Grand Challenges for Social Work

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Policy Recommendations for Meeting the Grand Challenge to Eradicate Social Isolation

Social isolation is a potent killer. Public health experts now posit that the association between social isolation and health is as strong as the epidemiological evidence that linked smoking and health at the time U.S. Surgeon General C. Everett Koop issued his now-famous warning.[1] Thus, it is time to strategically identify social policies that, if enacted, would greatly reduce the incidence of social isolation.

Recommendation 1:
Increase Access to High-Quality Child Care That Strengthens Social Connections

Although it has become a cliché to say, "It takes a village to raise a child," a growing body of empirical and theoretical literature supports the notion. Models of attachment and social functioning formed early in life may have profound impacts on the ways in which individuals form and maintain strong relationships throughout their lives.[2] Research suggests that the sensitive period in which social connections are most beneficial may occur at younger ages than was once thought.[3] 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.[4] Such deficits interfere with the development and maintenance of social relationships.[5] A large national child-development study in the United Kingdom found that social isolation in childhood is positively associated with levels of C-reactive protein (an indicator of coronary heart disease) in midlife.[6] Accordingly children need high-quality care that strengthens social connections to ensure their healthy development.

High-quality child care also holds benefits for parents. Access to high-quality child care enables one to properly meet the parental work and social obligations that structure an increasingly complex society. Social connections serve as a powerful mediating variable on parental stress and coping, emotional and physical well-being, and parent-child relationships and functioning.[7] 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.[8] Access to high-quality child care that strengthens social connections can have lifelong benefits for children, parents, grandparents, and others performing essential parenting roles.

Recommendation 2:
Build More Age-Friendly Communities That Strengthen Social Connections

Social isolation among older adults is a significant risk factor for cognitive impairment and dementia,[9] as well as increasing the likelihood of elder mistreatment.[10] 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. A recent 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).[11]

Several innovative approaches are being deployed to address social isolation among older populations. In 2012, AARP initiated a campaign to raise awareness about social isolation and stimulate intervention research on the topic.[12] 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.[13] 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.[14]

Another promising initiative is the World Health Organization's Global Age-Friendly Communities movement.[15] In the United States, the AARP Network of Age-Friendly Communities is an affiliate of the World Health Organization program.[16] Also, the Village models of age-friendly communities in the United States attempt to forge new social ties to replace those lost or frayed among older adults wishing to remain in their long-term communities as they age.[17] Age-Friendly Communities in the AARP network help older people stay connected by creating safe and assessable places for them to congregate and engage in social activities.

Recommendation 3:
Reform Solitary Confinement

Solitary confinement is one of the most controversial practices in criminal justice.[18] 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.[19] 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.[20]

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 Obama recently banned the solitary confinement of juvenile offenders in federal prisons.[21] 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. California has one of the highest prison populations in solitary confinement and faces increasing pressure to review the practice.[22] Given the strong evidence that social isolation is deadly, it is essential and timely that the practice of solitary confinement be challenged. Further, there clearly is a need for more oversight of its use and for particular attention to the mental-health consequences of forced isolation.

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End Notes

1. House (2001).
2. Bowlby (1969).
3. Berkman (2009).
4. Nelson and Panksepp (1998).
5. Diamond and Aspinwall (2003).
6. Lacey, Kumari, and Bartley (2014).
7. Quittner, Glueckauf, and Jackson (1990).
8. Green, Furrer, and McAllister (2007).
9. Crooks, Lubben, Petitti, Little, and Chiu (2008); Ertel, Glymour, and Berkman (2008).
10. Acierno et al. (2010).
11. AARP Foundation (2012).
12. AARP Foundation (2012).
13. Campaign to End Loneliness (n.d.).
14. Title III is codified at 42 U.S.C. §§ 3021–3030 (2014). See also Older Americans Act (1965).
15. World Health Organization (2007).
16. AARP (n.d.).
17. Scharlach, Davitt, Lehning, Greenfield, and Graham (2014).
18. Smith (2006).
19. Lobel (2008).
20. Arrigo and Bullock (2008).
21. U.S. Department of Justice (2016); Memorandum Limiting the Use of Restrictive Housing by the Federal Government (2016).
22. Hinds and Butler (2015).

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Grand Challenges for Social Work

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