



# Community Connectedness Across the Life Course: Exploring the Role of Meaningful Relationships



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The Centre for Collaboration  
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Economic  
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## Introduction and background

The recent World Health Organisation (WHO) report 'From Loneliness to Social Connection: charting the path to healthier societies' emphasises the importance of social connection for both individuals and for societies. The report suggests that social connections and relationships are fundamental to connected communities, stating that:

*'when we build relationships and nurture trust, we build stronger, more resilient societies. Make no mistake – connection is not just a nice idea. It is fundamental. It strengthens communities, fosters cooperation and creates opportunities. Without connection, we will not succeed in solving the problems facing us today – whether they are public health, economic growth or social stability.'* (WHO, 2025a, pp. v)

This adds confirmation to what we have known for some time, that one indicator of the degree of community connectedness in any given locality is the existence of meaningful relationships among and between community members, and with their surrounding environment. A meaningful relationship has been defined by Wigfield et al. (2020) as conditional on a number of existent criteria which include: a degree of reciprocity; feeling valued; the existence of trust and honesty; having shared interests; and being accepting of difference. Individuals can enjoy meaningful relationships with i) themselves, ii) with others, and iii) with the places and spaces within which they inhabit and interact, the latter giving rise to the existence of a sense of belonging (Wigfield, 2024). However, our ability to experience meaningful relationships at all three levels is determined by a complex combination of an individual's psychological experiences over their life course, the psycho-social implications of the surrounding environment such as feelings of safety, personal security, community spirit, as well as geographical and economic conditions which give rise to community infrastructure, and the design of public and living spaces. Bower et al. (2023) reinforce this in their discussion of social connection, which they state is:

*'a multidimensional concept that encompasses the presence of meaningful and positive interactions and relationships between individuals within a community or society. It involves the emotional, psychological, and social bonds formed with others, as well as a sense of belonging experienced within one's social environment.'* (p.11)

The way in which meaningful relationships and social connections are experienced in a given community is additionally influenced by an individual's stage in the life course, as well as particular transitory life events they may encounter, such as transitioning through the education system, changing schools, moving away from home to attend university, changing jobs, retirement, becoming or ceasing to be a carer, being care experienced and moving through the care system, all of which are influenced by the psycho-social and culture of the community setting (Wigfield, 2024).

Evidence indicates that young adults and older people are increasingly expressing dissatisfaction of their experiences of meaningful relationships and social connections, both when they assess their current relationships against those that they desire, and when compared to those they feel their peers are experiencing. This often manifests itself in the form of expressions of loneliness, which can be experienced by all ages, over the life course, but is particularly predominant amongst young adults (18-25) and older people (65+) (Nicolaisen and Thorsen 2017; Pinquart and Sörensen, 2021). There is also emerging evidence that those in midlife are becoming progressively discontent with their relationships, with loneliness and social disconnection on the increase amongst mid-life (45-65) individuals, with those in England and the USA in this age category being particularly lonely compared to other nations, and in comparison to past generations (Infurna et al., 2025).

Research findings suggest that there are four types of social relationships which tend to remain important over the life course: fun (sharing interests and enjoyable experiences); intimacy (feeling close, understood and listened to); support (feeling cared for and able to rely on others); and proximity (available social contacts) (WHO, 2025a). However, it is likely that the optimum ratio of each change over the life course from childhood, to adolescence, through to adulthood and later life (ibid.).

The significance of social connection across the life course is such that it cannot be ignored if we are to create more connected communities. Loneliness and disconnection across the life course can adversely affect health and well-being (Hawkley, 2022; Woolf, 2024), is costly for the health and social care sector (Morrish et al. 2025), negatively affects educational performance (Tarokh et al., 2016; Jefferson et al., 2023), and is damaging for the productivity of individual business and the economy at large (Jeffery et al., 2017; Bryan et al., 2023; Wigfield, 2024). Understanding how we can create more effective and meaningful social connections across the life course is thus a key ingredient to both creating and enhancing 'connected communities'. As the WHO report (2025a) points out:

*'By focusing on connection, we can create communities in which everyone has a sense of belonging and purpose, relationships are valued and people live with dignity.'* (p. vi)

Community strategies can inevitably play an important role here, helping to foster meaningful relationships and increase opportunities for social interaction. This report outlines what we already know about community connectedness across the life course, what the gaps in evidence are, and how The Centre for Collaboration in Community Connectedness<sup>1</sup> can start to fill these gaps in knowledge, policy and practice. This report is one of a suite of six similar reports produced for the Centre which focus on particular topics that are pertinent to creating connected communities. Alongside this life course focussed report, others relate to: the availability and accessibility of community and social infrastructure (Higgins et al., 2026); the role of digital technologies (Lockley, 2026); the design of the physical and built environment (Cerilli, 2026); equalities, diversity and inclusion in communities (Ryan and Matthews, 2026); and the role systems, institutions and markets play (Crisp, Wells, 2026).

## Utilising existing theoretical discussions to understand the intersection of connected communities and the life course

There has been growing interest and a number of resultant studies on the societal impact and, in particular, the role of communities on people's experiences of meaningful relationships, their levels of social isolation, and ultimately their feelings of loneliness. Some have focussed specifically on certain population groups deemed at risk of loneliness such as older people (Menec et al., 2011; Yung et al., 2016). Creating the right kinds of communities is key to creating supportive and enabling living experiences for people, where they are able to enjoy social relationships with others, particularly for those groups most at risk of social isolation and loneliness, such as older people and young adults, as well as for those at life transition points. Creating communities which promote both strong and weak social ties is the key here. Stronger and more intimate social ties such as bonds with family and close friends - what Wigfield et al. (2020), and Wigfield (2024) refer to as meaningful relationships - can provide in-depth emotional support, a sense of personal security, and belonging (Kawachi and Berkman, 2001). Weaker social ties based on casual acquaintances with neighbours, colleagues, or even passersby who are relative strangers, however, can also contribute to a great sense of belonging and connectedness (Granovetter, 1983).

*“As objective social isolation increases, the likelihood that intimate and social needs are met decreases, and the prevalence of loneliness increases.” (Eager et al, 2025)*

## Place based communities and social connectivity

Placed based communities can be found in different geographical locations - in the home, a housing scheme or complex, a neighbourhood, a workplace, an online/digital community, an education institution. People’s engagement with different place-based communities vary over their life course and their relationships with places and spaces can vary according to life transition points. People’s experiences of participation and community connectedness in any place-based community can differ at any point in time, and in addition their experience in one community, can influence their experience of another. For example, someone who feels lonely at home within their immediate family, can transfer those feelings onto their social connections with their local neighbours, or into the workplace with the co-workers.

There is general agreement that place matters for social connectivity, but less certainty about which interventions reliably strengthen connections. Research on social connectivity in place-based communities can be framed around three broad areas: social infrastructure, place-making and co-design, and public space and local social processes.

Evidence suggests that local social infrastructure, including community organisations and neighbourhood venues, facilitates both structured and informal interactions which support friendships and community ties (Lauer et al., 2025). Such infrastructure operates as social anchors that provide situational prompts for connection, such as programmed activities, shared routines and welcoming spaces.

Place-making and co-design can make contributions to social connectivity. A recent systematic review of the evidence on co-design and place-making finds that these processes contribute to building community social capital, including enhanced social networks, cohesion and efficacy (Pearson et al., 2025). However, weak outcome reporting across cases makes it difficult to determine which mechanisms are most effective. Other studies indicate that social capital depends on repeated interactions embedded in place but also cautions that this embeddedness does not always transpire (Bridger and Alter, 2006).

A systematic review of urban public space research finds that physical features such as accessibility, mixed land use and street furniture can strengthen social cohesion by enabling everyday interactions among diverse groups (Qi et al., 2024). However, it is important to recognise that perceptual factors, such as safety and place attachment may moderate these effects (ibid.). Bagnall et al. (2023) found that place-based facilities and spaces can improve social relations and wellbeing when interventions align with local needs. However, their findings also recognised that evidence varies, and not all infrastructure projects achieve durable improvements in social connectivity. Similarly, research on community connectivity highlights how some communities exhibit strong bonding ties that exclude outsiders, whereas others cultivate bridging connections that promote openness and cohesion (Macnab et al., no date.).

## Accessibility of communities

It is the assets of the local neighbourhood, together with people’s personal circumstances and characteristics, which affect an individual’s ability to interact in their neighbourhood, with the local infrastructure such as public transport and walking routes, playing an important role. Research by Van den Berg et al. (2016) in the Netherlands suggests that accessibility to amenities and good transport links affect abilities to connect to others, citing public transport as a site which can facilitate social interaction but also enable movement. This is particularly important

for specific stages of the life course, for people at particular transition points, and for certain locations (such as rural communities) where individuals may rely heavily on public transport.

Accessibility of communities inevitably varies across the life course. Evidence suggests that immediate neighbourhoods can have more of an impact on the ability of older people to interact with others than other groups in society, as they are more likely to spend the vast majority of their time there due to challenges facing them such as accessibility, mobility, and retirement (Engel et al, 2016). Reduced mobility affects between a third and a half of all over 65's and can result in challenges with accessing resources including public transport, buildings, and communal spaces (Rosso et al. 2011). The limitations of restricted mobility and declining health can cause older people to stay within immediate neighbourhoods more often, so they feel the effects of the (lack of) assets of that neighbourhood more strongly (Rosso et al., 2011; Engel et al., 2016).

For young people too, place-making assets such as transport links can be determinants of loneliness and influence their ability to achieve social connectivity. Collings et al. (2023) found that, in the UK, young people aged 16–24 make substantially fewer trips than adults aged 25–64, leading to reduced access to education, employment and social participation. Their analysis highlights that poor transport availability and high travel costs exacerbate isolation and exclusion for disadvantaged younger people. A recent study for the UK's Department for Transport (2024) found that younger people are more likely to experience indirect loneliness and that transport access plays a meaningful role in shaping social connectedness. Similarly, a recent survey of university students' mobility (National Union of Students, 2023) showed how transport disadvantage restricts students' ability to engage socially and academically.

As previously alluded to, underpinning this, across the life course, are socio-economic factors. Indeed, economic disadvantage and inequality are amongst some of the key drivers influencing loneliness and social isolation and disconnected communities (Baretto et al., 2023). Research by Victor and Pikhartova (2020), for example, finds that older people in socioeconomically 'deprived' neighbourhoods in the UK have higher levels of loneliness than their counterparts in less deprived neighbourhoods. Similarly, there is growing evidence demonstrating that, for younger people, social disadvantage plays a substantial role in shaping vulnerability to loneliness. Findings from the UK government's Tackling Loneliness Evidence Review (Department for Culture, Media and Sport, 2023) indicate that loneliness is disproportionately concentrated among individuals aged 16–24, particularly those facing socioeconomic hardship. The review identifies several markers of disadvantage including low income, renting, limited neighbourhood belonging and low local social trust as predictors of heightened loneliness among younger demographics. This association suggests that structural and material conditions constrain young people's ability to cultivate and maintain meaningful relationships, undermining their access to protective social networks. Social mobility research suggests that poor mental health, low confidence and heightened anxiety are more common among young people from lower socioeconomic backgrounds, compounding their vulnerability to loneliness (Social Mobility Commission, 2024). Since loneliness and poor mental health are mutually reinforcing, such disparities risk entrenching long-term disadvantages across generations.

Thus, social disadvantage does not merely co-occur with debates around loneliness across the life course, but actively shapes the development, intensity and persistence of loneliness in both the young and old. Material deprivation, social exclusion, and structural inequalities limit young people's and older people's capacity for social participation, while cumulative adversities amplify emotional vulnerability. Addressing loneliness requires interpersonal and psychological interventions, but it also requires structural measures that reduce inequality and expand access to local resources, opportunities and secure social environments.

Despite the presence of these compounding issues for both younger and older adults there is

evidence that both can be supported to gain agency, self-esteem and confidence to enjoyed enhanced connectivity to others, to themselves and to the places and places in which they inhabit. Evidence from Intergenerational England's Talking Generations: Young Voices initiative (2024–25), co-delivered in partnership with youth organisations across the London Borough of Westminster, demonstrates the transformative potential of intergenerational engagement led by young people themselves. These programmes generate youth-led solutions to local issues, enhance trust across age groups, and shift generational narratives. Embedding such approaches within the scoping framework will ensure that young people are seen not just as recipients of support but as active architects of connected communities.

## Design of the built environment

The type and design of public buildings and housing are also influential on community connectedness, and interaction with, and experiences of, fluctuates across the life course. Functionally appropriate architecture (Smith, 2009), as well as attractive architecture can influence the opportunities for people to interact with others and form meaningful relationships. Andersson (2014), for example, discusses the importance of the aesthetics of built surroundings such as housing estates and green space in the social lives of older adults. Clarke and Nieuwenhuijsen (2009) argue that environmental factors such as poor transportation, uneven paving, curbs, noise pollution and inadequate lighting can be commonplace, and this can particularly adversely affect older people (including their ability to interact). Smith (2009) takes this point further, arguing that environmental demands in urban neighbourhoods, such as poor pathways, lack of transport links and feeling unsafe, "challenge personal competencies and impact negatively on the construction of a positive self-identity and quality of life" (Smith, 2009: p. 125).

The World Health Organisation (WHO) has identified factors in the physical urban environment that contribute towards making cities 'age friendly' (WHO, 2007; WHO, 2018). These include maintaining a pleasant and clean environment, use of green spaces, places to sit and rest, age friendly pavements, safe pedestrian crossings, accessibility of all buildings, a safe and secure environment, high quality cycle paths and walkways, adequate public toilets and good customer care of older patrons within shopping and civic areas. This 'checklist' for an age friendly city relating to outdoor space was derived from the opinion of 1,485 people aged over 60 living in 33 countries around the world. Arguably the criteria present for 'age friendly cities' is necessary to create opportunities for meaningful relationships and connected communities across the lifespan.

While research on age-friendly neighbourhoods has traditionally centred on older adults (Centre for Ageing Better, 2025), recent literature highlights the need for intergenerational, inclusive, and youth-responsive environments. Neighbourhoods that work well for older adults often support younger people too, but children and young adults have distinct needs related to mobility, public space, belonging, safety, and opportunities for social participation. Intergenerational design research shows that well-designed public spaces can simultaneously support both younger and older adults, particularly when they encourage interaction, physical activity and social connection (Nelischer and Loukaitou-Sideris, 2023). Young people particularly value safe pedestrian environments, cycling infrastructure, and reliable public transport (Najafi and Mohammadi, 2024). This is echoed in a recent study of youth-friendly urban renewal in China, which identified needs for cultural-, fitness-, and social-spaces that foster belonging (Chen and Yu, 2024).

Although much research points to the importance of access to good-quality community infrastructure, public buildings, green spaces, and open spaces, for supporting positive community connectedness, these are not always equally distributed across communities. This

builds on points made previously about the significance of socio-economic status. Communities in areas of relative deprivation are less likely to have accessible, good quality provision adversely impacting individuals in communities in low SES (Socioeconomic Status) areas across the life course and thus influencing the degree of community connectedness (Bower, et al., 2023).

Bower et al. (2023) further point to a lack, and recent reduction of, what Ljubojevic (2025) refers to as 'Third spaces' and 'bumping spaces' in many communities across the UK. Third spaces are places and spaces where individuals spend time such as outside of their home (which they refer to as first space) and workplace (which they refer to as second space). Whilst bumping spaces are those which facilitate unintentional social encounters and 'gathering spaces' (intentional spaces to meet). Third spaces can include parks, community centres, libraries, cafés and gyms. Such third spaces are important for facilitating community connectedness across the life course and can be hubs of intergenerational activity, both intentional and unintentional. There have, in fact, been some successful intergenerational activities based in third spaces such as museums like the ASTISAN project in Singapore which was rigorously evaluated through a randomised controlled trial and showed positive results on connectivity and empathy across generations (Ho et al., 2021).

Design of the built environment and the consequent physical surroundings can also affect influence perceptions of safety across the life course, with much evidence presented around how older people are affected within their communities. Physical disarray within an urban environment, such as minimal green space, unkempt or unsafe pathways and less communal space can result in raised stress among older residents (Joshi et al., 2017). Marquet and Gausch (2015) found that living in an environment with poor pathways caused older people to walk much less frequently, whilst increasing fear of crime. In comparison, neighbourhoods that are adapted to the needs of the older population (regarding mobility and attractive space) can result in greater feelings of safety (De Donder et al., 2005). Ceccato and Bamzar (2016) comment that pleasant environments which feel safe and open encourage older people to perform 'optional activities' outdoors, increasing their social engagement and social capital as there is more potential for social engagement (p 118). Ceccato and Bamzar (2016) discuss the importance of feelings of safety among older people, if they are to age actively then, "...urban environments must be safe, accessible and inclusive for older people with varying needs" (p. 115). This shows the importance of safe space and place when trying to encourage greater levels of meaningful interaction thus tackling social isolation and loneliness among older people.

Neighbourhood safety also has connotations for loneliness and social isolation amongst children and younger adults. A UK-based study of over 36,000 adolescents aged 12–15 found that perceptions of neighbourhood safety were a significant predictor of adolescent loneliness (Marquez et al., 2023a; Marquez et al., 2023b). Adolescents who felt unsafe reported higher loneliness, alongside lower trust in neighbours and fewer good places to spend free time. Lower population density and deprivation were also found to be indicators of predicted loneliness amongst this group. The same study involved 6,500 young people aged 16-24 and identified modifiable community factors, such as neighbourhood cohesion, belonging, and local area conditions, that predict loneliness. Though safety was not the only variable, neighbourhood trust and community cohesion strongly influenced youth social isolation. Similarly, a longitudinal Australian cohort study (over 12 years) examining neighbourhood-level predictors of loneliness found that perceived neighbourhood safety significantly influenced loneliness, with differential effects across age groups (Meehan et al., 2025). While social isolation in older and younger groups was found to be affected by safety, younger adults' social isolation was more sensitive to environmental risk, whereas older adults' loneliness responded more strongly to feelings of safety.

As the environment within which people live becomes less suited to their needs, their perceptions of both the built and social surroundings can become more negative, they are then

less likely to feel connected to their neighbourhood, and this can make 'interacting' with others more challenging. The result is that they are at risk of becoming isolated, void of interaction with others, particularly that which is meaningful. Scharf and De Jong Gierveld (2008) suggest that perceived quality of the neighbourhood mediates differences in people's experiences of meaningful relationships and loneliness.

Feelings of connection and safety within the built environment can contribute to a sense of belonging, which is often considered a fundamental human need that protects against loneliness; that is, loneliness arises from an unmet need to belong and is well-documented in psychological research (Lima et al., 2021). Belonging is a universal protective factor across the life course and its absence, particularly at transitional stages in people's lives, becomes a driver of loneliness and disconnection. For adolescents, having a strong sense of belonging predicts lower loneliness (Verity et al., 2025), and belonging to multiple groups/communities may provide the strongest protection (Beattie et al., 2024). For younger adults, there may be correlations between belonging and mental health risks (Marquez et al., 2023b). And for older adults, strong social connectedness reduces morbidity and mortality (WHO, 2025b). There are also connotations across the life course, for example, Briggs and Smith (2024) found that experiences of belonging in childhood, adolescence, and midlife can predict belonging in late life. Furthermore, early-life belonging can also predict levels of engagement in social and other activities, a known buffer against loneliness.

Maintaining a strong sense of belonging amongst the population over the life course can be facilitated by supporting aging in place. Smith (2009) argues that if people age within the communities they have lived in for a long time, they often use their intimate knowledge of the environment to manage the risks presented to them and call upon their social connections for support when needed. Ageing in place can lead to 'place attachment' and can be beneficial as it allows a maintenance of existing social relations (Smith, 2009). Van den Berg et al (2016) surveyed Dutch older people and their experiences of loneliness based on perceptions of built surroundings and found that people ageing in place were found to be less lonely due to better social connections and support. When older people tend to 'age in place' it is usually where they have lived during their more mobile years, however these communities may not be suited to their physical and social needs as they age (Smith, 2009).

## Participation

Participation includes involvement and engagement in a wide range of activities such as voluntary groups, charities, sports clubs, professional societies, trade unions, the labour market, and politics. Opportunities for participation enable like-minded people with common interests and/or goals to connect, which can facilitate meaningful relationships with others. This in turn can create bonds between individuals, create a sense of purpose, and enable people to carry out meaningful activities which influence their social relationships and sense of belonging to communities. Individuals' ability to participate varies across the life course and is influenced by a range of factors such as availability of community infrastructure, the nature of the community 'culture', inclusivity demonstrated by community members, personal psychological factors linked to confidence, experience of mental health conditions, and chronic loneliness.

Participation in community life, through involvement with community groups, clubs and voluntary work has been shown, worldwide, to improve quality of life, specifically amongst the older population (Cattan et al., 2005; Ziggi et al., 2016; Talo et al., 2014). At the same time, it can help promote the development of connected communities more generally across the life course (Findlay, 2003; Talo et al., 2014). High levels of community participation can foster a good sense of community and, together, these can promote a feeling of belonging, something which Talo et al. (2014) identified among older people, relating to improved feelings of safety,

social cohesion and place attachment. There is also evidence that volunteering, as a form of participation, can promote greater mental well-being (Son and Wilson, 2012, p. 658). Musick et al., (1999) outlines how volunteering gives older people a feeling of usefulness and again a greater sense of belonging within their communities after retirement. The sense of belonging that participation can evoke has itself been identified as a vital component of community well-being (Toma et al., 2015; Young et al., 2004).

Becoming actively involved within the community, through participation, does not just create benefits through a greater sense of belonging but can lead to wider social connections, as Van Willegan (2000) point out in relation to joining either a political party or a club. These wider social connections and friendships made through participating, for example at a community group, can, alongside family relationships, create important 'mixed composition networks' (Greenfield and Maudlin, 2016, p. 1988). Some authors suggest that these wider social circles, which are fostered by community participation, do not just provide more opportunities for social connections with others, but can also be a protective factor against future loneliness and thus the associated health implications (Litwin and Shiovitz-Ezra, 2011; Holt-Lunstad et al., 2015).

Factors that influence participation in activities within communities have been identified by Greenfield and Maudlin (2016) as threefold: individual circumstances (mobility, gender, living arrangements); programmatic factors (appeal of the activity); and community context (opinion of other attendees and sense of trust in community). Although the authors were referring specifically to older people, it can be argued that these factors play a significant role to participation across the life course, albeit in varying degrees of importance at different life stages. Others argue that the ability of people to 'participate' within their community is determined in large part by social capital, that is the quantity and quality of resources available within social relationships and networks to meet one's goals (Rostilla, 2011) which is often described as a 'public good' that links communities together (Putnam, 1993; Nyqvist et al., 2013). Putnam (2000) describes social capital theory as rooted in the importance of social contacts and the reciprocated connections between people and defines social capital as, "the level of trust, norms and networks found within a community that encourage social cohesion" (Putnam, 1993).

His work is relevant for discussions across the life course as he describes the 'baby boomer generation' (i.e. those who are in the early 70s now) as having fewer social ties with family and friends (meaning less social capital) than their parent's generation due to a number of factors including the economic, cultural and technological changes that have occurred in their lifetime. Examples of this include having smaller families and therefore fewer young people to care for their older relatives, out migration of workers and less social participation than previous generations (Putnam, 2000).

Van den Berg et al (2016) conducted research in the Netherlands and concluded that positive neighbourhood environment perceptions and good social capital, alongside good accessibility and transport links play a vital role in how older people in particular can engage in social interaction, and in turn affect how lonely they feel (Van den Berg et al., 2016). Similarly, for younger people, evidence shows that social interactions in neighbourhoods improve when environments are safe, inclusive, socially engaging, and co-designed (Nelischer and Loukaitou-Sideris, 2023; Chen and Yu, 2024).

Social capital, and the resultant opportunities for participation, tends to be lower in poorer neighbourhoods, which have fewer amenities such as churches and community centres and this can lead to lower rates of social engagement, which leads to more incidence of depression and social isolation and less opportunity for meaningful interaction (Joshi et al., 2017). Residents in areas of relative deprivation are also less likely to engage in volunteering or community activities and are reported to feel they cannot access places to interact (Local Trust, 2021). Therefore, if

traditional sites for social interaction are lacking in a community there is less potential for people to maintain and create social contacts and achieve necessary levels of social capital within their lives to negate isolation and loneliness, thus leading to disconnected communities.

## Personal security and social trust

Wigfield et al. (2020) suggest that personal security has implications for the extent to which people feel safe in their communities and consequently are able to frequent public spaces and places, participate in organised activities, and interact with others. In contrast, personal insecurity can lead to social isolation and mean that meaningful connections with others is more difficult to develop and maintain. This applies across the life course, but the ways it is manifested and experienced can vary dependent upon the life stage. De Donder et al. (2005) and Franklin et al. (2008), for example, look at people in later life and point out that older age can result in feelings of unsafety within both rural and urban communities. Furthermore, various authors have recognised that feelings of safety amongst older people, within the immediate built and social surroundings, can influence their experiences of social isolation and loneliness, as well as their quality of life (Ceccato and Bamzar, 2016; Marquet and Gausch, 2015; Islam et al., 2006; De Donder et al, 2005).

Joshi et al. (2017) point out that older people experience more depressive symptoms and low social engagement when the actual level of violent crime is high within their area of residence. Therefore, if either the actual or perceived levels of violent crime is high, older people may be less likely to engage in meaningful social interaction with others and be more at risk of loneliness as a result, something which Ceccato and Bamzar, (2016) suggest is particularly the case for older women. De Donder et al. (2012) refer to feeling safe as a 'key issue' to ensure independence, social participation and social inclusion of older people within their communities (p 427).

Although older people are less likely than other members of communities to experience direct violent crime, they are more likely to fear crime than younger adults due to perceptions of individual and collective vulnerability ( Ceccato and Bamzar, 2016, Amegbor et al., 2018), alongside factors such as opinions of their neighbourhood (Ceccato and Bamzar, 2016; Borglin, 2005). In addition to this, when older people actually experience violent crime there are often more serious consequences for them than other demographic or social groups, including greater likelihood of hospitalisation due to decreased physical strength, health and mobility, which could also partially explain their heightened fear of crime (Gibbs et al., 1998; Ceccato and Bamzar, 2016).

There is some evidence to suggest that older lonely people are even more likely, than older people generally, to be fearful of crime and thus feel a heightened sense of personal insecurity. Hawkey and Cacioppo (2010) have researched long-term loneliness and the resultant hyper-vigilance towards people considered to be 'social threats', or those neighbours unknown to an older person. They found that lonely older people had a fear of social interaction due to hyper-vigilance stemming from their feelings of loneliness and that this could contribute to a raised fear of crime within a community.

Putnam (2000) distinguishes between 'thin trust' (where people living in areas of higher crime rates, such as large cities, tend to have less social trust in the people around them, due to their own lived experience), as opposed to 'thick trust' which people may have within intimate relationships. Coupled with the effects of living in a constantly changing cultural scape, this lack of social trust and the resultant fear of crime based on lived experience could mean that older people, are less likely to engage in meaningful social relationships, this being particularly the case for older lonely people. Increasing social capital can result in greater trust in the social environment which can help to remedy this and improve feelings of security in a neighbourhood,

potentially improving loneliness rates at the same time (Amegbor et al., 2018).

Evidence suggests that social trust in communities has been declining in the UK over the last decade or so, with the proportion of those who agree that people in their neighbourhood can be trusted and are willing to help their neighbours decreasing since 2014 (by 8% and 7%, respectively). Tanner et al. (2020), also pointed to this trend, particularly amongst young people, and following the Covid 19 pandemic. ONS data (2022) shows that females, older people, and those in rural areas tended to engage more in local networks compared to males, younger people, and those living in urban areas. This is supported by the fact that two-thirds of people aged 65 to 74 years reported checking in on neighbours, compared to just 41% of those aged 16 to 24 (ONS, 2022). To some extent this decline in trust can be attributed to an absence of community infrastructure which provides opportunities for people to engage and interact. Digital technologies undoubtedly play a role here too.

Early adulthood can be a particularly volatile period for trust formation. A longitudinal study of English young people (ages 16–23) found that generalised social trust declines during late adolescence and early adulthood, and remains volatile until the early twenties (Janmaat, 2019). Key determinants of trust development were found to be educational attainment, civic participation, and housing stability, suggesting that early experiences of disadvantage and social exclusion play their part in regulating social trust. A rapid evidence review of 42 studies found that neighbourhood social cohesion, including trust, safety, supportive relationships, and helping others, is consistently associated with lower depressive symptoms in adolescents and young adults (Breedvelt et al., 2022). Therefore, enhancing neighbourhood cohesion and providing structured opportunities for young people to interact with neighbours and community members are essential pathways for building social trust.

## Identity and self within communities

Regardless of the attributes of any particular community, the way in which individuals experience that community will in part be determined by the relationship they have with themselves. Wigfield (2024) discusses this in respect to the extent to which individuals have a meaningful relationship with themselves. Several authors over the years have assessed how identity and self have influence on feelings of loneliness, and thus disconnection. Jones et al. (1981) examined correlates of loneliness through self-report and attitude scales, and ratings of others following dyadic contact, from 469 college students in the USA. The results showed that students experiencing loneliness reported deficits in social skills and rated themselves more negatively, felt more alienated and externalised, and rated specific others and people in general more negatively. They also expected negative ratings of themselves from others. Another study of high school students and college undergraduates found that loneliness, and the absence of meaningful relationships, was shown to be predicted significantly by internalised states of alienation, inferiority feelings, negative school attitudes, parental disinterest, and lack of social integration (Goswick and Jones, 1982). Wilbert and Rupert (1986) similarly identified a negative evaluation of self as a 'dysfunctional attitude' leading to loneliness in college students. More recently, Teppers et al. (2013) identified an association between personality traits and loneliness, suggesting that extraversion is a predictor for greater aversion to being alone.

Cacioppo and other neuroscientists have long argued that chronic loneliness, that is feelings on loneliness which occur regularly, over prolonged periods of time, can lead to neurological changes. This means that lonely individuals start to perceive interactions and intentions from others more negatively and consequently see themselves in a more negative light too (see for example, Hawkley and Cacioppo, 2010). As self-perceptions become more negative, it can be argued that there is a decline in the existence of meaningful relationships with oneself.

Cacioppo et al. (2003) describe loneliness as a societal problem noting that rising rates of loneliness can be associated with how people live and the breakdown of community embeddedness (for example, more people living alone). Their work suggests that social isolation increases when social structures fragment, neighbourhood social relationships weaken, and more people live alone or without local social networks. This underscores that community structures and local connectivity matter, and that society, “supports the maintenance of social connections across the life span.” (Cacioppo and Hawkley, 2003).

## Current policy and practice developments for creating connected communities across the life course

### Place-based interventions to reduce loneliness and improve connectivity

Place-based interventions rely on community-specific strategies designed to mitigate isolation and loneliness by fostering interpersonal connections within shared physical environments. These interventions emphasise leveraging local resources and cultural dynamics to create opportunities for meaningful social interaction. Among the most robust interventions highlighted by the WHO's EGM (<https://www.who.int/initiatives/decade-of-healthy-ageing/evidence-gap-map/sil-inperson>), are community engagement initiatives, structured group activities, and targeted support networks, all of which have demonstrated positive outcomes in reducing loneliness and supporting connectivity. Interventions such as organised social clubs, group fitness classes, and community-based art or cultural programmes have consistently improved social connectedness and emotional well-being. These programmes are successful because they provide structured opportunities for individuals to build relationships within their local community, often through activities that align with shared interests or cultural traditions. For example, group fitness classes not only promote physical health but also serve as a platform for socialization, thereby addressing multiple aspects of well-being simultaneously. The evidence for these interventions is robust in high-income countries, where community infrastructure and resources are more readily available to support such programmes. However, there are notable gaps in the evidence from low and middle-income countries, where the scalability and adaptability of these interventions remain underexplored.

Targeted support networks, such as those designed for caregivers, individuals with disabilities, or people living with chronic illnesses, have also shown significant promise. These interventions often include support groups that meet regularly in person to share experiences, provide mutual encouragement, and address feelings of loneliness. For caregivers, these programmes help to alleviate the emotional burden associated with caregiving roles, which often result in reduced social isolation, and increased feelings of loneliness. Similarly, for individuals with disabilities, these programmes create safe spaces where people can connect with others who share similar challenges, fostering a sense of belonging and reducing stigma. The effectiveness of these interventions lies in their ability to address specific needs within a defined population, allowing participants to feel understood and supported. Nevertheless, evidence gaps persist in understanding how these programmes can be adapted to diverse cultural settings, particularly in regions with limited access to health and social services.

Another notable category of interventions is community-led initiatives, such as collective gardening projects or neighbourhood improvement programs. These place-based strategies bring individuals together to work toward a common goal, building social cohesion in the

process. Such initiatives are effective across a wide range of age groups but are particularly beneficial for individuals experiencing marginalization, such as refugees or low-income families. The collective nature of these activities encourages collaboration and mutual support, which are key to reducing loneliness. While the existing evidence supports the efficacy of these interventions, there is limited research on their long-term sustainability and how they can be maintained without ongoing external funding or facilitation.

One major evidence gap is the lack of longitudinal studies evaluating the sustainability of intervention outcomes. Most studies focus on immediate or short-term outcomes, such as improved socialization or reduced loneliness within the first few months of implementation. However, there is little data on whether these effects persist over time, especially once the structured aspects of the programme are removed. Understanding the durability of these interventions is crucial for developing sustainable models that can deliver lasting benefits which contribute to community connectedness.

Another significant limitation is the overrepresentation of evidence from high-income settings. The adaptability and effectiveness of place-based interventions in low- and middle-income areas remain poorly understood, even at a global level. For example, there is little evidence from low-income countries worldwide which are the regions that often face unique challenges, such as inadequate infrastructure, cultural differences, and resource constraints all of which limit the implementation of community-led place-based interventions. More research is needed to explore how interventions can be modified to fit these contexts while preserving their core elements of efficacy.

The mechanisms underlying the success of place-based interventions also require further investigation. While it is clear that these programmes work by fostering social connections and providing a sense of purpose, there is limited understanding of which specific components contribute most to their effectiveness. For instance, it is unclear whether the structured nature of group activities, the role of facilitators, or the shared physical environment plays the largest role in reducing loneliness. Clarifying these mechanisms would enable practitioners to design more efficient and targeted interventions.

A final, and for this report, crucial gap in the WHO evidence and gaps map relates to interventions targeted at intergenerational activities, of which there are very few listed, thus identifying a clear gap in both intervention but also evaluations of them internationally.

One positive example of an intergenerational intervention included in the WHU map is Project Artisan which was set up in Singapore and is based on older people and young people coming together in museums to carry out weekly storytelling and art-based activities together. A rigorous randomised controlled trial was carried out and showed that there were significant positive effects in the treatment group in comparison with the waitlisted control group in terms of promoting life satisfaction, quality of life and, and reducing loneliness (Hau Yan Ho et al., 2021).

## Can intergenerational activities pave the way for connected communities across the life course?

Despite the relative absence of intergenerational based interventions on the WHO Evidence Gap Map, research carried out by Whear et al. (2023) specifically looking at Intergenerational interventions identified 500 relevant research studies between 1975 and 2021. The interventions are said to vary substantially, and Whear et al. represent these on a scale from one to seven, where one involves a low level of contact between age groups, to seven which involves a high level of contact. Whear et al. (2023) conclude that intergenerational interventions can take many

different forms and are delivered in many settings and localities which can prove beneficial for all participants. They argue that intergenerational activity can reduce loneliness and exclusion for both older and young people, improve mental health in both groups, as well as increase mutual understanding and address perceived age-related stereotypes. All of which clearly have implications for creating and enhancing connected communities.

Often based on the principles of intergroup contact theory, first put forward in the 1950s by Allport et al. (1954), intergenerational interventions, are frequently designed to intentionally create direct contact between different age groups. Intergroup contact theory originally focussed on the ability of direct contact between members of different social groups to reduce prejudice, under certain optimal conditions which include: the promotion of equal status amongst participants; the encouragement of cooperation to achieve common goals; the provision of institutional support and the creation of opportunities for meaningful interaction (Allport, 1954). Contact theory has been discussed over the years in academic and policy debates particularly in relation to enhancing greater inter-ethnic integration in attempts to promote greater community cohesion. The theory gained additional traction recently through the Equalities and Human Rights Commission framework for Good Relations (Wigfield et al., 2022; Johnson and Tatam, 2009). However, contact theory is not restricted solely to application to ethnicity and race. It can be successfully applied also to age, and the direct contact of different generations.

The intentional creation of connections between different generations can have a range of positive effects on community relations which can foster greater community connectedness. Reported positive outcomes of international intergenerational activities and engagement include: reduced prejudice and prevalence of age-based stereotypes; opportunities for more social connections and the creation of mutual empathy across generations; a reduction in loneliness; improvements in health and wellbeing in communities (Webster et al 2024). Such intergenerational interventions can also assist older people to age in place, enabling them to live independently for longer in their communities, thus avoiding or delaying residential care admissions. Intergenerational activities can also be implemented in and between particular institutional settings in communities such as between care homes and schools, thus enhancing the way in which communities are connected both institutionally and individually. However, there is a lack of rigorous systematic evaluation of intergenerational initiatives which means that replicating success is not without its challenges. There have been 14 Randomised Controlled Trials (seen by many in health sciences as the gold standard in evaluation) in six different countries which evaluate intergenerational activities, however, there have not been any such evaluations in the UK (Whear et al., 2023).

Henkin and Butts (2012) have explored the history of intergenerational practice and provide examples of different programmes and design approaches. Others have advocated visions of intergenerational communities, such as Kennedy (2009) who outlines a blueprint for a city which appeals to all ages, vibrant for young people and able to accommodate older people and sees this as achievable through expansion of age friendly environments for different life stages. Others argue for a fully intergenerational integration through shared intentional living spaces. Such as Garland (2018) (who explores intergenerational living in the USA, describing it as a safe place where people live alongside each other and develop understanding and meaningful relationships which provides collaboration, support and sharing of resources. Garland refers to the existence of both private and shared spaces underpinned by policies and practices which take a 'partnership community-led approach'.

In some countries Intergenerational interventions have taken the form of intergenerational living with inspirational schemes and studies in Spain (Lopez Gomez et al, 2020), Denmark (Larsen, 2019), the Netherlands (Norman, 2018), France (<https://ensemble2generations.fr/>), and the USA (Krout and Pogorzala, 2002; Hedden, 1974). Co-housing has been pioneered, particularly in Denmark. It tends to combine individual low and densely built properties, usually built on the

outer edges of cities, providing accommodation for families, individuals or groups. These are designed to encourage social contact, and their distinguishing feature is having a common area of shared facilities, where everyday living activities, such as cooking and eating together take place, creating a community (Larsen, 2019). Gradually developing over five decades, cohousing is now an alternative to mainstream housing in Denmark and is considered 'the gold standard for cohousing world-wide' (Durrett and McCamant, 2011, p. 37). 'Senior' co-housing is also growing in Spain as a way of creating greater choice than aging-in-place or the traditional offers of residential care and nursing homes. However, unlike in Denmark, it is largely unregulated and has been reported to take extremely long time periods to develop and implement. Nevertheless, some examples of co-housing in Spain have been reported to create supportive communities, where later life transitions are supported and people are encouraged to interact with each other and with their physical environment. There have also been some reports that these are encouraging other marginalised groups such as LGBTQIA+ (Lopez Gomez et al., 2020).

Other countries such as the Netherlands and the USA have focussed their attentions on opening retirement and care homes to students and young people to create those intergenerational relationships. Humanitas, for example, is a not-for-profit independent retirement home for older people based in Deventer in the Netherlands, where some of the residents are students. The students live rent free and in exchange help prevent loneliness by committing 30 hours of their time a month to be a 'good neighbour' to the older people. They offer a range of support and activities such as conversation, company, and technical help (Norman, 2018:323). The benefits are not limited to older people. Younger people also benefit from friendship, increased confidence, and self-esteem gained from intergenerational communities (Springate et al., 2008). Humanitas is reported to have achieved significant benefits for students, older residents, and communities, and has inspired other developments internationally (Diehl et al., 2018; Reed, 2015; Feltham, 2018).

Another similar example is a scheme in Cleveland Ohio, the USA, where the Institute of Music 'Judson Manor' houses five students and 120 older people who live together. The students live rent free in exchange for playing music for the older residents. Evaluations show improvements in health for the older people, even with low levels of contact, such as in blood pressure and dementia (Hansman, 2015). This kind of intergenerational living has been in evidence in the USA for a number of decades. Hedden (1974) reported on the State University of New York State College at Buffalo using a surplus of university dormitories to create intergenerational living facilities, by using one dormitory building for older people. The two age groups lived in separate buildings but on the same campus.

These examples of international schemes, although successful, have met barriers and challenges, which are relevant when considering their suitability and transferability to the UK. When developing cohousing there are issues of 'financial, cultural, social and political capital', along with very long lead times, all of which can take its toll on those involved (Lopez Gomez et al, 2020, p.161). In addition, there are cultural issues to address in the UK, including the preference of home ownership, the value of privacy, and less history of communal living than in North European countries.

Arguably one of the main barriers of the successful development of intergenerational living in the UK, relates to levels of home ownership. In contrast to some of the countries previously mentioned where Intergenerational Living has been more advanced, home ownership in a private dwelling is the overwhelming preference. According to the British Social Attitudes Survey 2023, nine in ten (90%) respondents, when asked whether they would prefer to buy or rent (given free choice) said they would prefer to buy. This is an increase when compared to 2018 (87%), 2017 (88%) and 2010 (86%),<sup>2</sup> thus perhaps offering some explanation as to why progress on intergenerational living has been somewhat behind other nations.

Informed by international literature and case studies overseas, research carried out by Wigfield et al. (2023) has identified a spectrum of Intergenerational activity in the UK, which can be intentionally developed in communities, all of which are capable of enhancing community connectedness. These range from intergenerational living arrangements in the form of housing accommodation and arrangements, to intergenerational activities outside of the home in community facilities and settings. Five examples of intergenerational based interventions are highlighted in Table 1.

There is a lack of systematic reviews and comprehensive large-scale evaluations of intentional

**Table 1: Spectrum of Intergenerational Living**

	<b>Description</b>	<b>Examples</b>
<b>Model 1</b>	Older and younger person (previously unrelated) co-located under same roof of a single dwelling, with the younger persons providing volunteering and/or practical support in exchange for affordable rent	Homeshare
<b>Model 2</b>	Purpose built housing scheme for older people, with shared spaces and some accommodation allocated for younger adults and/or students, with the younger persons and/or students providing volunteering and/or practical support	Melfield Gardens (Lewisham)  Link Ages (Cambridge)
<b>Model 3</b>	Multi-generational co-housing development with 'intentional' intergenerational spaces with shared common houses, gardens and spaces	Marmalade Lane (Cambridge)
<b>Model 4</b>	Purpose-built accommodation for older people (e.g. care homes, sheltered accommodation) where younger people are encouraged to visit to engage in intergenerational activities	Housing 21: Willow Gardens; Apples and Honey Nightingale
<b>Model 5</b>	'Ordinary' communities where intergenerational spaces and/or activities (including sports) are provided, and younger and older persons are actively encouraged to mix	Men in Sheds  Intergenerational Music Making  Market Tapestry – Market, Belfast

Source: Wigfield et al. (2023)

intergenerational activity across the various models, and thus a lack of evidence about the relative merits and challenges of the various models in operation. However, the limited robust evaluations which have taken place suggest that creative intentional intergenerational activities

are highly effective. This could involve for example, art or music-based activities. Indeed, studies have demonstrated that structured intergenerational contact through creative activities can lead to reductions in age-based stereotypes and foster empathy (Christian et al., 2014; Lytle and Nowacek, 2024), thus supporting more connected communities across the life course. Indeed, the arts and ‘creative health’ can offer emotionally resonant, accessible, and scalable formats for cross-generational connections, such as music-making, storytelling and shared performance. Evidence from Intergenerational England and Intergenerational Music Making (IMM Music) (Intergenerational Music Making, 2026) demonstrates the benefits for health and wellbeing, community impact, skills and progression for people, and equity and inclusion. IMM is also influencing and embedding intergenerational creative health across systems, including NHS Trusts, Integrated Care Boards, schools, and commissioning systems (ibid.). The following case study highlights the positive outcomes that creative health initiatives can achieve.

### **Spotlight on Intergenerational Music-Making: A Site for Transformative Contact**

Intergenerational music-making is a programme of activity run by Intergenerational England in Great Manchester and other locations across England. It brings older and young people together to engage in positive social interactions, with music a vehicle for focused group activities. No previous musical experience is required and all abilities welcome. Trained facilitators, supported by teachers, care staff and volunteers, follow a structured plan each week which involves both music, mindfulness and social connection activities. An equal-status environment is promoted which means participants, regardless of age or background, can connect on a deeper level, reducing loneliness, fostering empathy, and breaking down generational barriers. Evaluations have demonstrated positive outcomes for all participants: older people - 85% less lonely and more connected; young people – increased average mood score, - 97% increased confidence and self-esteem; all participants - experience deeper understanding of other generations, greater belonging and inclusion, strengthened relationships between participants and others, including peers, care staff, teachers. Additionally, teachers, housing, care staff and volunteers are equipped with intergenerational tools and educational resources to support well-being in their wider practice. This can lead to positive outcomes beyond the programme, generating a ripple effect in the wider community.

Source: Intergenerational Music Making (2026), Miller and Abbott (2025)

However, for intergenerational activity of any kind, including music-making, to achieve success in generating more connected communities, institutional support and cultural sensitivity are essential. Organisations and community centres must intentionally integrate intergenerational programmes within a framework that values diversity and equity. Leaders can play a pivotal role in this by facilitating opportunities for shared leadership within groups; providing training on age-related unconscious bias, and recognising and celebrating cultural diversity (Campbell et al., 2023). There is scope too for digital solutions that offer cross-generational connections. Particularly since the Covid pandemic there have been various digital intergenerational interventions, for instance Together with Music’s Digital Hub.<sup>3</sup>

Intergenerational England is a charitable organisation dedicated to uniting public, voluntary, and private sectors in the fight against ageism and age segregation, has been pioneering intergenerational initiatives that purposefully engage younger and older people to co-design and lead such activities. Their initiative, 'Talking Generations: Young Voices', for example, extolls the benefits that come from enabling younger people to be both beneficiaries and system-shapers and connectors across the life course.

## Intergenerational Youth Social Action: Intergenerational England Case Study



Penda's journey began with his participation in three training sessions, where he not only attended but also took the lead in facilitating activities during the care home workshop. Prior to this experience, Penda had never stepped foot in a care home or led an activity. However, through his involvement, he has undergone a remarkable transformation, emerging with newfound confidence and a deeper understanding of how he can contribute to his community through music practices.

Penda has become deeply invested in his community, actively seeking opportunities to remain engaged in youth action and music initiatives. As a result, he and his fellow participants are now gearing up to form a music band, harnessing their collective talents and enthusiasm to make a positive impact together. Penda's journey is a testament to the transformative power of community engagement and the profound impact it can have on individual growth and empowerment.

"It has helped me to develop my skills and made me realise some part of me I didn't know I had at first, but luckily we have seen the achievement and it has brought some positive change in me"

Source: *Intergenerational Youth Social Action Intergenerational Youth Social Action*

Currently, research is being undertaken in Scotland as part of an ESRC project (Connecting Generations), which will, in part, look at new housing developments that can support generations sustainably across the lifespan (see [CPC - Projects](#)).

## Policy and strategic alignment for intergenerational approaches

Several recent policies reinforce the imperative for intergenerational approaches:

**Britain's Choice (British Future, 2025)** demonstrates public appetite for more inclusive, relationship-centred communities that intentionally connect people across age, culture, and background. This reinforces the value of intergenerational practice as a social cohesion tool.

**The Care and Support White Paper (2021)**, titled "People at the Heart of Care", advocates innovation in housing and support models to enable ageing in place. The Adult Social Care Priorities for Local Authorities: 2026 to 2027 policy paper has reaffirmed the government's commitment to improving quality, expanding choice and control, and strengthening integration between health and social care. This policy direction aligns well with intergenerational co-housing models, such as Melfield Gardens. Melfield Gardens in London is an award-winning scheme that provides 30 affordable independent living homes for residents aged 55+, and two, four-bedroom homes for postgraduate students. In return for being 'good neighbours', the students are charged a lower rent. Each will spend time assisting older residents, offering company or participating in recreational activities in the communal spaces.

**The NHS Long Term Plan (2019)** and the **Fuller Stocktake Report (2022)** call for prevention through community-based, relational models – a space where intergenerational work offers measurable health dividends.

**The Creative Health and Wellbeing Plan (DCMS, 2023–25)** underscores the value of culture and creativity in health, validating IMM's approach.

**The Civil Society Covenant (2023–25)** promotes relational governance between sectors and communities – a direct rationale for investing in long-term IG partnerships.

**The Start for Life programme (DHSC/DfE)** places early social development at the heart of policy, presenting clear opportunities for intergenerational family models.

**The National Youth Guarantee (2022–25)** supports place-based youth participation, directly aligning with intergenerational volunteering and civic engagement.

**GMCA continues to demonstrate system-wide leadership** in intergenerational housing and participation models.

**Rayne Foundation's "Where People Meet" (2025)** and Local Trust/New Local's work on community assets reinforce the value of shared, relationally rich third spaces, offering further rationale for embedding IG hubs in social infrastructure investment.

Together, these strategic gaps and policy levers indicate the need for an intergenerational paradigm shift – one that is evidence-informed, locally embedded, and structurally supported across systems.

Intergenerational England has outlined a strategic approach aimed at bridging the gap between practice and policy to address critical challenges including loneliness, health inequalities ageism, the housing crisis, and educational inequality. Its approach is highlighted in the diagram below (Figure 1) which looks beyond the delivery of activities and initiatives, towards a wholesale cultural

shift, “making intergenerational connection an intentional part of how we build, commission, and live” (Miller and Abbott, 2024).

**Figure 1: Intergenerational England’s Strategic Approach**



Source: Miller and Abbot (2024)

## What are the key gaps in our knowledge/evidence base? How can these be filled?

This paper has identified that the local neighbourhood is a key site to intervene to support community connections across the life course. A focus on intentional intergenerational activity has the real potential to create meaningful connections which can tackle issues of community disconnection and as Bower et al. (2023) argue can galvanise meaningful change. However, there remains a need for a strengthened evidence base to understand community connections across the life course which focus on more than simply connections with others, but also explore meaningful connections to oneself, and with places and spaces. There is also a particular gap

in our knowledge of understanding which kinds of international intergenerational interventions work and for whom. This requires rigorous evaluations of appropriate interventions focussing on the impact across the life course.

We propose the following programme of research to start to fill these gaps, focussing on an examination of:

1. The extent of opportunities for Intergenerational connectivity in various first, second, third and bumping spaces in the community catapult areas. How have these changed overtime, what role do they play in creating positive meaningful relationships, and how can they be reinvigorated in communities?
2. How do intergenerational connections support greater meaningful relationships to others, to oneself and to place? What role does trust, pride in place, and sense of belonging play? And how can greater levels of each be galvanised through international intergenerational initiatives to create greater community connectedness?
3. How can the evidence base on place-based intergenerational interventions be strengthened to provide rigorous evidence on what works to reduce loneliness and improve connectivity, and for whom? In particular, how can this be achieved through longitudinal studies which evaluate the sustainability of intervention outcomes to create opportunities for long term community connectedness?
4. How can we create the institutional support and cultural sensitivity for intergenerational activity to succeed in generating more connected communities? A whole system approach to understanding how housing, health arts, sports, transport policy can be intentionally integrated with intergenerational programmes within a framework that values diversity and equity is arguably required. How can we support and train leaders to play the pivotal role that is necessary by: facilitating opportunities for shared leadership within groups; providing training on age-related unconscious bias; and recognising and celebrating cultural diversity?

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