

Meeting the Grand Challenge to **Eradicate Social Isolation**

Policy Recommendations

- Invest in high quality child care and paid family leave policies to strengthen social connections for parents, children, and families.
- Strengthen social connections in times of transition: developmental perspectives.
- Reform solitary confinement.

Issue

Social isolation is a potent killer. Dating back to 2001, U.S. Surgeon General C. Everett Koop issued his now-famous warning that the association between social isolation and health is as strong as the epidemiological evidence that linked smoking and health.¹ Over 20 years later, U.S. Surgeon General Vivek Murthy called loneliness and social isolation an epidemic.² It is time to strategically identify social policies that, if enacted, would greatly reduce the incidence of social isolation and its downstream negative health and social consequences.

Policy Recommendations

1. **Strengthening social connections to support parents and families.**

A growing body of literature supports the notion that “it takes a village to raise a child.” Models of attachment and social functioning formed early in life have profound effects on the ways in which individuals form and maintain strong relationships throughout their lives.³ Research suggests that the sensitive period in which social connections are most beneficial may occur at younger ages than was once thought.⁴ For example, some studies suggest that socially isolated infants confront increased risk of impaired neurological development that results in emotional and behavioral deficits and that cannot be fully overcome later in life.⁵ Such deficits interfere with the development and maintenance of social relationships⁶, and even physical health across the lifespan.⁷ Accordingly, children and parents need high-quality child care and paid family leave to strengthen social connections for parents and children and to ensure children’s healthy development.

Access to high-quality child care enables parents to properly meet the work and social obligations that structure an increasingly complex society. Paid family leave allows parents to engage more fully in relationships with children and in other social connections that may enhance parenting. Social connections serve as a powerful mediating variable on parental

stress and coping, emotional and physical well-being, and parent-child relationships and functioning.⁸ For example, socially connected caregivers, compared with counterparts who do not have anyone on whom they can rely for advice and assistance, respond more sensitively to babies; have higher quality, more engaging interactions with them; have less avoidant babies; and have better mental health outcomes themselves.⁹

Access to high-quality child care can strengthen social connections for children and have lifelong benefits for children, parents, and others performing essential parenting roles. Additionally, access to paid family leave may enhance parent-child relationships, promote optimal social development for small children, and free parents to engage social connections that support parenting. President Biden's American Families Plan¹⁰ is one example of federal policy with positive implications for decreasing social isolation among children and parents. This plan ensures that low- and middle-income families spend no more than seven percent of their income on child care, ensures access to high-quality child care, and mandates comprehensive paid family leave.

2. Strengthening social connections in times of transition: developmental perspectives.

A more nuanced, developmental, and contextualized understanding of social isolation is needed. Research increasingly suggests that childhood isolation influences developmental processes across the life course. Evidence-based interventions that minimize the potential for isolation across the life course are therefore warranted, as is consideration of the impact of social marginalization on isolation and loneliness.

Social connectedness is critical to the developmental transition from adolescence to young adulthood. A healthy transition to adulthood includes navigating old and new relationships with family, friends, and significant others. Recent research has shown that social participation has steadily declined, particularly among young people between the ages of 15 and 24.^{11,12} Time spent in-person with friends among youth in transition has declined drastically over the past two decades.^{11,12} Both the advent of technology and the COVID-19 pandemic have led to some of these changes in the social fabric of the lives of youth transitioning to adulthood; indeed, the grand challenges need to consider routes to build back social connections for young people. The data are clear, social isolation and loneliness are associated with poor physical and mental health outcomes among youth transitioning to adulthood.^{2, 12}

Social isolation among older adults is a significant risk factor for cognitive impairment and dementia,¹³ as well as for increasing the likelihood of elder mistreatment.¹⁴ Socially isolated older adults are highly vulnerable to financial scams and manipulations. Social isolation has also been linked to a wide array of health problems. An AARP report synthesized findings on social isolation in older populations, identifying key risk factors for such isolation: physical or functional impairments, particularly impairments of older adults who lack instrumental support (e.g., transportation); low socioeconomic status; and poor mental health status (e.g., depression and cognitive impairments).¹⁵ Both social isolation and loneliness are important to address with older adults, and may require different approaches. While group-based interventions show effectiveness in decreasing social isolation,¹⁶ cognitive interventions designed to modify maladaptive thinking are most effective in decreasing loneliness.¹⁷ Effective best practices with isolated and lonely older adults should integrate both approaches.¹⁸

Additionally, the interaction between social isolation and marginalization within specific populations such as immigrants and refugees require more attention and advocacy. External factors that contribute to immigrants' and refugees' experiences of isolation include contextual factors associated with the migration experience (e.g., cultural, linguistic, and digital access barriers), systemic discrimination and anti-immigrant sentiments, as well as experiences of stigma and oppression^{19,20} – which have worsened since the pandemic.²¹

Several innovative approaches are being deployed to address social isolation across various populations.^{22,23} In 2012, AARP initiated a campaign to raise awareness about social isolation and stimulate intervention research on the topic.²⁴ Similarly, in 2011, a consortium of public and private organizations in the United Kingdom launched the Campaign to End Loneliness, a multifaceted effort to translate the latest knowledge into practice.²⁵ Such an effort is needed in the United States. It could perhaps be supported through a new grant initiative under Title III of the Older Americans Act as well as through the creation of a consortium of public and private organizations, as was done in the United Kingdom.²⁶ The 2023 Surgeon General's Report calls for mobilizing the health sector. Given that loneliness and isolation are risk factors for heart disease, dementia, depression, and premature death, all healthcare providers should assess patients across the lifespan for risk of loneliness and intervene.

3. Reform solitary confinement.

Solitary confinement is one of the most controversial practices in criminal justice.²⁷ The solitary-confinement reform movement generally does not propose total elimination of the practice but instead questions the practice's widespread deployment and its use as a permanent housing arrangement for inmates. Indeed, some argue that solitary confinement constitutes cruel and unusual punishment and may violate the due process rights of prisoners.²⁸ The long-term damage of extended solitary confinement may prevent formerly confined individuals from successfully reintegrating into society after their release from prison, adding to the cascade of negative outcomes that stem from this practice.²⁹

Proponents of solitary-confinement reform have particularly questioned its use among juvenile populations. Evidence shows that solitary confinement among juvenile populations has resulted in long-lasting mental-health problems. Accordingly, some levels of government have greatly constrained or eliminated the use of solitary confinement among juvenile prisoners. President Biden called for ending the practice of solitary confinement in his executive order in May of 2022.³⁰ It appears timely to adopt a universal ban on the use of solitary confinement for juvenile offenders.

The use of solitary confinement for adult prisoners varies considerably across the country. There are more than 80,000 men, women, and youth serving in maximum security or super-max facilities in over 44 states in the U.S. The prisoners are routinely socially isolated between 22-24 hours a day. The U.N. Convention Against Torture defines torture as any state sanctioned act that inflicts severe physical or mental pain or suffering that is intentional. Louisiana and California have the highest prison populations in solitary confinement and face increasing pressure to review the practice.³¹ Given the strong evidence that social isolation is deadly, it is essential and timely that the practice of solitary confinement be challenged and limited with persons with disabilities, and other incarcerated persons, not just for youth. Further, there clearly is a need for more oversight of its use and for particular attention to the mental-health consequences of forced isolation that results in increased numbers of suicide, suicide attempts, and permanent psychological injury. Policy reviews and the development of new policies based upon evidence-based study such as special investigations including family members and In-person prison interviews conducted by un-affiliated and non-partisan social workers and criminal justice experts is warranted. All of these strategies to promote change are necessary.

Authors

Melissa Bessaha, *Stony Brook University*
Suzanne Brown, *Wayne State University*
E.A. Casey, *AARP Foundation*
Sandra E. Crewe, *Howard University*
Robert Cosby, *Howard University*
Melanie Gironda, *University of Southern California*
James Lubben, *Boston College*
Michelle R. Munson, *New York University*
Erika Sabbath, *Boston College*
Elizabeth Tracy, *Case Western Reserve University*

About the Grand Challenges for Social Work

The Grand Challenges for Social Work was launched by the American Academy of Social Work & Social Welfare in 2016 to harness the ingenuity, expertise, dedication, and creativity of individuals and organizations within the field of social work and beyond to champion “social progress powered by science.” Additional information on the Grand Challenges may be found at GrandChallengesforSocialWork.org.

End Notes

1. House (2001).
2. Office of the Surgeon General (2023).
3. Bowlby (1969).
4. Berkman (2009).
5. Nelson and Panksepp (1998).
6. Diamond and Aspinwall (2003).
7. Lacey, Kumari, and Bartley (2014).
8. Quittner, Glueckauf, and Jackson (1990).
9. Green, Furrer, and McAllister (2007).
10. White House (2021)
11. Kanan and Veazie (2023)
12. Sapiro and Ward (2020)
13. Crooks, Lubben, Petitti, Little, and Chiu (2008)
14. Acierno et al. (2010).
15. AARP Foundation (2012).
16. Dickens et al. (2011).
17. Masi et al. (2011).
18. Taylor (2020).
19. Salas et al. (2013).

20. Salway et al. (2020).
21. (Đoàn et al. (2021).
22. Bessaha et al., (2020).
23. Brown and Munson (2020).
24. AARP Foundation (2012).
25. Campaign to End Loneliness (n.d.).
26. Title III is codified at 42 U.S.C. §§ 3021–3030 (2014). See also Older Americans Act (1965).
27. Smith (2006).
28. Lobel (2008).
29. Arrigo and Bullock (2008).
30. Pettypiece (2022).

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