For the attention of the *"connect!"* association

Short version of the action plan for the programme
"connect! - together less lonely"

Phase I (2024 - 2027): Loneliness in old age

translated with DeepL

Berne, July 2024

Imprint

Loneliness in the political environment

Ageing policy is highly topical. Demographic developments and the needs of the older population have changed considerably. Support and care in old age are widely discussed at all political levels. For vulnerable and socially disadvantaged people in particular, support and care are the key to a self-determined lifestyle, social participation and a stronger sense of social belonging.

The Federal Council wants to promote the autonomy of older people and living in their own homes (Swiss Confederation, 2023).[1] The key to this is "good care".[2] A bill to strengthen assisted living is currently being drafted.[3] Going even further, a postulate from the Council of States calls for a general revision and update of the national ageing policy.[4]

According to a study conducted by the ZHAW on behalf of Pro Senectute Switzerland (2020, p. 61), the highest costs of care - 31% of all estimated care costs - are incurred by older people who feel lonely.[5] This is where the "connect! - together less lonely programme".

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[1] Schweizerische Eidgenossenschaft (2023). *Anerkennung des betreuten Wohnens in den EL zur AHV.* Federal Council press release of 21.06.2023. https://www.admin.ch/gov/de/start/dokumentation/medienmitteilungen/bundesrat.msg-id-95885.html (accessed: 30.04.2024)

[2] Knöpfel, C., Pardini, R., Heinzmann, C. (2018). *Gute Betreuung im Alter in der Schweiz. Eine Bestandsaufnahme.* Zürich: Seismo-Verlag. https://www.seismoverlag.ch/de/daten/gute-betreuung-im-alter-in-der-schweiz/

[3] https://www.newsd.admin.ch/newsd/message/attachments/79899.pdf

[4] Die Bundesversammlung — Das Schweizer Parlament (2024). *Postulat 24.3085: Überarbeitung und Aktualisierung der nationalen Alterspolitik.* https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft?AffairId=20243085 (accessed: 30.04.2024)

[5] Meier, F., Brunner, B., Lenzin, G., Heiniger, S., Carlander, M., Huber A. (2020). *Betreuung von Seniorinnen und Senioren zu Hause: Bedarf und Kosten. Eine Studie im Auftrag von Pro Senectute Schweiz.* Winterthur: ZHAW, School of Management and Law, Institut für Gesundheitsökonomie.

In brief

Prolonged loneliness among older people can have a negative impact on the health of those affected and also entail high economic costs. Switzerland does not yet have a systematic strategy or coordinated approach to tackle this social problem in a targeted manner.

The programme presented here advocates a coordinated nationwide initiative to prevent and reduce loneliness and promote social togetherness. It addresses these problems and deficits, builds on the experience of other countries, meets the needs of experts and is also an opportunity for the participating funding foundations to establish a professional, innovative, comprehensive approach in Switzerland. In its breadth and with the appropriate support from first-mover partner organisations and a consortium of funding foundations, the programme can become a beacon project worth emulating.

The early involvement of specialist organisations, cantons, municipalities and a large number of proven experts in the preliminary project (January 2023 to April 2024) forms the basis for the desired quality, impact and sustainability. On the one hand, this broad support helps to inform and sensitise the population to the issue of loneliness and serves to prevent it. On the other hand, it also ensures that people at risk of and/or already affected by chronic loneliness are actually reached and receive concrete support, including to become active themselves and improve their well-being.

The detailed version of the action plan is available on request.

Further information on the programme can be found on the PHS Public Health Services website: www.public-health-services.ch/connect

Table of contents

1 Initial situation

1.1 Preliminary project

A national strategy to combat loneliness, a coordinated approach and an association of the various players from the health and social disciplines are still lacking in Switzerland.

The preliminary project «Loneliness in old age» was initiated and supported by the Age Foundation and PHS Public Health Services. From January 2023 to April 2024, the scientific basis on the topic of loneliness in old age was reviewed by means of a literature analysis[6] and an analysis of international experience (interviews with those responsible for national loneliness programmes)[7] . Secondly, the need for action, the needs of those affected, framework conditions and existing services were clarified, discussed on an interdisciplinary basis and summarised in fact sheets at workshops and in direct discussions with representatives of cantons and cities, medicine, care, social work and experts from civil society organisations. A scientific advisory board (see Appendix 1) and a practical advisory board (see Appendix 2) accompanied the process.

1.2 Definition of loneliness

The text box below contains the short version of the definition of "loneliness", which is taken from the fact sheet "Definition of loneliness"[8] written in the preliminary project.

> **Brief definition of loneliness**
>
> *Loneliness is an **unpleasant and distressing feeling** in which someone's social relations do not correspond to their wishes and is therefore perceived by that person as inadequate. This feeling relates to both the quality of relations (e.g. lack of confidants) and the quantity of social contacts (e.g. lack of a social network)[9] as well as to the belonging to a larger community or society[10]. If loneliness persists, it's associated with higher risks for physical and mental illness and mortality.[11]*

1.3 The burden of loneliness

In 2010, a broad-based meta-analysis showed for the first time that the influence of social relationships on mortality risk is comparable to the effects of tobacco consumption, obesity or lack of exercise.[12]
These findings have since been confirmed several times, including in the renowned medical journal "The Lancet". The health significance of loneliness and social isolation is described there as follows[13] :

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[6] Schaaf, S. (2023). *Zusammenfassende Dokumentation zur Literaturanalyse «Einsamkeit im Alter».* Im Auftrag der Age-Stiftung und von PHS Public Health Services. Zürich und Bern: Schweizer Institut für Sucht- und Gesundheitsforschung ISGF, PHS Public Health Services, Age-Stiftung

[7] Kessler, C. et al. (2023). *Wege aus der Einsamkeit: was machen andere Länder? Eine Analyse zum internationalen Erfahrungswissen, mit Fokus auf Europa (Schlussbericht).* Age-Stiftung und PHS Public Health Services

[8] Faktenblatt «Definition Einsamkeit». Available at www.public-health-services.ch/connect

[9] Perlman, D. & Peplau, L.A. (1981). Toward a Social Psychology of Loneliness. In S. Duck & R. Gilmour (Eds.), *Personal Relationships in Disorder* (p. 32). London: Academic Press

[10] Cf. e.g. Cacioppo, J. T. & Cacioppo S. (2012). The phenotype of loneliness. *The European Journal of Developmental Psychology*, 9/4, 446-452.

[11] Holt-Lunstad J., Smith, T.B., Baker, M. et al. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Persp Psychol Sci*, 10, 227-237.

[12] Holt-Lunstad, J. et al. (2010). *Social Relationships and Mortality Risk: A Meta-analytic Review.* PLoS Med. 2010 Jul 27;7(7):e1000316. https://doi.org/10.1371/journal.pmed.1000316

[13] The Lancet (2023). *Loneliness as a health issue.* Editorial: Vol 402 July 08, 2023. https://doi.org/10.1016/S0140-6736(23)01411-3

- *"As harmful to physical health as 15 cigarettes a day"*
- *"Poor social relationships are associated with an increased risk of cardiovascular disease, high blood pressure, diabetes, infectious diseases, impaired cognitive function, depression and anxiety."*

1.4 Frequency of loneliness in old age

According to the Swiss Health Survey 2022 (FSO 2023)[14] , a good third of the Swiss population aged 65+ living at home "sometimes" feel lonely. Special analyses for the preliminary project "Loneliness in old age" for the Swiss Health Survey 2022 and an OBSAN report (2023)[15] revealed a frequency of loneliness of 5% to just under 9% for the response category "fairly/very often" among older people 65+ living at home.[16,17] This is comparable with a European meta-analysis of older people (60+), which resulted in a frequency of severe loneliness of 8%.[18]

When looking at these figures, it should be noted that very lonely and isolated people take part in surveys less frequently than socially well-integrated people, which means that the figures tend to be too low. In addition, the 65-74 age group has comparatively low levels of loneliness. Accordingly, the frequency of loneliness is much higher among the older age groups and especially among the very old (80+).[19]

Hint

The incidence of loneliness shows a U-shaped progression with high numbers in adolescence and among young adults and increasing frequency in old age.[20] The **"connect!"** programme is focusing on old age in an initial 3-year phase. However, there is a desire to include other target groups in future phases.

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[14] Bundesamt für Statistik (2023). Schweizerische Gesundheitsbefragung 2022. Neuchâtel: BFS.

[15] Peter, C., Tuch, A. & Schuler, D. (2023). *Psychische Gesundheit – Erhebung Herbst 2022. Wie geht es der Bevölkerung in der Schweiz? Sucht sie sich bei psychischen Problemen Hilfe?* (Obsan Bericht 03/2023). Neuchâtel: Schweizerisches Gesundheitsobservatorium.

[16] Schuler, D. (2023). *Prävalenz «Einsamkeit im Alter».* Spezialauswertung des OBSAN Berichts 03/2023 gemäss Anfrage Institut für Gesundheitsforschung (ISGF). (Bezug beim Verein «connect!»)

[17] Höpflinger, F. (2024). *Einsamkeitsgefühle im Alter – Ursachen und Auswirkungen – Eine Auswertung der Schweiz. Gesundheitsbefragung 2022.* Version 6. März 2024 (Bezug beim Verein «connect!»)

[18] Chawla, K. et al (2021). *Prevalence of loneliness among older people in high-income countries: A systematic review and meta-analysis.* PLOS ONE: July 26, 2021. https://doi.org/10.1371/journal.pone.0255088

[19] Höpflinger, F. (2024). *Einsamkeitsgefühle im Alter – Ursachen und Auswirkungen – Eine Auswertung der Schweiz. Gesundheitsbefragung 2022.* Version 6. März 2024 (Bezug beim Verein «connect!»)

[20] Bundesamt für Statistik (2023). *Schweizerische Gesundheitsbefragung 2022.* Neuchâtel: BFS.

2 Causes and evidence-based measures

2.1 Causes of loneliness

The analysis by Höpflinger (2024)[21] of the Swiss Health Survey SGB 2022 shows that frequent feelings of loneliness in old age are determined by both social and health factors.

Socially significant factors are primarily living alone, the lack of confidants and the language region (higher values in Latin Switzerland). A migration background, especially if originating from Eastern, South-Eastern and South-Western Europe, also increases the risk of feelings of loneliness. (ibid.)

Low socio-economic status (SES) has an indirect effect, in that financial problems have a negative impact on physical and mental health, which in turn influences feelings of loneliness. The level of education also has an indirect effect, as a low level of education is associated with a lower number of confidants. Increasing age also has an impact, primarily through a decrease in the number of confidants. (ibid.)

From a health perspective, physical complaints and poor subjective health in particular are associated with higher levels of loneliness. However, there can also be reciprocal relationships: poor health increases the risk of loneliness, which in turn can lead to a poorer health assessment. In general, there are strong negative relationships between feelings of loneliness and mental health, and a deep sense of control. (ibid.)

According to the English programme against loneliness, feelings of loneliness are also strongly influenced by characteristics such as identity and personality. Social and cultural influences also play an important role. The housing situation and the neighbourhood in which people live are also important. Critical life events, such as retirement, the loss of a loved one or health events, also have a potentially major impact.[22]

A recent narrative literature analysis[23] comes to similar conclusions. It also assesses two other elements as particularly central factors relating to loneliness:
1. The personality traits extroversion as a strong protective factor against feelings of loneliness and neuroticism as an influential reinforcing factor.
2. The presence of trusted persons.

These two elements must be kept in focus during interventions.

2.2 Effective approaches against loneliness

As mentioned above, loneliness is both an individual and a social problem. A successful strategy must be correspondingly comprehensive. The World Health Organisation (WHO) has described the most promising approaches. They focus on the individual, their immediate living environment and society as a whole (see Figure 1).[24]

At an individual level, the aim is to recognise loneliness and establish contact with those affected. In a person-centred approach, needs must be identified and support requirements clarified. A variety of evidence-

[21] Höpflinger, F. (2024). *Einsamkeitsgefühle im Alter – Ursachen und Auswirkungen – Eine Auswertung der Schweiz. Gesundheitsbefragung 2022.* Version 6. März 2024 (Bezug beim Verein «connect!»)

[22] Department for Digital, Culture, Media and Sport, UK (2018). *A connected society; A strategy for tackling loneliness - laying the foundations for change.* https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

[23] Barjaková M, Garnero A & d'Hombres B. (2023). *Risk factors for loneliness: A literature review.* Soc Sci Med,334:116-163. doi: 10.1016/j.socscimed.2023.116163

[24] WHO (2021). *Social isolation and loneliness among older people: advocacy brief.* Geneva: World Health Organization; 2021 Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240030749

based services can be recommended, such as social skills training, cognitive approaches to influence thought and behaviour patterns and services and support for social networking.

At a local level, gaps in social participation services should be closed and existing services optimised so that vulnerable and socially disadvantaged groups can also benefit from them. Respite services (e.g. for family carers) can be offered and those in a difficult socio-economic situation can be supported financially. Local volunteer services can also be further expanded, transport services can be offered for low-threshold use, etc.

For society as a whole, it is recommended that efforts be made to break the stigma of loneliness, reduce socio-economic inequalities, include counselling and care services provided by professionals in the tariff systems, etc.

Illustration 1: Effective measures to reduce loneliness according to WHO (2021)

3 Need for action

In view of the high number of people affected in Switzerland (85-150,000 people aged 65+), the high burden of disease and the associated health and social costs, there is an urgent need for action. Because loneliness is both a social and an individual problem, a variety of causes need to be addressed. A multidimensional and long-term approach is required.

Research in the preliminary project has shown that the level of knowledge about loneliness is inadequate, both among the general public and among professionals. Sensitisation and information are necessary - adapted to the various target groups.

Lonely people have little contact with the outside world and are therefore difficult to reach and talk to. Loneliness is also a taboo that needs to be overcome. A central task will therefore be to recognise, motivate and support affected people in finding ways out of loneliness. Very old people with a high risk of loneliness in particular are often in contact with primary healthcare professionals and Spitex. There is potential here to reach lonely people. However, these professionals need suitable tools for recognising loneliness and further evidence-based action, as well as appropriate training.

The large number of players and services for social participation and the simultaneously high number of people affected is an indication of sub-optimal utilisation of resources. There is an obvious need for national coordination, joint planning, quality-enhancing measures, aids and the pooling of resources.

The national *"connect!"* programme addresses these key issues.

4 Strategic principles

The programme's vision, overall objective and mission statement are:

Vision
The people in Switzerland...
... feel socially integrated
... have low-threshold access to services that prevent and reduce loneliness, and
   promote social cohesion
... are able to deal with feelings of loneliness
... receive the support that meets their needs and requirements.

Overall objective
Fewer people in Switzerland feel lonely.

Mission Statement
The programme is committed to a coordinated nationwide initiative for the prevention and reduction of loneliness and the promotion of social togetherness. Through various services that are made available free of charge to interested stakeholder groups, the programme creates added value and achieves social benefits - for the participating organisations, institutions and professionals as well as for the benefit of older people and those affected by loneliness.

In view of the large number of players and offers in Switzerland, the programme wants to take on a role as a service provider and supporter and strengthen existing ones. New approaches are to be piloted in certain areas. The main services of the programme are

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Main services of the programme
... networks the players and coordinates joint activities,
... monitors national and international developments and develops basic principles,
... sensitises and informs the population, target groups and stakeholders,
... provides services, aids and, as far as possible, finances,
... is in favour of communal interprofessional and intersectoral care models,
... is committed to better framework conditions and
... helps to close existing gaps in knowledge and services.

The target groups of the first programme phase are

Primary target groups
Older people (65+) with a specific focus on very old people (80+) and the migrant population, as well as vulnerable and socially disadvantaged target groups

Total population / social environment of older people

Intermediary target groups
Health professionals (especially primary health care, psychiatry/psychology and Spitex), social workers, volunteers and decision-makers (in organisations, administration and politics)

When designing the measures, the following principles and values as well as cross-cutting issues of the programme should be systematically reflected and, where possible and relevant, taken into account in the design and implementation.

Principles and values
- Consideration of cross-cutting issues (see below)
- Evidence-based
- Participation: Affected persons and relatives as stakeholders
- Person-centred approach
- Connecting generations
- Multisectorality: health, social and community services
- Interprofessionalism
- Sustainability
- Orientation towards individual resources and salutogenesis
- Complementarity and avoidance of duplication
- Utilisation of synergies
- Building on and valorising what already exists

Cross-cutting issues
- Vulnerable and socially disadvantaged target groups
- Biographical transitions / critical life events
- Digital approaches

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5 Goals and measures

The programme consists of three fields of action, each with three objectives and the corresponding measures.

Field of action 1 (HF1) "Community" aims to sensitise and inform the population. People should be encouraged to maintain their social networks, to understand loneliness as something "normal", as a natural reaction that can be countered, but for which there is also support if necessary. Measures are planned for both mass media and interpersonal communication. In this field of action, the existing offerings for social participation and networking will also be analysed in terms of availability, gaps and potential for qualitative improvement. The aim here is to prevent loneliness (primary prevention) and motivate people with feelings of loneliness to become active themselves. The aim is to support activities in the communities that promote togetherness and strengthen the community.

In field of action 2 (HF2) "Care systems", the focus is on recognising people with feelings of loneliness and providing them with optimal support and care. To this end, a standardised approach for recognising loneliness (screening) and a procedure for in-depth investigations and evidence-based follow-up tailored to the various professionals is to be developed.
This screening and follow-up procedure is publicised in specialist publications and at conferences for professionals. Training courses for primary care practices and Spitex staff as well as for psychology, psychiatry and social work professionals are designed to enable them to deal with those affected. Adapted materials will be produced for volunteers. As a new and central element, models of interprofessional and intersectoral cooperation will be tested in pilot communities, with the involvement of volunteers. This field of action therefore focusses on secondary and tertiary prevention and the concrete and individual support of those affected and their environment.

Field of action 3 (HF3) "Structures" deals with the structural and organisational prerequisites and conducive framework conditions to support fields of action 1 and 2. A forum of partner organisations serves to exchange information, coordinate and exploit synergies. Political work to improve the framework conditions at national, cantonal and local level is to be promoted. Finally, knowledge management serves the continuous reflection and improvement of the approach.

Figure 2 (see next page in landscape format) provides an overview of the programme's fields of action, objectives and cross-cutting issues (Phase I).

The following sections 5.1 to 5.3 list the objectives, measures and timetable in the three fields of action in tabular form.

connect!
together less lonely

«Connect!» programme Phase I (2024-2027) Loneliness in old age

HF1 "Community"
1. public relations
2. interpersonal communication and social dialogue
3. social togetherness and inclusion in the programmes

HF2 "Health services"
1. sensitisation and empowerment of professionals and volunteers
2. early detection and follow-up procedure
3. interprofessional and intersectoral approach in the care system

HF3 "Structures"
1. networking and education forum "*connect!*"
2. creation of favourable framework conditions
3. knowledge management and programme development

Cross-cutting issues
QS1 Vulnerable and socially disadvantaged target groups
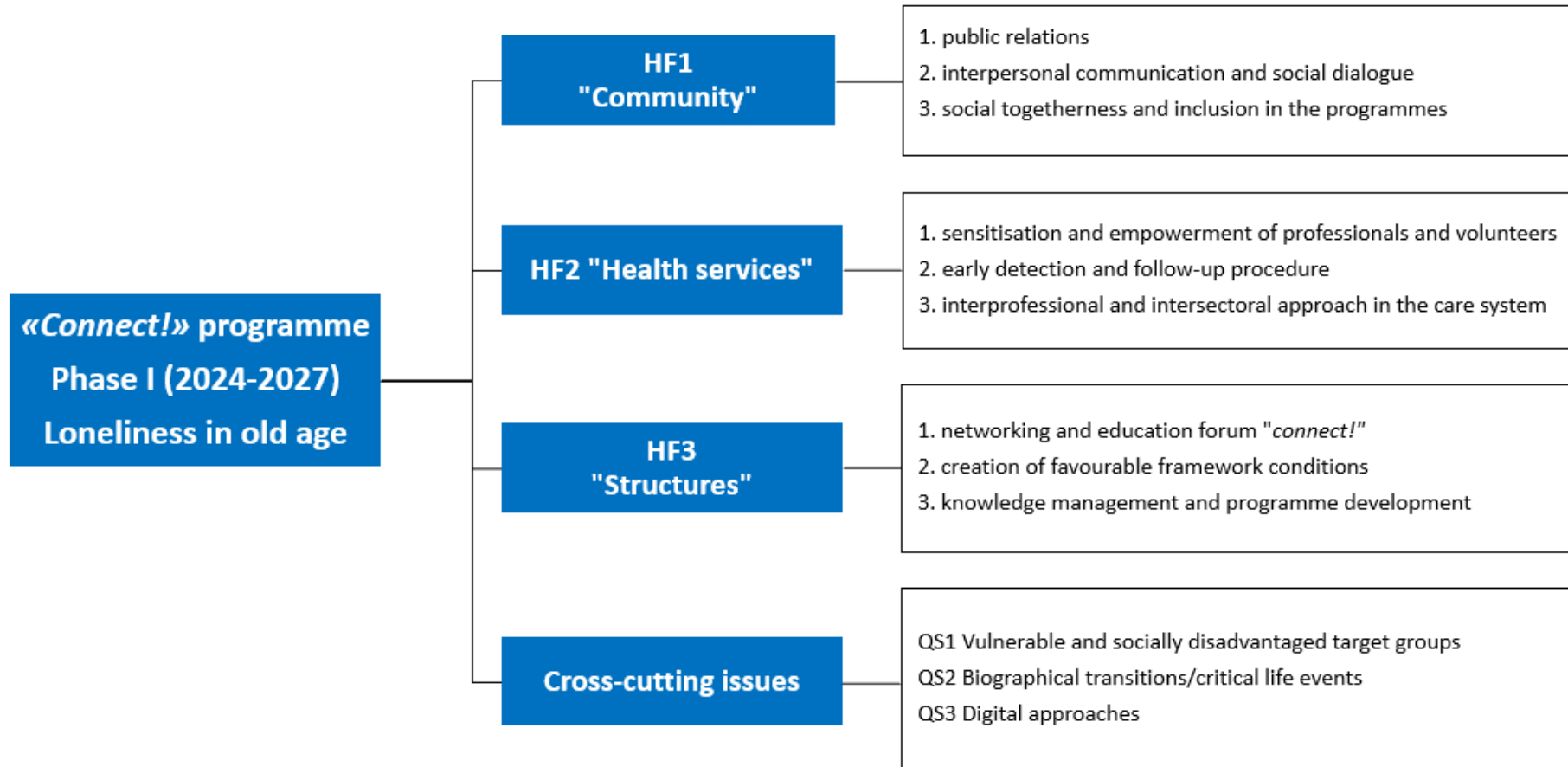QS2 Biographical transitions/critical life events
QS3 Digital approaches

Figure 2: Overview of fields of action, objectives and cross-cutting issues, Phase I

5.1 Field of action 1: "Community"

<u>Responsibility</u>: Overall responsibility for the operational implementation of the programme lies with the programme management. Responsible for the "Community" field of action are: Communication team leader, "Community" working group, with the involvement of the relevant partner institutions.

HF1/Objective 1: Public relations

Measure	Time planning*
a. Participatory development of the "Community concept"; in close consultation with the key players and following a comprehensive analysis of the initial situation	P 2024-2025
b. Development and operation of programme website and social media profiles	P 2024
c. Building partnerships with ambassadors, building media partnerships	P 2024-2025
d. Development, pre-testing, finalisation and dissemination of communication tools	P 2024-2027
e. Integration/deepening of communication about loneliness and the promotion of social cohesion in websites and communication channels of the partner organisations	I 2025-2027
f. Contributions in the media and broad implementation Public relations work to raise awareness, inform and motivate, in accordance with the concept and together with the implementation partners at all levels	I 2025-2027

* P = Preparatory measures, I = Implementation

HF1/Objective 2: Interpersonal communication and social dialogue

Measures	Time planning
a. *based on the analyses and the "Community concept" (see 1/1):* Development and testing of tools to promote interpersonal communication and dialogue	P 2024-2025
b. Broad dissemination of the tools developed and support for the integration of the topic into existing vessels (encounters and dialogue)	I 2025-2027

HF1/Objective 3: Social cohesion and inclusion in community services

Measures	Time planning
a. Identification and dissemination of measures to strengthen togetherness and social inclusion in community services	P+I 2024-2027
b. Development of needs-orientated tools for searching for/locating community services and their dissemination	P+I 2024-2027
c. According to the results of the gap analysis and the target group analysis and depending on available resources and interest: Conception and piloting of new programmes	P+I 2025-2027

5.2 Field of action 2: "Supply systems"

<u>Responsibilities:</u> Team management and "Supply systems" working group, professional associations, elected representatives, implementation partners in the pilot regions

HF2/Objective 1: Sensitisation and empowerment of professionals and volunteers

Measures	Time planning
a. Development of "Supply systems concept", in close coordination with the key players, following a comprehensive analysis of the initial situation	P 2024-2025
b. Development, pre-testing and finalisation of communication offers for professionals, volunteers and for distribution to those affected and their environment	P+I 2024-2026
c. Broad launch of communication for professionals and volunteer organisations	I 2025-2027
d. Development of training materials and training courses for professionals and volunteers	P+I 2024-2026
e. Broad promotion of training courses for professionals and volunteers	I 2025-2027

HF 2/Objective 2: Early detection and follow-up procedure

Measures	Time planning
a. Development, pre-testing and finalisation of a "screening and follow-up" toolkit, including adaptation of the tools to the needs of the various intermediary target groups	P 2024-2025
b. Integration of the screening tool and the follow-up procedure in all sensitisation and training measures for professionals and volunteers	I 2025-2026

HF 2/Objective 3: Interprofessional and intersectoral approach

Measures	Time planning
a. Development of one or more models of interprofessional and intersectoral cooperation for person-centred and inclusive approaches to "loneliness in old age", with targeted involvement of volunteers	P 2024-2025
b. Promotion of outreach social work projects with a stronger focus on the topic of loneliness in old age, with the involvement of volunteers	I 2025-2027
c. Piloting interprofessional and intersectoral models with person-centred approaches, involving volunteers	I 2025-2027
d. Identification and promotion of low-threshold offers to strengthen the self-efficacy/empowerment of those affected (incl. hybrid offers with digital elements)	I 2025-2027
e. Basic work to prepare for an extension to the setting of inpatient services in retirement institutions	P 2026-2027

5.3 Field of action 3: "Structures"

<u>Responsibility:</u> Programme management, implementation partners, members of the policy sub-working group

HF 3/Objective 1: Networking and education "Forum *connect!*"

Measures	Time planning
a. Formation of a national "*connect!*" forum as an exchange forum for the partner organisations	2024
b. Strengthening the national interprofessional and intersectoral network (stakeholder platform) around the programme	2024-2027

c. Formation of working groups and, if necessary, sub-working groups, as required, e.g:
 	
    a. AG Community
    b. AG Supply systems
    c. U-AG Cantons and municipalities
    d. U-AG Social Inclusion
    e. U-AG Politics etc.
	2024-2027

d. Continuation of the Scientific Advisory Board (existing and new members)	2024-2027
e. Systematic inclusion of the primary target groups via the formation of a sounding board with target group representatives; clarification of participation	2024-2027
f. Support for local implementation partners in the development of regional/local action plans	2025-2027
g. Networking internationally with other countries and international organisations and forums that are committed to the topic	2024-2027

HF 3/Objective 2: Creation of favourable framework conditions

Measures	Time planning
a. Development of "Concept for supportive framework conditions"; incl. catalogue of requirements for the national, cantonal and communal levels	2025
b. Initiation of political initiatives according to concept and opportunity	2025-2027
c. Mainstreaming loneliness and ensuring synergies with ongoing programmes, activities and initiatives	2025-2027
d. Development and implementation of the "Sustainable Financing Concept"	2024-2027

HF 3/Objective 3: Knowledge management and programme development

Measures	Time planning
a. Preparation and dissemination of basic knowledge for partner organisations and the media	2024-2027
b. Organisation of a recurring "*connect!*" conference	2025, 2026
c. Development and implementation of "Monitoring & Evaluation Concept" (formative, with external support)	2024-2027
d. Processing and dissemination of lessons learnt and evaluation results	2026-2027
e. Development of an action plan for Phase II, including clarification of the inclusion of other target groups (young people!) and other focal points (inpatient services provided by old people's institutions, neighbourhood and settlement planning)	2026-2027

6 Milestone planning

It takes a long time to achieve significant and measurable improvements in the area of loneliness. The programme is expected to take at least 8-10 years. For pragmatic reasons, three-year programme phases will be used. It was decided to focus on the topic of loneliness in old age in the first phase from July 2024 to June 2027.

Timing is currently difficult because the available funds are not yet known. As explained in chapter 8 "Expenditure and financing", two budgets are expected, one for the full programme and one for a reduced programme. Accordingly, certain goals will be achieved sooner or later. The definitive plan is to be adopted in autumn 2024, when an interim fundraising status will be available.

Below is the milestone planning for the full programme and start from July 2024.

Milestones	Deadline
Milestone 1 • The programme organisation has been set up in accordance with the organisational chart and the bodies have started their activities (incl. steering group, "*connect!*" forum, working groups, sounding board of primary target group representatives, etc.). • The "Sustainable Financing Concept" is available, the necessary financial resources have been secured and the resulting definitive action plan with detailed planning has been approved by the steering group • The in-depth analyses and concepts of the HF "Communities" and "Supply systems" are currently being processed • The "Screening tool and follow-up" mandate has been awarded to a consortium • The programme website with selected content for experts and media professionals is online (D/F) • The "Monitoring & Evaluation Concept" has been approved and implementation initiated	31.12.2024
Milestone 2 • The "Community" concept with clarification of the procedure in the areas of mass media and interpersonal communication is available • The first communication tools and messages were developed in a participatory process and the first media reports have been published • The "Supply systems" concept is available • Initial articles in relevant specialised media and conferences of the professions involved have been published or initiated • The report on strengthening social inclusion in social participation programmes is available • Drafts for the training documents (HF2) are available • The first "connect!" conference has taken place	30.06.2025
Milestone 3 • Articles have appeared in national and local consumer media • The recommendations for tools to search for/find social participation services have been published • The "Screening tool and follow-up" mandate has been completed • The programme website with initial content for the primary target groups is online (D/F/I) • First pilot training sessions have taken place • The first municipal pilot projects for interprofessional and intersectoral cooperation with the involvement of volunteers have been launched on the basis of the models developed	31.12.2025

• The "Gap and needs analysis accompanying research" is available • The "Concept for favourable framework conditions" is available • Low-threshold accessible, digital overviews of offers have been identified and have been/will be adapted where possible and necessary	
Milestone 4 • Realisation according to plan • Tools to promote interpersonal communication and dialogue are available for dissemination • The final communication and training materials for professionals and volunteers are ready for broad dissemination	30.06.2026
Milestone 5 • Realisation according to plan • The second "*connect!*" conference has taken place	31.12.2026
Milestone 6 • Realisation according to plan • The evaluation report was presented and widely discussed • The action plan for Phase II is available • Funding for phase II is secured • Reporting and completion of Phase I has taken place	31.07.2027

7 Organisation

7.1 Organisational structures and organisational chart

The programme is run by the association *"connect!"* (members of the association: see Appendix 3). Its purpose is to prevent loneliness and alleviate the negative individual and social consequences of loneliness in Switzerland. The association mandates a steering group consisting of important implementation partners. This steering group makes the strategic decisions and monitors their operational implementation by the programme management and the programme team.

The *"connect!"* forum of the partner organisations and the consortium of participating funding foundations are involved in strategic management. A scientific advisory board supports the decision-making process and advises the steering group and programme management.

The relationships between the various programme bodies are shown in Figure 3. The roles, tasks, responsibilities and competences of the various bodies are listed in Annex 4.
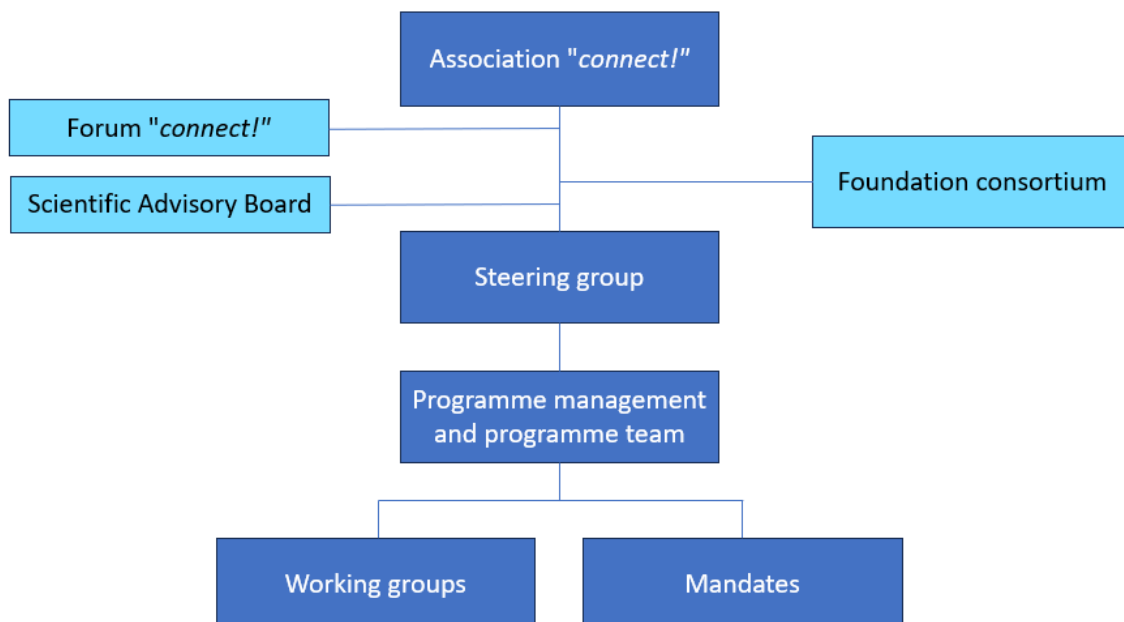
Figure 3: Organisation chart of the "connect! – together less lonely" programme

7.2 Programme management and controlling

The *"connect!"* association mandates the steering group and the programme management to implement the programme on the basis of the action plan. The steering group is responsible for drawing up and specifying the strategic guidelines, for prioritisation and for any waiver planning. It reviews the implementation of its guidelines by the programme management and the programme team. They are responsible for the operational implementation of the strategic guidelines and adherence to the budget.

The programme management and programme team draw up an annual programme report for the attention of the steering group, the *"connect!"* association and the foundation consortium. An oral interim report is submitted to these bodies every six months. Information is exchanged in the meantime through the presence and verbal reporting of the programme management at the meetings of

the steering group and the steering group committee, at the meetings of the board and the general meetings of *"connect!"* and at the meetings of the foundation consortium.

7.3 Internal communication

The programme management and the programme team ensure internal communication. This includes the above-mentioned reporting, the exchange within the framework of the forum, the operation of a stakeholder network with meetings and newsletters as well as the operation of an information point for partner organisations. At the beginning of the programme implementation, the services are offered in German and French. The aim is to quickly serve Italian-speaking partners as well. (The project website and social media are discussed in Chapter 5).

Forum meeting

At the forum meetings, which take place once or twice a year, important information on programme implementation is shared and collaborations are discussed.

(Digital) stakeholder meetings

Once or twice a year, interested stakeholders who are included in a programme contact list are invited to an exchange. These stakeholder meetings can coincide with the planned, recurring programme meetings.

Newsletter

The digital newsletter is published 2-4 times a year with information about new developments in the programme, products and services of the programme and current information on the topic.

Information point for partner organisations

The programme team is setting up a contact point for partner organisations. It provides information, tools, networking opportunities and in-depth advice for implementing partner organisations.

8   Expenditure and financing

The implementation model of the programme envisages a strong centre surrounded by strong partner organisations. The centre or the programme in the narrower sense, consisting of the steering group and programme team and their bodies and activities, develops strategies, coordinates, draws up basic principles, mobilises partner organisations, etc. (see mission statement in chapter 4). It also carries out fundraising with funding foundations and other potential donors so that it can fulfil its tasks. The products and services developed by the centre are made freely available to the programme partners. Strategically important pilot projects are also co-financed as far as possible.

For their part, the programme partners participate in the programme by providing their specific contributions, be it know-how, communication channels, human and/or financial resources for implementation in their geographical or specialist areas. Where possible and appropriate, programme activities are also integrated into existing initiatives such as cantonal action programmes (KAP) of Health Promotion Switzerland or municipal campaigns in order to create synergy effects and benefit from existing funding mechanisms.

The following information on expenditure and income relates to the activities of the programme in the narrower sense, i.e. the activities described in this application. The expenses of the implementation partners, i.e. their time expenditure and financial commitments, are not yet known and are therefore not included here.

8.1   Expenditure

Programme implementation began on 15 May 2024 with the adoption of the action plan by the *"connect!"* association and its mandate to form a steering group and fundraising. However, it will be several months before the fundraising applications have been submitted and funding foundations have decided on their contributions. At the time of writing the action plan, it is therefore not yet clear what financial resources the programme can count on. A budget is presented below, which should enable the activities described in this plan. However, this is a tight calculation. Ideally, human resources will be further increased, thus expanding the scope for in-depth processing, increased communication, increased dissemination and intensified implementation.

Table 1 provides an overview of the expected expenses for the programme from July 2024 to June 2027. The annual total amounts to CHF 1.3 to 1.5 million. The most important expenses are personnel costs. 1,500 hours correspond to a 100% employment. Personnel expenses are incurred for the programme management, "Community" team, "Supply Systems" team and secretariat/accounting. The two teams are made up of a team leader and scientific staff. A list of the tasks of the programme management and the two teams can be found in Appendix 5.

Significant external costs are incurred in the first year due to the "screening tool and follow-up" mandate (CHF 75,000) and initial work on the development of training materials (CHF 60,000). Significant costs are also incurred in these two areas in the second year (screening tool: CHF 75,000, training courses: CHF 170,000). From the third year in particular, larger contributions of CHF 200,000 are planned for pilot projects for interprofessional/intersectoral cooperation (with the involvement of volunteers).

In view of the uncertainties regarding fundraising success, a reduced budget is set out in Table 2, which is accompanied by the cancellation of certain tasks. The planning for the reduction, which is based on less intensive processing of individual activities on the one hand and a postponement of selected tasks on the other, is also shown in Appendix 5.

In the reduced budget, the annual expenditure is between CHF 740,000 and 830,000, with personnel resources cut by 40-50% and external expenses for the screening tool, training and pilot projects reduced.

8.2 Revenue planning / fundraising

The preliminary project "Loneliness in old age" was realised as a cooperation between the Age Foundation and PHS Public Health Services. Financial support for the preliminary project was also provided by the Elly Schnorf-Schmid and Dr Kurt Fries foundations and the City of Bern. The first three foundations have once again committed to the *"connect!"* programme in an amount that will enable implementation within the reduced budget.

During the preliminary project, the Age Foundation held various discussions with other foundations, and interest in participating in a programme was expressed on various occasions. The programme was also presented at the meeting of the Roundtable on Ageing (24 April 2024), an annual meeting of funding foundations. Discussions with these foundations and applications are currently underway. These applications are currently a top priority.

Expenditure	Remarks	2024/25	2025/26	2026/27
Steering group	2x/y. No fee, only expenses	1000	1000	1000
Steering group committee	4x/y. No fee, only expenses	750	750	750
Forum of partner organisations	1-2x/y, 1x physically. Expenses for premises, catering	1500	1500	1500
Scientific Advisory Board	2x/y à 1.5h. Attendance fee CHF 300	5000	5000	5000
Sounding Board of the primary target groups	Procedure to be clarified. Financial reserve	5000	5000	5000
Programme management	1'500h/y at CHF 170/h	255000	255000	255000
Community" team	2'000h/y (average hourly rate CHF 135/h)	270000	270000	270000
Community" working group	3x/y à 3h (2026 less). Attendance fee CHF 300, 8 participants	7200	7200	4800
Various sub-working groups	Financial reserve	5000	8000	3000
External support "Community" concept		10000		
Cash expenses Comm/public relations	Various support tasks	20000	20000	20000
Conference	Deficit guarantee		50000	50000
Supply systems team	2250h/y (average hourly rate CHF 135/h)	303750	303750	303750
Supply systems" working group	3x/y à 3h (2026 less). Attendance fee CHF 300, 8 participants	7200	7200	4800
Expert fees	Articles, presentations	10000	10000	10000
Expert fees for development training	AG Supply systems with subgroups primary care, Spitex, social work, volunteers	30000	50000	
Production of e-learning tools	for primary care, Spitex, social work, volunteers, population	30000	120000	
Financial support for (municipal) pilot projects	Pilot projects are primarily financed locally	20000	60000	200000
Mandate "Screener and follow-up procedure"	for primary care, Spitex, social work, volunteers	75000	75000	
Secretariat	1'500h/y at CHF 90/h	135000	135000	135000
Accounting	external	10000	10000	10000
Evaluation	External support	10000	10000	10000
VAT.	8.10%	98123	113756	104458
Total		**1309523**	**1518156**	**1394058**

<u>Fee rates</u>
Public Health Expert   CHF 170/h
Project management   CHF 150/h
Scientific collaboration   CHF 120/h
Administration   CHF 90/h

Table 1: Expenditure budget for the "connect!" programme from July 2024 to June 2027

Expenditure	Remarks	2024/25	2025/26	2026/27
Steering group	2x/y. No fee, only expenses	600	600	600
Steering group committee	4x/y. No fee, only expenses	500	500	500
Forum of partner organisations	1-2x/y, 1x physically. Expenses for premises, catering	1200	1200	1200
Scientific Advisory Board	2x/y à 1.5h. Attendance fee CHF 300	3500	3500	3500
Sounding Board primary target groups	Procedure to be clarified, financial reserve	2500	2500	2500
Programme management	900h/y, at CHF 170/h	153000	153000	153000
Community" team	900h/y (average hourly rate CHF 135/h)	121500	121500	121500
Community" working group	3/2/2x/y à 3h (2026 less). Attendance fee CHF 300, 8 participants	7200	4800	4800
Various sub-working groups	Financial reserve	3000	5000	2000
External support "Community" concept		8000		
Cash expenses Comm/public relations	Various support tasks	10000	10000	10000
Conference	Deficit guarantee		15000	15000
Supply systems team	1'200h/y (average hourly rate CHF 135/h)	162000	162000	162000
Supply systems" working group	3/2/2x/y à 3h (2026 less). Attendance fee CHF 300, 8 participants	7200	4800	4800
Expert fees	Articles, presentations	10000	10000	10000
Expert fees for development training	AG Supply systems with subgroups primary care, Spitex, social work, volunteers	20000	30000	
Production of e-learning tools	for primary care, Spitex, social work, volunteers, population	30000	100000	
Financial support for (municipal) pilot projects	Pilot projects are primarily financed locally	0	0	100000
Mandate "Screener and follow-up procedure"	for primary care, Spitex, social work, volunteers	50000	50000	
Secretariat + Accounting	900h/y at CHF 90/h	81000	81000	81000
Accounting	external	7500	7500	7500
Evaluation	External support	8000	4000	8000
VAT.	8.10%	55623	62119	55720
Total		**742323**	**829019**	**743620**

Table 2: Reduced expenditure budget for the "connect!" programme from July 2024 to June 2027

9 Attachments

1. Members of the Scientific Advisory Board Pre-project
2. Members of the Practical Advisory Board Pre-project
3. Members of the *"connect!"* association
4. Roles, tasks and competences of the bodies of "*connect! – together less lonely*"
5. Tasks of programme management and programme teams

Appendix 1: Members of the scientific advisory board for the preliminary project

- Prof. Dr med Dr PH Heike Annette Bischoff-Ferrari, University Hospital Zurich, Clinic for Geriatric Medicine
- Prof. Dr Stefano Cavalli, Scuola universitaria professionale della Svizzera italiana SUPSI, Dipartimento economia aziendale, sanità e sociale
- Prof Dr Oana Ciobanu, Haute école de travail social et de la santé Lausanne HETSL
- Prof. Dr Sabine Hahn, VfP Swiss Association for Nursing Science; Bern University of Applied Sciences, Department of Nursing
- Dr François Héritier, College of Family Medicine KHM
- Prof. Dr phil. François Höpflinger, Emeritus Titular Professor of Sociology
- Dr Astrid Habenstein, Wyss Private Clinic
- Prof Valérie Hugentobler, Haute école de travail social et de la santé Lausanne HETSL
- Prof. Dr Stefan Klöppel, University Psychiatric Services Bern, University Clinic for Geriatric Psychiatry and Psychotherapy
- Prof Dr Carlo Knöpfel, University of Applied Sciences and Arts Northwestern Switzerland FHWN, Social Policy and Social Work
- PD Dr Tobias Krieger, University of Bern, Clinical Psychology and Psychotherapy
- Prof Dr Dr Andreas Maercker, University of Zurich, Institute of Psychology
- PD Dr Thomas Münzer, Cantonal Hospital St. Gallen, Geriatric Clinic St. Gallen
- Prof. em. Dr Pasqualina Perrig-Chiello, Developmental Psychology and Psychotherapy
- Dr Christina Röcke, University of Zurich, UFSP Dynamics of Healthy Ageing
- Dr Alexander Seifert, University of Applied Sciences Northwestern Switzerland FHNW, Social Work
- Prof Dr Jürgen Stremlow, Lucerne University of Applied Sciences and Arts HSLU, Social Work

Appendix 2: Members of the preliminary project advisory board

- Aeschlimann Jill, City of Biel, City of Biel delegate for the elderly

- Brunner Sibylle, Canton of Zurich, Head of Department for Prevention and Health Promotion, Canton of Zurich

- Chenaux-Mesnier Muriel, City of Lausanne, Déléguée seniors Ville de Lausanne

- DeCambio Undine, City of Rapperswil-Jona, Head of the Department of Ageing and Health

- Faisst Karin, Dr med, Canton of St. Gallen, preventive physician and Head of the Office for Preventive Health Care

- Gerber Nathalie, SRC, expert on old age and caring relatives

- Gigon Nathalie, City of Fribourg, Responsable Seniors, Service de l'enfance, des écoles et de la cohésion sociale

- Hafner Wilson Corinne, Pro Senectute Switzerland, Head of Home Help Division

- Héritier François, Dr med., College of Family Medicine KHM, Specialist Director / President of the Foundation Board

- Knupfer Caroline, Canton of Vaud, Head of Social Policy and Training, Directorate-General for Social Cohesion, Department of Health and Social Affairs

- Kirschner Michael, City of Berne, Head of Old Age, City of Berne

- Kobelt Manuela, Canton of Zurich, Head of Prevention and Health Promotion in Old Age

- Maret Delphine, Canton of Valais, Cantonal Coordination Centre in favour of the 60+ generations, French-speaking section

- Rüegg René, SAGES, Board of Directors, Research Associate at Bern University of Applied Sciences

- Rutz Cerna Marlen, City of St. Gallen, Specialist for the Elderly

- Staniszewski Karolina, Canton of St. Gallen, Head of the Specialist Centre for Health in Old Age

- Weidmann Anette, Canton of Valais, Cantonal Coordination Centre in favour of Generations 60+, Upper Valais

- Weiss Claudia, VfP Swiss Association for Nursing Science, Managing Director

- Würth Felicitas, SSR Swiss Seniors' Council, Working Group on Age in Society and Migration

Appendix 3: Members of the *"connect!"* association

The *"connect!"* association was founded at the end of 2023 with nine natural persons to give the "connect!" programme a legal basis. The plan is to convert the memberships into an association with legal entities in the coming months. Partner organisations of the programme can then become members of the association.

member	Role/task
Prof. Dr em. Pasqualina Perrig-Chiello, Psychology/ Ageing researcher	President / Science and target group
Andy Biedermann, PHS Public Health Services	Programme implementation
Prof. Dr Stefano Cavalli, Scuola universitaria professionale della Svizzera italiana SUPSI	Science and Ticino
Dr Karin Faisst, Head of the Pension Office, Canton SG	Cantonal implementation
Dr François Héritier, President of the College of General Practitioners KHM	Medical profession and French-speaking Switzerland
Prof. Dr em. François Höpflinger, sociology/age researcher	Science and target group
Sophie Ley, President of the Swiss Professional Association of Nursing Staff SBK	Care and French-speaking Switzerland
Prof Dr Jürgen Stremlow, Lucerne University of Applied Sciences and Arts HSLU - Social Work	Social work and science
Erich Tschirky, PHS Public Health Services	Legal foundations

Appendix 4: Roles, tasks and responsibilities of the bodies of the *"connect!"* programme

1. Sponsorship

The sponsor of the *"connect! – together less lonely"* programme is the *"connect!"* association. Its purpose article reads:

1 The purpose of the association is the prevention of loneliness and the alleviation of the negative individual and social consequences of loneliness in Switzerland.
2 The association pursues this purpose with the aim of reducing loneliness in the population, promoting people's social participation and uniting a broad alliance of like-minded partner organisations and institutions for a coordinated approach.
3 The association does not pursue any commercial objectives and does not seek to make a profit.

Role of the association: Sponsor of the *"connect! – together less lonely"* programme

Tasks, responsibilities and competences (of the members) of the association:
- Initiates and closes the programme
- Mandates the programme to a steering group and the programme management and thus:
  - Elects and sets up the steering group (in consultation with the *"connect!"* forum)
  - Selects and appoints the programme management (in consultation with the steering group)
  - Steers and reviews the overall direction of the programme at an overarching level and ensures synergies/complementarity with any other activities of the association
  - Ensures the interfaces between donors (e.g. foundations) and the programme
  - The members of the association are committed to the successful implementation of the programme in their professional environment

2. Forum *"connect!"* of the partner organisations

The *"connect!"* forum is a broad-based interest group that is committed to the purpose of the programme. Members include organisations that are involved in the programme committees and the programme management. A wide range of organisations and institutions at national, cantonal and communal level can also join the forum. The members of the forum are involved in the implementation and coordination of the programme, the creation of synergies and the long-term (national and local) anchoring of *"connect! – together less lonely"*. Together, the forum works at all levels of society as a pressure group for the issues of loneliness and social togetherness.

Role: broad network to promote the concerns of the *"connect! – together less lonely"* programme

Tasks, responsibilities and competences of the members of the forum:

- Actively support the implementation of the programme
- Co-operate and co-ordinate their work on the topic and promote synergies
- Comment on procedures and results and participate in consultations on issues relating to the programme
- Support the programme management in their areas of competence
- Advocate for the programme's concerns (in consultation with the programme management) and campaign for favourable framework conditions in their sphere of influence
- Act as a public spokesperson for the interests of the programme as required and in consultation with the programme management
- Comment on the proposal of the *"connect!"* association regarding the election of members to the steering group

3. Foundation consortium

The participating funding foundations, which support the programme as a whole or individual sub-projects financially, are organised in a consortium of funding foundations. They delegate two people to the steering group and two people to attend the general meetings of the "*connect!*" association.

<u>Role:</u> Financial support for the concerns of the "*connect!*" programme

<u>Tasks, responsibilities and competences of the foundations:</u>

- Make financial contributions to the overall programme or to sub-projects
- Support the programme in communication and through their own networks
- Contribute ideas and constructive criticism to the *connect!* association and the steering group.

4. Scientific Advisory Board

Members of the scientific advisory board research/teach in scientific fields relevant to loneliness and social togetherness.

<u>Role:</u> Supporting the programme with scientific expertise

<u>Tasks, responsibilities and competences (of the members) of the Scientific Advisory Board:</u>

- Meets 1-2 times a year or as required
- Communicates the current state of knowledge to the steering group and programme management
- Critically assesses the progress of the programme
- Supports the programme in evaluation and research
- Supports the programme in public appearances and media work

5. Steering group (StG)

The steering group (and its chairperson) are elected by the *"connect!"* association. The members are made up of representatives from mainly national partner organisations, and possibly also from cantonal and municipal authorities that play a prominent role in the implementation of the programme. Two members are delegates of the foundation consortium. Two members represent the scientific advisory board.

Representatives from politics and public authorities who cannot be partners in the programme for formal reasons have the option of guest status with a say but no voting rights.

<u>Role:</u> Ensuring the strategic orientation, successful implementation, evaluation and further development of the programme

<u>Tasks, responsibilities and competences of the steering group:</u>
- Usually meets twice a year
- Manages the programme at a strategic level and monitors implementation, reviews the progress of the programme
- Accepts planning, budget, interim reports and final reports
- Supports the board of the association in the election of the programme management
- Elects the members of the monitoring bodies (e.g. scientific advisory board, strategic committees) in consultation with the programme management
- Assists the programme management and the association board in an advisory capacity as required
- Decides on the evaluation of the programme and accepts the evaluation reports

6. Steering Group Committee (StG-A)

The steering group committee is formed when there is a need to relieve the steering group. It is made up of the chairperson and at least two other members of the steering group.

Role: Representation of the steering group

Tasks, responsibilities and competences of the steering group committee:

- Meets 2 to 4 times a year, as required
- Prepares decisions for the steering group
- Makes timely strategic decisions for the steering group
- Represents the programme externally in consultation with the programme management
- Acquires further strategic partner organisations
- Reported to the *"connect!"* association

7. Operational project bodies

Programme management (PL)

The programme management is responsible for the operational implementation of the programme in accordance with specifications and in coordination with the various committees and stakeholders.

Role: operational management and coordination of the programme

Tasks, responsibilities and competencies of the programme management:

- Responsible for implementing the programme in accordance with the specifications of the *"connect!"* association and the steering group
- Responsible for the coordination and networking of the players involved
- Is responsible for adherence to the overall budget
- Selects and leads the programme team
- Reports to the steering group and the *"connect!"* association (interim reports/invoices, final report/invoice, reporting meetings)
- Manages the secretariat of the various committees and ensures the flow of information between the committees.
- Prepares the business of the steering group and the steering group committee with the chairperson. Attends the meetings as a guest without voting rights.
- Ensures the organisation and operation of various working groups
- Represents the programme internally and externally, insofar as this task is not performed by members of the steering group or steering group committee
- Is responsible for partner relations
- Responsible for the programme's internal information flow and documentation
- Mandates third parties as required (e.g. communication or scientific tasks, financing grants for operational realisations, etc.)
- Ensures a high-quality accompanying evaluation
- Ensures adequate involvement of representatives of the target groups (sounding board)

Programme team

The programme team is made up of two sub-teams, "Community" and "Supply systems", corresponding to fields of action 1 and 2, as well as a secretariat including accounting. The sub-teams consist of a team leader and scientific staff.

Role: Operational implementation of the programme in accordance with the programme management's specifications

Tasks, responsibilities and competencies of the programme team:

- Ensures the implementation of the programme in accordance with the requirements of the programme management, including in the following areas of competence: Communication (both public and professional), (sub-)project management, administration, accounting, scientific collaboration, etc.
- Coordinates working groups and carries out the resulting tasks
- Ensures the development and provision of the required information, tools, training and other products in accordance with the action plan and supports their dissemination
- Maintains a programme website and ensures social media presence
- Supports the cantonal and communal programmes and the sub-projects in piloting/implementing/evaluating the measures
- Ensures the secretarial work and accounting tasks that arise in the programme

8. Sounding Board of representatives of the primary target groups

An advisory group will be formed to include the voice of those affected not only via their organisations, but also directly. People of advanced age, representatives of the migrant population, socio-economically disadvantaged people, etc. are invited. The intensity of involvement depends on the issues and the commitment of the support group members.

Role: Representation of the primary target groups

Tasks, responsibilities and competences of the members of the monitoring group:

- Contribute their experiences and needs in relation to the problems, resources and possible solutions (feelings of loneliness, social participation and social cohesion, inclusion, etc.)
- Constructively and critically accompany the planning and implementation of the programme
- Contribute ideas for implementation
- Generally meet twice a year and as required for specific issues and activities (and receive reimbursement of expenses and attendance fees)

9. Working groups

The programme comprises two fixed working groups "Community" and "Supply systems" for fields of action 1 and 2. Further sub-working groups are formed as required. The working groups are made up of experts from the respective fields of work. They are set up by the programme management in consultation with the team leaders.

Role: Supporting the programme management and team leaders in the implementation of the programme in selected fields of action

Tasks, responsibilities and competences of the working groups:

- Tasks, responsibilities and competences vary between working groups
- Working groups meet as required (and receive reimbursement of expenses and attendance fees)

10. Stakeholder network

Interested stakeholders can join the programme's stakeholder network. They will receive the newsletter and be invited to the recurring conferences and digital exchange meetings.

Role: Supporting the programme in its implementation, echo chamber for feedback and ideas

Tasks, responsibilities and competences of the members of the stakeholder network:

- Contribute their experience and needs
- Provide constructive and critical support for the planning and implementation of the programme
- Engage as partners in the implementation of the programme in their specialist and geographical areas of expertise

Appendix 5: Tasks of the programme management and programme team

The "Tasks" column lists all activities of the respective function in the full programme. In the reduced programme, the tasks are implemented in blue with less intensity or - if shifted to the right - with a time delay.

Budget items	Tasks
Programme management (with support from the programme team)	• Co-organisation and attendance at board meetings and MV of the *"connect!"* association (3x/y) • Co-organisation and attendance at StG and StG committee meetings (6x/y) • Co-organisation and attendance at Alliance meetings (1-2x/y) • Selective participation in target group panels • Management Team Loneliness (30% workload) • Planning and accountability (incl. Phase II action plan) (10%) • Establishing and maintaining partnerships, maintaining relationships • International networking • Political work (20%) ("Concept for favourable framework conditions", formation of a group of "like-minded" politicians, initiation of political initiatives, etc.). • Securing financing • Coordination of internal evaluation • Organisation Knowledge management

Community" team	• Working group and "Community" concept
	• Creating communication tools, developing messages, creating and making available text modules and image material
	• Identification of ambassadors, "VIPs" for testimonials for work with media and partner organisations, etc.
	• Development of media partnerships; contributions in public and partner media
	• Development and maintenance of programme website; social media maintenance
	  • Development of tools for interventions to promote dialogue (e.g. guidelines, training (for improving "welcoming culture" including offers, reasons for barriers/shame etc.))
	  • Promotion of implementation as part of local initiatives
	• Development of principles to promote social inclusion in social participation programmes
	  • Quality guidelines for services in the community and their dissemination
	  • Clarifying gaps and the need for additional services in the community and motivating providers to close gaps
	• Promotion of low-threshold, accessible overviews of offers
	• Planning and realisation of the *"connect!"* conference

	• Support for representatives of the primary target groups (Sounding Board)

Supply systems team	• Support mandate "Screening tool and follow-up"
	• Working group "Care systems", incl. sub-working groups (basic care, nursing care, social work, volunteers)
	• "Supply systems concept"
	• Communication materials to raise awareness among professionals and volunteers, including implementation of communication campaign (specialist media, conferences, etc.)
	• Training and training materials for professionals and volunteers, including dissemination
	    • Development of models of interprofessional, intersectoral and person-centred cooperation with the involvement of volunteers
	    • Implementation of (municipal) pilot projects
	    • Promoting outreach approaches in neighbourhoods/communities and digitally
	    • Promotion of low-threshold offers to strengthen the self-efficacy/empowerment of those affected