Preventing and combating loneliness in older people?

An inspiration guide based on the euPrevent Profile project

Lonely? Let's unite!

Crossing borders in health

COLOFON

Lonely? Let's unite!
www.euprevent.eu/nl/profile/

TABLE OF CONTENTS

PREFACE

Everyone has to deal with loneliness from time to time. Often it is temporary, but many people experience a permanent lack of social contact or emotional connection. A few figures on loneliness (source: Central Bureau of Statistics in the Netherlands, 2019). One-third of all people over 75 years of age feel 'somewhat lonely', and 1 in 10 of those aged over 75 feel 'extremely lonely'. This is especially true for elderly people living alone. Since the COVID-19 pandemic, these figures have only increased, and we know that the elderly in particular were disproportionately affected by the pandemic, and many of them are still struggling with its effects on their physical and mental health.

The euPrevent PROFILE project (PRevention OF Loneliness of older people in the Euregion) aims to contribute to preventing and combating loneliness among older people. This project involves cooperation between various partners from the Meuse-Rhine Euroregion. The aim of the 2.5-year project is to promote the exchange of knowledge and good practice examples, and to raise awareness about the effects of loneliness. One of the ways in which we want to achieve this is by promoting intergenerational contact.

We are pleased to hereby present the Inspiration Guide compiled as part of the project. In this guide, we elaborate on this unique project, describe what our project has achieved and what lessons can be learned from it. We also describe the various activities that were organised as part of the euPrevent PROFILE project. This concerns scientific outputs, such as the literature reviews on how common loneliness is and which interventions help best. It also describes various eHealth resources that can prevent loneliness or address its consequences. In addition, this inspiration guide covers various other activities, such as the citizens' summit, a theatre production, and the development of training modules and guidelines on how to act as a professional or volunteer when faced with loneliness, and how to encourage intergenerational collaborations.

There is no ready-made solution for loneliness, and we realise that, with our approach, we have only played a small part in trying to ameliorate this immense problem.

This guide thus contains an anthology of both scientific and social activities, as well as theoretical and practical contributions, all in the hope of inspiring you to do something to combat loneliness in the elderly. We wish you much enjoyment and inspiration.

On behalf of the entire PROFILE team,

Dr. Marja Veenstra
Maastricht University
Project coordinator euPrevent PROFILE project

Prof. Dr. Frans Verhey
Professor of geriatric old-age psychiatry
Maastricht University,
Lead partner euPrevent PROFILE project

CHAPTER 1 **INTRODUCTION**

Background

Almost 20% of the inhabitants of the Meuse-Rhine Euroregion are older than 65 years of age. This number is expected to increase in the coming years. Ageing can be associated with loneliness and other (mental) health-related conditions. Loneliness can be defined as a subjective feeling that can result from a perceived lack of social contacts and relationships, caused, for example, by social isolation. Loneliness is a negative experience and can lead to further negative consequences such as depression or increased risk of mortality. The need to address loneliness was once again highlighted by the impact of the global COVID-19 crisis on elderly people who are in a vulnerable position.

There is a great need to improve the social inclusion of older people in a vulnerable position and thus reduce loneliness or prevent the risk of loneliness. However, tackling loneliness is no easy task, which is why cross-border cooperation and the exchange of good practices are so crucial.

A conceptual model of loneliness

Lim and colleagues (Lim, Eres & Vasan, 2020) developed a conceptual model of loneliness. Within the euPrevent PROFILE project, we have taken this model as a framework for several activities and products, while also making some modifications.

The model focuses on four elements, see also 'Figure Concept model loneliness'. These four elements include: 1) triggers or life events, 2) risk factors for loneliness, 3) loneliness as a consequence and 4) possible solutions. Triggers, or life events, include events that precede loneliness such as moving to another place, or the death of one's partner. Loneliness is linked to multiple (risk) factors. For example, when one looks at age, it seems that younger people (25 years and younger) and older adults (65 years and older) experience higher levels of loneliness. Besides demographic factors, there are many other factors associated with loneliness. Consider also, for example, a person's physical and mental health. The model describes loneliness (3) as a consequence of a possible interaction between life events (1) and (risk) factors (2). The last part within this model relates to solutions for addressing loneliness, such as loneliness interventions.

Conceptual framework: loneliness (Conceptual model inspired by Lim et al.2020)

Triggers

= Significant life event or life stage transistion (involving a social change/adjustments)

- Retirement
- Bereavement
- Institutionalization
- Informal caregivers
- COVID 19
- …

Risk factors and correlates

1. Demography
- Age
- Gender
- Marital status
- Migration status
- Living status
- SES

2. Health
- Physical health
- Mental health
- Cognitive health
- Brain, biology, genetics

3. Socio-environmental
- Digital
- Workplace

Loneliness as a consequence

Need to assess:
(1) how severe
(2) how pervasive
(3) how chronic

Interventions

1. Individual
- Improving social skills
- Addessing maladaptive social cognitions
- New technologies
- …

2. Relationship   **3. Community**

Principles   **(1)** Equality
                (2) Commonality
                (3) Inclusivity

4. Societal
- Educational public awareness
- Promote social behaviors
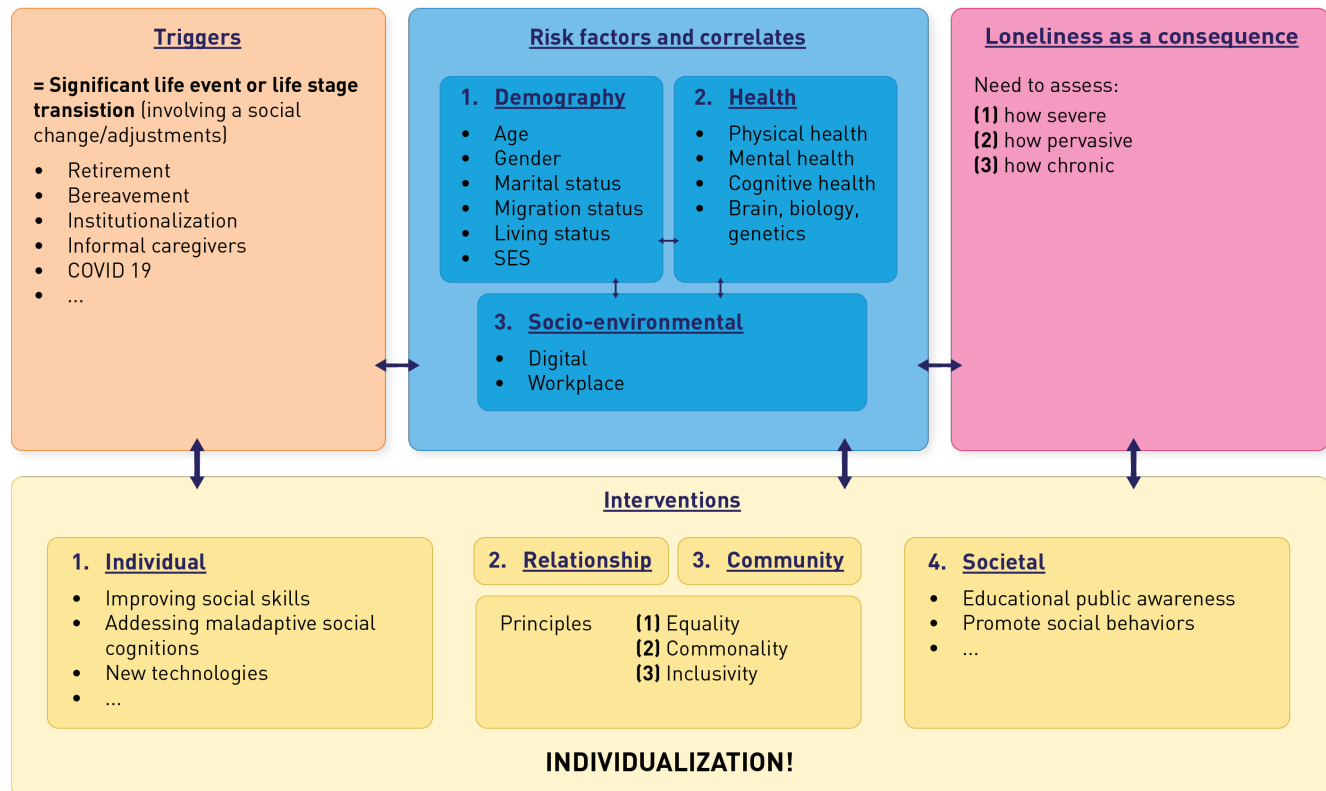- …

INDIVIDUALIZATION!

Figure concept model loneliness

CHAPTER 1 **INTRODUCTION**

The euPrevent PROFILE project

The euPrevent PROFILE project, which stands for the prevention of loneliness of elderly people in the Euroregion, is a Euroregional project that started in April 2021 and runs until August 2023. The project is partly based on an earlier successful Interreg project, euPrevent Senior Friendly Communities. The euPrevent PROFILE project builds its objectives around the theme of loneliness among older people in the Meuse-Rhine Euroregion (EMR). Together with the concept of healthy ageing, as defined by the World Health Organisation (WHO), these form the basis and framework for the euPrevent PROFILE project.

Loneliness is an issue that affects every EMR region. The euPrevent PROFILE project aims to prevent and tackle loneliness in older people, raise awareness about loneliness and promote knowledge and the exchange of good practices between and within communities of the EMR. It does this by encouraging cross-border cooperation and connecting people and organisations active in this field.

The euPrevent PROFILE project is based on the following three main pillars:

1: Promoting intergenerational exchange

Everyone will face loneliness in some form or other during their lifetime. Loneliness is experienced not only by older people, but also by young people. Promoting intergenerational exchange by connecting generations can bring several potential (mutual) benefits. Within the euPrevent PROFILE project, several intergenerational citizens' summits were organised to exchange experiences and knowledge on loneliness. The exchange of intergenerational good practices between regions has been promoted throughout the project period. Moreover, a guide has been developed to promote intergenerational exchange.

2: Raising awareness among professionals/ citizens

Within the euPrevent PROFILE project, an existing play has been adapted, translated and performed in different regions. The blueprint of this play is available to all interested parties. This play aims to raise awareness and make people think about loneliness in an approachable way. Furthermore, two literature reviews were conducted, aiming to investigate the prevalence of loneliness (how common it is) and the effectiveness of interventions aimed at reducing loneliness and/or social isolation. A review of (existing) e-Health applications was also conducted. This overview is aimed at increasing social connectedness and/or reducing feelings of loneliness, thus connecting to the development in society that increasingly calls upon digitalisation. Finally, a training course has been developed for both professionals and non-professionals to identify and address loneliness in older people. The Euregional Health Atlas has been supplemented with data on loneliness.

3: Development of guidelines and good practices

Within the third pillar, a guideline on tackling loneliness was developed for professionals. To this end, existing guidelines in all EMR regions were examined and combined into a guide that directs professionals to different guidelines depending on their purpose and background. Furthermore, a compilation of good practices was made in the field of loneliness, aimed at preventing or combating loneliness in older people.

Together, these pillars and activities contribute to the United Nations' third Sustainable Development Goal (SDG) "good health and well-being", defined as a critical SDG to ensure health and well-being for all at every age (WHO Global Plan of Action). These activities and results are described in detail in this inspiration guide.

1. Literature review

To tie in with current events on the topic of loneliness, two comprehensive literature reviews were conducted with the aim of determining prevalence and, on the other hand, discovering which interventions are effective in addressing or preventing loneliness.

Summary of the prevalence study

The aim of the prevalence study is to determine how many people feel lonely, addressing specifically the global prevalence of loneliness (before/after COVID) among elderly people, with a special focus on the Meuse-Rhine Euroregion (EMR). To this end, we used two sources of information: (1) scientifically published data for mapping global prevalence; (2) survey data outside academic publications such as reports, or government documents for prevalence specifically within the EMR. We included publications published between 2016 and 2022, with a population at least 60 years old at inclusion and a mean age of at least 65 years for the sample.

In terms of published data, 37 articles were selected. The results show that before the start of the COVID-19 pandemic, estimates of loneliness were highest in Nigeria (46%) and lowest in Australia (5%) (mean prevalence of 25.6%). Among specific populations (e.g. people living in specific communities, such as residential communities for the elderly or people with disabilities), loneliness was reported to be higher than in the general population (mean prevalence estimates of 47.8%). During the COVID-19 pandemic, the prevalence of loneliness was higher than before the pandemic (mean prevalence of 39.4%).

The results further show that, when looking at the prevalence of loneliness in the EMR, compared to Belgium and the Netherlands, estimates for loneliness were lowest in Germany (between 7.5 and 7.9%). In Belgium, the prevalence for loneliness was between 12% and 15% in people older than 65 years, and in the Netherlands it was found to be higher (between 32% and 41%). During the COVID-19 pandemic, the prevalence of loneliness increased in each country (between 8.7% and 22.1% in Germany, between 20% and 22% in Belgium and between 44% and 65% in the Netherlands).

It can be concluded that large differences in the prevalence of loneliness were observed between the countries and populations studied. Several hypotheses could explain these differences: methodological explanations (such as the instruments used to assess loneliness, the population selected, the average age and the period during which the data were collected); socio-cultural and historical-political characteristics (e.g. social security systems, mobility and migration rates); demographic composition of the country or cultural differences in relationship expectations (when living alone is not the norm, singles are more likely to feel lonely). Unsurprisingly, the COVID-19 pandemic and related measures increased levels of loneliness.

Interventions for loneliness and social isolation – a review of the scientific literature

The potentially harmful effects of loneliness and social isolation on physical and mental health underscore the importance of identifying effective interventions. There is also a need to identify and understand the scientific evidence for the effectiveness of such interventions. Furthermore, it is important to understand the mechanisms underlying interventions that prove effective in reducing loneliness or social isolation. These could also provide the basis for creating new interventions.

Therefore, as part of the euPrevent PROFILE project, a systematic search was conducted of the scientific literature on interventions targeting loneliness and social isolation. This study was conducted in three scientific databases using predefined criteria (e.g. a mean age of ↗ 65 years of the included participants). Finally, 61 interventions were identified and the evidence regarding their effectiveness and possible underlying mechanisms was summarised.

CHAPTER 2 **DELIVERABLES**

What interventions exist and are they effective?

The table below lists intervention types that emerged from the systematic literature review. A quantitative assessment of the effectiveness of interventions, combining the results of several studies, suggested that interventions targeting loneliness and social isolation are generally effective, even though the magnitude of this effect may vary by intervention type.

The effect of interventions with a strong technological component (i.e. information and communication technology and high-technology interventions) was generally slightly smaller than that of the other intervention types. In general, there were large differences between intervention studies in several areas, such as how loneliness or social isolation were assessed, to which group study participants belonged (e.g. geographical region) and how long and intensive the interventions were.

Type of intervention	Number of studies	Examples
Community-based	15	Neighbourhood programs; group meetings in community centres; multi-component interventions
Psychological	10	Grief counselling; psychosocial support groups; cognitive-behavioural therapy
ICT	9	Computer courses; social media trainings
Gecombineerd	8	Virtual reality-based psychotherapy
Fysieke activiteit	5	Walking groups; multicomponent exercise interventions
High-tech	4	Virtual reality interventions; robot-based interventions
Leisure	4	Horticultural (plant-based) interventions
Intergenerational	3	Reading groups; dance; intergenerational mentoring
Spiritual	2	Meditation program; religious intervention
Pet	1	Dog intervention

Table of intervention types - Summary of interventions for loneliness and social isolation that emerged from the systematic literature review

What mechanisms may underlie effective interventions/practical implications?

The potential mechanisms of effective interventions targeting loneliness and social isolation identified in the scientific literature were summarised and grouped into three clusters (figure clusters).

The first cluster includes promoting and providing opportunities for social contact and laying the groundwork for receiving instrumental and emotional social support.

A second cluster describes increasing knowledge about resources in the community and developing specific skills (e.g. use of technology).

The third cluster of intervention mechanisms includes addressing cognitive processes related to social interactions. Consider, for example, promoting a sense of control, a reduction in social anxiety or changes in perceptions of social support.

Promoting social contact   **Increasing knowledge and skills**   **Addressing social cognition**

Figure clusters – Graphical representation of potential mechanisms underlying effective interventions for loneliness and social isolation.

2. Online overview 'good practices'

The online overview is a compilation of various good practices in the field of loneliness aimed at preventing and/or combating loneliness in older people.

The main objective of this online survey is, through the promotion of these good practices, to connect and inspire organisations to set up actions in their region aimed at preventing or reducing loneliness. After defining this objective, the decision was made to collect different practices through:

• An online questionnaire addressed to the broad network of project partners and associated partners according to the theme and target group.

• Via targeted contact with organisations regarding known good practices.

The questionnaire focused on the following elements: a description of the good practice, logistical conditions (budget, personnel, materials) and forms of communication that were developed to promote the initiative.

All initiatives received were assessed based on predefined criteria. This is how a selection of good practices was finally made.

In our online overview, the selected initiatives are divided into five main themes:

Digitalisation:
practices that support individuals in using today's digital tools.

On the move:
practices that focus on physical activity and help people improve their mobility.

Individual support:
practices that offer direct and individual assistance, via telephone, home visits or other means.

Social and cultural activities:

practices that organise social and cultural activities.

Connection and network creation:

practices offering support to contribute to the development of a (social or professional) network around the person who is lonely or at risk of becoming lonely.

The online overview presents all good practices using the same structure:

- Objectives of the practice
- The target group(s)
- A description
- Logistical conditions
- Promotion and communication
- Contact information

The online overview will be updated regularly if important changes occur in the good practices, or if new practices are proposed that meet the selection criteria. Be sure to take a look at the website.
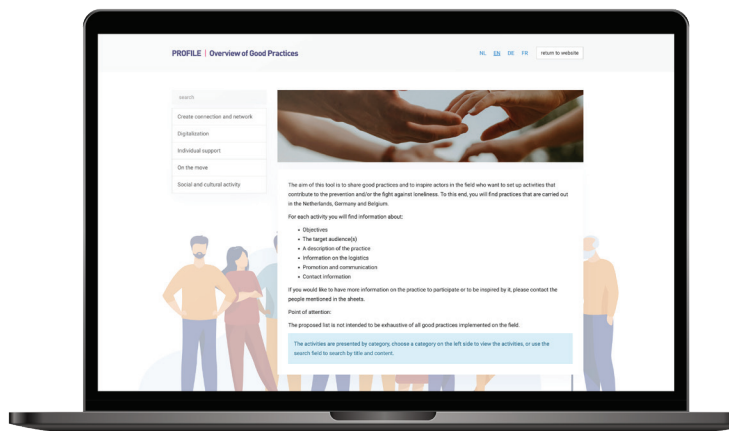
ONLINE OVERVIEW 'GOOD PRACTICES'
HTTPS://EUPREVENT.EU/GOODPRACTICES/

3. Training for professionals and non-professionals

This manual is a useful tool that provides a theoretical and practical background for people organising a training module for professionals (e.g. nurses) and non-professionals (e.g. volunteers) to inform them about loneliness in older people and to provide them with useful tools.

The manual consists of three parts covering different aspects of the issue of loneliness:

- Part 1: A theoretical part on "what is loneliness"
- Part 2: A practical part on "how to address loneliness in lonely people"
- Part 3: A reflection on practice, role and boundary demarcation

The first 2 parts are similar for both professionals and volunteers as trainees, while part 3 differs depending on their role, responsibilities and the context. Within this framework, a broad educational section has been created aimed at different sectors ("Guide") that offers trainers different ideas and tips on how to create dynamic and interactive training.

Part 1: A theoretical part on "what is loneliness"

The theoretical part of the training provides a framework related to loneliness. It includes a summary of existing literature on the following topics:

- Existing perceptions and stereotypes about older people.
- The definition and factors associated with loneliness such as demographic and health-related factors.
- Instructions on how to identify people who feel lonely and standardised measures to assess loneliness (such as the UCLA loneliness scale).

In addition, this section provides important information on the impact of the COVID-19 pandemic and other specific life events (e.g. grief or dementia) on loneliness. Specifically for Part 1, a video recording was made of an interview with an elderly person talking about their experience of loneliness. This video can be used to make the training more dynamic and is subtitled in four languages (Dutch, English, French and German).

The aim of Part 1 is to increase understanding about what exactly loneliness is. Participants are helped to identify the various individual and societal factors that can influence loneliness and vice versa. Importantly, this part can be used as a screening tool to identify people suffering from loneliness and a means for participants to better understand their own images and perceptions. Not only about loneliness but also about older people.

Part 2: A practical part on "how to address loneliness in lonely people"

This section is a guide to using various methods and tools to prevent and reduce loneliness. In this section, you will find tools designed to facilitate communication and address the issue of loneliness among people affected by it.

More specifically, there are examples of activities that can be carried out with older people to identify their needs and motivate them to take action. Examples of existing interventions to prevent loneliness at individual, relationship, community or societal level are also provided, as well as a description of best practices aimed at preventing loneliness.

Finally, this section provides an overview, with a brief description of relevant associations based in the Euroregion. These are either general associations or associations that specifically focus on the interaction between older people and care/help providers.

The aim of Part 2 is to provide advice on: 'how can dialogue on loneliness be established between the professional/non-professional and the older person experiencing loneliness?' It also provides trainees with a non-exhaustive list of existing preventive actions and existing interventions and best practices aimed at reducing loneliness. Advice is also given on how best to apply these in a real-life context.

Part 3: A reflection on practice, role and boundary demarcation

This section does not offer a theoretical background, as this depends on the role and status of the trainees, but does invite participants to apply information from the previous topics to their context and practical situation. It offers them the opportunity to reflect on their practice, their role, their feelings and especially their boundaries in relation to the person experiencing loneliness (e.g. the boundaries between a professional and personal relationship). It also offers useful advice, such as the requirement to first take time to clarify essential concepts such as "feeling safe".

Through this reflection, Part 3 helps trainees to adapt the practices suggested above to the boundaries of the elderly, their personal boundaries and those of their context (e.g. reflecting on the boundaries of organisations). This part can be applied simultaneously with parts 1 and 2 and is dynamic. The point is to encourage reflection at all stages and to come back to this aspect during the training and make adjustments as necessary.

Different ways of inviting people to reflect in practice are also suggested, such as: dividing people into pairs or setting up a "round table reflection" where realistic situations can be used to connect theory with practice.

Part 4: Trainer's guide

This section consists of recommendations that can be applied to the theoretical content or more specifically to certain topics of the training.

Several suggestions are given that can be used to reinforce different skills of the trainees. Trainers can choose the most appropriate suggestion regarding the form of the training (distance, face-to-face, hybrid, ...).

For Part 1, for example, 'ice-breaking' activities can be organised, such as using Dixit cards to help participants explain their current mood and state of mind. More specifically, for the definition of loneliness, trainers can divide participants into groups and prompt them to brainstorm on what they think loneliness is. The results of this brainstorming session can then be explained verbally or in writing to the other trainees.

4. Guide on intergenerational exchange

This guide provides an overview of opportunities to encourage intergenerational exchange.

The importance and potential of bringing younger and older generations together has received increasing attention, also as a result of the COVID-19 pandemic. Promoting and encouraging intergenerational exchange is mentioned as one of the actions of the WHO Strategy and Action Plan 2012-2020 and is one of the three main pillars in the euPrevent PROFILE project.

Within the euPrevent PROFILE project, a guide has been developed with the aim of providing (practical) information and inspiring people with regard to intergenerational exchange within the context of loneliness. This guide is intended for anyone interested in implementing intergenerational practices to prevent or reduce loneliness.

Different definitions of intergenerational exchange exist, and furthermore, there are many forms and approaches to how it can be realised. Within the euPrevent PROFILE project, we focus on non-familial exchange, i.e. not related to kinship. There are many objectives and reasons for implementing intergenerational initiatives / programmes / projects.

Examples include increasing social contacts, increasing understanding of other generations (and thereby possibly reducing ageism), creating meaningful relationships and many more.

Intergenerational activities and initiatives usually involve a younger generation (24 years and younger), and an older generation (usually 50 years and older). One form of intergenerational exchange involves bringing generations together and exchanging knowledge and experiences, such as the intergenerational citizens' summits organised in the different regions as part of our project. Within the project, about five citizens' summits took place in the different regions of the EMR. During these citizens' summits, elderly persons and young people met one another to exchange views on the theme of loneliness, and discuss the concept of loneliness within different generations. The approach was to let the participants interact with one another. This was facilitated using a number of working methods, such as, for example, having participants tell something personal about themselves in a circle, whereby the other participants could step in if they also recognised this in themselves. Participants were then asked to share their personal experience of loneliness, with discussions both within a generation and between generations.

It was pointed out that there is no single cause why someone feels lonely and therefore no single solution. Ideas were then collected to reduce or prevent loneliness based on an intergenerational collaboration. These results are described in the guide. The reception of the mix of young and old and discussions between generations was very positive.

Other forms of intergenerational cooperation or activities include organising activities together, such as playing games together or teaching older people about technology. Another form is intergenerational housing, where, for example, a student is put in touch with an elderly person and rents a room in exchange for help in and around the house. These are just a few of the many examples. In general, intergenerational activities/initiatives/programmes should benefit both generations.

The guide we developed is accessible on the project website. Besides theoretical information, the guide contains (regional) examples of intergenerational initiatives, projects and practices that can serve as inspiration.

5. Theatre play 'Starlight'

Theatre is a low-threshold way to create or raise awareness about loneliness. 'Starlight' is a theatre package created by Flemish director Luc Stevens. It is the abridged version of his theatre play 'Starlight and Apple Pie'. The package is designed so that interested organisations can use it independently.

Theatre as a means to talk about loneliness: interview with Luc Stevens

Loneliness is something that affects both young and old. To find out what it means to someone, talking about it is the first step. But talking about loneliness is not easy. Through the theatre package 'Starlight', the euPrevent PROFILE project wants to give everyone the opportunity to discuss the topic through an accessible theatre offer.

What prompted you to create the original theatre piece 'Starlight and Apple Pie'?

Luc Stevens: During corona, I saw many people around me who were struggling with the lack of contact. My mother lived alone and she missed the warmth of our family. My brother is director of a residential care centre. He also saw how loneliness only increased.

After a strange dream, in which I saw myself flying above houses with open roofs and many lonely people between the walls, I started writing. I wanted to make a play about warm neighbourhoods where people can meet and connect together again.

What exactly is the story about?

Luc Stevens: We follow the lives of a number of characters connected to a residential care home (also called a nursing home): a nurse, a resident, a regular visitor and a volunteer. Each with their own character, life history and problems. We also see people from the neighbourhood who feel lonely. Each in their own way, behind the same four walls! An unforeseen turn of events turns the residential care home upside down, but the dream of one of the protagonists creates a connecting force that stops people from giving up, gets them meeting and strengthening one another. 'Starlight' is a positive story, where true connection is established. It is a moving story full of humour, while it is at the same time hopeful and cosy. It is about young and old meeting in warm neighbourhoods.

What message do you want to convey?

Luc Stevens: A message of connection. I especially want to touch all people from young to old so that they take a moment to reflect on the issue of loneliness. Hopefully they will be stimulated to look left and right in their own neighbourhood. And who knows, they might then take action; however small it may be for themselves, it can be big for others.

The intention is for organisations to be able to perform the play 'Starlight' themselves. Is that feasible?

Luc Stevens: 'Starlight' has been worked out in such a way that, in addition to the script and an accompanying film, organisations also receive a script detailing what is needed to perform the play themselves and how best to do so. You don't need more than five actors to perform it. A stage is not required. 'Starlight' can be played by local theatre companies, but we are also thinking, for example, of a residential care centre, a community centre, a local association for senior citizens, etc. In short, anyone who likes it can get involved and perform the play.

LUC
STEVENS
PRODUCTIES

Starlight... more than a play

Starlight invites activities before and/or after the play. These activities are for young and old and aim at intensifying the spectator's experience and making it even more memorable.

Possible target groups:

- Children and young people through schools, youth clubs, sports clubs,...
- Welfare workers
- Residents and staff residential care centres
- Community workers
- Volunteers
- ...

Bring target groups into contact with each other, e.g. a primary school with a residential care centre, and provide joint activities:

1. Music

- Combine young & old in a music album
- Create duets of older and younger (well-known) singer(s)
- Address a choir or establish one. Let the ages vary
- Have classes sing the songs to residents of an assisted living centre
- ...

2. With your hands

- Craft apple trees, the apples can be pictures of a younger and an older person working together on something
- Put (fake) apple trees and a bench/chair in different central places and facilitate conversations among visitors
- Cook or bake with apples and enjoy the result together afterwards
- ...

3. In the neighbourhood

- Local residents write cards to each other and deliver them in person
- A young person and an elderly person become each other's 'buddies' and undertake activities together
- A neighbourhood party with apple pie and music
- The play is performed or narrated in a central location
- A torchlight procession, bike ride, hike, quest...
- ...

Let's get to work!

LUC STEVENS & STEF VANDERBEKEN

STERRELICHT
& APPELTAART
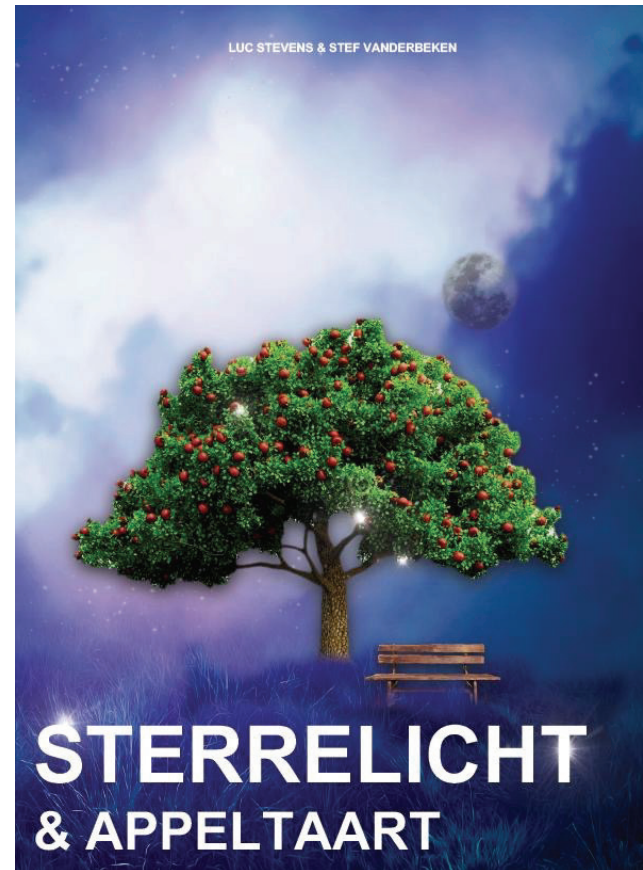
6. E-health applications

The number of e-Health applications has increased in recent years. These can include digital tools or (smart) applications and can have different goals, such as improving physical or mental health or providing information.

The euPrevent PROFILE project aimed to:

• Identify eHealth applications that could potentially play a role in preventing or reducing loneliness.

• Provide an overview of applications or websites that promote social connectedness and/or aim to reduce feelings of loneliness.

The identified resources were limited to a subset of applications and websites developed in the Netherlands, Germany or Belgium (as these are the regions where these apps should be available) in at least one of the languages spoken in these countries. Besides, consideration was also given to the main purpose of the identified applications/resources, namely to promote social contact, information on data security and (non-)profit motives.

The e-Health applications/resources identified target both the individual (e.g. improving social contacts) and the community (e.g. community building). Some applications are only available in the country where they were developed. The world of e-Health applications is constantly evolving and new applications are being developed over the course of time. This overview is therefore not exhaustive and serves rather as inspiration for examples of possible applications/resources. Examples of such applications include applications where people can participate in shared activities and meet new people (e.g. going to the museum or a concert), or applications where people get support or can ask for support within their local community. Thus, people connect with other people in their neighbourhood, improve their social connection, build (new) social networks and access local social capital.

Another example of an e-Health application is a website that offers a self-help programme, with practical tips, for citizens to learn more about loneliness and how to prevent or reduce loneliness.

7. Euregional Health Atlas

For several years a website has existed with specific information on research for the benefit of projects in the Meuse-Rhine Euroregion (EMR). For the euPrevent PROFILE project, information is available on loneliness.

A previous Euregional project from 2020-2021, Project euPrevent COVID-19, collected information on loneliness and issues relating to loneliness. These include loneliness, and more specifically social and emotional loneliness, but also what kind of households residents live in, their perceived health, happiness and the social support they experience.

The atlas provides this data and gives an indication of differences that exist between the three EMR countries: Germany, Belgium and the Netherlands. For example, in Germany, over-60s seem to receive more social support from family than in Belgium or the Netherlands.
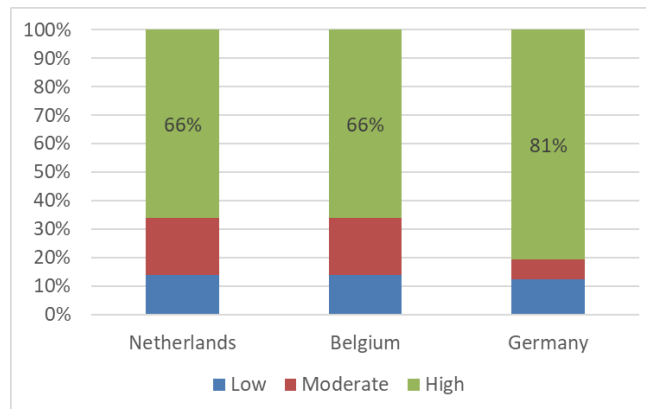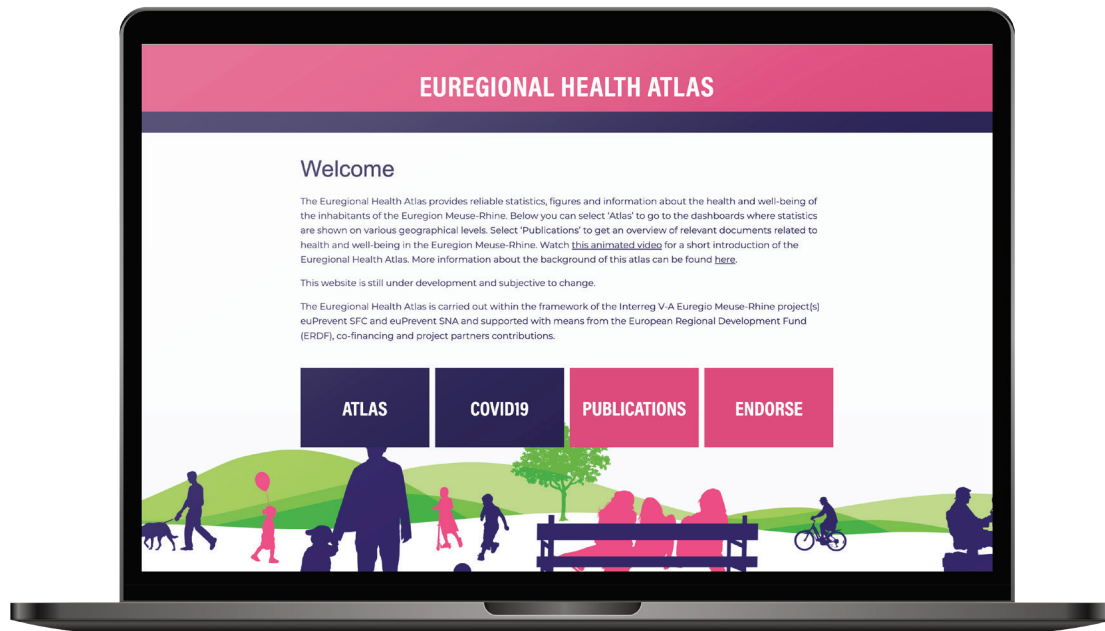

Social support from family (60+)

Another topic that touches on loneliness is happiness. The level of happiness can be indicated on a scale from 0 (very unhappy) to 10 (very happy). The figure below shows residents with a score of 8 or more. In Germany, residents appear less likely to be very happy.
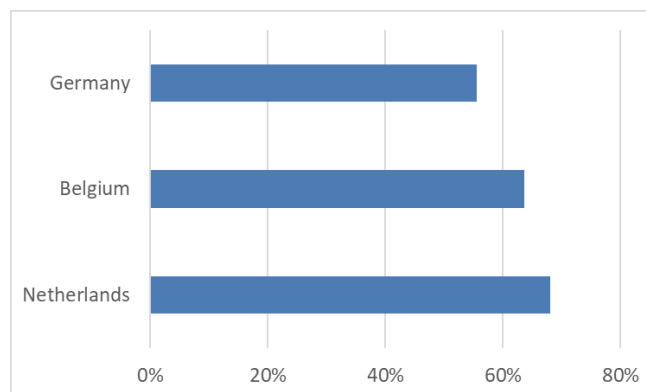
Very happy (Score 8 of more)

EUREGIONAL HEALTH ATLAS
HTTPS://EUREGIONALHEALTHATLAS.EU

8. Roadmap to guidelines for professionals

Numerous guidelines are already available for working with older people, whether or not in relation to the issue of loneliness. Therefore, the choice was made not to develop a new guideline but to highlight existing ones. This roadmap provides an overview of existing guidelines and helps you choose the most appropriate one.

Roadmap description

This roadmap guides you through a selection of 15 guidelines for professionals, volunteers and the general public. The guidelines all take a different approach to preventing or reducing loneliness. They are available in their original language. A short description and summary of the guidelines is available in 4 languages (German, English, French and Dutch).

For whom

The roadmap can be used by healthcare professionals, social workers, local authorities or municipalities and volunteers. Anyone who is part of an approach or network aiming to reduce or prevent loneliness can benefit from the steps.

How to use

By answering questions about your profession, goals to be achieved and target group, you will find the most appropriate guidelines in your own language or be surprised by a guide from your neighbouring country. This selection may inspire you to take certain steps or suggest whether your approach can be enriched with ideas. If the guideline in question is not available in your language, you will find a summary in your own language and a link to the original document. You can then decide for yourself whether you want to translate (parts) of the document.
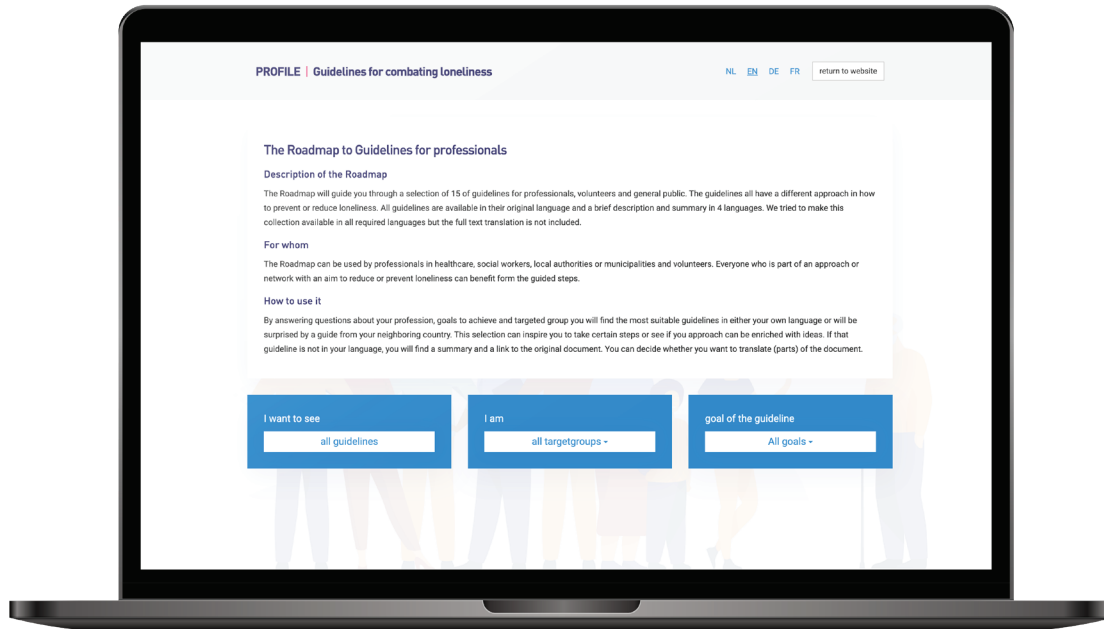
ROADMAP TO GUIDELINES FOR PROFESSIONALS
HTTPS://EUPREVENT.EU/PROFESSIONALGUIDELINES/

NOTES