007). Its aim is to overcome problematic relationships between people and the environments in which they live (neighbourhood, community, city) through support (material, instrumental, emotional), education (new tools for social interaction) and an expansion and improvement of networks and social relationships (family, friends, neighbours, organisations, institutions and resources) (Pinazo Hernandis, 2020).

Specifically, intervention of a psychosocial nature seeks to understand, predict and change people's social behaviour, improving the harmful aspects of their environment with the end goal of improving their quality of life. To some extent, the ultimate purpose is to increase individual and collective well-being, through the psychological development of people and their links to their social environment (Pinazo Hernandis, 2020).

Given the impact loneliness can have on people's health, well-being and quality of life, it is worth conducting a brief analysis of the types of intervention that can be carried out to tackle it and developing proposals that can improve these interventions.



MODELS AND ACTIONS FOR COMBATING LONELINESS

Some authors distinguish between four forms of action against loneliness (Masi; Chen; Hawkey; Cacioppo, 2001):

- Programmes that improve **social skills** (such as assertiveness, communication skills, etc.).
- Programmes that modify **maladaptive social cognitions** (cognitive restructuring work).
- Programmes that provide **social support** (for example, individual assistance).
- Programmes that increase **opportunities for social interaction** (such as community action programmes, socialisation activities, etc.).

This is a classification that was applied in a systematic review in which interventions were carried out with people of different ages who were experiencing loneliness. One of the conclusions drawn was that all four types of intervention are effective, especially cognitive restructuring programmes. Nonetheless, it is important to note that, given that the interventions were carried out randomly with groups of people of different ages, there is a bias in terms of their effectiveness: the study showed that cognitive restructuring programmes produced very good results with adults in general, but there is no data on their effect on people of different ages, such as young people or older people.

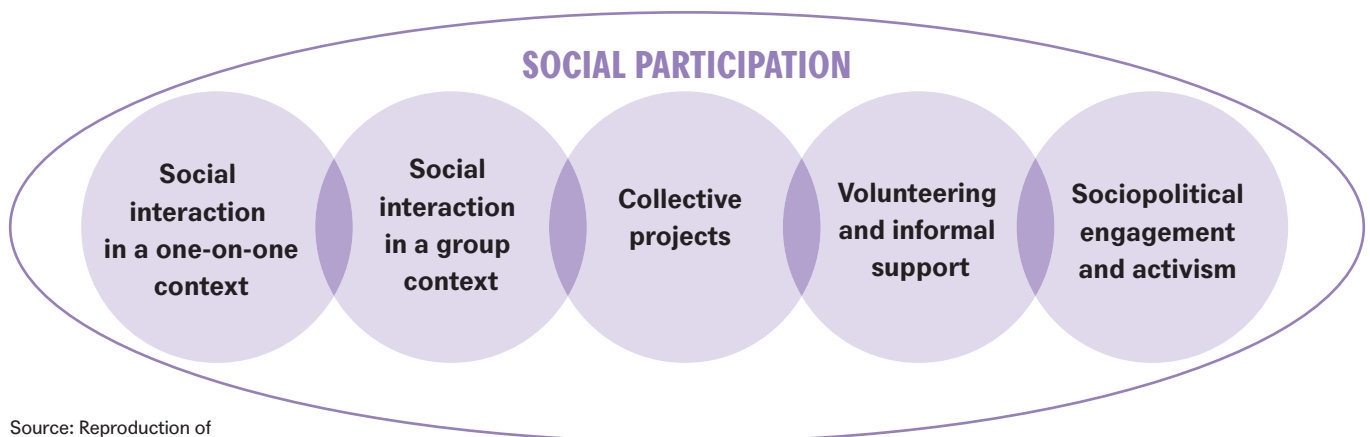
Other authors propose a different classification of loneliness and social isolation interventions. According to Mima Cattan, there are four types: one-to-one, group, service provision and community development (Cattan et al., 2005). Each type implies a series of advantages and limitations:

- **One-to-one interventions:** These include all interventions carried out between two people. They can be led by professionals – as is the case for interventions of a therapeutic nature – or by volunteers, who may provide individual emotional support in person or via telephone, for example. This type of intervention allows for a deeper knowledge of the person's individual needs, so that the intervention can be adapted accordingly. These interventions have a bigger impact on people experiencing loneliness than on people who are isolated.
- **Group interventions:** These include socialisation activities, bereavement groups, art therapy, etc. Though they provide less of an insight into people's individual needs, group interventions have some highly positive collateral effects: they bring people together so that they can develop interpersonal relationships. It is important to note that group interventions will always have more of an impact if they include an educational component.

- **Service provision interventions:** These are formal interventions that help to incorporate people into support networks. This type of intervention has a greater impact on socially isolated people than on people experiencing loneliness.
- **Community interventions:** Community interventions have a lot of potential, as they constitute a consolidated way of catering to individual needs through collective interventions and because the more social capital a community or neighbourhood has, the less lonely people in it feel. It is important to note here that intergenerational interventions can be carried out in order to combat age-based segregation and maximise impact on people of all ages.

Just as the impact of loneliness on people's health has been demonstrated, the reverse has also been proven: that social participation, social support and relationships are protective factors for health (Litwin, 2000; Sundquist, 2004; Unger, 1997; Everard, 2000). For this reason, we will now examine the results of another classification carried out around **social participation promotion programmes** (Raymond *et al.*, 2013). In this case, the members of the group were older people. However, the contribution made by this study is considered interesting because it can mostly be applied to other age groups.

A point to remember here is that this type of programme has a greater impact on social isolation than on loneliness.



Source: Reproduction of Raymond *et al.* 2013

The categorisation is based on the following characteristics: type of social situation, whether interactions and relationships facilitate or encourage social participation, and the activities proposed to fulfil the planned goals. So, actions or programmes that encourage social interaction in a one-on-one context include community programmes and interventions carried out in homes. Those that do so in a group context include training and care and assistance in older people's centres. Collective projects include recreational, sports, sociocultural and intergenerational activities. Volunteer programmes include formal volunteering. Finally, sociopolitical engagement and activism programmes include an overall perspective and an intergenerational perspective. It is worth noting that programmes that include different types of interventions will always have a greater impact.

MUNICIPAL STRATEGY AGAINST LONELINESS

A process of networking has led to the design and implementation of the Municipal Strategy Against Loneliness, with a ten-year horizon. The Strategy is organised into four cross-cutting strategic lines:

- Raise awareness and generate knowledge of the impact of loneliness on the city and on the well-being of those who live here.
- Deploy resources and services to prevent, detect and attend to situations of loneliness.
- Restructure the city and its different areas to create community spaces to tackle situations of loneliness.
- Adapt municipal organisation to the new challenges posed by loneliness.



Each of these strategic lines contains a series of specific goals (twenty-five in total). The following table offers a summary of these aims and their connection to each of the strategic lines.

Municipal Strategy Against Loneliness

CORE STRATEGIES	GENERAL GOALS	SPECIFIC GOALS
1. RAISE AWARENESS AND GENERATE KNOWLEDGE ABOUT THE IMPACT OF LONELINESS	Raise awareness	1.1 Lead communication campaigns and actions. 1.2 Advertise the services for promoting emotional care and dealing with situations of loneliness. 1.3 Roll out mechanisms that contribute to decision-making regarding local policies on loneliness.
2. DEVELOP RESOURCES AND SERVICES TO PREVENT, DETECT AND ATTEND TO LONELINESS	Promote prevention within services in order to generate connections and satisfactory relationships	2.1 Drive measures to facilitate access to activities (education, culture and leisure). 2.2 Promote resources and access to knowledge and skills in order to reduce the digital gap. 2.3 Facilitate in-person interaction between people and between generations. 2.4 Develop a range of tools for personal use to tackle emotional discomfort.
	Facilitate the detection of people experiencing loneliness	2.5 Provide tools for professionals to detect, prevent and intervene in cases of loneliness. 2.6 Promote networks of professional and community leaders for the prevention and detection of situations of loneliness.
	Facilitate monitoring and support for people experiencing loneliness	2.7 Strengthen the offering of services and programmes to tackle loneliness at all life stages. 2.8 Drive new actions and services to tackle loneliness. 2.9 Drive measures to care for carers. 2.10 Develop a technological offering that helps to tackle situations of loneliness. 2.11 Start up a programme focusing on pets as a resource against loneliness.
3. RESTRUCTURE THE CITY AND ITS DIFFERENT AREAS TO CREATE COMMUNITY SPACES TO TACKLE SITUATIONS OF LONELINESS	Boost and strengthen the actions, services, plans and resources aimed at building community, infrastructure and social capital	3.1 Transform and 'green' the public space in order to recover areas for interaction and coexistence. 3.2 Make the city accessible from a physical and communication perspective. 3.3 Strengthen the activity of care networks in detecting and reducing loneliness. 3.4 Promote new, alternative ways of sharing housing. 3.5 Boost the role of local facilities as spaces for interaction. 3.6 Strengthen group support and mutual aid services, as well as activities that promote relationships and exchange.
4. ADAPT MUNICIPAL ORGANISATION TO THE NEW CHALLENGES POSED BY LONELINESS	Prioritise care for municipal staff	4.1 Detect loneliness among municipal workers and implement measures to tackle it. 4.2 Establish organisational resilience mechanisms to deal with situations of loneliness among municipal staff.
	Promote the inclusion of the loneliness perspective in the work of municipal staff with links to the public	4.3 Review existing services and programmes to incorporate the anti-loneliness perspective. 4.4 Provide municipal professionals with the methodological tools and knowledge resources to integrate the loneliness perspective. 4.5 Establish mechanisms for coordination and cross-departmental work among municipal areas in order to tackle loneliness.

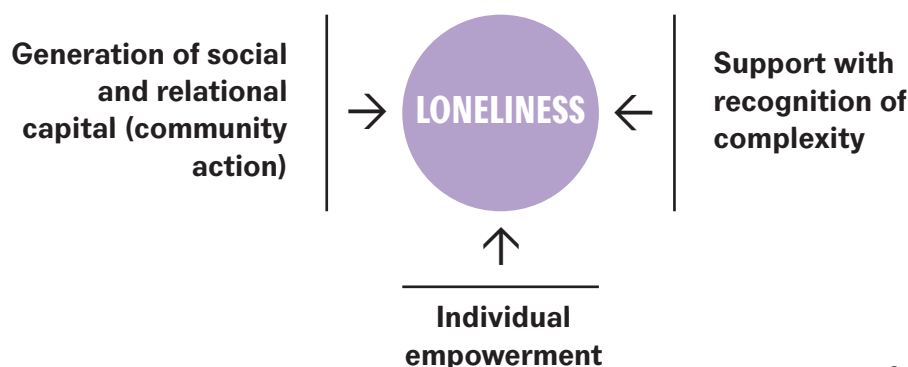
FROM A PALLIATIVE APPROACH TO A PREVENTIVE, RESTORATIVE FRAMEWORK

Loneliness is directly linked to people’s social integration. Satisfactory social integration depends not just on the person’s social skills, but also on the environment (in a broad sense) and the support available to the person (De Jong Gierveld et al., 2018).

In a similar vein, it is important to remember that, as we have seen in previous sections, loneliness is a complex, plural, diverse phenomenon that cannot be tackled from just an individual perspective. A social, collective view is required. That is why public policies must be designed and developed to this end, such as the Municipal Strategy Against Loneliness.

This new view of loneliness also requires us to make a qualitative leap and incorporate other types of measures, beyond those that are purely palliative. **A preventive, restorative approach must be included** in the design of policies and programmes, while innovative methodologies must be developed to integrate one-to-one and group intervention approaches with community development interventions.

Loneliness is a complex, plural, diverse phenomenon that cannot be tackled from just an individual perspective. A social, collective view is required.



Source: Original

Firstly, **individual empowerment** must be promoted from a preventive standpoint. As loneliness is inherent to human existence, it is highly likely that it will appear at different times in a person’s life. We therefore must be able to recognise, express and tackle it. In the words of Javier Yanguas, ‘The other side of the loneliness coin is not ‘non-loneliness’. It is having the tools to deal with it’.

Secondly, loneliness is complex and diverse, which means that people of different ages who may be experiencing it will need **individualised support** that considers the subjective nature of the feeling in order to help them to overcome it and develop the tools needed to deal with it when it appears.

A preventive, restorative approach must be included in the design of policies and programmes, while innovative methodologies must be developed to integrate one-to-one and group intervention approaches with community interventions.

Finally, the **community dimension of social intervention** is key for the creation and strengthening of different social networks (family, neighbours and communities), which are a key protective factor against the phenomena of social exclusion, loneliness and relational isolation (Fantova, 2020). The support role taken up by networks of neighbours during the covid-19 crisis is evidence of this. We must therefore move towards situating loneliness and social isolation as an

explicit or even central part of social policies, in interaction with a civic movement that can take joint responsibility in creating more humane, more participatory, safer communities (Sala Mozos E. 2020).



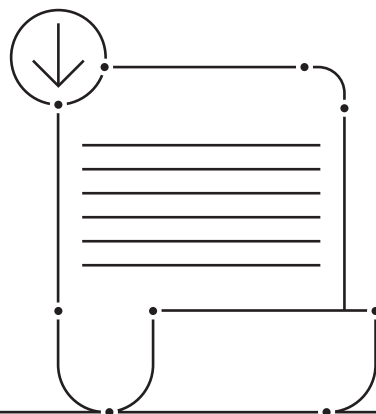
KEY IDEAS AND SUMMARY

There are many types of interventions for tackling loneliness and social isolation.

Various authors propose a series of classifications that can help us to understand the possible types of intervention and the impact they can have on loneliness and/or social isolation.

The Municipal Strategy Against Loneliness has emerged following a process of networking, as an operational response to loneliness in the city of Barcelona organised into four strategic lines and twenty-five specific goals.

When dealing with loneliness, we must go beyond a purely palliative perspective and take on a preventive, restorative approach.



BIBLIOGRAPHY

BARCELONA CITY COUNCIL (2021). *2020–2030 Municipal Strategy Against Loneliness*. Directorate of Services for Children, Young People and Older People. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxiu-documents/barcelona_loneliness_strategy_2020_2030.pdf

COLL PLANAS, L. (2017). *Solitud, suport social i participació de les persones grans des d'una perspectiva de salut*. [Doctoral dissertation, Faculty of Medicine – Autonomous University of Barcelona].

SALA MOZOS, E. (2016). Acción comunitaria y soledad no elegida. Ejemplos de políticas al respecto. In J. Subirats et al. (Eds.), *Edades en transición: envejecer en el siglo XXI* (pp. 196–200). Ariel-Ciencias Sociales.

SALA MOZOS, E. & MARTÍNEZ PASCUAL, R. (2020). *L'impacte de la COVID-19 en el sentiment de soledat no desitjada de les persones grans*. *Observatori de la Soledat, Amics de la Gent Gran*. <https://drive.google.com/file/d/1pnd5RITTziPy02G-fB6Se28IWE4osf233/view>

SALA MOZOS, E. (2020). *La soledat no desitjada durant la vellesa, un fenomen social*. Catalan Round Table of Third Social Sector Organisations (Debats Catalunya Social, propostes des del Tercer Sector, 60). <http://www.tercersector.cat/activitats/debats-catalunya-social>

SALA MOZOS, E. (2019). *La soledad no deseada durante la vejez, un fenómeno complejo objeto de las políticas públicas*. Fundación Grifols, Amigos de los Mayores. https://drive.google.com/file/d/1noPP9wgAg-lbkwXMM_rtxwZPyng-Jz1k_/view