HAIRE Community Report

{East Sussex, United Kingdom (UK)}
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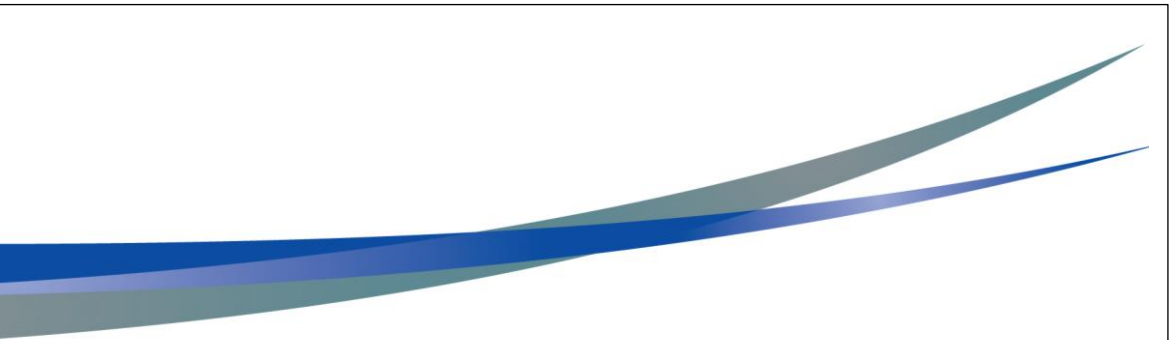

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Executive Summary

Introduction: This report documents the findings identified in Healthy Ageing through Innovation in Rural Europe's (HAIRE's) East Sussex, United Kingdom (UK), pilot site. In summary, HAIRE's aims involve generating an in-depth understanding of wellbeing and loneliness, as shared by locals that are over 60 years of age and in retirement, to inform co-designed social innovations to improve wellbeing and respond to challenges of loneliness.

Methods: The involvement of older adults and partners that work with older adults, such as East Sussex County Council and Rother Voluntary Action, is at the heart of the project. Three research tools were co-designed with the HAIRE project's partners to explore HAIRE's aims:

1. A Neighbourhood Analysis (NA) approach that involved brainstorming key resources in pilot sites was developed and conducted with locals.

2. An in-depth Guided Conversation (GC) that used visuals to elicit discussions around wellbeing and loneliness was co-designed and conducted with local residents who were 60 years of age and above, and in retirement.

3. A Social Network Analysis (SNA) survey that consisted of six questions on key local connections, participants' close relationships, social activities that participants undertook and key information sources that they used was applied.

Findings: HAIRE's data collection was conducted during the Covid-19 pandemic. The impacts of the pandemic on wellbeing were mostly felt in relation to causing uncertainties and worries about the future and creating barriers to accessing and participating in meaningful activities and relationships. In fact, the maintenance of meaningful activities and relationships was key to positive wellbeing amongst the HAIRE participants irrespective of the pandemic.

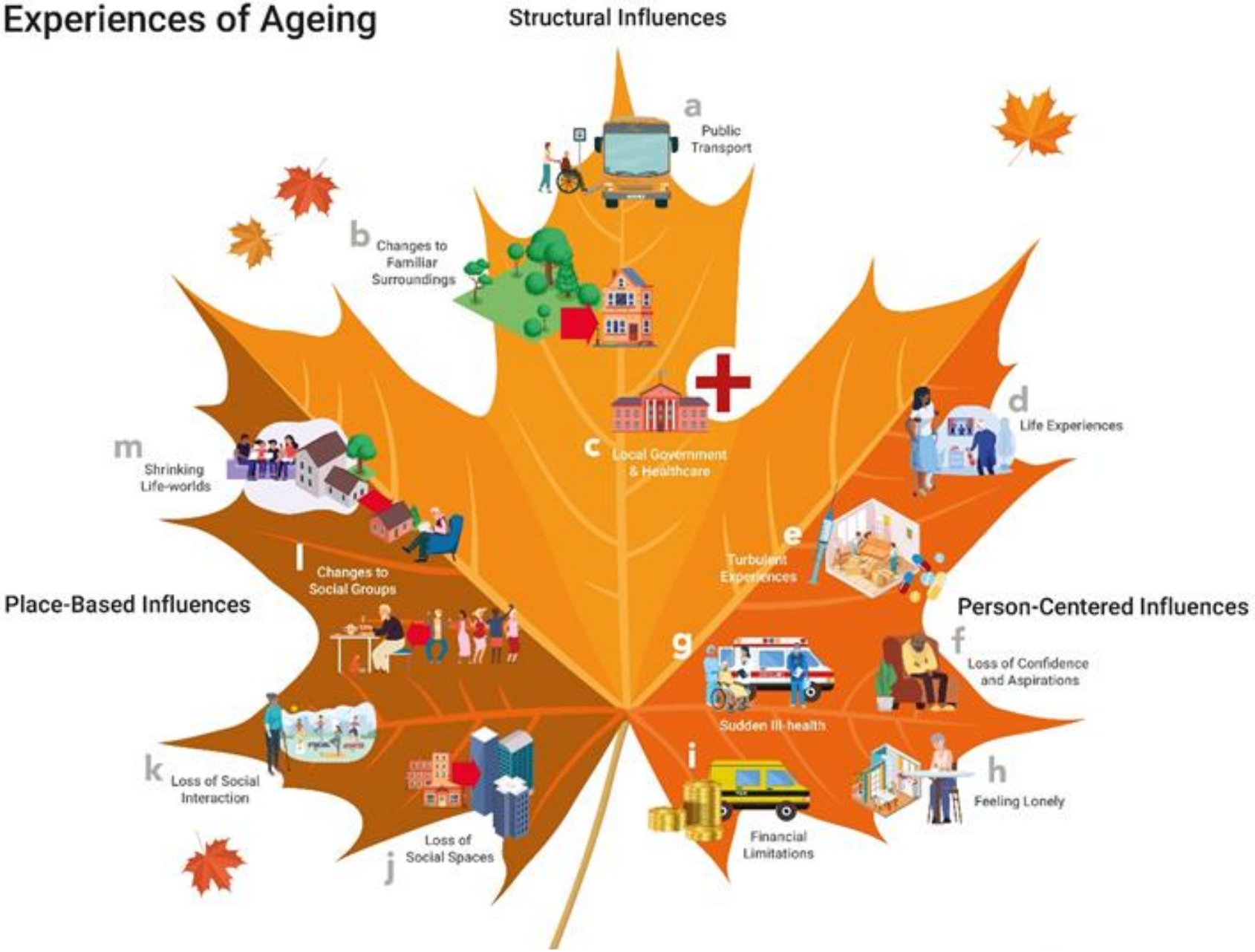
In HAIRE's East Sussex site, such barriers became prominent for individuals who felt alienated by changes to their neighbourhoods (e.g. the growth of the Robertsbridge area) and for those who experienced structural issues, such as socio-economic inequalities (e.g. accessing cultural and arts events in Rye). While examples of potential influences are provided in brackets here, it is important to note that what drives a downturn in wellbeing for someone can be highly individualised; shaped by someone's specific life-long experiences (positive and negative) and their aspirations for the future. Hence, individuals who endured difficult life experiences (e.g. bereavement and ill-health) and were unable to find meaningful activities and relationships experienced a web of complex negative influences on their wellbeing. Wellbeing was discussed particularly negatively where confidence was low and when individuals had few aspirations for the future due to their past and/or current

experiences. Notably, aspirations do not necessarily have to be big. For example, positive wishes around seeing loved ones, including local friends, after the Covid-19 pandemic made a difference to the wellbeing of some participants.

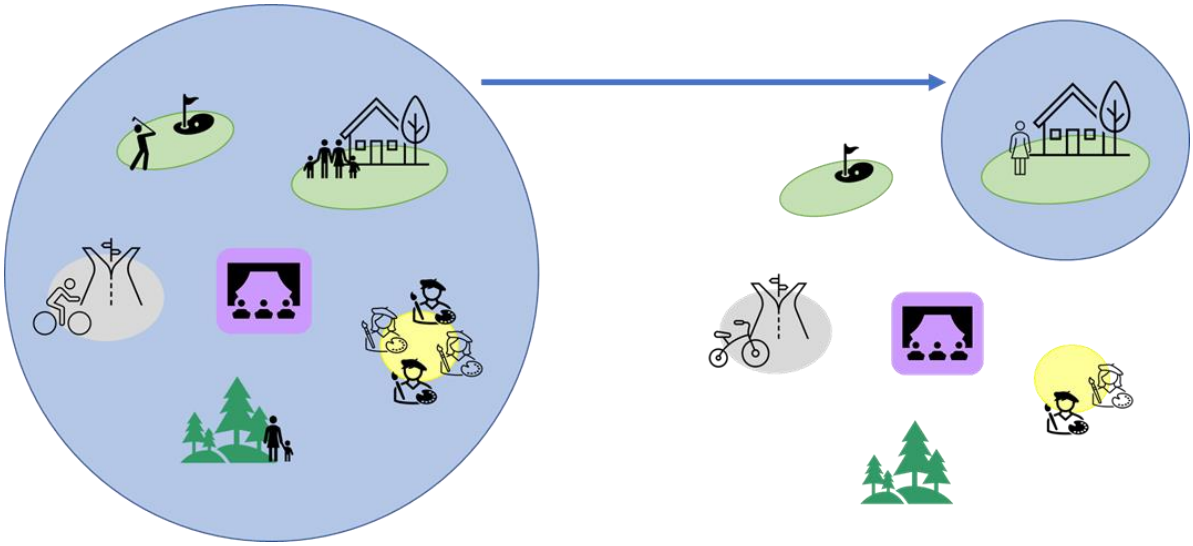
A key point of learning here was that wellbeing-related issues can be tackled in a way that is more relevant to local needs when support is developed 'on-the-ground' and listens inclusively to these needs. The impacts of older adults' wellbeing-related issues extend beyond the individual to influence close relations and entire groups in the community. Connections with family members and friends, and support that older adults both provide for and receive from others, are important considerations here. Through the GCs that were conducted in East Sussex, a variety of interactions and activities shaped how valued participants felt. These interactions and activities are covered in detail in the main body of this report. A key finding was that dialogues and being listened to can make a difference, particularly when dialogues lead to participants finding a way to manage difficult experiences and feel in control about what is happening. This finding is especially relevant for participants who experienced exclusion for prolonged time periods, e.g. due to socio-economic status and/or a lack of opportunity for community involvement following the onset and/or progression of impairment.

HAIRE's findings identified a three-level understanding of how wellbeing and loneliness can be experienced. The findings documented in this report, informed by quotes from GCs, show how structural influences, place-based influences and person-centred influences can combine in particular ways for individuals. This combination of influences can shift with time, even on a daily basis, to define how someone feels. As alluded to above, key detriments to wellbeing were discussed when participants found influences to be sudden, unpredictable and/or unmanageable. Forced changes, such as chronic illnesses, bereavements and a loss in valued, meaningful activities and relationships, were very much part of these negative influences. Importantly, the aspects of the activities and relationships that made them meaningful to a person were highly personal. Therefore, continued, inclusive dialogues are key in understanding a person's needs and how they can realise their aspirations. Examples of structural influences, person-centred influences and place-based influences are demonstrated in the following diagram.

Influences on Experiences of Ageing



Inclusivity and listening to diverse groups are important when considering *shrinking life-worlds* in the context of ageing. An illustrative example of a *shrinking life-world* is how visiting places and seeing people who were part of someone's working life can become less frequent and/or stop completely into retirement. Similar outcomes were expressed when individuals experienced ill-health and bereavement. The diagram below provides an example of a *shrinking life-world*:



- The diagram above depicts how the experience of ageing can involve a sense of shrinking interactions with people, meaningful spaces and activities.
- The left-hand circle encompasses a person's involvement with local activities and other people.
- The right-hand circle demonstrates how a person's place-based influences can become restricted to their immediate surroundings, e.g. their home and they are no longer able to participate in activities and/or social interactions with others.
- Loneliness sets in when positive influences remain outside of the extent of the place-based influences that people can interact with.

However, a *shrinking life-world* is not necessarily associated with a decline in wellbeing. The maintenance of meaningful relationships and activities within the *life-world* can help people manage difficult life experiences. Opportunities for new activities and relationships are important too, but they need time and continued dialogue to become meaningful for a person.

Conclusions: An understanding of how structural, person-centred and place-based influences combine for an individual at any time can help define how

they and the wider community can be empowered inclusively. As such, actions to combat issues that are experienced in communities can be supported via structural resources that help older adults to engage in two-way dialogues with diverse groups and stakeholders in a community.

The complexity of highly individualised experiences and potential for variation in the short-term, for example in person-centred influences on wellbeing, can render practical steps difficult. However, the World Health Organisation's (WHO) Age-friendly Communities guidance can help in pinning specific actions to eight domains that can facilitate inclusivity and empowerment (Centre for Better Ageing, 2021). The domains are:

1. Buildings and outdoor spaces;
2. Transportation;
3. Housing;
4. Social participation;
5. Respect and social inclusion;
6. Civic participation and employment (skills in general are considered in HAIRE, as the participants were retired);
7. Communication and information;
8. Community support and health services.

(Centre for Better Ageing, 2021).

The following diagram contextualises HAIRE's findings in its East Sussex (UK) pilot site in relation to the eight domains of the WHO Age-friendly Communities guidance. Actions are listed that reflect the findings in East Sussex.

East Sussex: Suggested actions that relevant to the WHO's Age-friendly Communities guidance (adapted from Centre for Better Ageing, 2021):

1. Outdoor spaces and buildings

- Opportunities to use and access spaces and buildings throughout the pilot site, with meaningful events to attract locals.
- The above needs to link to transportation, so that individuals from Rother District's less connected villages can be included in such opportunities.
- Opportunities to use spaces and buildings in Rother District's less connected villages can be sought and promoted.
- Opportunities that are free of cost can promote inclusion if organised and supported in meaningful spaces.

2. Transportation

- A clear process to engage transport providers in feedback and dialogues on transportation – with transparency / clarity about roles and responsibilities.
- Support for existing community transport initiatives, where the organisers of such initiatives can act as gatekeepers to identify needs and/or for keeping up-to-date with changes to needs
- Transparency and information sharing in relation to progress on meeting needs. As such, participatory approaches to discussing and responding to needs can be used.

3. Housing

- Information for support available for adjustments in houses and stories of examples can be shared.
- Stories and information on the social aspects of a community / housing area being important, alongside any structural considerations if support is required, can be shared.
- Transparent and participatory feedback processes about housing.
- Convivial and non-judgemental environments for dialogues with individuals that endure housing-related inequalities.

4. Social Participation

- Opportunities to share stories and experiences through wide reaching information sources, e.g. Rye News.
- Promoting inclusive dialogues in wide reaching information sources.
- Opportunities for face-to-face participation opportunities – including for less connected areas of the pilot site.
- Including meaningful practices and cultures in spaces and events that promote social participation, e.g. local arts.

5. Respect and social inclusion

- Opportunities to continually develop spaces and events that promote social participation with diverse groups that are present in the community.
- Promote meaningful practices and events for all groups in communities via opportunities for open and inclusive dialogue.
- Sharing stories and promoting community-level care, which is supported structurally by local authorities and formal providers of services, e.g. transport providers and the NHS.

6. Civic participation and employment (skills)

- Opportunities to participate in organisation and administration of local events and activities, e.g. as volunteers.
- Opportunities to showcase and share skills and/or stories of support provided through certain skills and knowledges.
- Informal and convivial settings for skills development opportunities, e.g. digital.
- Processes to feedback on and co-design opportunities to develop skills.

7. Communication and information

- Participatory communication platforms that are in a variety of formats, e.g. online and at face-to-face events.
- Clarity and transparency in relation to the roles and responsibilities of services that provide support.
- Opportunities to develop communication skills, e.g. digital, and to create new channels of communication that are meaningful to specific groups, e.g. a new event and/or newsletter.

8. Community support and health services

- Improving access and processes for accessing specialist care in less connected areas.
- Participatory feedback processes and clear / transparent information on roles and responsibilities around service delivery.
- Awareness of local skills and knowledges that can contribute to community-level support.
- Showcasing and celebrating community-level support, and promoting community-level care across all groups – including intergenerational groups.

1. Background

1.1. HAIRE

Healthy Ageing through Innovation in Rural Europe (HAIRE) is a project funded by Interreg 2 Seas and the European Regional Development Fund from 2020-2022.

HAIRE is working with 14 project partners in Belgium, France, the Netherlands and the United Kingdom (UK) to empower and enable older people, aged 60+ years of age and no longer employed, in eight pilot sites to:

- Define what support they need.
- Participate in the design and delivery of services that support older adults.
- Develop solutions for themselves to reduce loneliness, improve quality of life and improve health and wellbeing based on their own interests, capabilities and preferences.

HAIRE's pilot sites are:

Poperinge, West Flanders (BE);
Laakdal, Province of Antwerp (BE);
Robertsbridge and Rye (Rother District), East Sussex (UK);
Feock, Cornwall (UK);
Goes, Zeeland (NL);
's-Heerenhoek (and other villages outside the town of Goes), Zeeland (NL);
Hazebrouck, Department du Nord (FR);
Bailleul / Merville, Department du Nord (FR).

In each HAIRE pilot site, the project partners have recruited a team of volunteers ('HAIRE Enablers') to implement HAIRE's toolkit. The toolkit is made up of three co-designed tools:

1. Neighbourhood Analysis;
2. Guided Conversation;
3. Social Network Analysis.

The methods section outlines the purpose of each tool and a detailed description of each tool can be seen in the report appendix.

1.2. Aims and objectives of Community Report.

The main aim of this Community Report is to bring together the findings of HAIRE's toolkit for East Sussex, United Kingdom (UK) to show: i. the area's key resources; ii. the needs, aspirations and capacities of older adults in that area; and iii. the important connections that exist in that area. It answers the questions:

- What resources exist in the pilot area?
- How do older adults relate to a range to conversational topics, as identified by HAIRE's project partners, and reflect on their wellbeing based on these topics? The specific topics are covered in more detail in the methods section included in the report appendix.
- What actions can older adults take to improve their current wellbeing and what support do they need to take these actions?
- How do older adults' conversational insights about their wellbeing relate to validated measures for wellbeing and loneliness?
- What are the key connections between people, spaces, places, organisations and information sources that exist in a pilot site?
- How can empowerment be understood in relation to the older adults' conversational insights about their wellbeing?

Importantly, HAIRE's findings are contextualised via dialogues and reflections with the project partners that are active in each pilot site. In essence, this Community Report is a living document that will use emerging data and reflections on these data to address the questions listed above.

2. Methods and tools used

2.1. East Sussex (UK)

This Community Report covers our findings from HAIRE's East Sussex (UK) pilot site.

HAIRE's East Sussex pilot site includes two areas in the Rother District of East Sussex. The first area is the village of Robertsbridge and its surrounding area (including the villages of Saleshurst, Brightling, Mountfield, Bodiam and Ewhurst Green). This will be referred to as the Robertsbridge site in this report.

The second area is in East Rother. This area includes the town of Rye and the villages of Rye Foreign, Rye Harbour, Iden, Playden, East Guideford, Camber and Icklesham. This area will be referred to as the Rye site in this report.

As explained by HAIRE's partners in East Sussex (at the project's initiation meeting), HAIRE is important to the areas in East Sussex outlined above as:

- Half of the area around Robertsbridge is in the most deprived 10 or 20% of the UK, as classified by the Office for National Statistics Indices of Deprivation (2015). These indices include measures regarding barriers to housing and services.
- Eastern Rother is amongst the 20% most deprived areas in England, and three quarters of the surrounding villages are in the most deprived 10%, as classified by the Office for National Statistics Indices of Deprivation (2015).
- Rye has a higher percentage of older people living in deprivation, as well as a higher number of older residents living alone.
- Both areas have substantive needs around access to housing, services and transport.
- There is a gradual withdrawal of banking and post offices services from rural to urban areas, including access to free cash points requiring people to travel.

The following section provides an overview of the three methods that are included in HAIRE's toolkit.

2.2. HAIRE's Tools

HAIRE's partners co-designed three research tools for data collection: a Neighbourhood Analysis method, a Guided Conversation tool, and a survey for Social Network Analysis. These tools are summarised below:

- **Neighbourhood Analysis (NA):** This tool is applied as a group activity. In a group setting, individuals are invited to create a brainstorm of the resources (key people, spaces and organisations) available in their local area.

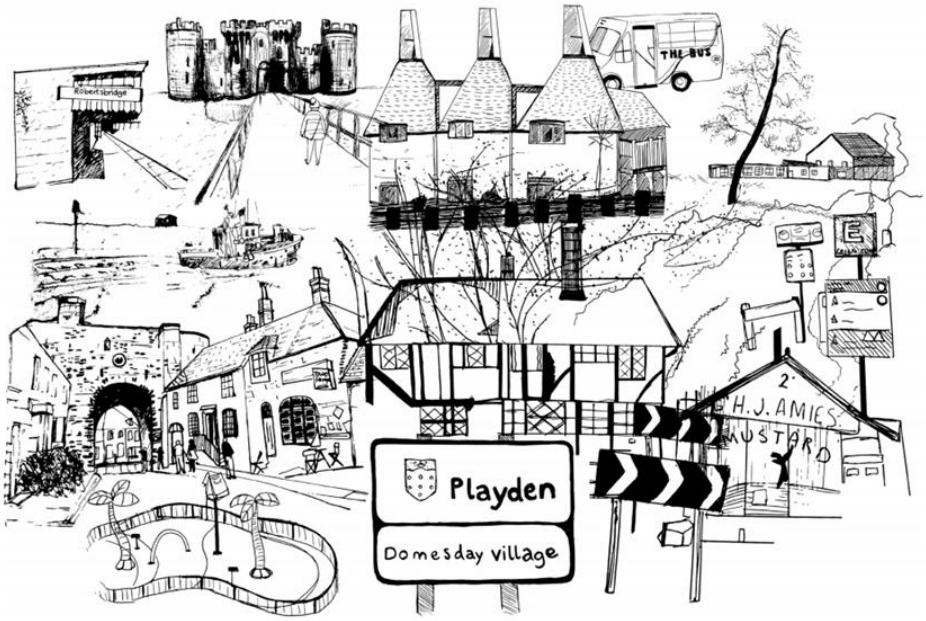
Eight categories are used to lead the brainstorm activity: i. people; ii. places; iii. networks and informal links/connections; iv. partnerships; v. associations, groups and institutions; vi. local entrepreneurs; vii. culture; and viii. history and/or heritage.

- **Guided Conversations (GCs):** These are in-depth conversations with individuals (people over 60 years of age and in retirement in HAIRE's case) about their wellbeing. Co-designed visual images are used to stimulate conversation. Individuals are invited to openly talk about a set of topics relating to where they live (place-based), their personal situation and experiences (person-centred) and how empowered they feel (empowerment).

The primary aim of the GC is to allow individuals to talk about what matters to them in relation to the GC's topics. Topics are not asked about in a prescriptive manner or in any particular order. What participants say defines how and when the topics included in the GC are spoken about. Where and when appropriate, participants can be invited to score a topic that they have spoken about (out of 7, with 7 indicating a more positive value). This score is completely subjective and non-essential, and is not intended to be comparable with anyone else's scores. Scores simply intend to show participants the topics that are most problematic and can help in setting priorities around what participants can do, including opportunities for relevant support.

The visuals used in HAIRE's East Sussex pilot site can be seen below.

Visual image to stimulate conversation around place-based influences:



Visual image to stimulate conversation around person-centred influences:

- **Social Network Analysis (SNA):** This is a six-question survey tool. Participants are invited to list organisations and/or individuals who they connect with in their local area over certain issues and to obtain information and/or support.

A more detailed description of how the methods described above were applied, including the specific topics used in HAIRE's GC, can be seen in the report appendix.

Finally, where relevant, reflections from partner conversations during project workshops (in June 2021 and September 2021) and drop-in sessions (fortnightly, optional partnership-wide meetings) are used to contextualise findings.

3. Findings

3.1. Overview

In this section, the findings from the application of HAIRE's tools are outlined. Key findings are discussed in relation to how we can better understand and respond to wellbeing-related issues. Implications regarding empowerment are then covered in the concluding report section, particularly around how empowerment can be facilitated via linking HAIRE's findings to the World Health Organisation's Age-friendly Communities Framework (Centre for Better Ageing, 2021).

The following sub-section provides a summary of the NA findings. The NA findings are followed by the key insights that were developed from HAIRE's GCs. These insights are then followed by a sub-section on the results of the validated wellbeing and loneliness questions included in HAIRE's GC. Finally, a summary of the pilot site's SNA data concludes the section.

3.2. Neighbourhood Analysis

3.2.1. Inventory

HAIRE's East Sussex pilot site invited stakeholders from the project's Robertsbridge and Rye areas to participate in the NA. The key resources listed by the stakeholders were as follows:

People

In the Robertsbridge area, individuals belonging to the following groups were listed as key people:

- Rother District Council
- Robertsbridge Parish Council

- Ewhurst Parish Council - including Staple Cross and Cripps Corner
- Bodiam Parish Council
- Mountfield Parish Council - including, St John's Cross and Vinehall Street
- Brightling Parish Council - including, Oxley's Green
- Helping Hands
- Robertsbridge Village Information

In the Rye area, individuals belonging to the following groups were listed as key people:

- Rye and Winchelsea District Council
- Rye Town Parish Council
- Rye Foreign Parish Council
- Icklesham Parish Council - including Winchelsea, Winchelsea Beach and Rye Harbour
- Camber Parish Council
- Playden Parish Council
- Iden Parish Council
- Peasmarch Parish Council
- East Guildford Parish Council

The individuals listed were mostly the councillors for the local parish councils and the district councils.

Places

In the Robertsbridge area, the General Practice (GP) surgery was listed during the NA. The NA also noted the religious buildings and communities in the pilot site, including:

- St Mary's the Virgin Church - in Salehurst
- St Giles Church - in Bodiam
- St James the Great Church - in Ewehurst Green
- The Sacred Heart Church (Catholic)
- The Darvell Community

The Rye area's NA listed two GP surgeries and the base of the Rye Responders (Rye Fire Station). Additionally, the following religious buildings and communities were noted:

- Baptist Church
- Methodist Church
- Catholic Church

- St Mary's Church
- Iden Church
- Rye Harbour Church
- Jehovah's Witnesses Community

Networks and informal links / connections

The resources important for networks and informal links / connections in the Rye area were two local magazines - Rye's Own Magazine and Fixtures Magazine.

Partnerships

No partnerships have been listed (as yet).

Associations, groups, institutions and services

The associations, groups, institutions and services noted for the Robertsbridge area were as follows:

- Pilates
- Yoga
- Monday Lunch Club
- Tennis Club
- Reading Group
- Jazz Club
- Choirs

The Rye area's associations, groups, institutions and services included:

- Rye Library
- Rye Hub
- Rye Mutual Aid
- Running Clubs - Rye Runners
- Sports Centre and Swimming
- The Women's Institute
- The University of the Third Age (U3A)
- Music events in Iden Village Hall
- Rye Society of Artists
- Tuesday Group (Painters)
- Iden Field Trotters (a women's group)
- National Trust
- Art Society

- Tilling Green Residents Association
- Tilling Green Community Centre
- The Community Bus

Local Entrepreneurs

Listed entrepreneurial entities in the Robertsbridge area included:

- The Ostrich Hotel
- The George Inn (a pub with a food menu, which also serves as a bed and breakfast)
- The Salehurst Halt (a pub with a food menu)
- Judges (a bakery)
- The Old Saddlery Bookshop
- The local Post Office and village stores in the village of Robertsbridge
- The stalls at the monthly market

The Rye area's entrepreneurial entities included:

- Rye Lodge Hotel
- The Grapevine (a jazz restaurant/bar)
- Kino (a cinema)
- Jempsons (a supermarket)
- Bournes (a removals company)
- Iden Stores and Sands Farm Shop and Café (in East Guldeford)
- The shops (generally) in Tilling Green

Culture

The Bonfire Society and Robertsbridge Arts Partnerships (RAP) were listed as cultural resources for the Robertsbridge area.

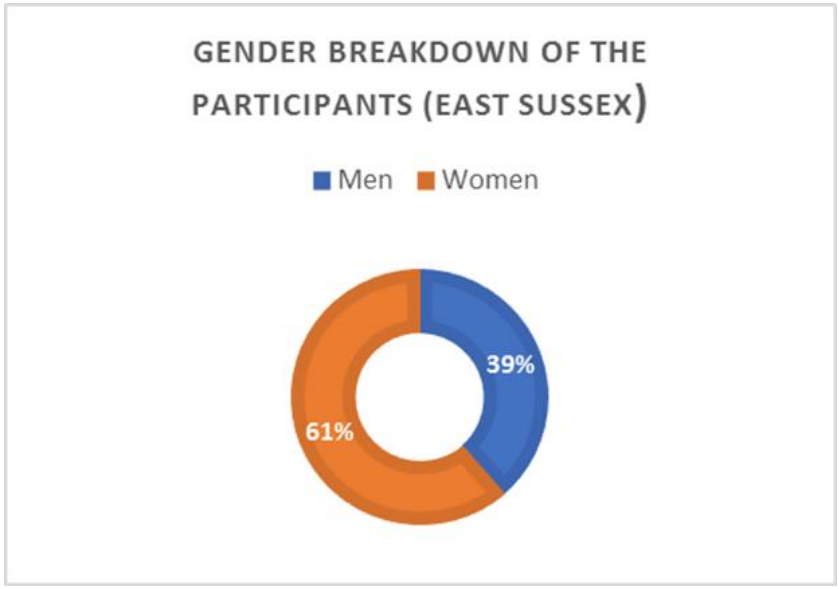
For the Rye area, Rye Museum, Rye Creative Centre, Rye Art Gallery, Rye Bank Gallery, Bridgepoint (an arts centre), Rye Jazz Festival (a yearly international event) and the Caribbean Theatre Group were listed.

History and/or heritage

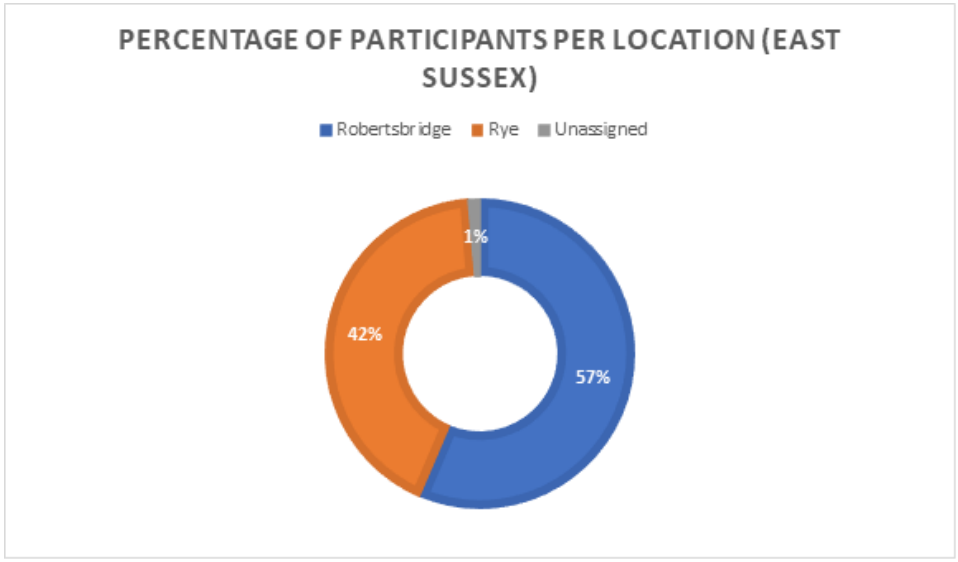
The Robertsbridge area's resources associated with history and heritage were the History Society and the Battle History Society.

3.3. Guided Conversation

In this section, the insights from the GCs for 29 men and 46 women (in total: 75 participants) in HAIRE's East Sussex pilot site are presented. A breakdown of participants by gender can be seen in the chart below:



The chart below shows how GC participants were distributed with regards to the two areas covered within HAIRE's East Sussex site:



(Unassigned refers to cases where specific locations were not recorded).

Gender, age and place were used to organise GC responses during an initial phase of analysis. The scores (out of 7) that were given to each GC topic by participants were also used to organise GC responses. Graphs showing an overview of the scores can be seen in the report appendix. The organisation of data in this way helped to descriptively outline what participants said in relation to each of the GC's topics. A descriptive overview of GC responses can be seen in Version 1 of this report. In this version (Version 2), the descriptive findings in Version 1 have been used to inform critical insights around how wellbeing, loneliness and empowerment can be understood. Primarily, three types of influence have been identified: **structural**, **person-centred** and **place-based**.

3.3.1. Structural Influences on Wellbeing

Structural influences refer to how a place is organised and governed, how services are delivered (e.g. through the voluntary sector, the private sector, local authorities, or a combination of these) and how they are accessed (Atkinson and Joyce, 2011). In HAIRE, issues and topics that are of national and global relevance are also considered as structural influences. Dialogues and concerns about climate change and the Covid-19 pandemic, which contextually underpinned HAIRE's activities, can be regarded as such influences.

Transport provision and its impact on access to key places, spaces and services is a dominant example of a structural influence within rural communities (Gray, 2004). The GCs in East Sussex highlighted how older adults are heavily reliant on their own transport, i.e. car use. Concerns were raised in relation to how difficult accessing key services, as well as social activities, would be if someone's car ownership status changed and/or if they were unable to drive. Participants who were unable to drive relied on others for support:

[Volunteer note]: **"[Uses a] Disability scooter. [A] Friend does all the shopping [and] has a friend who does the driving. Does not feel safe in a bus or on a train"**

The quote above shows how transport provision alone is not always the solution for addressing issues that relate to access. For some individuals, particularly those who have endured challenging circumstances in their lives, e.g. the onset of illness and/or bereavement, a lack of confidence to access transport can act as a barrier. Such barriers also hinder access to meaningful spaces and activities. Hence, a link between structural influences and person-centred influences, which will be outlined in the next sub-section, can be made.

Additionally, the socialising opportunities that transport provision can bring are indicated in the quote below:

[Volunteer note] **"He uses the rail every 2/3 weeks to have a booze up with his former colleagues [in London]".**

Robertsbridge's direct rail link to a major city, London, provided participants with the opportunity to meet people and pursue meaningful activities further afield. On the other hand, individuals from less connected villages in the area, e.g. around Rye, relied on community-led services, as bus services were infrequent. The efforts of the community were commended and seen as a positive here, but it was also documented that some volunteers ended up being overburdened due to the infrequency of bus services:

[Volunteer note]: **"Doesn't drive - [is] dependent on community bus which is an excellent service but, during Covid, it now doesn't have a regular service to and from Rye Medical Centre. [She is] Very impressed with [name omitted] who drives the bus (6 People) but she is stretched - [we] need more volunteers. [There is] No bus service in evenings so she doesn't go out in evenings."**

The quote alludes to how opportunities to socialise and pursue meaningful activities are reduced as a result of limited access to transport options, e.g. in the evenings. Moreover, this example provides insight into how access to key healthcare services can be influenced when new structural influences exacerbate existing issues, e.g. the Covid-19 pandemic.

The negative influence of limited public transport was more pronounced when healthcare services were not available in someone's neighbourhood, even if participants were satisfied with the services that they received, e.g. from their General Practice (GP) surgery:

[Volunteer note]: **"[There is a] Good GP surgery but it's not easy to get to and from - sometimes have to wait two hours for bus service."**

Concerns were also expressed about how these services are structured and organised. One participant who valued their relationship with their GP and the GP's local knowledge, e.g. of families, expressed such worries:

[Volunteer note]: **"He is a bit concerned about the GP surgeries coming together as a PCN (Primary Care Network) and joining with Rye, Northiam, Sedlescombe etc. with shared practitioners. [There is a] Risk of losing close family contact with GPs."**

Place-based influences on wellbeing will be discussed later in this report. However, experiences of different structural contexts in the past, i.e. in previous places of residence, can set expectations and impact how individuals relate to their current situation and local area:

"The elderly in Denmark and those of physical and educational disadvantage have a far better provision of care. Taxes are higher but there is a smaller population. Adult care is provided here [UK] by social services with little continuity of care."

Participatory dialogues and engagement about such structural concerns can help raise awareness of worries that go beyond the functional aspects of the services provided (Bowen et al. 2013). Qualities that make services meaningful can be understood from the perspectives of older adults in this way, such as GPs having good relationships with their patients and/or local families, and worries can be directly eased where concerns are unfounded.

Population growth was another structural influence identified within HAIRE's GCs. Robertsbridge's links to London mean that the area attracts commuters, which can be a driver of population growth (Causer and Park, 2021). Participants described greater difficulties in booking GP appointments compared to the past:

"We used to be able to get an appointment with the GP quickly but now there are so many people living in Robertsbridge it is not so easy."

The quote above shows how changes to a local area can be driven by factors that residents feel powerless to address. Such worries can be exacerbated if people feel ignored and/or if there is no clear process to raise and discuss concerns. In the Rye area, many participants referred to how they felt that resources were not distributed equally through the district of Rother:

"Rye Town Council is very weak compared to Bexhill. Rye people [are] underrepresented. Roads and pavements [are] poorly maintained due to cuts in funding. [There are] Few facilities for young people. The MP holds a regular surgery but otherwise is seldom seen."

Relevant to the point above, NESTA, a UK-based think tank, has undertaken interesting work on the importance of sharing information with locals and how inclusive opportunities should be created to ensure dialogue and participation in local decision-making are facilitated in meaningful and accessible spaces. A guidance document was produced by NESTA and a link to that document is included in this report's references (NESTA, 2020).

The diagram below, from NESTA's report, demonstrates a four-stage approach to facilitating and widening access to information and knowledge, and allowing for local perspectives and manifestations of an issue to inform responses.

(NESTA, 2020)

To summarise, the key components of the approach include sharing knowledge through participatory workshops that use a variety of methods to convey information, e.g. visual, audible and tactile, in a meaningful and convivial environment for locals. These interactions can inform policy responses that are relevant to a place in a storied manner, i.e. responses that consider support for valued social activities, spaces and resources in a specific community. In HAIRE's East Sussex site (including Rye and Robertsbridge), examples of these activities and spaces include, but are not limited to:

- The valued church spaces listed in the NA.
- The arts societies and skills and knowledges that are locally present - particularly in Rye.
- Stories around all cultures and political views in the area and opportunities to exchange stories in safe, comfortable and inclusive environments.
- Local stories about industry (past and present), history, heritage and practices that are valued by the local community. Examples include, but are not limited to battle re-enactments and a history of cricket bat making.

The importance of including stories around all cultures and political views is specifically relevant to HAIRE's East Sussex site (more so in Rye), as refugee arrivals via boat have been experienced in the wider area. Akin to many globally Western communities, the arrival of refugees was a contentious subject (Ostrand, 2015). Negative influences on wellbeing were expressed by participants across the spectrum of views, i.e. amongst those concerned by such arrivals and those wishing for more local support for refugees. Participants indicated feeling alienated due to changes to their community and the people who made up their community. GC examples from either end of the spectrum can be seen below:

[Volunteer note]: **"[She] thinks the government should look after British people (soldiers and homeless) before people arriving on boats."**

[Volunteer note]: **"She holds left wing views, and finds difficulty in making deep friendships with local people with whom she gets on well [with] but has little in common."**

Such issues have no easy solution. However, open, inclusive dialogues that relate to the matter from local perspectives and the perspectives of the refugees have made differences in other places (Driel and Verkuyten, 2019), rather than allowing conflicting views to become increasingly polarised over time. Interestingly, Driel and Verkuyten (2019) discussed how local leadership to mediate dialogues and capitalise on any historic cases of tolerance and openness can be helpful. This resonates closely with East Sussex's context, as the parish councils and parish councillors were referred to as being influential and caring actors in the community (during GCs and as indicated by the NA). In this sense, the approaches promoted by NESTA's work on local democracy and inclusive forms of democracy (all groups) are relevant here.

HAIRE's GCs also referred to how larger, global structural issues can influence wellbeing. For example, fears and frustrations were raised in relation to climate change and environmental degradation:

[Volunteer note}: **"And [a worry in relation to] the natural world: people buying land as an investment rather than looking after it"**

Many structural issues can combine to exacerbate individual worries about the future, as seen below:

[Volunteer note]: **"He doesn't want to think about Brexit. [He] states that he is European as a nationality and thinks that people are looking to the past instead of the future. He is worried about climate change and feels that we cannot go on living as we are - [with] planes, global pollution etc."**

Once more, dialogues and efforts to facilitate local exchanges and involvement where it is desired can help with such bigger issues (NESTA, 2020). Matters became particularly problematic where uncertainty and a lack of avenues for dialogue or action seemed to exist. The uncertainty and

impossibility of action in the context of the Covid-19 pandemic was a structural influence that made daily lives particularly challenging, with negative wellbeing implications. The unprecedented lockdowns and reduction in social contact were discussed as barriers to accessing meaningful activities, interactions and, of course, key sources of support. Therefore, participants could not find avenues to share their experiences, knowledges and skills. Meaningful clubs and social interactions were interrupted for some people and others were not able to see friends and/or family. Relevant examples are provided below:

[Volunteer note]: **"Before Covid, [they] used to get to town on [the] community bus to have coffee with friends"**

[Volunteer note]: **"[She] Can't see her son in Birmingham because Covid [is] bad up there."**

[Volunteer note]: **"He is looking forward to lockdown being over and getting back to seeing family regularly - his family are very important to him"**

[Volunteer note in relation to a decline in physical activity due to the pandemic]: **"It will be better in the spring and when the Monday lunch club reopens with its exercise session every week."**

The examples above demonstrated how structural influences, like a global pandemic, are experienced by individuals. A recognition of structural issues, their specific influences on individuals, and structural support that listens to locals and promotes involvement in ideating responses to problems are key to supporting better wellbeing.

These pandemic-related insights exemplify how structural influences on wellbeing can manifest differently for certain individuals. For HAIRE's participants, such differences were shaped by an individual's personal situation and experiences (life-long), and how they interacted with certain aspects of their local area (i.e. person-centred and place-based influences).

A summary and discussion around the person-centred influences on wellbeing identified during the GCs is provided in the next sub-section, which will be followed by a sub-section on place-based influences.

3.3.2. Person-centred Influences on Wellbeing

In HAIRE, a wide-range of person-centred influences on wellbeing were discussed by participants. GCs with participants showed how a person's life experiences, current routines and aspirations for the future can shape their wellbeing. These highly personal qualities essentially define someone's person-centred influences on their wellbeing and highlight how there are multiple pathways to wellbeing in ageing (Teghe, 2009). Highly individualised experiences play a role in defining what an individual finds meaningful and how they build close relationships with others, e.g. their

friends and family. These relationships can extend beyond the people who they interact with socially, provide support for and receive support from. Meaningful activities and encounters that they value can make a positive difference too. Examples include, but are not limited to joining a club, undertaking activities that they enjoy (e.g. gardening, playing guitar, reading stories about and the opinions of locals in Rye News etc.) and walking. Walking was a commonly discussed activity in terms of helping individuals manage difficult life experiences, but how they undertook the activity could vary. Some participants enjoyed the natural spaces that were local, especially in the Rye area:

[Volunteer note]: **"[She is] Very confident with dealing with ups and downs - walking at the beach is helpful."**

For some participants, walking was an experience that they liked sharing with others, e.g. with family, friends and groups that they felt a part of. Individuals who had pets found this to be a motivating factor for walking and something that they enjoyed as part of the relationship that they shared with their pet.

[Direct quote]: **"I also have a dog who I regularly take on walks in the countryside."**

Participants discussed how their meaningful relationships and activities helped with their wellbeing - particularly if they were able to build manageable day-to-day routines around their valued activities and relationships. Place-based influences will be discussed in the next section, but the meaningful relationships that people build can extend beyond other people to include places that they feel close to. Certain activities can help affirm bonds people feel to place, e.g. carrying out **"bell-ringing"** responsibilities and/or being involved in the strong, local arts scene:

[Volunteer note]: **"She was a steward for the Arts Festival and had free entry which she enjoyed."**

Meaningful activities can range from those involving sociable physical exertion (e.g. walking and/or sports in group settings for some participants) to activities that are more solitary. The activities that can help an individual are defined by what interests them. These interests may have been developed over time through a longstanding passion and/or skill, as suggested to by the quote below:

[Volunteer note}: **"Her interests include painting and writing - she is presently writing her autobiography and writes poetry."**

Issues can arise for individuals with changes in their circumstances. Problems can become more pronounced when these changes mean that individuals need more support to maintain their meaningful activities and/or find new activities and relationships that become meaningful to them. Bereavement, moving to a new area and ill-health are some examples

that brought about such changes for certain individuals. The example below shows how the onset of sight impairment acted as a barrier for a participant:

[Volunteer note]: **"[She] Can't exercise as [she] can't see well enough to go out. [She] Would like someone to take her walking regularly once lockdown over".**

The structural influence of the Covid-19 pandemic was at play once more in the example provided above, as lockdown restrictions meant that seeking support became more difficult. Importantly, previous studies have shown that a change in circumstance and consequent impairment can cause a loss in confidence that creates a barrier around seeking support (Brunes et al. 2019). As shown by the GCs, such barriers can be worsened where low confidence is prolonged and opportunities for individuals with impairments and/or limited mobility remain scarce:

"[They are] OK [with] day to day with indoor hobbies. [But] Not sure about doing gardening due to being unbalanced… [she] knows this is bad but [says that she is] not motivated to [do] anything about this."

For such individuals, opportunities for social interactions, particularly those that lead to closer relationships, experiences and activities can be important. Hence, easily available information and possibilities for feedback about local opportunities can act as a catalyst for engaging in new activities. Two-way dialogue should be encouraged around such matters, as adaptations that work for some people may not work for others, e.g. due to their living arrangements:

[Direct quote]: **"I attend a Fitsteps class in the village and did start doing some online, free classes… but this didn't work as [my] husband works from home."**

Increased local dialogue can also help people share how others with similar experiences, e.g. around care responsibilities, bereavement and impairments, have been able to cope with their difficult times in a specific local context. This is particularly pertinent to losing loved ones e.g. children (Umphrey and Cacciatore, 2011).

The above is, of course, relevant to other close loved ones too. As such, the benefits of having time, space and a range of opportunities to find ways of managing difficult and traumatic experiences (that work for the individual) and sharing these experiences to support others is alluded to by the example below:

[Volunteer note]: **"He has a diploma in psychotherapy which helped him deal with his childhood trauma and being ill and told four times… by doctors that he was in danger of losing his life. His parents died within a week of each other - his mother was a war widow [and] lived on a bombing station and had severe PTSD. He was in and out of hospital for much of his**

childhood - his career and longevity are a testament to his ability to cope with all of this history and his spirits are resilient today."

The point about **"being resilient today"** refers to coping with Covid-19 lockdown restrictions. The Covid-19 pandemic provided an unprecedented backdrop for HAIRE's GCs. Many of the discussions around the pandemic focussed on how sudden changes in daily routines and being able to see others acted as a detriment to wellbeing. Such sudden changes can also result from difficult life experiences that bring about uncertainty. These experiences were particularly problematic when participants had no clear way of managing the negative influences of change:

[Volunteer note]: **"She was very active but now has serious problems with a hip and [is] awaiting [an] x-ray and possible operation. [She] Feels low during lockdown because of this and has to be careful."**

Some studies have referred to illnesses that bring about uncertainty and unmanageable change for someone as *life shattering illnesses*, e.g. Norlander (2018), which documented the experiences of older adults in relation to living and ageing after a stroke. Life shattering experiences and their person-centred negative wellbeing influences can occur with the ill-health of loved ones too. Such experiences are prominent with chronic and/or constantly worsening conditions, and can trigger difficult thoughts for individuals. A volunteer captured how a participant referred to their wife who was living with dementia in the following way:

[Volunteer note]: **"This is not the woman [that] he married… [there are] moments of lucidity, [but] he wishes it was all over. [They are] a devoted and much loving couple."**

Prolonged uncertainties and complex, turbulent life histories can amplify negative person-centred wellbeing influences for older adults:

[Volunteer note]: **"He has long had a problem with drug abuse and was weaned off heroin onto methadone which resulted in unpleasant side effects. He has been clean for 3 years. He is well supported by his GP… [and] various other agencies. This has taken a toll on his health - bad lungs, back pain and osteoporosis. He recently had CAT scans for memory loss and blood in his urine. He is fully mobile but has difficulty in carrying his shopping and sometimes has to do two journeys."**

In the case above, the individual was satisfied with the medical support he was receiving. However, their turbulent past meant that they were not able to establish meaningful relationships more widely. Structural influences combined with person-centred influences here, as the individual had a history of moving from area to area due to their social housing situation. This constant residential movement made it difficult to establish meaningful activities and relationships. In such cases, place-based influences are also apparent. As such, someone who does not feel part of any local community, e.g. due to multiple moves that were not necessarily

their choice, can experience negative influences on their wellbeing from structural, person-centred and place-based perspectives.

[Volunteer note]: **"Although he went to school in Rye and knows many acquaintances, he has only 2 or 3 friends, [he says he] is a loner and puts this down to his childhood. He has difficulty with forming and retaining relationships. He only moved back 4 years ago after he and his partner split up. He walked away from the house 5 years ago with the possessions that he could carry and lived rough for a while."**

In the case above, it is interesting that the participant was originally brought up in the local area and returned after a series of difficult life experiences. Childhood and ancestral links are not necessarily the main drivers that facilitate positive influences on wellbeing with regards to a place. Place-based influences on wellbeing are discussed further in the next sub-section.

3.3.3. Place-based Influences on Wellbeing

The place-based influences on wellbeing identified by HAIRE's GCs centre on the places, spaces and activities that individuals interact with through their lives and during their day-to-day routines. The NA conducted in East Sussex showed that multiple spaces existed to bring together people, e.g. churches, leisure facilities and outdoor spaces that are managed by the National Trust. Yet, apart from the participants who valued the arts spaces and culture around Rye, participants tended to rely on their own, private spaces to pursue meaningful activities. However, a structural influence is also apparent here, that of socio-economic inequalities. Participants who were financially stable and owned properties that were conducive to pursuing their interests maintained their meaningful activities in a space and place that they had control over.

[Direct quote]: **"I'm extremely active and fit. My garden is about 2 acres so that keeps me busy and active."**

Negative influences like the Covid-19 pandemic and increasing costs of living created greater problems for those that rely on spaces and places that are in the community for pursuing meaningful activities and social interactions. An example is provided below:

[Volunteer note]: **"[She] Likes the cinema [and goes] sometimes, but prices of tickets are too expensive to go to arts festivals and jazz festivals. Lots of locals can't afford to get tickets."**

The quote above reiterates Rye's strong arts identity. This identity adds a vibrant feel to the place. Of course, the benefits of this identity are felt if what is on offer is inclusive and aligns with someone's personal interests and aspirations. However, a different dimension of place-based influences was revealed by the GCs that were conducted in Robertsbridge. The changing demographics and the population growth experienced there left

some participants feeling that there were no opportunities to find meaningful activities and social interactions:

[Direct quote]: **"The village has grown tremendously with the new houses and I feel less comfortable in Robertsbridge than I used to when the village was small and I knew everyone."**

Therefore, opportunities for dialogue and inclusive environments that can be comfortable for diverse groups are extremely important. Further, relationship building and allowing time for individuals to express their needs and desires in a way that is suited to them is a key step for facilitating more inclusive positive place-based influences on wellbeing. Such two-way conversations are especially relevant to individuals who do not feel close to a place, but have to remain there due to other commitments, e.g. care responsibilities:

[Volunteer note]: **"She doesn't particularly like [where she lives]. She has been there [for] 47 years. She could not move because she has custody for grand-children."**

The above note highlights how difficult life circumstances can contribute to feeling both excluded and powerless to enact change. Such matters can also be driven by identities that people build and/or adopt:

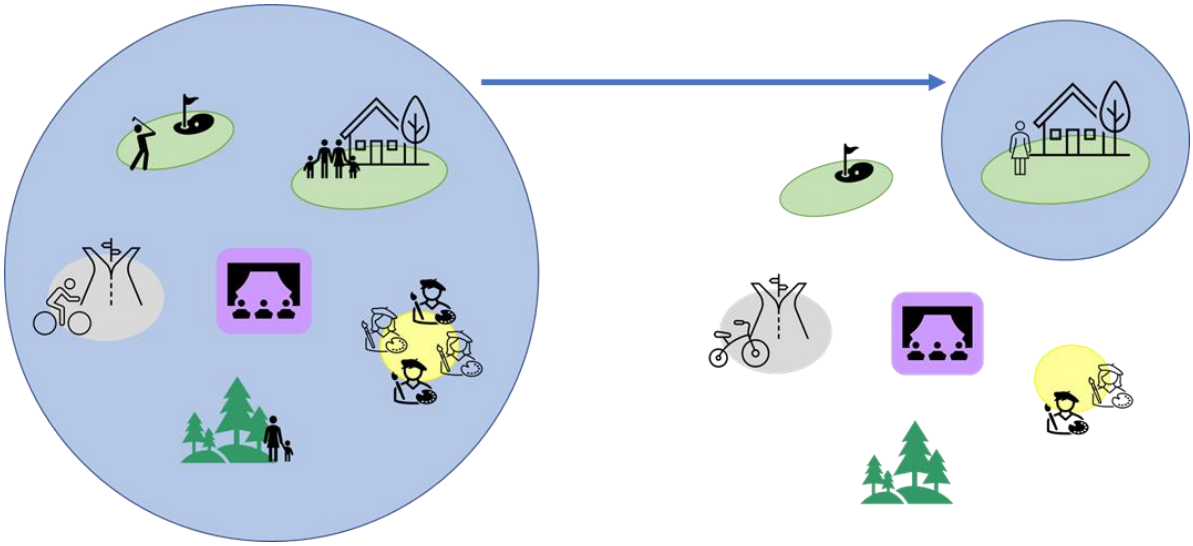
[Volunteer note]: **"[His] Main hobbies [involve] naturism, [which] means he is excluded from many public spaces - [he] wishes there were more locally."**

It may seem odd to compare the two cases that are referred to above. However, meaningful relationships that are sustained over time to ensure individuals are at least listened to can provide support in both scenarios (Mitrasinovic and Mehta, 2021). Of course, one case may be prioritised over the other from an ethical perspective if public funding was to be used to provide support.

Collaborative dialogues with older adults can help in addressing the negative influences that are brought on by a common experience that relates to ageing; that of a *shrinking life-world*. A *shrinking life-world* refers to how the range of places in which individuals carry out meaningful activities, daily routines and socially interact with others, including people who they have close bonds with, can get smaller (Gullick and Stainton, 2008). Through HAIRE's GCs, experiences of a *shrinking life-world* were apparent in relation to a wide range of personal situations. For example, increased care responsibilities for a loved one following the onset and progression of dementia:

[Volunteer note]: **"He mainly sculpts and has a small studio… but due to his wife's dementia [he] has very little time pursue it."**

A visual depiction and a bullet-pointed description of a *shrinking life-world* is provided below:



A *shrinking life-world.*

- The diagram above depicts how the experience of ageing can involve a sense of shrinking interactions with people, meaningful spaces and activities.
- The left-hand circle encompasses a person's involvement with local activities and other people.
- The right-hand circle demonstrates how a person's place-based influences can become restricted to their immediate surroundings, e.g. their home and they are no longer able to participate in activities and/or social interactions with others.
- Loneliness sets in when positive influences remain outside of the extent of the place-based influences that people can interact with.

Additionally, retirement can contribute to experiences of a *shrinking life-world*. Many participants described how they used to apply certain skills and go to a variety of places prior to retirement. An example is provided below:

"I have two degrees and retired as Head of Health and Social Care at 65 years of age. After retiring, I rolled out a programme of Restorative Justice for Victim Support which was successful."

Importantly, valued skills were not limited to academic pursuits and/or professional careers. Many participants contributed to their communities, past and present, with skills in diverse areas. Examples include, but are not limited to: carpentry skills, various arts - including writing, baking and caring for others. The latter especially shows how someone can contribute to their community with any skill, even if it simply involves talking and engaging with others, if they themselves are valued and develop

the confidence to do so. This is why a shrinking life-world does not necessarily influence a person's wellbeing negatively. The key here is that individuals are able to maintain meaningful activities and relationships in the spaces and places that make up their daily lives, including opportunities to find new meaningful activities and relationships in a place. In the example above that related to academic achievement, the participant went on to say:

[Direct quote]: **"I have fully retired in the last 18 months and I am using my work background in volunteering roles."**

For others, local involvement was a key part of their wellbeing. This was apparent amongst participants who demonstrated leadership around local matters - particularly with regards to matters that they wished to change and/or at the very least have a voice about, e.g. littering:

[Volunteer note with regards to a participant speaking about the streets and spaces in her local area]: **"People leave poo bags on the road. [On a side note] She also persuaded the council to provide outdoor lighting to the toilets near where she lives. She campaigns for litter free playgrounds… so, in all, the area is as clean and litter free as possible."**

The quote above indicates that older adults can alleviate the negative influences of a *shrinking life-world* if opportunities that resonate with their life experiences are made possible. Further, inclusive dialogues that help individuals to shape these opportunities themselves can also make a difference. Importantly, the potentially negative structural influences that have been covered in this report, such as cost and transport-related accessibility, need to be considered closely too.

At this point, the varied experiences that individuals have with regards to ageing can be given more thought. For individuals who need support due to a disability, particularly in a care home environment, the negative influences of a *shrinking life-world* can be addressed via facilitating opportunities for sharing past experiences and building sustained relationships (Dean and Major, 2008). The building of such relationships around person-centred, humanistic qualities, e.g. via humour, can provide valuable moments for individuals who endure the challenges of their situation on a daily basis. Such interactions can become more important for individuals who are in their later years, e.g. 90+ years of age. A participant who was 92 years of age and used the GC as a humourous interaction demonstrated the sentiment that is alluded to here. Light-hearted quotes from their GC included:

[In relation to their skills and experiences]: **"[I have] All the skills [that] you would hope to ever learn or use for that matter."**

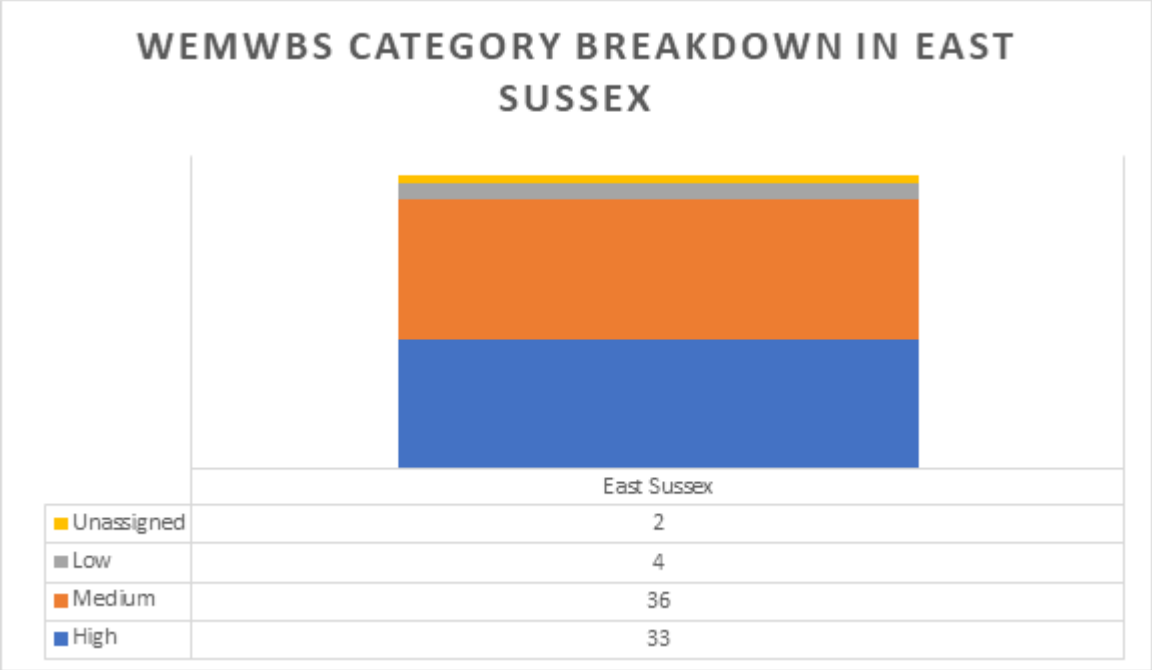
[In relation to family visits]: **"Nothing beats family especially when there are plenty around. They are always welcome especially when they bring plenty [of] ice-cream."**

[In relation to their mobility]: **"Walking [is] no longer possible so wheelchairs all around. Horse car is also very good or a motorised wheelbarrow."**

In the previous three sub-sections, structural influences, person-centred influences and place-based influences on the wellbeing of HAIRE's participants have been discussed. In the next section, the statistically validated questions used to explore wellbeing and loneliness will be summarised in relation to the GC's findings.

3.3.4. WEMWBS (short) Questions on Wellbeing and ONS Loneliness Questions.

The WEMWBS scores, calculated via the responses that participants gave to the validated wellbeing-related questions, were categorised as low, medium and high scores using established guidance produced by Warwick University. These results can be seen below for HAIRE's East Sussex pilot site (unassigned refers to participants who did not provide responses for these questions):



Only four participants were categorised as having low wellbeing in relation to the validated WEMWBS questions. This result provides an interesting discussion point, as participants spoke about a variety of negative influences on wellbeing in the GCs. In this regard, the validated questions seem more useful to understand wellbeing at a population level, but in-

depth approaches (e.g. GCs) help to identify and respond to specific issues that are being experienced on the ground. For those whose wellbeing was categorised as 'low' in relation to the validated questions, the prominent detrimental influences on wellbeing that were covered in the GC were examined. Specifically, ongoing issues around physical health that were proving to be a struggle to manage and/or caused uncertainties were day-to-day realities for such participants:

[Volunteer note]: **"Personal mobility is an issue due to spine problems. She feels confident driving but can't drive far due to discomfort."**

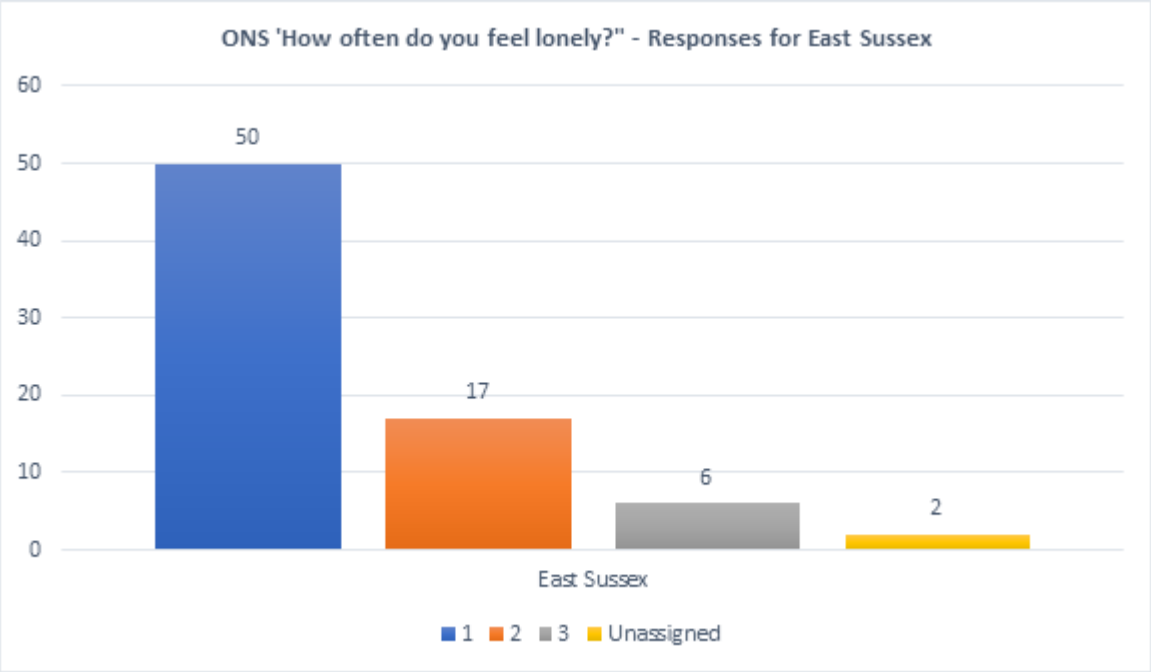
Additionally, the Covid-19 pandemic's impact on how participants managed their difficult life experiences proved to be problematic. Management strategies that were valuable and accessible for the individual were disrupted, as were the opportunities to have meaningful interactions with others:

[Volunteer note]: **"At present, she is not getting any exercise as she is disabled and due to the pandemic [she is] not attending the groups she would normally would, i.e. The Monday Lunch Club, [which] also included a session of chair exercises. She feels that more exercise sessions for older and/or disabled people in the Village Hall would improve her physical wellbeing."**

The influence of the pandemic on meaningful relationships and activities were further captured in the following way:

[Volunteer note]: **"In normal time[s], he has strong emotional wellbeing but in lockdown he is very aware he is on his own and the present winter lockdown is more difficult than the summer lockdown when he could spend time in the garden."**

The cases above also allude to how people can feel lonely in a situation that they feel powerless to change. Interestingly, only six participants expressed feeling lonely often when loneliness was explored through ONS's measurable scale. Participant responses are shown in the graph below:



(1 = Hardly ever or never, 2 = Some of the time and 3 = Often).

Once more, the depth and varied experiences of loneliness are not fully captured by these questions. When the in-depth GC data is explored, loneliness is spoken about as an experience that can differ with time. Even individuals who feel like they can manage on a day-to-day basis can experience times when they feel alone, e.g. in relation to bereavement. As such, the maintenance of valued relationships and activities acts as an important positive influence on experiences of loneliness. Issues can become more pronounced when multiple losses are experienced in a short-period of time, both in terms of death and life shattering illnesses:

[Volunteer note]: **"One friend died and one friend moved away - one lived in Hastings and one friend lived in the [same] block [as her]. She has one friend but now she is suffering from dementia and she's not seeing this [friend] so much during Covid."**

In the case above, the participant provided support for her friend who was diagnosed with dementia. Therefore, the disruption of relationships that involve an individual providing support for someone else can also have negative influences on loneliness.

In summary, loneliness can be regarded an issue that goes beyond quantifiable measures, such as how often people see others and the number of people who are encountered during someone's daily routines (McHugh Power, 2017). Quality of encounter is important. Thus, if someone feels that they have valuable relationships, activities and ways to enrich their moments of solitude, then the negative influences of loneliness can be less pronounced. A sense of autonomy and control, even if someone is

predominantly navigating life on their own, is extremely important. The case below provides a relevant example:

[Volunteer note]: **"She makes her own mind up. She lives according to what is important to her. [She is] Not in any groups and [is] not interested [in them]."**

Additionally, the key role that informal links can play in alleviating negative experiences of loneliness should be acknowledged. Links that allow individuals to take on personally rewarding responsibilities and apply and/or develop their skills can help to address loneliness-related problems, as suggested below:

[Volunteer note in relation to what a participant finds rewarding]: **"[He] Helps his farmer friend in combine harvesting, ploughing, logging etc. He [also] helps friends with plumbing and DIY skills."**

Due to the complex nature of loneliness and how it is subjectively experienced, HAIRE's SNA data becomes a useful resource to understand the key connections in a place. The project partners at the University of Plymouth have provided an in-depth report on these data. Key points are briefly summarised in the next section.

3.3.5. Social Network Analysis (SNA)

An asset of the SNA data generated during HAIRE is that key connectors of people and resources were revealed. Further, analysis was provided separately for the Robertsbridge and Rye areas within HAIRE's East Sussex pilot site, and for men and women.

In Robertsbridge, both men and women indicated district councillors as the most popular community connectors and power holders within the community. Females selected 50% more volunteers than males as a source of connection in the community. In Rye, both men and women indicated local councillors as the most popular power holders within the community. Here, women were more likely to go through a charity organisation for community news and activities. Also, both men and women indicated that religious organisations feature prominently as power holders and community connectors.

With regards to information sources, in Robertsbridge, men and women received the majority of their information through the media. The highest media form in men was the local newspaper, and the highest media form in women was social media. Men received more information from places and organisations than females, such as the church and/or district council meetings. Women in Robertsbridge indicated they accessed the majority of their information from "named individuals" within the community, whereas men accessed most of their information from local news media (online and/or in newspaper form).

In Rye, men accessed the majority of their information from named individuals, and women gained the majority of their information from places and organisations.

Therefore, an awareness of any activities that emerge in response to the challenges and issues presented in this report can be co-ordinated more effectively with the involvement of the actors and information sources listed above. Additionally, new ways to communicate, e.g. via digital avenues, including social media, can be explored to expand inclusion. Where relevant, such new channels of communication will need to consider the provision of digital support in a comfortable environment that participants value.

The SNA survey's findings that related to social activities were gendered too. Overall, an indication of valued activities and interaction were provided. As detailed by the GC findings, such information is valuable in gauging what locals may find meaningful. A summary is included below.

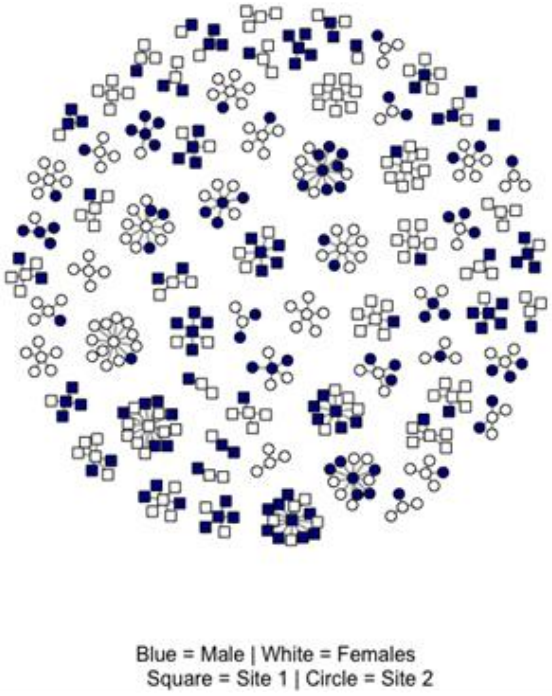
Male respondents in Robertsbridge tended to do more sports-based activities, e.g. badminton and 5-a-side football, as well as art groups, e.g. film club, jazz club and arts society. Whereas women in Robertsbridge tended to do more community-based activities, e.g. parish council involvement, Women's Institute and activities relating to Age UK. Unsurprisingly, the Covid-19 pandemic was cited as a key barrier to activities for both women and men.

Interestingly, in Rye, males and females performed similar types of activities, e.g. running club, cricket club, gardening club, adult learning (WEA) and tending to allotments. These responses, both for Robertsbridge and Rye, provide a valuable insight into the activities that attract men and women based on the place's current resources and structures. Inclusive and participatory dialogues, as highlighted by the GC's findings, can encourage men and women in the area to find activities that are meaningful to them. Such dialogues can also help overcome apprehensions around men and women trying new activities where participation may currently be dominated by one gender.

The SNA data also provided an overview of how many people individuals consider to be in their social network. At this stage, this data is provided in an aggregated manner for Rye and Robertsbridge. The average network size for participants from Rye and Robertsbridge combined is 4.97 (i.e. an average of 5 connections were listed by each participant). The minimum network size was 1 connection and the maximum was 14 connections.

Such data can provide an indication of who may be at risk of enduring the negative influences of loneliness. However, as the GC findings highlighted, two-way conversations with participants who have a low level of connections are key in identifying whether they are experiencing negative wellbeing-related influences in relation to loneliness. As such, the identification of potentially meaningful activities and new relationships can be a more inclusive process.

Finally, a diagrammatic depiction of participants' social networks can be seen below (Robertsbridge and Rye combined - circles represent participants from Rye and squares represent participants from Robertsbridge):



Social Networks in HAIRE's East Sussex Pilot Site.

4. Conclusions

The findings in this report provide a rich understanding of wellbeing and loneliness in relation to HAIRE's participants. HAIRE's tools have shown how validated measures on wellbeing and loneliness, and survey-based questions on people's connections can provide a useful overview of a community. The complexity of these subjects can then be revealed through an in-depth conversation, e.g. via GCs, while the NA method generates a summary of the resources that are available in an area to respond to the needs that are discussed.

Importantly, responses need to consider the individualised complexities in wellbeing and loneliness in order to identify and facilitate actions that will be of value to the community. In relation to the older adults who participated in HAIRE, the research tools that were used have helped show people's emotional experiences of ageing. Alongside this, the findings outlined in this report demonstrate how inclusion and valued activities,

spaces and resources (including cultural) can help individuals to respond to the challenges and foster the positive aspects of ageing, as defined by the individuals themselves.

Inclusive dialogues about ageing-related issues and enabling positive experiences of ageing, as expressed by older adults, can be regarded as a key component of empowerment. This definition of empowerment can be understood and facilitated through discussing how structural influences, person-centred influences and place-based influences combine at any time for a particular individual, as shown by HAIRE's findings. These influences can vary from day-to-day. Further, sudden detrimental changes to day-to-day routines that seem unmanageable, and where people feel powerless to respond, tend to be key catalysts for experiencing a decline in wellbeing. HAIRE's findings have shown that the complexities described above can also influence feelings of loneliness, even amongst older adults who have frequent interactions with others. The complex dimensions of loneliness, and how it may or may not manifest for different individuals, are further demonstrated by moments of solitude that can have a positive influence on someone's wellbeing.

Comfortable spaces, activities and relationships that are valued, and inclusive dialogues, involving the diverse groups in a community (including but not limited to older adults), can facilitate the type of empowerment that is referred to above. This level of complexity may be difficult to operationalise. In this sense, the WHO's Age-friendly Communities guidance can help structure what can be done and addressed (Centre for Better Ageing, 2021). A diagram follows that summarises specific considerations for HAIRE's East Sussex pilot site in relation to the eight domains of the WHO's guidance: **(1) Buildings and outdoor spaces; (2) Transportation; (3) Housing; (4) Social participation; (5) Respect and social inclusion; (6) Civic participation and employment (skills in general are considered in HAIRE, as the participants were retired); (7) Communication and information and (8) Community support and health services.**

East Sussex, suggested actions that are relevant to the WHO's Age-friendly Communities guidance (Centre for Better Ageing, 2021):

1. Outdoor spaces and buildings

- Opportunities to use and access spaces and buildings throughout the pilot site, with meaningful events to attract locals.
- The above needs to link to transportation, so that individuals from Rother District's less connected villages can be included in such opportunities.
- Opportunities to use spaces and buildings in Rother District's less connected villages can be sought and promoted.
- Opportunities that are free of cost can promote inclusion if organised and supported in meaningful spaces.

2. Transportation

- A clear process to engage transport providers in feedback and dialogues on transportation – with transparency / clarity about roles and responsibilities.
- Support for existing community transport initiatives, where the organisers of such initiatives can act as gatekeepers to identify needs and/or for keeping up-to-date with changes to needs
- Transparency and information sharing in relation to progress on meeting needs. As such, participatory approaches to discussing and responding to needs can be used.

3. Housing

- Information for support available for adjustments in houses and stories of examples can be shared.
- Stories and information on the social aspects of a community / housing area being important, alongside any structural considerations if support is required, can be shared.
- Transparent and participatory feedback processes about housing.
- Convivial and non-judgemental environments for dialogues with individuals that endure housing-related inequalities.

4. Social Participation

- Opportunities to share stories and experiences through wide reaching information sources, e.g. Rye News.
- Promoting inclusive dialogues in wide reaching information sources.
- Opportunities for face-to-face participation opportunities – including for less connected areas of the pilot site.
- Including meaningful practices and cultures in spaces and events that promote social participation, e.g. local arts.

5. Respect and social inclusion

- Opportunities to continually develop spaces and events that promote social participation with diverse groups that are present in the community.
- Promote meaningful practices and events for all groups in communities via opportunities for open and inclusive dialogue.
- Sharing stories and promoting community-level care, which is supported structurally by local authorities and formal providers of services, e.g. transport providers and the NHS.

6. Civic participation and employment (skills)

- Opportunities to participate in organisation and administration of local events and activities, e.g. as volunteers.
- Opportunities to showcase and share skills and/or stories of support provided through certain skills and knowledges.
- Informal and convivial settings for skills development opportunities, e.g. digital.
- Processes to feedback on and co-design opportunities to develop skills.

7. Communication and information

- Participatory communication platforms that are in a variety of formats, e.g. online and at face-to-face events.
- Clarity and transparency in relation to the roles and responsibilities of services that provide support.
- Opportunities to develop communication skills, e.g. digital, and to create new channels of communication that are meaningful to specific groups, e.g. a new event and/or newsletter.

8. Community support and health services

- Improving access and processes for accessing specialist care in less connected areas.
- Participatory feedback processes and clear / transparent information on roles and responsibilities around service delivery.
- Awareness of local skills and knowledges that can contribute to community-level support.
- Showcasing and celebrating community-level support, and promoting community-level care across all groups – including intergenerational groups.

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Appendix

i. HAIRE's Tools: a detailed overview of each tool.

Neighbourhood Analysis: The NA tool is HAIRE's main method for understanding the resources and untapped potential that exist in the pilot site. Organisations and key individuals can use the method to collate their knowledge and awareness of local resources, spaces and activities in one place. Key questions relating to these areas are also captured, such as how to access resources, spaces and activities, and whether there are key local actors that facilitate this access. Importantly, the information can be added to throughout the project's duration.

In HAIRE's pilot sites, the pilot site delivery partners were originally planning to run group sessions with local residents to list and discuss the resources in the local area based on eight categories.

These categories are summarised in table 1 below.

Note: Due to the local restrictions in relation to the Covid-19 pandemic, some pilot sites adapted the method to run remotely. East Sussex was one of these sites. Instead of a group session, stakeholders were sent an electronic form to complete. The form included HAIRE's eight NA categories and stakeholders were invited to fill in the resources that they were aware of under each NA category.

After each NA session, information from the NA was collated in a spreadsheet to create a singular record of all the resources identified in HAIRE's East Sussex pilot area.

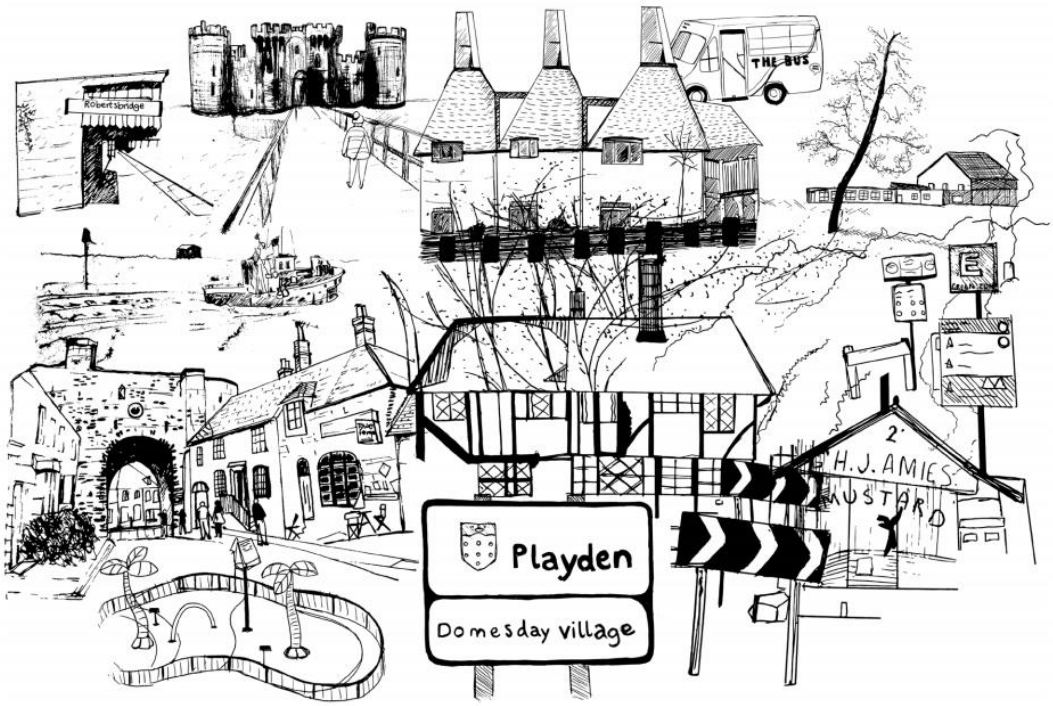
Table 1: Neighbourhood Analysis topics

Topic	Examples
People: Knowledge, skills, experiences, and expertise of certain individuals in the community. These perspectives are important to identify the skills and expertise of all groups and subgroups in the community. This includes all age groups, and people who are specifically at risk of exclusion and marginalisation from being viewed as helpful.	Recreational activities, professional activities, education, volunteering etc.
Places: Physical elements of the community such as community buildings and meeting rooms where activities take place and where people organise gatherings, meetings, etc.	Community building, church, (park) benches, hangouts etc.
Networks and informal links/connections: Networks in which people can communicate in a less formal manner. This covers the connection between the physical places where people can meet to discuss local problems/challenges.	Neighbourhood/community/village council and church community.
Partnerships: Collaborative forms of organisation and/or local partnerships. Focus on those networks and partnerships connecting the community and its members. Those connections promoting and supporting positive change are important.	Youth networks and regional social and/or economic development forums.
Associations, groups, institutions (organisations), and services: Local associations, community groups, recreational groups, clubs, tenant organisations, and other services run by institutions.	Schools, health centres, general practitioner, emergency services
Local entrepreneurs: All economic connections in the community, including local companies, and business leaders.	Supermarket, local shops, tourism related companies
Culture: Identifying important places, traditions, and activities that are of meaning to the community.	Museum, music, historical activities and festivals.
History and/or heritage: This goes beyond a chronological history and includes places and stories of particular local interest. This helps to put local experiences and knowledge into context and includes past processes, plans, and efforts in community development.	Community campaigns and community led planning proposals, and other development/ participation activities.

Guided Conversations (GCs): HAIRE's GC is a place-based, person-centred tool that uses a range of conversational and visual prompts to encourage older adults to talk about their health and wellbeing. The GC enables open conversations around how feelings of wellbeing and loneliness are linked to the way people relate to their neighbourhood and their families, friends and neighbours and how empowered they feel. The conversation is entirely informed by the perspectives of a participant and they discuss what is important to them.

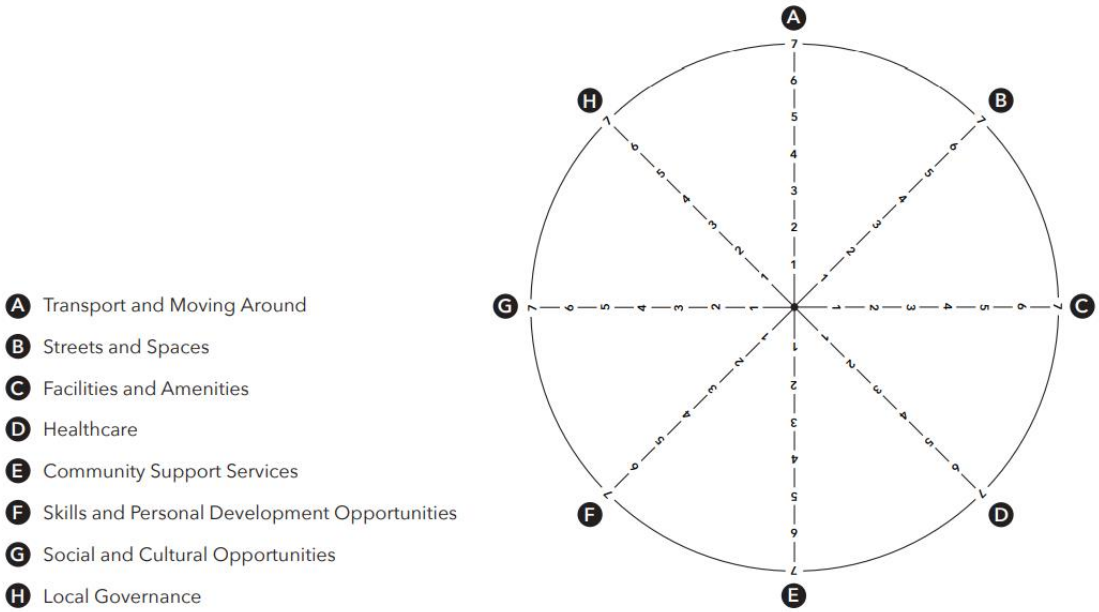
GCs are conducted by trained volunteers in each pilot site – called HAIRE Enablers – and involve an in-depth conversation, which takes around two hours in total in most cases. Sometimes this is split over two or more sessions depending on what is convenient for the participant and the availability of both volunteer and participant.

Place-based aspects: At the start of the GC, older adults are encouraged to discuss how they felt about living where they do via a place-based visual prompt. These prompts were co-designed with pilot site partners using images of local places, landmarks and features. The image designed for the East Sussex pilot area can be seen below:



The prompt is introduced to the participant when they are posed the question: 'what is it like to live here?' Participants are then encouraged

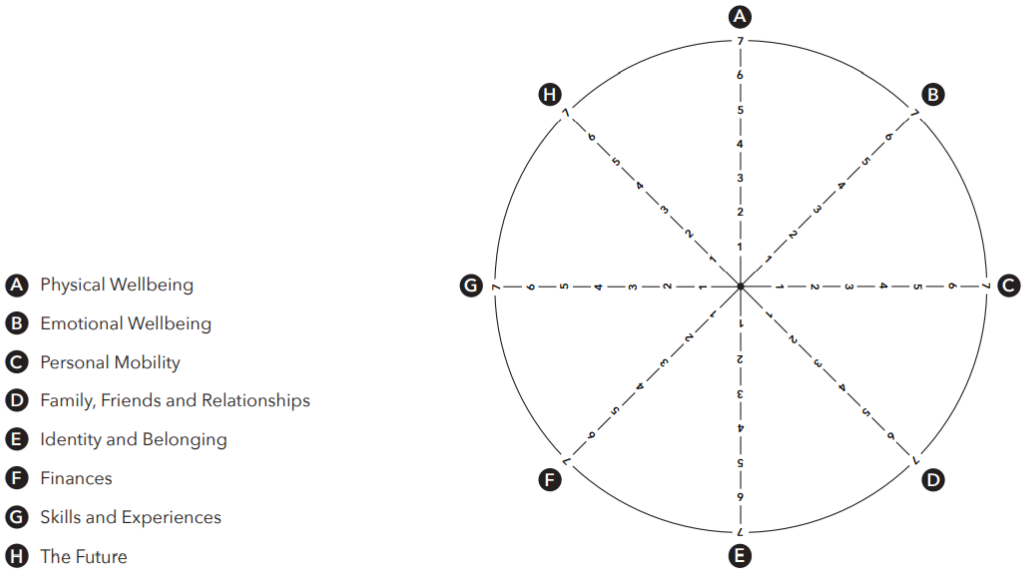
to expand on their answer using the familiar imagery in the place-based visual prompt. The volunteers conducting the GCs are trained in active listening techniques and the use of a series of conversational prompts about place-based issues. Volunteers take notes based on the main issues, what was working, what could be done to address issues and how the participant could be supported to address the issues that they identified.



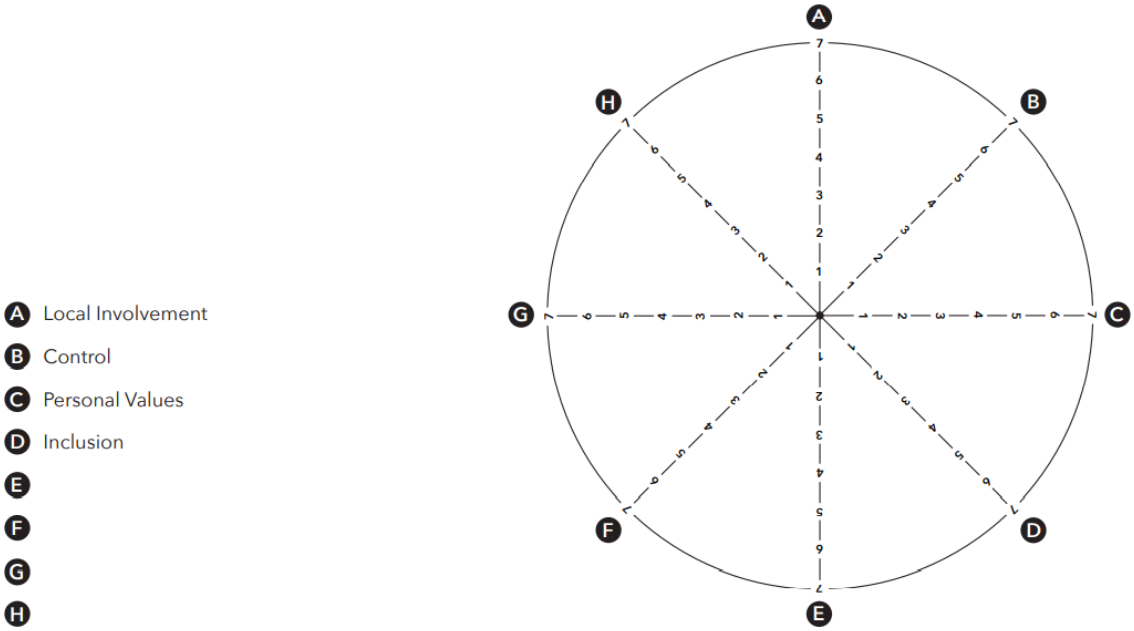
The radar diagrams help participants to summarise how they feel in relation to a specific conversational topic via a subjectively assigned score (out of seven). This score is given after they conclude discussing how they feel in relation to a specific topic. The score is subjective and only relevant to them, i.e. it is not intended to be used as comparison to other participants.

Person-centred aspects: After the place-based topics are covered, the volunteers move on to a set of person-centred topics. These topics are introduced with an abstract visual of a living space that was designed with project partners to be culturally relevant to the pilot site. The image designed for the East Sussex pilot area can be seen below:

The volunteer and participant went through the same process for the person-centred topics, including radar diagram scoring, as outlined for the place-based topics. HAIRE's person-centred topics can be seen below:



Empowerment: HAIRE's GC includes a third set of topics to steer conversation, related to empowerment. These are introduced after participants conclude their discussion and summary scoring for the person-centred topics. There is no visual related to the empowerment conversational prompts. If appropriate and relevant, participants are encouraged to draw and make notes while discussing the topics. HAIRE's conversational topics relating to empowerment can be seen below:



There are only four conversational prompts associated with the empowerment topic. The four empty spokes on the radar diagram were left blank so that pilot site partners could add extra topics that were specific to their pilot site. These are discussed further in the findings section. HAIRE's partners in East Sussex chose to fill two of the radar's blank topics. Wherever appropriate, HAIRE's partners in East Sussex offered the opportunity to participants to talk about their levels of physical activity (beyond their general physical wellbeing, as already included in the GC) and sensory impairments (again, beyond their general physical wellbeing, as already included in the GC).

As part of a reflective process to conclude their GCs, participants also answered a set of closed questions relating to their wellbeing and levels of loneliness. These questions were derived from the short version of the Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) and the UK Office for National Statistics (ONS) Loneliness Questions. These questions can be seen below:

WEMWBS Statements:

I've been feeling optimistic about the future
I've been feeling useful
I've been feeling relaxed
I've been dealing with problems well
I've been thinking clearly
I've been feeling close to other people
I've been able to make up my own mind about things

Responses that participants can give are: 1 = None of the time, 2 = Rarely, 3 = Some of the time, 4 = Often and 5 = All of the time.

ONS Loneliness Questions:

How often do you feel that you lack companionship?
How often do you feel left out?
How often do you feel isolated from others?
How often do you feel lonely?

Responses that participants can give are: 'Hardly ever or never', 'Some of the time' and 'Often'.

Social Network Analysis (SNA): HAIRE's Social Network Analysis questions are posed to participants after the process of reflecting on wellbeing and loneliness. The SNA tool is the project's method of collecting information about the connections that exist in a pilot site. It takes the form of a closed-question survey at the end of the GC. However, the survey can be used independently too and consists of six questions covering:

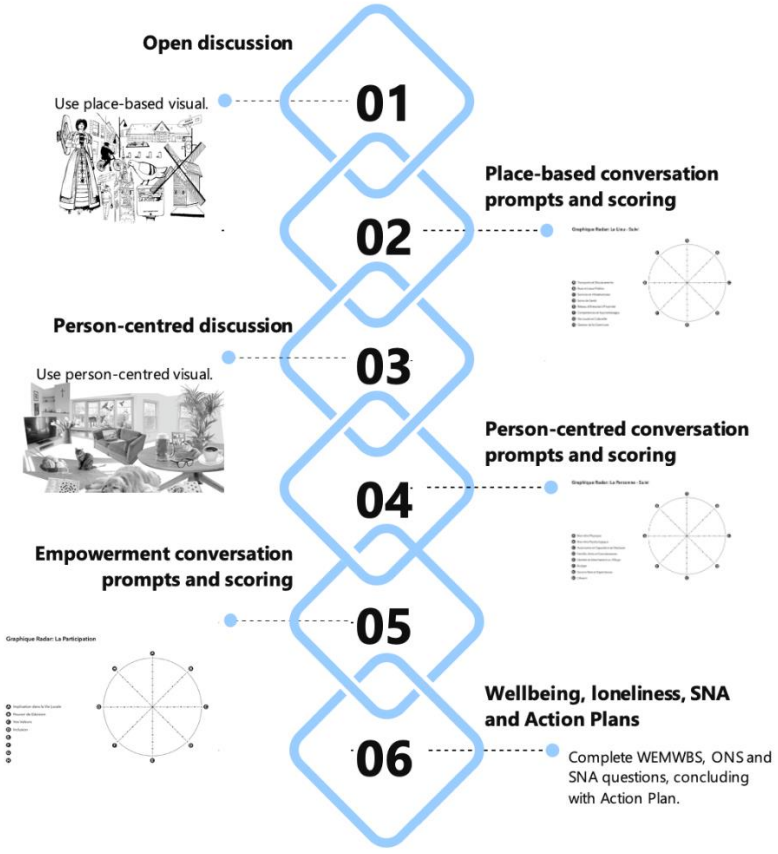
1. The people participants feel close to in their local area. Participants are given the option to list the initials of up to 15 people and answer a series of closed questions about their relationship with each person and the support they receive from each individual whom they list.
2. The information sources, including individuals and organisations, that the participants interact with to find out what is happening in their local area.
3. The people in the local area that have large networks and seem to 'know everyone'.
4. The people in the local area that have the power to influence others and local decisions.
5. The local groups, services and spaces that the participant attends.
6. The local groups, services and spaces that the participant would like to attend, but currently does not.

Some responses to the themes listed above would have emerged in the participant's GC discussion, but the SNA survey acts as a collaborative summation of this information between the participant and volunteer.

After the conversational topics and closed questions are covered, the GC moves on to review the conversational topics to which participants gave a low score and the possible linkages between topics with low scores. An action plan is created and agreed on for each participant based on these discussions. The Action Plan covers one or more of these outcomes:

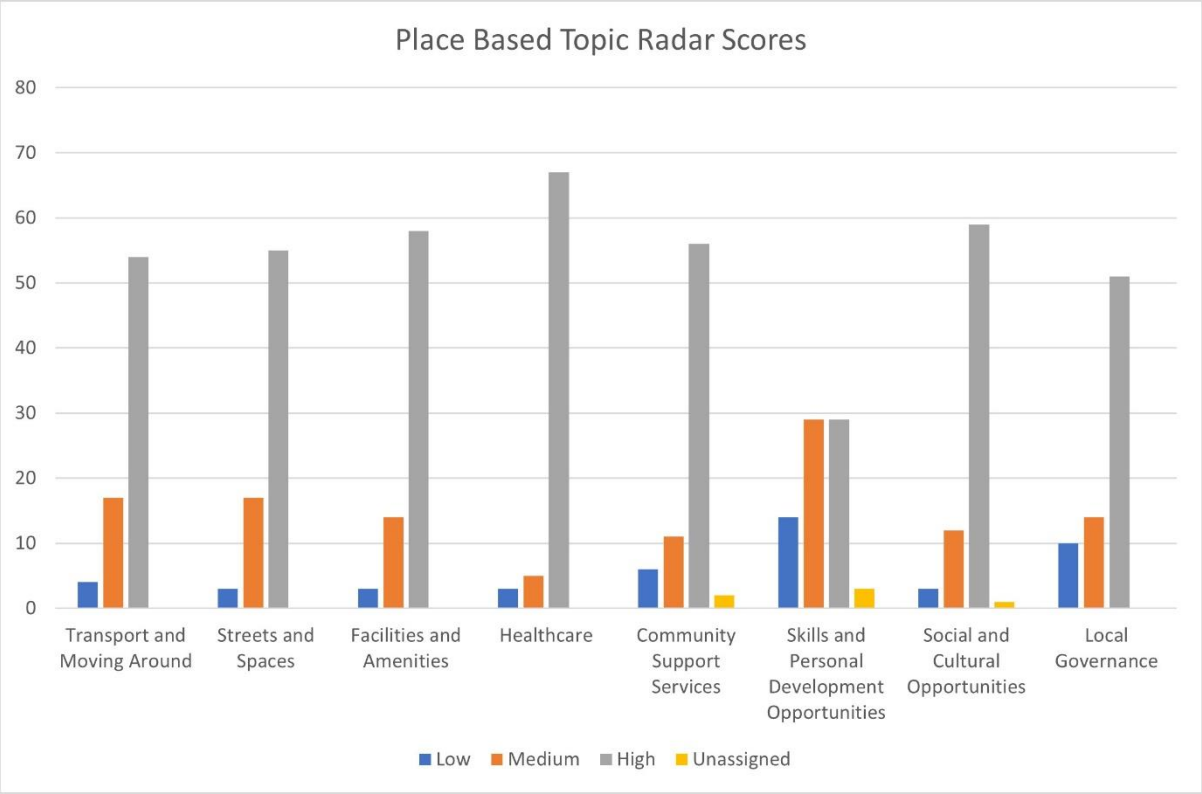
- Signposting: participants are simply signposted to helpful resources such are community groups, clubs and societies or information;
- Support: participants are supported wherever appropriate to join and/or start new activities – this may simply be a HAIRE Enabler making the first call to a club on behalf of the participant;
- Referral: participants are referred to receive formal support from the social and/or health services if necessary. This might happen in cases where participants need professional support, e.g. counselling, management of long term conditions or safeguarding.

A summary of data collection is shown below.



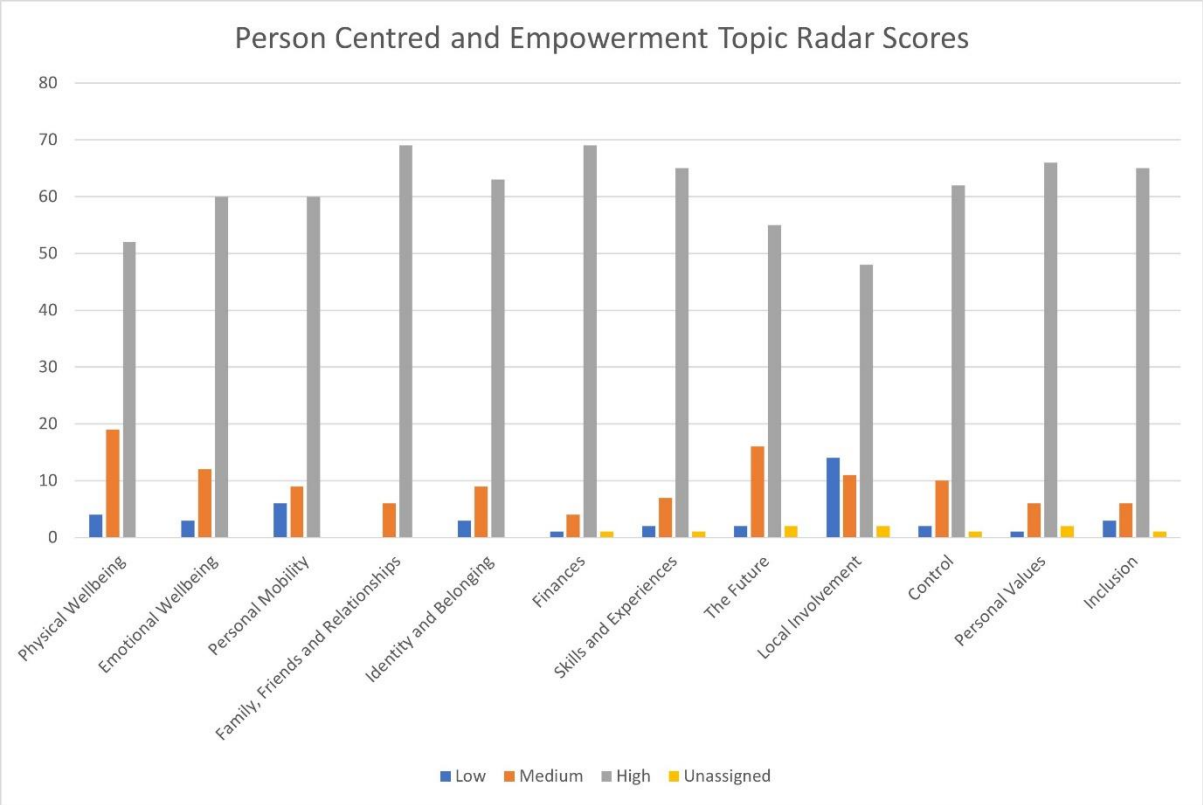
ii. An overview of GC topic scores that were used to organise data in the first phase of analysis.

The two graphs below provide an overview of how many HAIRE participants in the overall East Sussex pilot site selected each GC topic radar score. Scores of 1 or 2 have been categorised as 'Low'. Scores of 3 or 4 have been categorised as 'Medium'. Scores of 5, 6 or 7 have been categorised as 'High'.



(The y-axis, vertical, shows the number of participants who scored each topic low, medium or high).

As illustrated in the figure above, almost all the GC Place Based topics received high scores (i.e. 5-7). Healthcare was scored most favourably overall. However, the scores for the Skills and Personal Development Opportunities topic were lower than those given to the other place-related topics, with fewer people selecting high scores and more people selecting low and medium scores. Two other topics that were given low scores by slightly more HAIRE participants were Community Support Services and Local Governance, suggesting that there could be a value in reflecting on these topics as areas for potential improvement.



(The y-axis, vertical, shows the number of participants who scored each topic low, medium or high).

As illustrated in the figure above, the most common score category across each GC Person Centred and Empowerment Topic was also high (i.e. 5-7). Family, Friends and Relationships and Finances were scored most favourably overall (notably with no low scores for the former topic), as well as Personal Values, closely followed by Skills and Experiences. Local Involvement received the fewest high scores and the greatest number of low scores, suggesting a potential area for future attention. There were also slightly more low or medium scores relating to Physical Wellbeing and The Future than other topics.

The two East Sussex-specific topics on Empowerment, Physical Activity and Sensory Impairment, have not been added to the graph due to the very low numbers of people who chose to assign topic scores. Seven people scored Physical Activity (1 low, 1 medium, 5 high). Four people scored Sensory Impairment (1 low, 1 medium, 2 high). *N.B. All qualitative responses are considered in the findings outlined in the main body of this report - including in relation to participants who did not assign subjective scores to GC topics.*

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