Strengthening togetherness, social connections and the sense of community

5 RECOMMENDATIONS to prevent and combat loneliness, social isolation and risks to health for elderly citizens in smaller municipalities.



THE HAGUE UNIVERSITY OF APPLIED SCIENCES

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Introduction

This document is intended for European municipal administrations, public health institutions, elderly services, and others working with strengthening togetherness, social connections and the sense of community; prevention of loneliness and health risks among older adults. It provides recommendations on key areas to address and offers inspiration for practical actions that can be implemented.

The document outlines guidelines to support stakeholders in developing initiatives that prevent loneliness and social isolation. It also includes approaches for creating inclusive solutions in close collaboration with the target group.

The primary target group is elderly citizens aged 65 and above.

The project has been carried out in Lemvig Municipality, an area characterised by long distances between towns and limited proximity to larger health institutions such as hospitals. At the same time, Lemvig Municipality is distinguished by a strong local culture where citizens are accustomed to taking care of themselves and one another. This is reflected in a highly active civil society, where many are engaged in volunteer work, creating a strong foundation for community-based initiatives. Like many rural areas, the municipality is also experiencing demographic changes, with younger people increasingly moving to larger cities for education and employment opportunities. This trend has contributed to an ageing population and is expected to intensify future challenges related to recruiting and retaining healthcare professionals.

Lemvig Municipality has worked closely with The Hague University of Applied Sciences, which has contributed expert knowledge and inspiration based on real-life cases from the Netherlands. This collaboration has included knowledge sharing and exchange of experiences, strengthening the development of the project and ensuring that the recommendations are grounded in both practical and research-based insights.

About the project

The project is a collaboration between Lemvig Municipality and The Hague University of Applied Sciences aimed at improving health prevention by reducing loneliness and social isolation among citizens aged 65+. It focuses particularly on vulnerable groups in low-income and low-education areas who face a higher risk of health problems due to isolation.

The project combines Danish and Dutch expertise by adapting evidence-based Dutch methods to the Danish context, while building local capacity among health professionals and stakeholders. It includes training professionals in detecting signs of loneliness and involving stakeholders in co-creating locally relevant solutions.

Key outputs include a local action plan for future initiatives, and strategic guidelines to help municipalities engage at-risk elderly citizens and develop inclusive, collaborative interventions. The project also facilitates mutual learning, drawing on both Dutch methodologies and Lemvig's strong community-based approach. The project period was August 2025 – October 2026.

Recommendations

RECOMMENDATION 1: Create knowledge and shared language on loneliness and social isolation

A key step in effectively preventing loneliness and social isolation is to build a common understanding and shared language across stakeholders that are working together in prevention of loneliness and social isolation. This includes knowledge of the different types of loneliness, as each requires different approaches and solutions. Understanding the specific type of loneliness that is experienced can make it much easier to address, whether that means seeking out new communities, deepening existing bonds, or seeking professional support. The 5 most common types of loneliness are:

1. **Social loneliness**
   - A deficit in social connection, feeling left out, or lacking a network of friends/community.

2. **Emotional loneliness**
   - Stemming from the absence of an intimate relationship, such as a romantic partner or close friend, leading to feelings of emptiness. A lack of emotional attachment to someone else.

3. **Existential loneliness**
   - The feeling that one is inherently separate from others and the world, often viewed as an unavo idable part of the human condition. Often linked to the experience of a lack of meaning or directi on in life

4. **Situational loneliness**
   - Triggered by specific life changes like moving, bereavement, or job loss.

5. **Chronic loneliness**
   - A persistent, long-term state combining various types, which often requires active intervention.

Capacity building of frontline staff is essential to ensure early identification and appropriate response. This should be supported by systematic knowledge sharing between municipal actors and civil society, as well as a clear overview of roles and responsibilities—ensuring that all actors know who does what.

A strong understanding of the target group is critical. This includes insight into their needs, barriers to participation, and living conditions, as well as knowledge of the scope of the issue. Both European and local data show that loneliness is a significant public health concern, strongly linked to poor mental and physical health outcomes. Loneliness has been associated with increased risks such as cardiovascular disease, high blood pressure, and sleep disturbancesii.

Applying broader approaches such as the Positive Health methodology can support a more holistic understanding of health, highlighting the connection between social factors like loneliness and overall wellbeingiii. Through a parallel project, Lemvig uses elements of the Positive Health methodology to engage older home care recipients in conversations about loneliness and social connectedness. This strengthens our understanding of how the target group perceives and articulates these challenges, enabling us to use language that resonates with their lived experiences. Finally, knowledge-building should extend beyond professionals to the wider community. This includes promoting intergenerational learning and raising awareness about loneliness in schools through accessible and visual communication. Strengthening shared knowledge at all levels will make it easier to reach vulnerable groups and develop targeted, effective interventions.



From the project

A total of 65 participants from Lemvig Municipality, civil society, and relevant stakeholders took part in a workshop focused on local stakeholder engagement. The Hague University of Applied Sciences provided training on the Positive Health methodology, different types of loneliness, and practical examples of implementation.

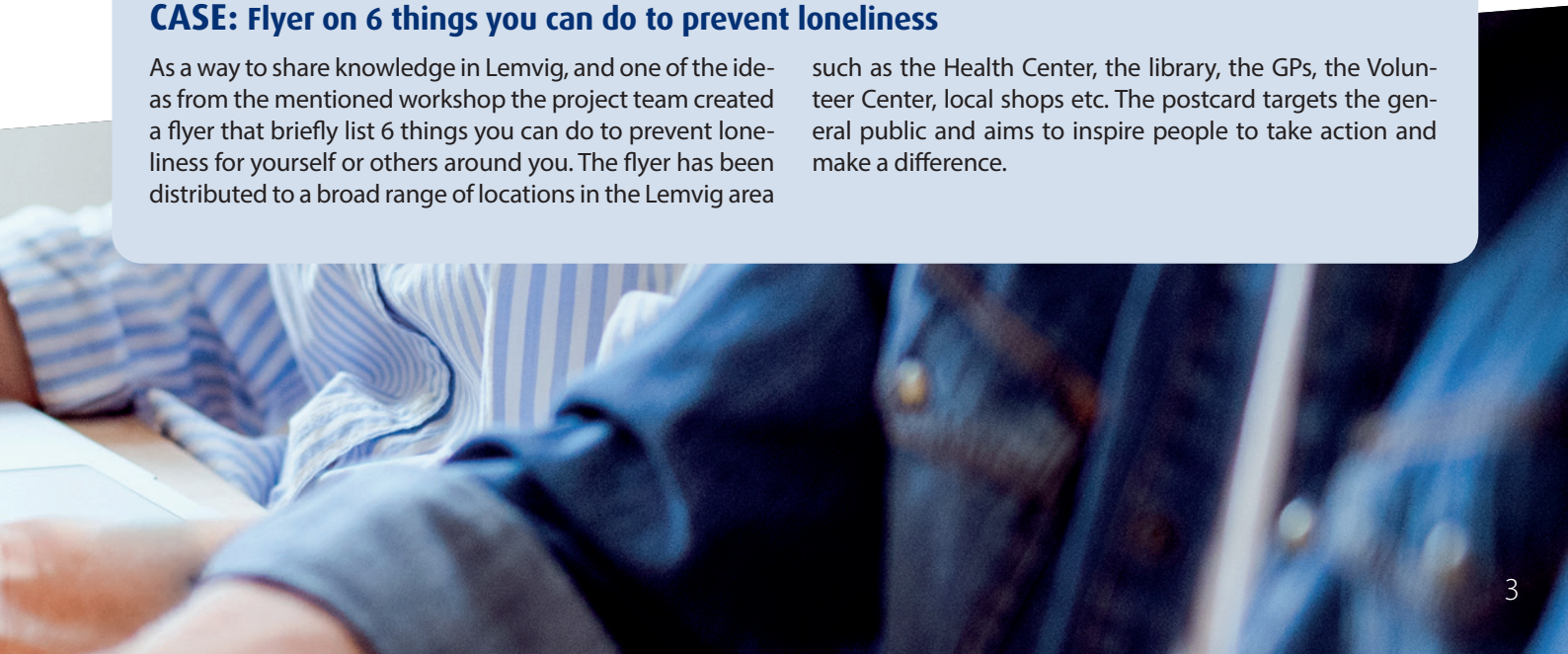
The workshop facilitated collaboration across sectors, involving municipal staff from areas such as homecare, elderly services, health and prevention, and social services, alongside civil society actors incl. the Senior Citizens' Council and Patient organisations working with age-friendly initiatives.

Through stakeholder engagement sessions, participants identified key themes for collaboration, including training, youth involvement, social media, equality between partners, resources, knowledge, activities, and making volunteering accessible. The discussions reflected both a strong sense of local pride and a collective willingness to contribute to sustainable solutions. Group discussions led to concrete ideas and recommendations as shared in this paper.



CASE: Flyer on 6 things you can do to prevent loneliness

As a way to share knowledge in Lemvig, and one of the ideas from the mentioned workshop the project team created a flyer that briefly list 6 things you can do to prevent loneliness for yourself or others around you. The flyer has been distributed to a broad range of locations in the Lemvig area such as the Health Center, the library, the GPs, the Volunteer Center, local shops etc. The postcard targets the general public and aims to inspire people to take action and make a difference.



RECOMMENDATION 2: Prevent loneliness and social isolation through active communities, movement and social gatherings

Strong, active communities play a central role in preventing loneliness and social isolation. In Lemvig, as in any smaller communities, there is a well-established culture of community engagement, where people know, care for, and support one another. This sense of shared responsibility—captured in the mindset that "if we don't do it ourselves, no one will"—forms a valuable foundation for preventive efforts.

Building on this, initiatives should focus on creating meaningful opportunities for connection through activities that combine social interaction and engagement. Examples are many and include art, music-based activities, and intergenerational initiatives where younger people engage with older citizens, such as assisting with walks or physical activity. This could also be through social internships for young students at school. Movement and shared experiences can strengthen relationships while also supporting physical and mental wellbeing.

Communal dining is another effective approach, as food naturally brings people together and creates informal, inclusive settings for interaction. Experiences from The Hague highlight the strong impact of shared meals (for example students that cook for elderly in local activity centers across the Hague) in fostering connection and reducing isolation.

Local cultural practices can also support prevention efforts. In Lemvig, for example, the tradition of open and closed curtains serves as a subtle signal of whether a person is open to social contact, helping neighbours stay aware of and respond to each other's needs.

At the same time, it is important to recognize that not all individuals feel comfortable in physical social settings. Digital platforms and social media can therefore play a complementary role by offering alternative ways to connect—particularly for those who prefer more anonymous or topic-based interactions.

Overall, leveraging existing community strengths while offering diverse and inclusive forms of participation can help ensure that more people feel connected and included. Before developing social activities, it is crucial to engage with the target group to identify their interests and needs, ensuring that all initiatives are needs-driven and aligned with their preferences.





CASE: Music strengthens community and combats loneliness

Birgit Hanghøj, Teacher at the local music school, comes once a week to the care homes in the municipality to sing with the residents. She says: "There are always a few "regulars" who join in every time and are happy and look forward to this little communal singing time. In some places we sit around the dining table, in other places on the sofa. I really enjoy when those who otherwise don't have much language, sing along and know the songs by heart."

"At ones of the care homes, I come into the home of a man who is otherwise quite isolated, as he can act aggressively due to his dementia. I come into his living room and sing with him. The first few times he listened and smiled when I sang. In the beginning, there was always a staff member there with us, because he could become quite rude with me. Gradually he has become comfortable with me and is completely at peace when I'm there, so I can be alone with him while singing. At one point he started singing along in his own made-up language, but now he sits up in bed, sings along loudly and beautifully from the songbook.

"Shall we sing now?" he asks happily every time I come - he doesn't get many visitors."

"It's always an occasion to have good conversations with the residents when we choose songs together. They often have a story or something they remember when we sing a particular song. There is a great sense of community around singing together."

RECOMMENDATION 3: Build promotion of social connections and prevention of loneliness into strategies

Preventing loneliness and social isolation requires a strategic and coordinated approach, where responsibility is shared across municipal actors and civil society. Recognising loneliness as a common challenge is the first step toward developing effective and sustainable solutions.

To ensure prioritisation, prevention efforts should be embedded into local strategies and action plans. This makes loneliness or the promotion of social connectedness, togetherness and the sense of community a defined focus area, supports long-term commitment, and helps allocate the necessary resources.

Clear roles and responsibilities are essential. Municipalities and civil society actors must agree on who does what, ensuring that efforts are complementary rather than overlapping. A balanced distribution of responsibility strengthens collaboration and accountability across sectors.

Equally important is establishing a sense of partnership based on mutual respect and equality. Joint projects should be built on shared goals, transparent communication, and an understanding of each partner's contributions and competencies.

By integrating loneliness prevention into strategies and fostering structured collaboration, municipalities and stakeholders can create more coherent, effective, and sustainable responses to loneliness and social isolation.



CASE: The Hague is an age friendly city

For the city of Hague, the decision to become an age-friendly city and join the Global Network for Age-Friendly Cities and Communities (GNAFCC) in 2015 was a strategic response to demographic ageing and the growing need to support older residents in living independently, healthily, and socially connected livesiv.

First, The Hague is one of the major United Nations' (UN) cities, and therefore, there is an increased interest and willingness to join strategic programmes launched by the UN and its sub-organisations. As the first Dutch municipality to join the network, The Hague committed itself to embedding ageing considerations across urban planning, housing, mobility, health services, and community development. One of the main targets was to work across silos at the city hall and to make civil servants and politicians work together, as ageing affects all aspects of urban life, and hence, urban governance.

A central element of this strategy is the prevention of loneliness among older citizens. Rather than treating loneliness solely as a social care issue, The Hague has incorporated prevention into its broader age-friendly approach. The city focuses on creating neighbourhoods that encourage social participation, inclusion, and regular interaction through accessible public spaces, community activities, meeting places, and local support networks. By strengthening social connections before isolation becomes severe, the municipality aims to improve well-being and quality of life and reduce future demand for health and care services.

The WHO age-friendly framework emphasizes social participation, respect and inclusion, and access to community support, all of which are important protective factors against loneliness. Through targeted policy interventions, the municipality of The Hague seeks to create an environment where older people can remain active, connected, and engaged members of their communities as they age.



RECOMMENDATION 4: Make it easy to volunteer

Volunteering plays a key role in preventing loneliness by creating meaningful connections for both those who give and receive support. For volunteers, contributing to their community can provide a strong sense of purpose and belonging, and thus contribute to prevention of loneliness for the volunteers themselves.

For citizens receiving support, interaction with volunteers can often feel more informal, personal, and supportive than contact with professional services.

To strengthen volunteer engagement, it must be easy and accessible to get involved. This means offering small, concrete, and manageable tasks that are clearly defined and easy to take on or hand over. Flexibility is essential, allowing volunteers to contribute in ways that fit their time, interests, and capacities. At the same time, it is important to recognize and actively use the skills and experience people have built throughout their careers, as this can increase both the quality of contributions and the sense of purpose and motivation among volunteers.

Creating a positive and enjoyable experience is equally important. Volunteer activities should include an element of "hygge"—a sense of coziness, comfort, and social enjoyment—which helps build motivation and sustain engagement. Volunteers should also have the opportunity to influence their role by contributing to the design of activities or shaping the ideas behind them, fostering ownership and commitment.

Providing proper support and knowledge is crucial. Volunteers should be introduced to the setting in which they operate and given insight into the needs of the people they support. This helps them feel more confident and effective in their role.

A strong sense of community among volunteers should be encouraged, supported by good leadership and coordination. Clear guidance and accessible leadership help ensure structure and continuity, while recognition—such as verbal appreciation, social gatherings, or covering practical costs like transportation—reinforces motivation and shows that their contribution is valued.

By lowering barriers and creating meaningful, well-supported roles, municipalities and organisations can strengthen volunteer engagement and enhance their impact in preventing loneliness and social isolation.







CASE: Guidelines: Collaboration between volunteers and municipal managers

The practical guide and toolbox is designed to support municipal managers in involving local volunteers in service delivery within municipal institutions. It can be used both when considering volunteer involvement and throughout the process of establishing and managing collaborations with volunteers.

The guide can be read from cover to cover or used as a reference guide when specific guidance is needed. It includes a range of practical templates in the appendix, such as volunteer agreements, volunteer certificates, and interview guides.

Throughout the guide, managers can learn about the role of volunteers, different forms of volunteer engagement, and practical approaches to attracting and retaining volunteers. It also offers inspiration on how to define meaningful volunteer roles and create an inclusive and motivating environment that encourages volunteers to contribute and thrive.

RECOMMENDATION 5: Sustainability and local partnerships

To ensure long-term impact, prevention projects should be designed with sustainability at their core. This means planning beyond the initial project period and ensuring that initiatives can continue independently once municipal support is phased out. While the municipality plays an important role in initiating and supporting activities, responsibility should gradually be transferred to civil society actors, local organisations, or community groups. This handover ensures that solutions remain active, locally rooted, and less dependent on ongoing public funding.

A key approach to achieving this is the use of the Living Lab methodology, which promotes continuous stakeholder involvement throughout the entire project lifecycle. By actively engaging citizens, organisations, and businesses in co-creation, projects become more relevant, widely supported, and easier to sustain. This method also strengthens ownership, ensures knowledge sharing, and supports the dissemination and scaling of successful initiativesv.

Collaboration with local companies and businesses is another important element. Many businesses are willing to contribute to community projects when there is a clear purpose and alignment with their values or activities. For example, local food retailers may donate surplus food to support communal dining initiatives, or local restaurants can organise shared meals on quiet evenings. Such partnerships create mutual value: businesses contribute to social responsibility goals while strengthening their local engagement and visibility.

Finally, sustainability can be enhanced through cross-sectoral partnerships within the municipality, particularly with educational institutions and other public services. Integrating volunteering and community engagement into schools or training programmes can create long-term cultural change.

Examples include:

- Incorporating volunteering as part of school curricula
- Organising visits to home care services
- Including meal preparation for communal dining in nutrition or dietetics education

These collaborations strengthen connections across generations, help prevent loneliness, and promote knowledge sharing. At the same time, they foster a culture of active citizenship and local responsibility, ensuring that initiatives continue to evolve and thrive over time.

CASE: Men's Meeting place

The Men's Meeting Place in Lemvig was established through a social housing project and brings together around 10 men every Monday in a workshop and common room. Here, they repair bicycles, help local residents with practical tasks, socialise over coffee, and occasionally cook and share meals or go on outings.

Participation is voluntary and flexible, with no formal commitments. The group plans activities together, fostering strong ownership and trust, where even personal challenges can be discussed. The initiative was during the start-up phase supported by two employees from municipal social services and the housing association, who can also guide participants on available support services.

The meeting place plays an important role in reducing loneliness and building community, especially for participants who may have limited social contact. It helps develop social skills, encourages friendships that grows beyond the group, and promotes a sense of responsibility and belonging. Over time, the initiative has evolved into a mostly self-driven community, requiring only limited support for planning.





CASE: Café for informal caregivers and relatives

The café for informal caregivers and relatives was established as a grassroots initiative in response to a clearly identified need among citizens and family caregivers. It is led by five dedicated volunteers, each bringing valuable lived experience as relatives and caregivers of individuals facing health challenges. The initiative is supported by a municipal health consultant, who played a key role in its establishment and continues to provide professional guidance and support.

The café meets on the first Monday of every month. Volunteers are responsible for welcoming participants, fostering a safe and inclusive environment, and facilitating informal conversations over coffee. The municipal health consultant attends the meetings to provide professional expertise, particularly when new participants seek advice, information, or guidance related to their caregiving role. She also listens to the experiences shared by caregivers to gain a deeper understanding of the barriers and challenges they face.

By combining lived experience with professional knowledge, the Café creates a trusted space for peer support, mutual learning, and social connection, helping caregivers feel understood, empowered, and less alone in their role.



End note

The five recommendations presented here are interconnected and mutually reinforcing. Together, they provide a holistic framework for preventing loneliness and social isolation among older citizens by combining knowledge, community engagement, strategic commitment, volunteer involvement, and sustainable partnerships.

The recommendations recognise that loneliness is a complex challenge that cannot be addressed through a single initiative or by a single actor. Effective prevention requires a shared understanding of the issue/shared language, opportunities for meaningful social participation, coordinated action across sectors, accessible volunteering opportunities, and long-term ownership rooted in local communities.

Together, these recommendations offer municipalities and stakeholders a way forward and inspiration for strengthening social connectedness, togetherness, and a sense of belonging among older citizens. By building on local strengths and fostering collaboration between municipalities, civil society, businesses, educational institutions, volunteers, and citizens themselves, communities can create lasting conditions for healthier, more inclusive, and socially connected ageing.





References

Ensomhed opleves forskelligt | Social- og Boligstyrelsen,

De Jong Gierveld, J. (1998). A review of loneliness: Concept and definitions, determinants and consequences. Reviews in Clinical Gerontology, 8(1), 73–80. https://doi.org/10.1017/S0959259898008090

Heu, L. C. (2025). A moment versus a lifetime: Patterns of loneliness and perceived causes in people's lived experiences. Annals of the New York Academy of Sciences, 1553(1), 172–186. https://doi.org/10.1111/nyas.70082

Mansfield, L., Victor, C., Meads, C., Daykin, N., Tomlinson, A., Lane, J., Gray, K., & Golding, A. (2021). A conceptual review of loneliness in adults: Qualitative evidence synthesis. International Journal of Environmental Research and Public Health, 18(21), Article 11522. https://doi.org/10.3390/ijerph182111522

Shiovitz-Ezra, S., & Ayalon, L. (2010). Situational versus chronic loneliness as risk factors for all-cause mortality. International Psychogeriatrics, 22(3), 455–462. https://doi.org/10.1017/S1041610209991426

Van Tilburg, T. G. (2021). Social, emotional, and existential loneliness: A test of the multidimensional concept. The Gerontologist, 61(7), e335–e344. https://doi.org/10.1093/geront/gnaa082

Park, C., Majeed, A., Gill, H., Tamura, J., Ho, R. C., Mansur, R. B., Nasri, F., Lee, Y., Rosenblat, J. D., Wong, E., & McIntyre, R. S. (2020). The effect of loneliness on distinct health outcomes: A comprehensive review and meta-analysis. Psychiatry Research, 294, Article 113514.

Albasheer, O., Abdelwahab, S. I., Zaino, M. R., Altraifi, A. A. A., Hakami, N., El-Amin, E. I., Alshehri, M. M., Alghamdi, S. M., Alqahtani, A. S., Alenazi, A. M., Alqahtani, B., Alhowimel, A., Uddin, S., Khalafalla, H. E. E., & Medani, I. E. (2024). The impact of social isolation and loneliness on cardiovascular disease risk factors: A systematic review, meta-analysis, and bibliometric investigation. Scientific Reports, 14(1), Article 12871. https://doi.org/10.1038/s41598-024-63528-4

Griffin, S. C., Williams, A. B., Ravyts, S. G., Mladen, S. N., & Rybarczyk, B. D. (2020). Loneliness and sleep: A systematic review and meta-analysis. Health Psychology Open, 7(1), 1–11.

Hawkley & Cacioppo, 2010, Jaremka et al., 2014, Luanaigh & Lawlor, 2008, Luo, Hawkley, Waite, & Cacioppo, 2012, Vanhalst et al., 2012

Van Vliet, M., de Kleijn, M., van den Brekel-Dijkstra, K., Huijts, T., van Hogen-Koster, S., Jung, H. P., & Huber, M. (2024). Rapid review on the concept of positive health and its implementation in practice. Healthcare, 12(6), Article 671.

https://extranet.who.int/agefriendlyworld/wp-content/uploads/2025/05/Action-Line-Age-friendly-The-Hague-2025-2030.pdf

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