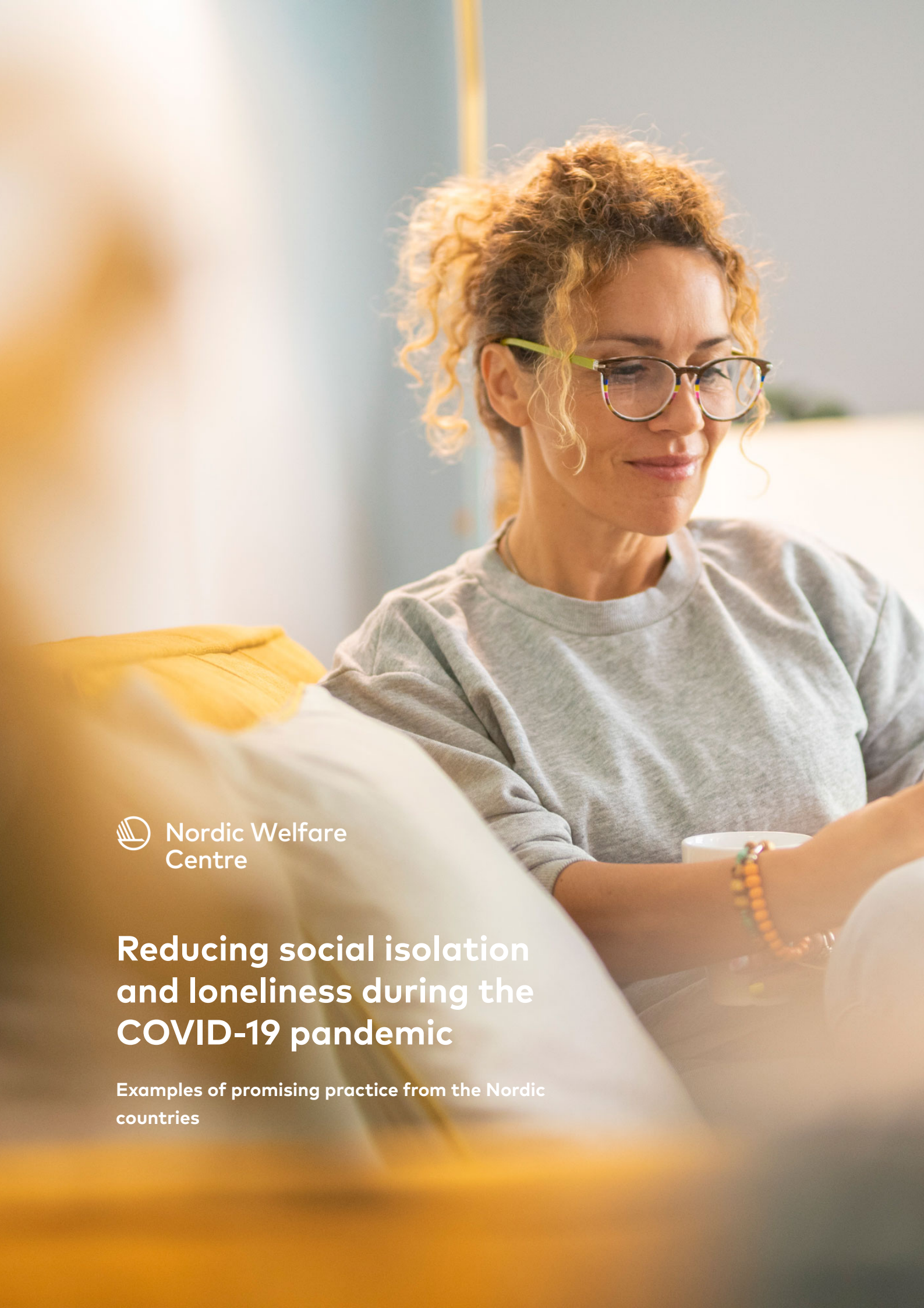


Nordic Welfare Centre

Reducing social isolation and loneliness during the COVID-19 pandemic

Examples of promising practice from the Nordic countries

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Foreword

The COVID-19 pandemic has in many ways challenged the health and well-being of people, and more widely, the welfare systems in the Nordic countries. Due to regulations and lockdowns, many people have experienced social isolation, and certain vulnerable groups – such as older adults and those with disabilities – have been hit especially hard. As loneliness has implications for people's long-term mental and physical health, the consequences of the pandemic are significant for health and social care as a whole.

To draw attention to the social impact of COVID-19, the Nordic Council of Ministers assigned the Nordic Welfare Centre to explore the experiences of social isolation and loneliness during the pandemic and to provide a compilation of available Nordic knowledge.

Did loneliness increase during the pandemic, then? If so, for whom? How can social isolation and loneliness be reduced? In two separate publications, we strive to answer these questions.

The first report, The impact of the COVID-19 pandemic on social isolation and loneliness. A Nordic research review, surveys empirical studies conducted in the Nordic countries. The literature review was carried out by professor Marja Aartsen and research assistant Franziska Rothe at OsloMet between April and September 2022. The report describes the impact of the pandemic on loneliness and social isolation among adults, and also identifies groups that were particularly vulnerable to loneliness and social isolation.

The second report, Reducing social isolation and loneliness during the COVID-19 pandemic. Examples of promising practice from the Nordic countries, presents cases of what was done in the Nordic region to alleviate loneliness during the pandemic. The material for this report was collected between June and September 2022. Michaela von Kügelgen, a journalist and a social scientist, draws from a pool of different examples to show that there are many ways to tackle social isolation and loneliness.

The COVID-19 pandemic highlighted many challenges to our Nordic welfare systems. To realise our vision of a socially sustainable Nordic region, we need means, reforms, and methods that contribute to good health and welfare for all. By sharing research and experiences across the Nordic region, we hope to be better prepared for future crises.

The Nordic Welfare Centre would like to thank the authors Marja Aartsen, Franziska Rothe, and Michaela von Kügelgen for their excellent work. Invaluable support has been received by the Nordic expert group of specialists and researchers on loneliness and social isolation. Thank you for insightful conversations over the years.

Eva Franzén, Director, Nordic Welfare Centre

Summary

Quick solutions, innovative thinking plus a genuine desire to do something to enable socially richer lives for vulnerable groups formed the basis for various parties around the Nordic region when the extent of the COVID-19 pandemic was a fact. The challenge was about finding solutions in a situation that nobody had previous experience with or ready-made solutions for.

The five Nordic examples highlighted in this report have one thing in common: no one really knew how to respond or what to do, but everyone knew that measures should be taken.

In Finland, Sweden and Norway, digital tools such as online video meetings served as a bridge builder between parties and involuntarily isolated adults. In Denmark, the Landsforeningen Autisme/National Autism Association started up a telephone helpline and in the Icelandic town of Akureyri, snow was cleared to make it easier for residents to get around outdoors.

Common to all efforts is that the parties wanted to establish the best possible conditions for preventing involuntary loneliness. Another common denominator is a willingness to deliver solutions as quickly as possible, with a focus on avoiding involuntary isolation. In several cases, it has required ingenuity and that the parties dared to think outside of already established models, while at the same time utilising the knowledge and experience that already existed before the pandemic arose.

In addition to the fact that digital tools have taken on a greater role, the importance of being out in nature has also grown. Meeting outdoors enabled safer environments from the point of view of infection protection, which was utilised in circles of friends in Finland alongside video meetings, for example. Even more established solutions such as landline telephones and correspondence courses became a means to prevent involuntary loneliness.

All parties interviewed in the report agree that in continued work the lessons learned from the pandemic should be taken into account. In some situations, new ways of conducting the activities carrying out the business have been found, however the importance of meeting face to face was also quickly recognised. Well-developed digital solutions can never fully replace a physical meeting, but they can serve as a valuable complement.

Introduction

Don't meet anyone. Wash your hands. Isolate yourself.

When the COVID-19 pandemic became a reality in March 2020, many of us felt at a loss and alone. But after only a couple of days, people began to extend helping hands. The young and healthy did food shopping for elderly or sick neighbours, and most people learned how to use Zoom and to make video calls using their mobile phones. Despite the physical distance, there was a genuine desire to create a sense of affinity with fellow human beings. To make sure that no one was left out or forgotten.

In addition to the efforts of ordinary citizens, countless organisations, government agencies, municipalities, associations and projects did their best to counter the involuntary social isolation to which many people were subjected during the pandemic. There was a lot of learning by doing and rapid transitions to digital channels – or other innovative ways to reduce involuntary loneliness.

This report, which features learning examples from the Nordic region, is a complement to the research overview The impact of the COVID-19 pandemic on loneliness and social isolation - A Nordic research review, which is written by Marja Aartsen. The goal is to broaden the depiction of the social isolation caused by the pandemic and show some examples of what was done to alleviate loneliness.

The report is based on journalistic interviews about five different measures, one from each Nordic country. The selection was made based on advice from the project's reference group and from various experts in the Nordic Welfare Centre's networks. The examples chosen are intentionally very different – the idea is to show that there are many ways to tackle social isolation and loneliness during a pandemic. Some projects were under way even before the pandemic, but their importance increased when we were instructed to maintain physical distance from our fellow human beings.

What all five projects have in common is that there is a genuine desire to prevent and alleviate loneliness among the target group in question. Previous experiences and knowledge have been linked to the challenging conditions that prevailed during the pandemic – with the aim of enabling employment programmes, assistance and support for those who need it.

As most measures so far lack research and evidence on how effectively they have alleviated involuntary social isolation, I applied a typology that is commonly used at the Nordic Welfare Centre when presenting promising initiatives in the social sector. The purpose is to be transparent and systematic when presenting the initiative. The typology has been developed and modified from a tool that was introduced by VIVE – The Danish Center for Social Science Research (formerly SFI – Det Nationale forskningscenter for Velfærd) and Socialstyrelsen in Denmark. The typology I used here and more information may be found in an appendix to the report.

The hope is that the examples in the report will be available for reference in the event of a future pandemic or another similar situation in which people are exposed to involuntary

loneliness. At best, the lessons that the pandemic has forced us to learn can result in lasting insights into how we can ensure that fewer and fewer people find themselves facing involuntary loneliness and social isolation. The hope is that good experiences from across the Nordic region can be implemented in neighbouring countries. Whether or not there is a pandemic under way.



Examples of promising practice from the Nordic region

This section presents five examples of promising practice of how social isolation and loneliness has been reduced during the COVID-19 pandemic – one from each Nordic country.

- Finland: Friendship groups have a positive impact in the long term
- Denmark: Telephone counselling for people with autism became important for the target group
- Iceland: Clearing snow produced health benefits
- Norway: Easy communication is the key to closer contacts
- Sweden: New forms of participation identified for people with deafblindness



Finland: Friendship groups have a positive impact in the long term

The Circle of Friends (Ystäväpiiri) initiative, which was created in Finland, is aimed at older adults who feel lonely in their everyday lives. Twelve supervised meetings over twelve weeks prove in many cases to be the starting point for new friendships that last for several years.

Name of the initiative

Ystäväpiiri-toiminta (in Finnish), Circle of Friends.

Target group

The Finnish Circle of Friends is aimed at lonely, mainly elderly, adults, although there is no age limit for participation. Anyone who feels that they belong to the target group may register an interest in the activity. The facilitators of the Circles of Friends assemble the groups and find participants through their own networks and local media.

“The only requirement is that participants must be prepared to change their habits, which isn’t suitable for everyone. They also commit to the group’s twelve meetings,” says Tarja Ylimaa, who works at the Finnish Association for the Welfare of Older People to coordinate regional Circle of Friends activities.

Participants in a Circle of Friends can be living at home or in a care home. There have also been separate groups for people with dementia and for those who communicate using sign language.

Description of activity and expected results

Groups of six to eight participants meet over a period of twelve weeks, with one meeting a week. Before the groups get started, the group facilitators interview each participant individually. By August 2022, the facilitators of the Circle of Friends had interviewed 11,500 participants.

"The interviews are an important element, that's where the group lays its foundations," says Ylimaa.

What is covered in the groups is up to each individual group and its needs. The matters that arise in the interviews are dealt with during the meetings.

"It's important that the facilitators are responsive. It can be difficult for a lonely person to take the initiative, so it's important that the facilitators encourage and listen to the participants. Which, in turn, enhances the self-esteem of participants," says Ylimaa.

During the coronavirus pandemic, group meetings were held online, but both participants and facilitators prefer to meet face-to-face. Some groups that met online during the pandemic have continued to meet, sometimes online and sometimes face-to-face.

"Most people long to be able to meet others in real life," says Ylimaa.

During coronavirus, it was noticed that many of those who were not so well-versed in digital matters did respond well and bravely by adapting to various technological solutions, thanks to effective technology and encouraging assistance.

"Nature also offered the opportunity for more protected encounters, and was a significant element of maintaining well-being. Our understanding of the importance of nature in group activities and in reducing loneliness has increased, and we've started to develop and utilise nature more in our activities," says Ylimaa.

The goal is to prevent or reduce people's loneliness, to empower the participants and their self-esteem, and to engender a desire to do things they used to do, but for some reason have not done lately.

"The idea is that participants should find a network or even a person that they can continue to meet or keep in touch with after the group ends," says Anu Jansson, Director of Development & Participation at the Finnish Association for the Welfare of Older People.

The main objectives of the Finnish Funding Centre for Social Welfare and Health Organisations (STEA), which is funding the Circle of Friends, are that participants should receive support from others in the same situation and engage themselves socially. In addition to this, the life management of participants and their mental well-being are also measured.

"For group facilitators, who consist of both professionals in the field of social care and healthcare and volunteers, the goal is to understand loneliness theories, acquire keys to alleviate loneliness, learn about group theory and how to approach a lonely elderly person,"

says Jansson.

The Circle of Friends groups meet twelve times under supervision, but 60 per cent of the groups choose to continue with meetings on their own once the organised activities are over.

"On average, the groups continue to meet for two years, and the longest a group has stayed together is for eight years," says Jansson.

WATCH THE VIDEO

Watch the video Circle of Friends activities alleviate loneliness among older people on Youtube.

Theory, knowledge and competence

The activities of the Circle of Friends are based on gerontology, loneliness theories, group theories, group models and adult learning.

"The work wasn't emotion-driven, but is based on research and theories," says Anu Jansson.

She founded the Circle of Friends activities in Finland and has conducted research into loneliness among older people.

The starting point for the Circle of Friends came through a development project in gerontological research at the Finnish Association for the Welfare of Older People. The initiative for the project came from war veterans' associations, who wanted to find out how loneliness can be alleviated. An RCT (randomised clinical trial) was conducted from 2002 to 2006. Thanks to very good results, the project and the research around it have continued.

"Initially, knowledge of loneliness among older people was rather weak in Finland," says Jansson.

In total, there are 1,100 group facilitators for Circles of Friends in Finland. All group facilitators undergo a five-day training course, and they too are interviewed. The training courses are always given by two people, and each Circle of Friends group is led by two group facilitators, in order to create better group dynamics.

"Down the years, we've realised that participants find the group more reassuring when there are two facilitators. And when the facilitators commit to the group, so do the participants," says Ylimaa.

Continued training is organised annually, and the regional operational leaders, who are all

employed, offer mentoring and support to the group facilitators.

"The group facilitators enjoy really good support," says Ylimaa.

In addition to the training, all group facilitators receive a comprehensive information package of about 200 pages, in which the activities of the Circle of Friends are explained and facilitators are able to study information about loneliness theory, group theory and how to lead a group activity.

Assessments of providers and views of participants

After 20 years of experience with Circle of Friends groups, it is evident that the activities alleviate and prevent loneliness in the target group. Anonymised surveys confirm that 90 per cent of participants in the Circle of Friends groups believe that their loneliness has decreased as a consequence of participation in the activities, while 70 per cent feel that they have received support from others in a similar situation.

Previous participants have also assisted in the training courses by sharing their experiences.

"We realised that group facilitators found it difficult to talk about loneliness among the elderly, and that it might be easier if the participants themselves talked about their experiences. Then the group facilitators also understand that this is something you can and must talk about," says Anu Jansson.

The accounts of the experts by experience are linked to theories of loneliness.

"Group facilitators also have the opportunity to ask how older people have experienced their journey, and what things might be worth highlighting," continues Jansson.

Documentation, research, evaluation and follow-up

Every year, a report is produced by the Circle of Friends organisation in which areas for development are reviewed. Both group facilitators and participants give feedback on both training courses and activities. During the twelve weeks that the Circle of Friends meets, a Circle of Friends trainer and mentor visit the group twice in order to assess the activity.

"Group facilitators write a learning diary, which can also be used as a basis for discussing what works well in the group and what can be further developed," says Jansson.

As the activities are dependent on funding from STEA, annual surveys and reports are produced for the Circle of Friends' activities. A ten-year follow-up study has also been conducted.

"We conduct qualitative research by interviewing participants. We've written articles for international publications, and down the years we've seen a doctoral thesis and about twenty smaller dissertations about the Circles of Friends," explains Anu Jansson.

Below you can find links to some related articles:

Editorial, The journal of nutrition, health & aging (2022): Circle of Friends, an Encouraging Intervention for Alleviating Loneliness

Editorial, The journal of nutrition, health & aging (2022): Screening — An Important Starting Point for Effective Loneliness Interventions among Older Adults

Letter to the editor, European Geriatric Medicine (2021): Loneliness is a serious risk in COVID-19 lockdown

Article in Gerontologia (2022, in Finnish): RECETAS-projekti selvittää luontoelämysten vaikutuksia ympärivuorokautisessa hoidossa asuvien iäkkäiden ihmisten yksinäisyyteen

Article by Duodecim (2022, in Finnish): Kuntoutuminen

Article, Educational Gerontology (2018): Training professionals to implement a group model for alleviating loneliness among older people – 10-year follow-up study

Watch the video Circle of Friends group gives you support in your loneliness (English subtitles) on Youtube

Economy

The activities of the Circle of Friends are funded by the Finnish Funding Centre for Social Welfare and Health Organisations (STEA). 38 per cent of group facilitators are volunteers and therefore receive no pay for their work. The rest are employed in the field of social care and healthcare. For them, the Circle of Friends is part of their normal work. For example, several municipalities offer Circle of Friends activities.

Anu Jansson views the Circles of Friends as being financially profitable – especially in the long term.

"Twelve organised meetings represent a small investment, considering what a long-lasting the benefit the Circle of Friends provides," says Anu Jansson.

She believes that there should in general be more faith in people's ability to take action and collaborate.

"Just imagine how much this kind of psychosocial group rehabilitation promotes the functional capacity of older people and saves costs. You might need a professional to get the activity up and running, but then people manage on their own. We should invest more in similar initiatives," says Jansson.

Dissemination and implementation

At present, the Circles of Friends only operate in one Nordic country, Finland, but the model has been adapted and passed on to several countries via the international RECETAS project. The training material has been translated into English.

"We've learned a lot about how the model can be implemented in other countries thanks to the RECETAS project, especially about how to hold online training courses," says Jansson.

Despite some challenges in holding training courses in other countries, the basic concept of the activity is still easy to transfer to another country or culture. This is because the Circles of Friends are always based on the interests and needs of the participants. The model may, however, need minor adjustments, as they became aware of in Finland when groups were set up for people who communicate using sign language.

"Deaf people do not perceive loneliness in the same way as people with normal hearing, and we had to adapt the model accordingly. You should be critical and attentive when evaluating and disseminating the Circle of Friends concept, like any model that is customer-oriented," emphasises Jansson.

If you are interested in starting up a Circle of Friends model in your own country, you can contact the Finnish Association for the Welfare of Older People, which organises fee-based training courses in English.

"Setting up an activity simply by reading articles about the Circles of Friends is difficult, even if you can use some elements," says Jansson.

Read more about the Circles of Friends

Read more about the RECETAS project



Denmark: Telephone counselling for people with autism became important for the target group

When the pandemic began, many government agencies and organisations were unprepared, but at Landsforeningen Autisme (Danish Autism Association) in Denmark they realised that something had to be done. Within just a few weeks of the start of the pandemic, there was a telephone counselling service in place that both people with autism and their teachers and parents could call.

Name of the initiative

Extended telephone counselling for people with autism in Denmark.

Target group

The telephone counselling and chat services provided by Landsforeningen Autisme were aimed at children, young people and adults with autism and their relatives. Counselling was available to anyone with autism and to people who needed help in matters relating to autism.

"We also received several calls from teachers and institutions who needed help with getting children to return to school," says Mehdi Owliaie, Head of Department at the Danish National Autism Institute, which was responsible for the telephone counselling provided by Landsforeningen Autisme.

In Denmark, it is not permitted by law to register people according to disabilities, so there is no exact figure on how many people there are in Denmark with autism. According to a research paper published in 2018 , there were just under 32,000 people with a diagnosis on the autism spectrum in Denmark in 2016. According to Landsforeningen Autisme, the true

figure at present is closer to 45,000, which is due to some methodological differences and the fact that the newer figure applies a broader definition of autism diagnoses.

"There are also many people who haven't been diagnosed," says Owliaie.

Description of activity and expected results

Telephone counselling provided by Landsforeningen Autisme was active essentially from the beginning of the pandemic until the end of 2021. Counselling was free and those who called were able to remain anonymous.

There were five people in total answering the phone line, which was open on Mondays and Thursdays from 13:30 to 15:00, Tuesdays and Wednesdays from 08:30 to 09:00, and Tuesday evenings from 19:30 to 21:00. Anyone who preferred not to phone could also send a text message.

Right at the beginning of the pandemic, Landsforeningen Autisme received many questions from people with autism and their relatives who did not know how to deal with the new situation. Owliaie and his colleagues at Landsforeningen Autisme therefore felt it was necessary to do something for the target group.

"We initiated the activity with the help of volunteers even before we'd received funding, maybe two or three weeks after the pandemic started," says Owliaie.

The purpose of the counselling service was to create a confidential space where callers could get advice, guidance and help with problems relating to autism – for example, challenges relating to well-being and loneliness, conflict management or education and work.

"Our expectation was that our professionals can help those people who phone in and tell us about the challenges they're facing. We also have previous experience of phone lines and expected a high number of calls. It's not rocket science," says Owliaie.

Theory, knowledge and competence

According to Landsforeningen Autisme, loneliness is a major problem for young people with autism. Research shows that adults with autism are vulnerable in a number of areas. Compared to the rest of the population, they are far worse in terms of education, employment and the ability to live independently and to establish social relations. This can mean that people with autism become socially isolated at a level that they themselves perceive as being problematic – or that family members or professionals react to.

In the past, Landsforeningen Autisme has had phone lines that were operated with the help of volunteers (such as parents of children with autism), but for the telephone counselling service during the pandemic, Mehdi Owliaie and his colleagues wanted to have professionals answering the questions.

"These are people with many years of experience of working with autism, such as special needs teachers and counsellors," says Owliaie.

The counselling team consisted of an engaged and competent team with experience in special needs education and autism. Landsforeningen Autisme also points out that even though there have been and are other phone lines where you can find help, it was important to be able to offer a phone line where those who answer the calls really do possess knowledge and experience of working with people with autism.

As everything happened at a rapid pace after the pandemic began, the working group did not have time to reflect in greater depth on theories on which to base the initiative.

"Our objective was to understand the people phoning in and give them advice to set up strategies to make their everyday lives easier.

Owliaie explains that they have worked according to the motto 'meaning – mestring' (Danish for mastering). This means that they first listened to the person, the challenges they were facing and how autism affected this, and the counsellors then helped to find practical solutions to the problem.

The foundation was provided by the practical knowledge already possessed by the experts.

"Although no one had experience of a situation like this," emphasises Owliaie.

Assessments of providers and views of participants

Mehdi Owliaie and his colleagues at Landsforeningen Autisme are all satisfied with the efforts.

"Professionalism, friendliness, interest and respect were the watchwords in our telephone counselling," says Owliaie.

Those who phoned in for counselling were also grateful.

"When the phone line was closed at the end of 2021, many people said that something was missing from their lives, and many wished we had continued," says Owliaie.

He gives an account of a woman who called the telephone counselling service and whom he was able to help in a difficult situation:

"The woman was agitated and in tears. She was going to a meeting with the rehabilitation team and was concerned that everything would go wrong. I gave her guidance on how she could attend the meeting without her anxiety gaining the upper hand. She called five days later and said the meeting had gone as it should, and that she hadn't been worried at all. It could have had major consequences in her life if she hadn't shown up."

Documentation, research, evaluation and follow-up

Landsforeningen Autisme's telephone counselling service received an average of eight calls a day.

"That confirmed that there is a huge need for an initiative like this among our members," says Mehdi Owliaie.

Callers were anonymous and no detailed information was collected about who called or with what kind of problem. Because of this, it has also not been possible to perform any follow-up on a personal level – unless the people themselves called back (as in the example above).

Economy

In spring 2020, the project received DKK 490,000 from the Danish State to fund the phone line.

"I think that it was money well spent. We did a lot for the people who called us. It would be expensive if people with autism became completely isolated, and you then needed to involve a number of professionals," says Mehdi Owliaie.

If you evaluate the finances of similar initiatives in the long term, Owliaie believes that it is worth investing in preventive and assistive activities before any problematic situations can escalate.

"It wasn't that expensive for the State to provide the grant, compared with how expensive the care could have been without the telephone counselling," says Owliaie.

And Landsforeningen Autisme wanted to avoid spending the money made available for the project on administrative tasks.

"We wanted the money to go to the professionals who can help people."

Dissemination and implementation

According to Mehdi Owliaie from Landsforeningen Autisme, not much work is required to get started with similar activities in other Nordic countries.

"Over the past 21 years, I've done several autism-related projects in Denmark, and this was extremely simple. All you need is a telephone line, professionals who can answer the phone, a framework and a target audience," confirms Owliaie.

Read more about the project Telefonrådgivning mod isolation og utryghed (in Danish)



Iceland: Clearing snow produced health benefits

When the world shut down and we were instructed to stay at home, those in charge of the town of Akureyri, the biggest town in northern Iceland with nearly 20,000 inhabitants, wanted to make sure that residents would get out and about.

Name of the initiative

Snow clearance in Iceland in the town of Akureyri to reduce social isolation.

Target group

When the pandemic began, many people chose to stay at home to avoid Covid infection. But in Iceland, residents at a national level were urged to go out and exercise, instead of becoming socially isolated in their homes. In the town of Akureyri, the biggest in northern Iceland, schoolchildren were an important target group. The idea was that they should be able to get to school easily. In addition to the schoolchildren, the target group included anyone who needed and wanted to get out and exercise.

Description of activity and expected results

Once the pandemic was a reality, Ásthildur Sturludóttir, Mayor of Akureyri, together with researcher Halldór S. Guðmundsson, who at the beginning of the coronavirus pandemic was working as temporary assistant to the Mayor, began to think about what they could do to make it as easy as possible for residents of the town to actually get out.

"We didn't want people to be staying at home. One of the most important things we came up with was to start clearing snow on all walkways. Akureyri isn't a big town in terms of its area, but we have a large network of walkways, and you use them to get everywhere," says Sturludóttir.

As early as 16 March, five days after the WHO had declared COVID-19 to be a pandemic, the extra snow clearance measures were announced on Akureyri's website. A few days later, Icelandic public broadcaster RUV picked up on the news. They wrote in an article (translation using Google Translate):

"Residents of Akureyri are urged to take advantage of the area's various opportunities for outdoor activity, now that gatherings are banned and sports activities are being disrupted. Special emphasis has been placed on clearing snow from the main walking trails."

Theory, knowledge and competence

Halldór S. Guðmundsson, who is currently Professor in Social Work at the University of Iceland, has previously conducted research into stress and knows what impact stress has on people, and how to counteract it.

"There's research to show that it's beneficial for a stressed person to go out into nature, it's an important element of our health," he says.

In a brand new Icelandic article entitled The benefits of natural therapy for stress and burnout (in the process of publication) by Guðmundsson and his colleagues Hervör Alma Árnadóttir and Berglind Magnúsdóttir, they write that nature is seen as a rejuvenating and health-promoting environment for people suffering from mental fatigue – which most people experienced when the pandemic became a reality.

Health-promoting environments include those that help people regain the strength and capacity they have lost due to pressure and stress. Complex natural surroundings offer stimulation for the senses. For example, shifting seasons, changing weather and light, noise and silence all offer ways to relieve stress.

"The consequences of stress are related to the capacity of individuals to cope with stress," says Guðmundsson.

Chronic stress can result in burnout, which manifests itself in fatigue and exhaustion, reduced initiative and physical endurance, and is one of the main causes of absence from work.

Another way to reduce stress is to meet other people. Due to the pandemic, everyone was forced to keep their distance to prevent the spread of infection. Outdoors in Akureyri and elsewhere in Iceland, there was still an opportunity to meet friends, as long as you maintained sufficient distance.

"Some people exercise every day, so we were forced to find alternatives. Clearing snow became important, but also a natural response. We didn't have too many other options," says Guðmundsson.

Gender-equal snow-clearing, which started in Karlskrona in Sweden in 2013, served as a source of inspiration for the snow clearance initiative. Gender-equal snow-clearing means that snow is cleared first of all from footpaths, making it easier for those such as pedestrians and people with prams to get around, instead of starting by clearing snow on the roads.

Just as with gender-equal snow-clearing, the snow in Akureyri was shovelled away first of all from the footpaths, and only then on the roads.

Assessments of providers and views of participants

According to Mayor Ásthildur Sturludóttir, the residents of Akureyri were extremely grateful for the town's efforts concerning snow clearance.

"Even though gyms and all other venues were closed, they could at least go out for a walk, run, cycle or go skiing," she says.

It was, however, still not possible to organise large outdoor events, as people from different households were not to have contact with each other, in order to avoid risks of infection.

Documentation, research, evaluation and follow-up of the initiative

There are unfortunately no instruments that count the number of pedestrians or cyclists moving around in Akureyri, but both Sturludóttir and Guðmundsson are convinced that the health benefits have been significant.

Local associations also began to set up activities such as ski trails in nature.

"So it was by no means just the municipality that wanted to find ways for people to spend time outdoors," says Guðmundsson.

A lot of other Icelandic towns also started to initiate extra snow clearance activities in order to enable people to move around freely outdoors.

Economy

In practice, it was easy to organise extra snow clearance in Akureyri. The town has a contractor that takes care of snow clearance, also in normal times.

"During the pandemic, there was a little more work for them than usual, so it also became more expensive for the municipality, but not by much," says Mayor Ásthildur Sturludóttir.

Some of the money was allocated from other planned activities that could not take place because of the pandemic.

"We were able to move money around to make snow clearance a reality," says Sturludóttir.

Dissemination and implementation

As the idea for the snow clearance initiative came from gender-equal snow-clearing, which started in Karlskrona in Sweden. The idea is easy to implement in other places in the Nordic region where they have a lot of snow in the wintertime.

“You don’t always have to overthink things. It was an extremely simple measure that had a big impact. I think we did the right thing,” says Ásthildur Sturludóttir, Mayor of Akureyri.

Read an article about the excellent conditions for outdoor activities during the COVID-19 pandemic, Akureyri municipality: Frábærar aðstæður til útivistar (in Icelandic)

Read more about residents encouraged to spend time outdoors in the article Íbúar hvattir til útivistar (in Icelandic)



Norway: Easy communication is the key to closer contacts

One screen and one button. That's how simple Norwegian company No isolation's Komp is – a device designed for people who have difficulties with digital technology, but who want to keep in touch with their loved ones. During the pandemic, care homes were among those to use Komp as a communication channel.

Name of the initiative

Komp/No isolation

Target group

Norwegian company No isolation's Komp is a simple screen designed for people who have difficulties with digital technology.

"It's a solution to prevent vulnerable groups from feeling lonely and isolated," says Erik Børve Rasmussen from OsloMet University.

He is one of the researchers in the research group WATT (Welfare Access Through Technology), which is conducting research into subjects including Komp.

Because of the stigma attached to loneliness, Komp is rarely marketed to people as a means of countering loneliness, but the focus is rather on the solution itself – to keep in touch.

"Loneliness is stigmatised. You can't market a device for lonely people, instead you want to highlight the opportunity to keep in contact with the family. A kind of everyday chat, where you get to find out what the grandchildren have been up to during the day," says Børve Rasmussen.

He explains that the aim of Komp is to introduce more human relationships into the everyday lives of lonely people. According to him, people often talk, in negative terms, about 'cold technology' replacing warm hands.

"No isolation was among the first to coin the phrase 'warm technology'. You could say that it's technology that is warmed up by human interaction," says Børve Rasmussen.

Because the interface is so simple, it's important that Komp is not acquired for the 'wrong' person.

"It's been developed for people who can't cope with modern digital technology. Komp is probably the wrong solution for someone who'd be able to use a smartphone."

According to Børve Rasmussen, trying to create solutions that work on a broad level is generally challenging. The healthcare sector likes to have customised products, but not too many solutions.

Description of activity and expected results

Komp is intended for people who need help to communicate, or in places such as care homes. To make it simple, Komp has just one button. You turn the button and the screen is switched on, and if you turn it more, you can increase the volume.

Family members and friends can use a mobile app to send pictures to the screen or make video calls, which are answered automatically after ten seconds.

"It was a trade-off for No isolation – the simple interface means less control for users of Komp, but if you as a receiver don't want to answer a call, you can just turn it off," explains Børve Rasmussen.

Gøril Hoff Dalehamn is Quality Manager at the Nordseterhjemmet care home in Oslo. Komp became a useful solution for them during the pandemic.

"We saw it as an aid for patients, family and staff, so they had less to worry about, despite the closed doors," says Hoff Dalehamn.

Another expectation is that the healthcare system will start to use Komp as a complement to physical visits. Carers can use the digital channel, for example, to remind a patient to take their medicines or check how a wound has healed. It is also possible, for example, to provide physiotherapy remotely.

"This can be done more frequently than if you need to drive to visit everyone in their home, especially in places with large geographical distances," says Børve Rasmussen.

Assessments of providers and views of participants

In several interview studies conducted by Erik Børve Rasmussen, it emerges that what users appreciated above all about Komp is the opportunity to feel part of the everyday lives of

family members and friends –despite not being able to meet up physically.

"For example, you might send a picture of that lamp you bought during the day," says Børve Rasmussen.

According to him, Komp users were generally more satisfied with their social lives after having started to use Komp, even though conversations via Komp can also result in arguments with their loved ones that might not otherwise have become an argument.

"But if you're arguing with someone, you're not socially isolated," says Børve Rasmussen.

For some people with advanced dementia, Komp was not the ideal solution. They might not recognise their children or understand that it is, for example, their daughter who is calling them.

"It can be confusing and cause concern among patients if someone pops up on the screen. So we set it up so that family members phoned staff first and asked them to go and forewarn the parent in the home," says Hoff Dalehamn.

Børve Rasmussen also confirms that some people with dementia became frightened or did not understand what was happening when they received a call.

"But interaction via Komp can also be seen as an element of dementia care. Engaging patients can be one way to combat dementia. But the way it's used must be adapted to the user. For someone with dementia, it might not be so exciting to see pictures of children or grandchildren that they've forgotten that they have," he says.

In such instances, you can instead share old photos and use them as a starting point for conversations with family members and relatives.

Gøril Hoff Dalehamn at Nordseterhjemmet believes that Komp can also be an excellent complement in the future if, for example, norovirus or other infectious diseases are circulating.

"If that happens, we can close the doors and protect the patients. New care homes should have screens at every bedside," she says.

Theory, knowledge and competence

The theory behind Komp is based on the main problems surrounding loneliness in the elderly – that you lose contact with your family. Put simply, No isolation wants to connect analogue grandparents with digital grandchildren.

But loneliness is a complicated research issue. According to Erik Børve Rasmussen, there are many levels of loneliness.

"Involuntary loneliness is about expectations – that is, how much interaction with others you expect," says Børve Rasmussen.

He explains that in collectivist cultures such as Italy, older people feel more alone than older people in more individualistic cultures such as Sweden. This is because Italians expect more social interaction with their families – and when social interaction ceases, Italians feel more alone.

"The important thing is to identify the kind of interaction that older people want more of."

It is partly true that more and more elderly people feel lonely, but it is also due to the fact that there are more elderly people now than there used to be.

"Loneliness is linked to the fact that you can no longer do the things you used to do, that people around you die and networks disappear," says Børve Rasmussen.

Staff at care homes require a one-time initiative when they familiarise themselves with how Komp works. One concern at Nordseterhjemmet in Oslo was that Komp would require a lot of extra resources, but members of staff did not feel that Komp created extra work.

"No isolation offers good support if we need help with something," says Gøril Hoff Dalehamn.

At the same time, she acknowledges that a family that wants to be in contact with relatives at the home must also be digitally literate.

"But that's becoming more the case, the more digital we become. For my part, I see that it provides reassurance. The images that are sent are important, and those who have used Komp have been really satisfied," she says.

Documentation, research, evaluation and follow-up of the initiative

The first empirical study of Komp was conducted among older people with cancer on behalf of the Cancer Association, which wanted to investigate whether Komp could prevent involuntary loneliness (Oppedal, Bjarne, Clemet Askheim and Marit Haldar. "Erfaringer Med KOMP Som Velferdsteknologi". [*"Experiences with KOMP as Welfare Technology."*] Skriftserien, 2019, 56–56). In this interview and observation study, researchers talked to older users and their loved ones.

During the coronavirus pandemic, Børve Rasmussen and his colleague Sehrish Akhtar conducted research into municipal care of the elderly and wrote the report Enkel og trygg pårørendekontakt: Forskningsrapport fra et pandemiprosjekt om bruk av sosial teknologi for eldre på langtidshjem. (In English Simple and safe contact with loved ones: research report from a pandemic project on the use of social technology for the elderly in care homes.) *Skriftserien* 2022, no. 4 (2022): 71.

In the article Varm teknologi mot ensomhet blant eldre? (In English Warm technology against loneliness among the elderly?), Børve Rasmussen and his colleagues write about how they have tried to counter loneliness among the elderly with the aid of digital technology.

"But none of these projects can state definitively that the level of loneliness has changed among Komp users, because loneliness is difficult to measure. But what we can show is that for people who cannot cope with modern technology, Komp makes them feel closer to their families and they are more satisfied with their social life," says Børve Rasmussen.

At present, an RCT is under way in which a group that is using Komp is compared with one that does not. One of the main issues is to see how long each group lives at home.

Despite several research projects, Erik Børve Rasmussen points out that it is not possible to unambiguously measure the effects of technology such as Komp, as the cause and effect of loneliness and social contacts are interlinked.

Economy

According to Børve Rasmussen, the use of Komp does not necessarily save money within a certain budget framework, but money is instead saved elsewhere if Komp, for example, enables the patient to live longer at home and does not need to move into a care home.

Further research and evidence are needed to be able to draw any firm conclusions about the economic benefits.

Dissemination and implementation

Researcher Erik Børve Rasmussen notes that it would be easy to pass on the Norwegian innovation to other Nordic countries – mainly because there is similar legislation on video communication and privacy. Our communication cultures are also quite similar.

"Virtually everyone has smartphones and is used to apps. I believe in general that communication technologies such as Komp can work really well in most industrial countries," says Børve Rasmussen.

Read more about Komp



Sweden: New forms of participation identified for people with deafblindness

Even in normal situations, people with deafblindness constitute a vulnerable group that experiences a lot of isolation – yet the pandemic hit this particular group hard. Letter courses in Braille and remote psychotherapy were some of the solutions that made things easier, but there are many lessons to learn for future pandemics.

Name of the initiative

Clinical experience and activities within the deafblind team in Stockholm during the pandemic.

Target group

Deafblindness may sound drastic, but according to researcher Mattias Ehn, the group is incredibly heterogeneous. The vast majority have combinations of visual and hearing impairments, and so far there has not been very much research conducted on people with deafblindness. They make up about 0.2–2 per cent of the world's population, or around 2,000 people in Sweden under the age of 65.

"But if we include all people older than 65 with impaired vision and hearing, there are tens of thousands who could be classified as people with deafblindness, but who are not identified as being deafblind," says Ehn.

The risk of having impaired vision or hearing increases with age, and the older we get, the more common deafblindness becomes.

"There are few who are deaf and have no vision at all, but physical proximity to other people is crucial for many to be able to interact with their surroundings," says Ehn.

In addition to his role as researcher, he works as a psychologist in Stockholm's deafblind team and meets people with deafblindness in his clinical practice. One major challenge during the coronavirus pandemic was that all the activities that were normally organised by disability organisations for people with deafblindness were suddenly closed down.

"Life became restricted, incredibly empty and poor. Many people just stayed at home, and the rapid flow of information made it difficult to keep up," says Ehn.

For example, the Public Health Agency of Sweden held daily press conferences, but it took a long time before they were interpreted in sign language.

"Some people read sign language with their residual vision, while others read sign language using a tactile modality, with the sign-language presented in their hands," says Ehn, explaining the need for sign language for people with deafblindness.

According to him, you can generally talk about a perceived information deficit during the pandemic among people with deafblindness.

Description of activity and expected results

For many people with deafblindness, life itself is often a social challenge – during the pandemic, the social challenges became a reality for everyone in society.

"I had one patient who said that now everyone will get a chance to see what our life is like every day," says Mattias Ehn.

Fairly soon after the pandemic began, the Association of the Swedish Deafblind in Stockholm set up different kinds of events on Zoom in an attempt to reach the target group.

"The region's digital toolbox was gradually expanded to offer individual contacts and group activities remotely. But if you see and hear poorly, how are you to participate remotely?," says Ehn.

For younger people with good knowledge of technology and better preserved senses, it was easier to participate online. For older people, it was difficult to connect – the vast majority needed help.

The aim was to retain some kind of hope and maintain some kind of activity. During the pandemic, Ehn, as a psychologist, was contacted by many people who might not otherwise have contacted him.

"For me, it was about conveying that this will pass, that you have to persevere and use the digital formats, even if they didn't feel that convenient."

In Stockholm, plenty of interpreters were provided, despite the fact that interpreters were accepting significant risks of infection by meeting people with deafblindness. Visors, face masks and a lot of hand sanitiser were all used.

“But they did it, and it was an amazing effort by the community of interpreters in Stockholm. In other regions, everything was stopped and there was a range of digital activities that were still not available to everyone. There was an inequality in supply,” he says.

In general, people with deafblindness faced major challenges during the pandemic.

“Teaching someone to walk with a white cane, you don’t do that on Teams, you just have to practise it hands-on. Our low-vision teachers were creative, they wore visors and face masks, worked outdoors and went above and beyond to provide contact. Even if they couldn’t work as intensively or as well, they were always able to offer something,” says Ehn.

He cites the vision specialist teacher who teaches Braille as an example. A weekly physical meeting became a correspondence school.

“It was pretty inefficient, but it was still a way to keep going and maintain contact,” he explains.

As a psychologist, Ehn also noticed a big difference in his clinical activities. Before the pandemic, he had a couple of patients he dealt with remotely, but during the pandemic, around 80 per cent of appointments were digital. Even now that the situation has normalised, he still sees 30-40 per cent of his patients remotely.

“We’ve made the change.”

Theory, knowledge and competence

When the pandemic arrived, everyone felt at a loss – the deafblind team in Stockholm had no contingency plans to deal with the situation.

“There was no research and no knowledge about offering accessible information. We did the best we could, but as there was nothing to refer to, this is an overarching purpose of our ongoing research. We need to learn what the consequences of this are, and to change the care provided for this target group,” says Ehn.

Previous research shows that even in normal situations, people with deafblindness experience isolation and may feel excluded, even if they are among people.

“For a person with deafblindness, it can be difficult to keep up if communication is fast, so many choose to withdraw. This happens particularly among those who have deafblindness that is not evident to those around them. In that situation, other people just don’t understand that they have seeing and hearing problems.”

Assessments of providers and views of participants

Mattias Ehn is full of admiration for his colleagues in the deafblind team in Stockholm. Above all, how they worked to find solutions to provide what patients needed during the pandemic.

"We really did everything we could, which I personally think is worth acknowledging, even though it can never be quantified," says Ehn.

Sometimes, members of the deafblind team had to consider regulations and infection control.

"If you're supposed to wear a mask, but the other person depends on lip-reading, what should you do? Should you wear a visor that might create a reflection? Or keep a distance of two metres? There were some ethically tough dilemmas, and it was difficult to get support from infection control authorities."

Ehn also explains that they tried to connect with the target group, but that some declined because they did not dare attend the meetings. They were not necessarily afraid of the service itself, but of having to travel by taxi and risk infection on the way.

"The journey was seen as a major risk, and unfortunately many people didn't receive the help they needed, even though care providers did so much to create the best possible conditions."

Some realised that despite exposing themselves to a certain risk with a sighted guide, the health risk of just staying at home and never going out is also significant.

But at the beginning of the pandemic, there was even a sense of relief.

"A lot of things associated with deafblindness take longer, and initially there was a lower pulse throughout society, which was perceived as something positive. People with deafblindness can become exhausted by all impressions."

At the same time, the opportunity opened up for more and more people to work from home. For people with severely impaired vision, transport to and from work can be resource-intensive, and many were happy to avoid that.

"Now there's less stigma about working from home, and there's a totally different level of openness among employers," says Ehn.

Documentation, research and follow-up of the initiative

For many, the pandemic was characterised by fear and concern – and unfortunately, some of these patterns persist among people with deafblindness. Even now that restrictions have been eased and the immediate danger of the pandemic is over.

"A stay-at-home lifestyle has been created, people don't go out for walks, go shopping, eat

at restaurants or attend cultural events," says Ehn.

But as the pandemic ebbs away, group activities are starting up again.

"We're approaching the figures of physical visitors that we had before the pandemic. Although appointments are a little different now compared with before the pandemic, more things are happening digitally and remotely, despite the fact that restrictions have now been lifted," says Ehn.

According to him, it is therefore important that knowledge of the needs of people with deafblindness increases, and that better tools are available in the event of a future pandemic.

"It can't be the case that you can easily get hold of an interpreter in Stockholm, but not in another region. Who's responsible for providing protective equipment? How do you maintain contact with patients? How do we create something that works for everyone? What we now know is based on anecdotes from our clinical experience," emphasises Ehn.

He points out the importance of systematic knowledge through research, to find out what has worked and what can be done differently in the future.

The experiences from the clinical settings are being used as the basis for a research project in which both people with deafblindness and support staff are being interviewed. The dominant experience is that the period of the pandemic was experienced very differently among people with deafblindness, but the goal is to obtain facts about how people with deafblindness received help during the pandemic in Sweden.

"No results have been published yet, and we're currently in a period of data collection. We must not be caught off guard in the same way if something like this happens again. We have already learned a lot, and we dare to believe in our patients' ability to embrace the digital world," says Ehn.

Finance

From a socio-economic perspective, it is difficult to see the effects of the work undertaken during the pandemic. The deafblind team in Stockholm has not been able to meet its production goals, as the organisation is paid based on what they produce.

"The appointments that were held involved a lot of effort and often required an incredible amount of creativity and work in terms of time. Our compensation model doesn't care how much preliminary work an appointment involves – so a large amount of work can result in poor appointment statistics," says Ehn.

He emphasises that if certain activities can be carried out, this can mean savings elsewhere. For example, preventive activities from the association of people with deafblindness are cheaper than if everyone needs to talk to a psychologist because they are feeling unwell or isolated.

"I'd guess that for every krona invested in association activities, you earn ten times that

amount back at some other end. Non-governmental association activities and access to adapted support are crucial for people with deafblindness in enabling them to be active and feel involved in their own lives," says Ehn.

Dissemination and implementation

The research that Mattias Ehn is now conducting will also be valuable in other countries. The results and insights that follow can form the basis for continued work for and with people with deafblindness throughout the Nordic region.

Read more about the research project People with deafblindness – Health and initiatives during the COVID-19 pandemic



Other examples from the Nordic region

To broaden the picture of the measures and initiatives that were carried out during the COVID-19 pandemic in different parts of the Nordic region, here are some additional examples.

Culture for the Neighbourhood

"Culture for the Neighbourhood" offered live performances in the local environment of older adults in Gothenburg during the summer of 2020. The initiative was highly appreciated by both older tenants and artists. It was followed up over four weeks in December with "Christmas for the Neighbourhood".

Read more about Culture for the Neighbourhood (in Swedish)

Balcony gymnastics

In places including the town of Paimio in Finland, balcony gymnastics for older adults in risk groups was organised under the guidance of a trained sports instructor.

Read more about balcony gymnastics for older adults (in Finnish)

Container meetings

In Finland, a number of care homes offered an opportunity to meet loved ones through a safe meeting in a container, where there was no risk of infection because they were separated by a glass wall. Publications including the newspaper Östnyland (in Swedish) and Yle (in Finnish) wrote about this.

Stronger together – 44 projects by 35 organisations for the disabled in Denmark

The projects within En hverdag med stærke fællesskaber – DH's indsats mod ensomhed (in English Everyday life with strong communities – DH's action to counter loneliness) highlight initiatives for vulnerable groups in connection with COVID-19. The projects aim to counter loneliness and isolation, and to ensure that people with disabilities can return to everyday life and society. The site presents a total of 44 different projects that were carried out during the pandemic in Denmark.

Read more about the projects (in Danish)

Various examples from Denmark

The Danish National Board of Social Services has compiled examples from several different actors involved with the elderly to create an ideas bank. The ideas are divided into three sub-categories: libraries and reading associations, exercise and nature activities, and cultural and social activities.

Read more about the ideas bank (in Danish)

Various examples from Finland

The Finnish Institute for Health and Welfare (THL) has compiled a list of measures taken to help the elderly during the pandemic. The examples include tips on how to work with outreach care for the elderly and with support in everyday life.

Read more about the compilation (in Finnish)

Various examples from Iceland

In Iceland, the Red Cross started a project called telephone friend, in which volunteers phoned elderly people. Municipalities also had similar projects. Another concrete measure was a broadening of the TV offering during the daytime. In care homes, there was a special COVID-19 section so that those infected did not have to be isolated in their rooms.

Read more about the project telephone friend (in Icelandic)

Appendix

A typology for presenting learning examples and promising practice

Below we present the typology that was used in this report. The criteria have been slightly modified from a template that the Nordic Welfare Centre commonly uses when learning examples are presented in publications and online.

There is often a lack of research on evidence, and in the absence of academic knowledge, we use the typology to increase transparency when it comes to the learning examples presented. It is based on research that exists to describe activities that are considered to represent promising practice. The typology has been developed and modified from a tool that was introduced by VIVE – The Danish Center for Social Science Research (formerly SFI – Det Nationale forksningscenter for Velfærd) and Socialstyrelsen in Denmark. You can read more about the typology in this report by the Nordic Welfare Centre and in this template from the website integrationnorden.org.

Name of the initiative

Target group

Which target group can be included in the initiative? Is it a certain age, gender, how advanced your language skills are that determines whether a person can be included in the initiative, or is it an open activity that is aimed at everyone?

Description of activity and expected results

This describes the content of the actual initiative, the important components, how long it lasts and whether there are different steps to go through.

What outcome is expected from the participants who receive the initiative? Does the initiative include clear goals that are formulated in writing for the target group?

Theory, knowledge and competence

This describes the theory or background behind the initiative. Is the example based on research into what works for the target group, and has other knowledge contributed to your organisation starting up the initiative?

Is it an initiative that requires a special qualification/competence of the provider, and is there any training programme that the provider can attend in order to learn how to deliver the initiative? Are trainers trained within the organisation who can in turn train others, or is no special training required? Is there a manual to support those working on the initiative?

Assessments of providers and views of participants

How do providers view the initiative? Is it offering a benefit and is it perceived as a support by the target group?

Is there any description of how participants view the initiative? Has any type of participant survey been conducted, or has it been determined in any other way what the target group thinks about the activities in which they participate?

Documentation, research, evaluation and follow-up

Describe how the initiative is documented and whether it is possible to follow up the results of the initiative with the support of the documentation.

Has an evaluation been conducted of the initiative, or is any kind of evaluation under way? This may involve research into the effects of the initiative, pre- and post-initiative measurements or local follow-up. Link to any evaluations that do exist.

Is there any follow-up to determine whether the initiative is being carried out in the way that was intended?

Economy

How is the initiative funded? Is there any evaluation of the socio-economic outcome of the initiative, i.e. is the initiative worth it in the slightly longer term and if so, how? Are there costs involved in implementing initiatives in the form of training, licenses or the like?

Dissemination and implementation

If the initiative is to be disseminated further in the Nordic region, is education/training available through contact with your organisation, training courses or any other way in which to learn how to deliver the initiative?

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Examples of promising practice from the Nordic countries

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