DARENA

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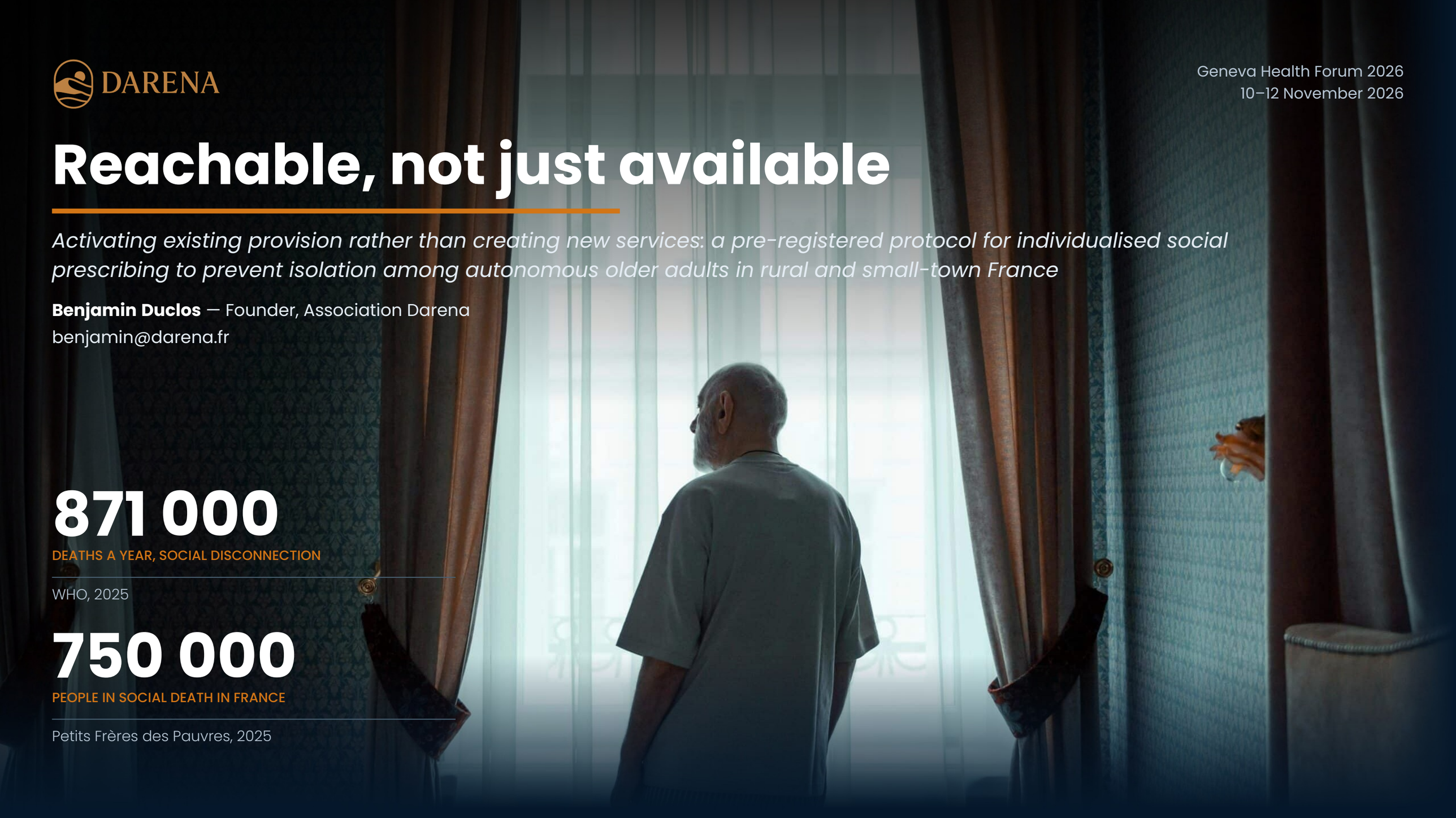
Reachable, not just available

Activating existing provision rather than creating new services: a pre-registered protocol for individualised social prescribing to prevent isolation among autonomous older adults in rural and small-town France

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871 000
DEATHS A YEAR, SOCIAL DISCONNECTION
WHO, 2025

750 000
PEOPLE IN SOCIAL DEATH IN FRANCE
Petits Frères des Pauvres, 2025



Photograph: cottonbro studio / Pexels. Illustrative; not a study participant.

PENETRABILITY — WHEN IS AN ACTIVITY ACTUALLY REACHABLE?

01	Named, verified entry point	02	Open capacity	03	Round-trip reachability
04	Schedule compatibility	05	Financial sustainability	06	No declared aversion

Fig. 1. Six binary conditions; all must hold. Verification is reusable, so marginal cost falls with volume.

INTRODUCTION

Prevention policy targets adults already losing autonomy; autonomous older adults fall between provision. Clubs exist nearby but stay invisible or unreachable. New services and directories leave the person-level obstacles untouched.

OBJECTIVES

To test whether person-level matching plus graded support at first attendance produces durable participation, and to fix the measurement architecture before any data collection.

COHORT AND STRATIFIERS

n = 15. One small town and one rural commune, Burgundy-Franche-Comté. Pre-registered floor of 30% men (filled), 60–74 and 75+, urban and rural, area-level socioeconomic status (Vancouver Protocol).

METHODS AND MATERIALS



UCLA-3 · LSNS-6 · WHO-5 · PHQ-2 · ICOPE Step 1 · activity biography, appetites, aversions, barriers, mobility perimeter

RECRUITMENT
Mayors relay to a social worker; adults in no activity.

OUTCOME
Five-step scale ending in anchoring, defined a priori; attendance on the Levasseur continuum.

PERSONAL ACTIVITY CARD

- Address
- Cost
- Travel time
- Name of a contact
- Schedule
- Proposed first date

Fig. 2. Template. One card per participant, listing only the options that pass all six conditions above.

SUPPORT AT FIRST ATTENDANCE — ESCALATION



Fig. 3. Support rises only when the previous level fails, so the level recorded includes every preceding attempt. What share of a cohort reaches level 4 is an empirical question.

STATUS

The protocol is the contribution. Baseline characteristics available at presentation; T0 and T3 findings expected early 2027. Attrition reported as two rates.

DISCUSSION

The unit of analysis is the person–provision pair, not the directory entry. Age-friendly diagnostics consult older people who already participate, a selection bias; entering the homes of non-participants inventories the appetites and barriers they miss.

CONCLUSIONS

Preventing isolation before dependency may depend less on new services than on making existing provision reachable person by person. Pre-registering definitions, stratifiers and failure reporting before first data collection is proposed as a minimum standard for small community-based interventions.

REFERENCES 1. WHO Commission on Social Connection, Geneva, 2025. 2. Petits Frères des Pauvres, Baromètre isolement, Paris, 2025. 3. Levasseur M et al., Soc Sci Med 2010;71:2141–49.