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# A Study on Multidimensional Approach to Loneliness Policy in the UK - based on the WHO's three levels of intervention

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## Abstract

**Purpose:** This study examines recent policies and programs to address loneliness in the UK using the WHO's three dimensions of intervention as a framework for analysis, and makes policy and practice recommendations for loneliness policy in Korea based on these findings. **Research design and methodology:** This paper examines the UK government's loneliness policies by dividing them into individual and relationship, community, and societal dimensions according to the World Health Organization's analytical framework. **Results:** First, we looked at Link Work's proposed program of social prescribing as a prime example of intervention at the individual and relational level. The next example of a community-level intervention is the Gateway Service. It involves taking loneliness into account in land planning and housing design, expanding local infrastructure, and improving transportation networks. At the societal level, there are campaigns to end loneliness and loneliness funding. **Conclusions:** First, it is important to recognize that the social risk of loneliness can be universal. Second, it is necessary to develop and operate educational programs on talking about loneliness, being concerned about the loneliness of others, and interacting and connecting with others. Third, it is necessary to build infrastructure in the community, not only in the social welfare service sector but also in a wide range of allied sectors. Finally, a range of programs and policies are needed for individual, community, and social interventions, and more importantly, the development of effective interventions to ensure connectivity between them.

**Keywords:** Loneliness, Individual and relationship-level interventions, Community-level interventions, Social level interventions, Social networks

## 1. Introduction

In 2018, the UK announced the creation of the world's first ministry for loneliness, with an annual funding commitment of £20 million. The government's decision to take the lead in addressing loneliness recognizes that it is not just an individual issue, but one that society as a whole must tackle together' (HM Government, 2018). The UK's Department for Digital, Culture, Media, and Sport (DCMS) has taken on the role of Loneliness Department, with the head of the department serving as the Minister for Loneliness, who is also responsible for loneliness policy. The Department for Loneliness

is the centerpiece of the UK government's loneliness policy and has been responsible for a range of policies and initiatives.

The UK government defines loneliness as 'a subjective and unwelcome feeling of discrepancy between the quality and quantity of social relationships a person desires' (HM Government, 2018). In other words, loneliness is understood to be an individual's subjective feeling of negative perception of the quality and quantity of social relationships, which occurs when there is a mismatch between the level of social relationships a person desires and the level of social relationships they actually have. Based on this definition, loneliness is most closely related to social relationships. Social relationships are an important factor that greatly influences an individual's

overall quality of life, and these relationships include intimate relationships such as family, friends, and coworkers, as well as relationships in the neighborhood, community, and workplace. Despite being a subjective feeling, we can see that addressing loneliness requires a multidimensional approach.

On the one hand, The World Health Organization (WHO) emphasizes that complex and diverse factors at the individual and relationship, community, and social system levels put people at risk of social isolation and loneliness, and suggests that interventions and strategies to reduce social isolation and loneliness need to be multi-layered and comprehensive, dividing interventions and strategies into individual and relationship-level interventions, community-level interventions, and societal-level interventions. Capturing the multidimensionality of individuals' life needs and providing dimensionalized alternatives to social isolation and loneliness is an important point in loneliness policy that considers both the quantity and quality of social relationships.

This study examines recent policies and programs to address loneliness in the UK using the WHO's three dimensions of intervention as a framework for analysis and makes policy and practice recommendations for loneliness policy in Korea based on these findings.

## 2. Literature Review

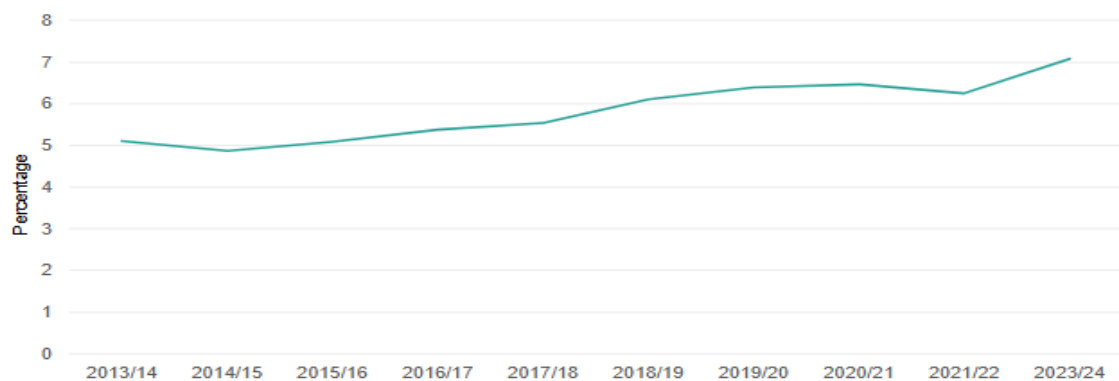
### 2.1. Loneliness in the UK

According to the UK government's The Community Life Survey, in 2023/24, 7% of people surveyed said they often or always felt lonely in the UK, or 4,722 people (See Table 1). This is a 1% increase from the post-pandemic figure of 6% in 2012/22, and the highest figure since the 2013/14 survey (See Figure 1).

**Table1:** Status of Loneliness in the UK

Question	Response	Percentage (100%)	Number of respondents (total=76,413)
How often do you feel lonely?	Often/always	7	4,722
	Some of the time	19	13,513
	Occasionally	24	17,768
	Hardly ever	30	24,061
	Never	20	16,349

Note: Department for Culture, Media and Sport(2024). The Community Life Survey



**Figure1:** The percentage of adults (16+) reporting that they feel lonely often or always, England: 2013/14 to 2023/24.

Note: Department for Culture, Media and Sport(2024). The Community Life Survey

In addition, a report by The British Red Cross Society (2023) on loneliness among UK workers found that 10-11% of workers surveyed often or always felt lonely at work, and almost half of workers said they sometimes felt lonely. While

research on loneliness in the workplace is still scarce, given the amount of time people spend at work, these findings are important to address.

**Table1:** Status of worker's Loneliness in the UK

Question \ Response	Lacks companionship	Has no one to talk to	Feels left out	Feels isolated from others
Often or always	11%	11%	10%	11%
Sometimes or occasionally	43%	45%	45%	45%
Hardly ever or Never	46%	44%	45%	44%

Note : The British Red Cross Society(2023). Workers' experiences of loneliness at work.

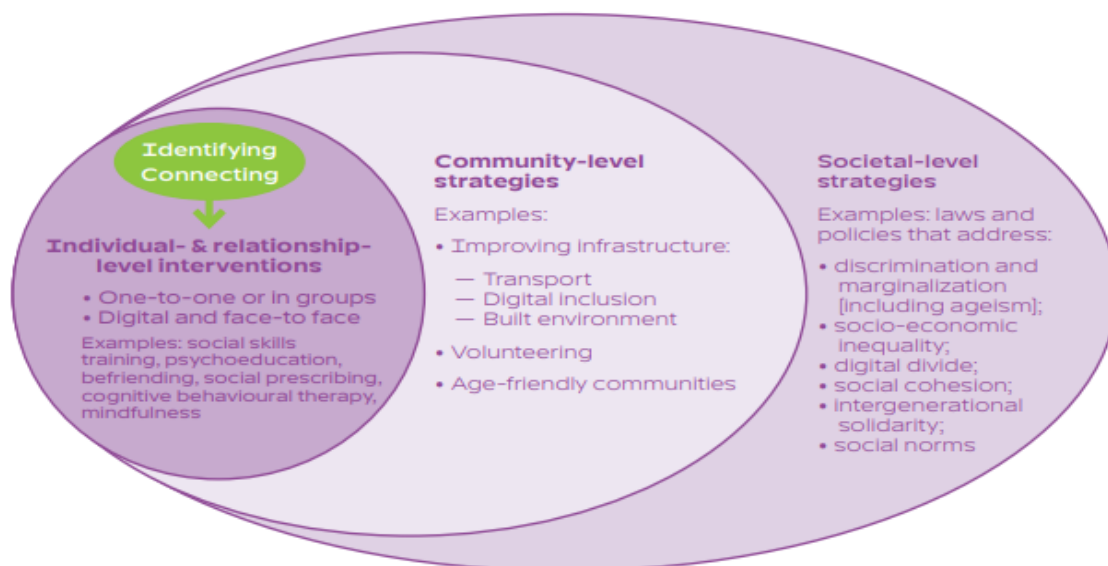
The Loneliness Report(2023) found that in the UK, people aged 16-24, women more than men, single or widowed, people with mental health difficulties, home renters, and people with low levels of local belonging and community trust are more likely to report feeling lonely. The NHS report (2023) also found that the number of adults feeling lonely was higher in low-income households: 27% of adults in low-income households felt lonely, compared to 18% of adults in high-income households. This means that people from lower socioeconomic backgrounds are more likely to feel lonely.

These findings suggest that loneliness is influenced by a variety of factors, including personal characteristics such as age, ethnicity, and disability; geographic location and neighborhood characteristics such as access to healthcare and public transportation; and social characteristics such as employment, education, and income, and that solutions must be multidimensional.

## 2.2. World Health Organization's Loneliness Intervention Strategies

The World Health Organization (WHO) recognizes that complex and diverse factors at the individual, relationship, community, and social system levels put people at risk for social isolation and loneliness, and identifies risk factors at each level to provide interventions and strategies to reduce social isolation and loneliness at three main levels(See Figure 2).

First, there are individual and relationship-level interventions. These are aimed at maintaining and improving people's relationships, supporting people to build new relationships, and changing people's thoughts and feelings about relationships. Interventions include social skills training, psychoeducation, peer support groups and social action groups, "befriending" services that provide supportive relationships, often by volunteers in person or over the phone, cognitive behavioral therapy, mindfulness training, and coalitions and campaigns to raise awareness of the issue(World Health Organization, 2021: 8).

**Figure2:** Interventions and strategies to reduce social isolation and loneliness

Note: World Health Organization(2021). Social isolation and loneliness among older people.

Second, community-level interventions. This strategy relates to infrastructure such as transportation,

digital inclusion, and the built environment, which are needed to enable people to maintain existing relationships and build new ones, and to build the foundation for interventions to alleviate social isolation and loneliness. Examples include co-housing, shared spaces, and transportation and housing environments that can facilitate physical contact. Digital inclusion measures can also include measures to reduce the digital divide between generations and make it easier for individuals to communicate and obtain information within the digital environment.

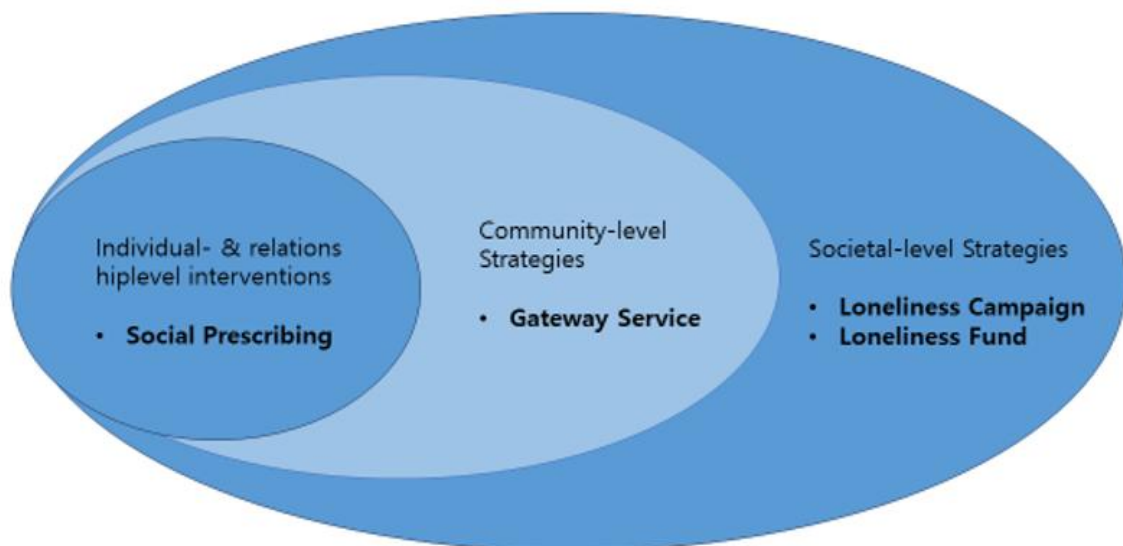
Third, there is the social level interventions. This can include laws and policies related to discrimination and marginalization, socioeconomic inequality, information gaps, social cohesion and intergenerational solidarity, in order to change social norms that impede social connections (World Health Organization, 2021: 8-11).

While the WHO's intervention strategy framework provides a useful framework for analyzing national loneliness policies, there has been little research based on it. A representative study is Jin-Sook Lee (2023),

who analyzed social isolation and loneliness in Germany. Therefore, this study will examine some policies and programs in the United Kingdom, a pioneer and representative country in loneliness policy.

### 3. Methodology

The UK government's response to loneliness includes promoting social prescribing, taking loneliness into account in spatial planning and housing design, expanding local infrastructure, improving transportation networks, embracing digital, increasing opportunities for volunteering and participation in local activities, campaigning to end loneliness, and running a loneliness fund (DCMS, 2023). This paper examines the UK government's loneliness policies by dividing them into individual and relationship, community, and societal dimensions according to the World Health Organization's analytical framework (See Figure 3).



**Figure3:** Interventions and strategies to reduce loneliness in UK, reorganized by author.

First, we looked at Link Work's proposed program of social prescribing as a prime example of intervention at the individual and relational level. Social prescribing is the medical counterpart of prescribing, where doctors prescribe alternative ways to connect with others instead of medication. For example, a patient with a mental health condition such as panic disorder might be offered social engagement instead of medication, and the doctor decides on a prescription and Link workers find a program that works for the patient.

The next example of a community-level intervention is the Gateway Service. It involves taking loneliness into account in land planning and housing design, expanding local infrastructure, and improving transportation networks. At the societal level, there are campaigns to end loneliness and loneliness funding.

### 4. Results and Discussion

#### 4.1. Individual and Relationship-level Interventions

Individual, direct interventions can be categorized as follows (Jopling, K. 2020).

**Connector services:** these ‘reach’ lonely individuals, seek to ‘understand’ the nature of their loneliness, personalise the response and ‘support’ individuals to access relevant help and services

**Supported socialization:** this involves help from a professional, volunteer, friend or family member to make social connections.

**Psychological approaches/Changing maladaptive cognitions:** these support people to overcome ‘maladaptive social cognition’ or unhelpful expectations, thoughts and feelings about their relationships.

**Social skills training and psychoeducation:** these focus on training/education on social skills (e.g. conversational skills) and on managing mental health problems alongside emphasis on the importance of social support.

**Groups/Community groups:** these include a wide range of groups which are either purely social or where members engage in shared interest or activity. Participation may help individuals to develop social confidence and make new social connections.

**One-to-one approaches:** This refers to various forms of befriending where an individual is matched with a volunteer or peer for companionship, to engage in activities or to support to connect or reconnect an individual to wider social contacts.

However, the most central and unique intervention at this level is the social prescribing program. Anyone can participate, but social prescribing is particularly effective for people with mental health needs and those who are lonely or isolated (NHS, 2023). Social prescribing is community-based and offers a range of supports and programs, including emotional support through participation in a variety of groups, arts activities such as music and art, and writing or creative activities, advice about housing and finances; ways to take care of yourself or be more physically active; programs to build confidence, learn skills, and reduce anxiety; ways to get along with close relationships, such as family and caregivers; and access to services and information to help you get out and explore the parks, nature, and neighborhoods where you live.

## 4.2. Community-level Interventions

Gateway Services are a wide range of services, such as transportation, technology, spatial planning, and housing, that make it easier for communities to come together. It suggests things like identifying affordable and accessible transportation options, age-friendly driving and parking, considering social networks as a public health issue when considering

major planning developments, and promoting the use of technology to help people build and maintain social connections. More specifically, it looks like this (DCMS, 2025).

**Green space:** Natural spaces which are accessible to the general public, including specific local gardens, parks, nature reserves, or countryside (e.g., woodland or farmlands).

**Housing and neighbourhood design:** This can include factors such as housing type, layout, density, tenure, and the mix of residential and commercial land. And Housing tenure is the legal status under which people have the right to occupy their accommodation.

**Local buildings and spaces:** This include a wide range of places, from retail and leisure facilities to community centres and places of worship. Local buildings and spaces can act as a facilitator or barrier, depending on their availability and quality.

**Transport infrastructure:** The fixtures and installations, structures, and networks which allow the movement of people and goods, such as bus stops, roads, cycle lanes, and pavements.

As such, gateway services provide the infrastructure needed at the community level to facilitate access to and support the smooth operation of services, groups, and activities where people maintain existing relationships and where people form new ones.

## 4.3. Social Intervention

Social-level interventions include campaigns and fundraising to change social norms that reinforce loneliness.

**First, Loneliness campaign.** Campaigns The UK government ran the ‘Let’s Talk Loneliness’ campaign from 2019 to 2021, encouraging everyone to take action to help people who are feeling lonely, and in 2022 it transitioned to the ‘Better Health: Every Mind Matters’ campaign, and Loneliness Awareness Week to emphasize the universality of loneliness and that it can happen to anyone. According to the campaign, in 2022, 50% of adults in the UK felt lonely sometimes, sometimes, often or always. Around 30% of people in the UK are also embarrassed to say they feel lonely (DCMS, 2023a). This is why de-stigmatizing loneliness was the theme of our first campaign. In South Korea, where people are more sensitive to other people’s reactions, we can expect loneliness shame to be higher than in the UK. This is why loneliness campaigns and awareness programs are aimed at the entire population, not just targeted programs. There are also interaction and relationship education

programs for children and adolescents to improve their understanding of loneliness.

Second, Establish a loneliness fund. The creation of a fund to tackle loneliness was suggested in the Jockocks Commission report. There are currently four such funds in the UK(Jung, 2024:90).

Loneliness Engagement Fund: £50,000 to nine organizations engaging with audiences at high risk of loneliness.

Building Connections Fund: Supports projects that aim to improve the evidence base on how to build community connections and tackle loneliness

Loneliness Covid-19 Grant: Fund Supports public sector organizations that are continuing their work in tackling loneliness and building social connections

Local Connections Fund: Supports hyper-local organizations working in partnership with the National Lottery's Community Fund to tackle loneliness and build connections within and beyond their communities.

## 5. Conclusions

So far, we've looked at the UK's loneliness strategy based on the World Health Organization's classification. Recently, loneliness has emerged as a social problem in South Korea, and a pilot project to prevent and manage loneliness has been implemented since 2022, and local governments have enacted ordinances to prevent loneliness. In this context, we would like to make some suggestions based on the case of the UK, which has the first and most comprehensive approach to loneliness.

First, it is important to recognize that the social risk of loneliness can be universal. In Korea, loneliness has been approached mainly in the context of elderly households or single-person households, and although there has been an increasing focus on youth isolation, the universality of loneliness has not yet been recognized. However, the UK has shown that this social problem can be universal. Interventions should be targeted at individuals or groups who are at higher risk of social isolation and more vulnerable to loneliness. At the same time, it is time to recognize loneliness as a social risk that can happen to anyone, and to take multidimensional institutional action against it.

Second, it is necessary to develop and operate educational programs on talking about loneliness, being concerned about the loneliness of others, and interacting and connecting with others. These programs, especially in educational institutions, should be implemented from childhood and adolescence to reduce exclusion and hatred of others and to learn how to build healthy relationships so that neither they nor others are lonely.

Third, it is necessary to build infrastructure in the community, not only in the social welfare service sector but also in a wide range of allied sectors. As in the case of the UK, it is necessary to consider building community infrastructure that does not leave people isolated in the community, considering transportation systems, digital technology, and even the built environment that help connect local residents. People need places and spaces where they can connect with each other in the community, and if everyone can easily access them, a wide range of infrastructure can help with that.

Finally, a range of programs and policies are needed for individual, community, and social interventions, and more importantly, the development of effective interventions to ensure connectivity between them. As the UK example shows, the key to tackling loneliness is a 'connected society'. We need to discuss how to ensure connectivity between individuals, communities, and societies, and how the roles of individuals, communities, and governments will be divided and operationalized.

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