

## HAIRE Community Report

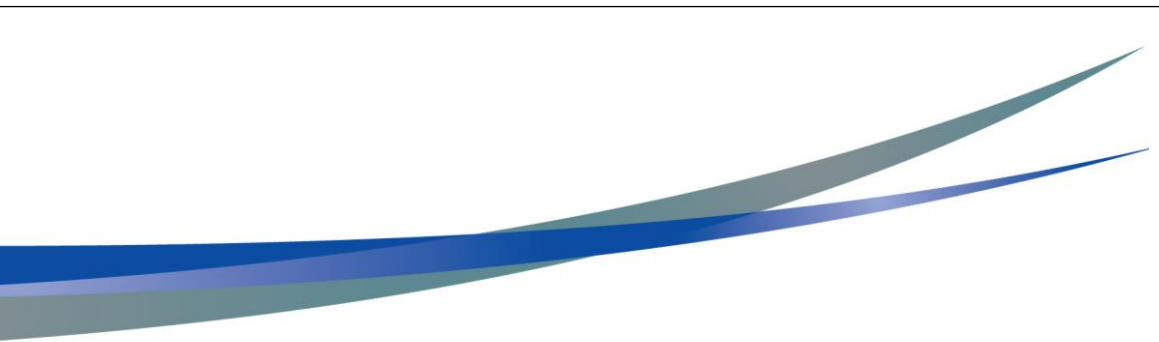
{Feock, United Kingdom (UK)}  
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## Executive Summary

**Introduction:** This report documents the findings in Healthy Ageing through Innovation in Rural Europe's (HAIRE's) Feock, United Kingdom (UK), pilot site. The rural parish of Feock, in the UK's most southwestern county of Cornwall, is located south of the small city of Truro, and has several villages and scattered hamlets. The parish population is 3,708, 1,907 (51.4%) of whom are 60+ years of age and 672 (18.1%) 75+ years of age (this information was provided by Feock Parish Council during the project's initiation meeting). In summary, HAIRE's aims involve generating an in-depth understanding of wellbeing and loneliness, as shared by locals who 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 Feock Parish Council, is at the heart of the project. Three research tools were co-designed with the HAIRE project's partners to explore HAIRE's aims:

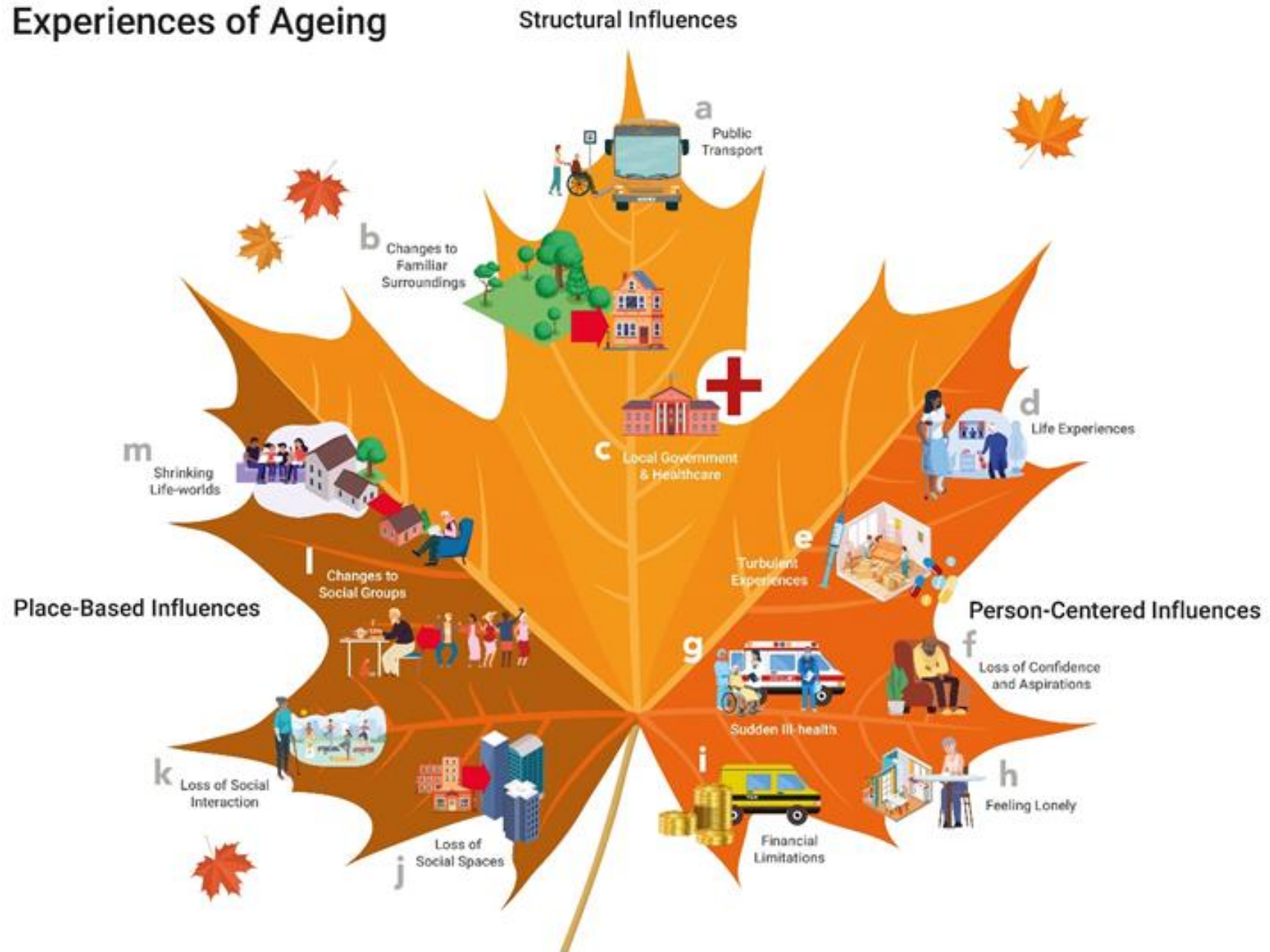
1. A Neighbourhood Analysis (NA) approach that involved brainstorming key resources in pilot sites was developed and conducted with locals.
2. An in-depth Guided Conversation (GC) that used visuals to elicit discussions around wellbeing and loneliness was co-designed and conducted with local residents 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. Despite the unprecedented limits on social interaction during this period, key support sources for locals were identified. Feock Parish Council's services, the volunteers that were mobilised as part of HAIRE and more widely in response to the Covid-19 pandemic, and the church communities in the parish have been major sources of support for the community. A key point of learning here was that wellbeing-related issues can be tackled in a way that is most relevant to local needs when support is '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 provide for and receive from others are important considerations here.

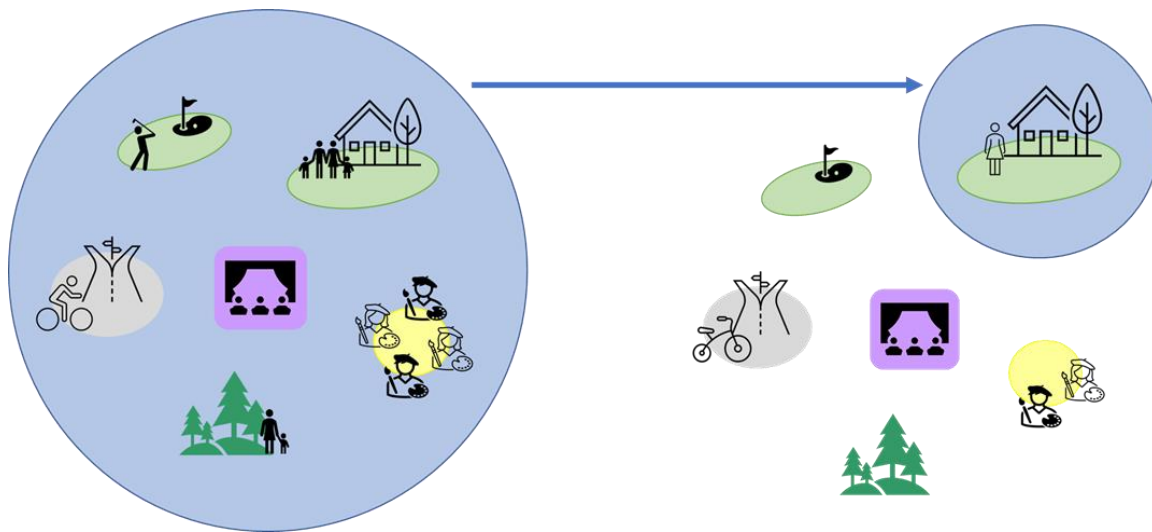
HAIRE's findings identified a three-level understanding of how wellbeing and loneliness can be experienced. The findings documented in this report, informed by quotes from GCs, show how structural influences, place-based influences and person-centred influences can combine in particular ways for

individuals. This combination of influences can shift with time, even on a daily basis, to define how someone feels. 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. However, valued and meaningful relationships also helped participants to manage difficult experiences. Importantly, the aspects of the activities and relationships that made them meaningful to a person were highly individualised. 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 demonstrates the idea 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 Feock (UK) pilot site in relation to the eight domains of the WHO Age-friendly Communities guidance. Actions are listed that reflect the findings in Feock.



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

<p><b>1. Outdoor spaces and buildings</b></p> <ul style="list-style-type: none"> <li>• Access to spaces, e.g. church halls, parks and village halls, to run events.</li> <li>• Feedback opportunities and dialogues about spaces and buildings – with a process to engage Cornwall Council in the feedback.</li> <li>• Opportunities to link personal stories and experiences to spaces and buildings in the community.</li> </ul>	<p><b>2. Transportation</b></p> <ul style="list-style-type: none"> <li>• A clear process to engage Cornwall Council in feedback and dialogues on transportation – with transparency / clarity about roles and responsibilities.</li> <li>• Community transport to link better, where possible, with local activities, events and clubs.</li> <li>• Improvements on the above can be encouraged (in small steps) via dialogues between activity / club organisers, users and transport providers.</li> </ul>	<p><b>3. Housing</b></p> <ul style="list-style-type: none"> <li>• Opportunities to share knowledge and experiences of adapting homes to be more age-friendly.</li> <li>• Information on support available for adapting homes and any entitlements for support.</li> <li>• A better link (feedback process and dialogue) with Cornwall Council about planning-related issues – with transparency / clarity about roles and responsibilities.</li> </ul>	<p><b>4. Social Participation</b></p> <ul style="list-style-type: none"> <li>• Opportunities to share stories and experiences with diverse audiences, e.g. intergenerational engagement.</li> <li>• Events and activities that link all three wards – Devoran, Feock and Carnon Downs.</li> <li>• Easy-to-access and, where possible, free events.</li> <li>• A process for feedback and dialogues on new ways for social participation to take place – even if one-off events.</li> </ul>
<p><b>5. Respect and social inclusion</b></p> <ul style="list-style-type: none"> <li>• The acknowledgement and celebration of groups that provide support in the community, e.g. the church groups.</li> <li>• Opportunities for new groups to form beyond existing groups.</li> <li>• Activities and events that bring together all three wards – Devoran, Feock and Carnon Downs.</li> <li>• Feedback processes and dialogues in a comfortable environment on diversifying events and activities.</li> </ul>	<p><b>6. Civic participation and employment (skills)</b></p> <ul style="list-style-type: none"> <li>• Opportunities to participate in organisation and administration of local events and activities, e.g. as volunteers.</li> <li>• Recognition and publicity for support given and services provided to local community.</li> <li>• Opportunities to share skills and experiences with diverse audiences, e.g. intergenerational.</li> <li>• Skills exchanges with diverse groups in the community.</li> </ul>	<p><b>7. Communication and information</b></p> <ul style="list-style-type: none"> <li>• Opportunities for support on digital communication (including in informal settings).</li> <li>• The encouragement of information exchange between all three wards – Devoran, Feock and Carnon Downs.</li> <li>• Transparency and clarity on roles and responsibilities in relation to local governance.</li> </ul>	<p><b>8. Community support and health services</b></p> <ul style="list-style-type: none"> <li>• Dialogues with transport providers in relation to transport provision to specialist health services, e.g. beyond Treiske.</li> <li>• Opportunities to share skills and experiences of providing services, e.g. on community transport.</li> <li>• Direct dialogues on services between the parish council, the county council and, where relevant, national government.</li> <li>• Respecting a culture of care across the community (all groups).</li> </ul>

## 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 Feock, 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:

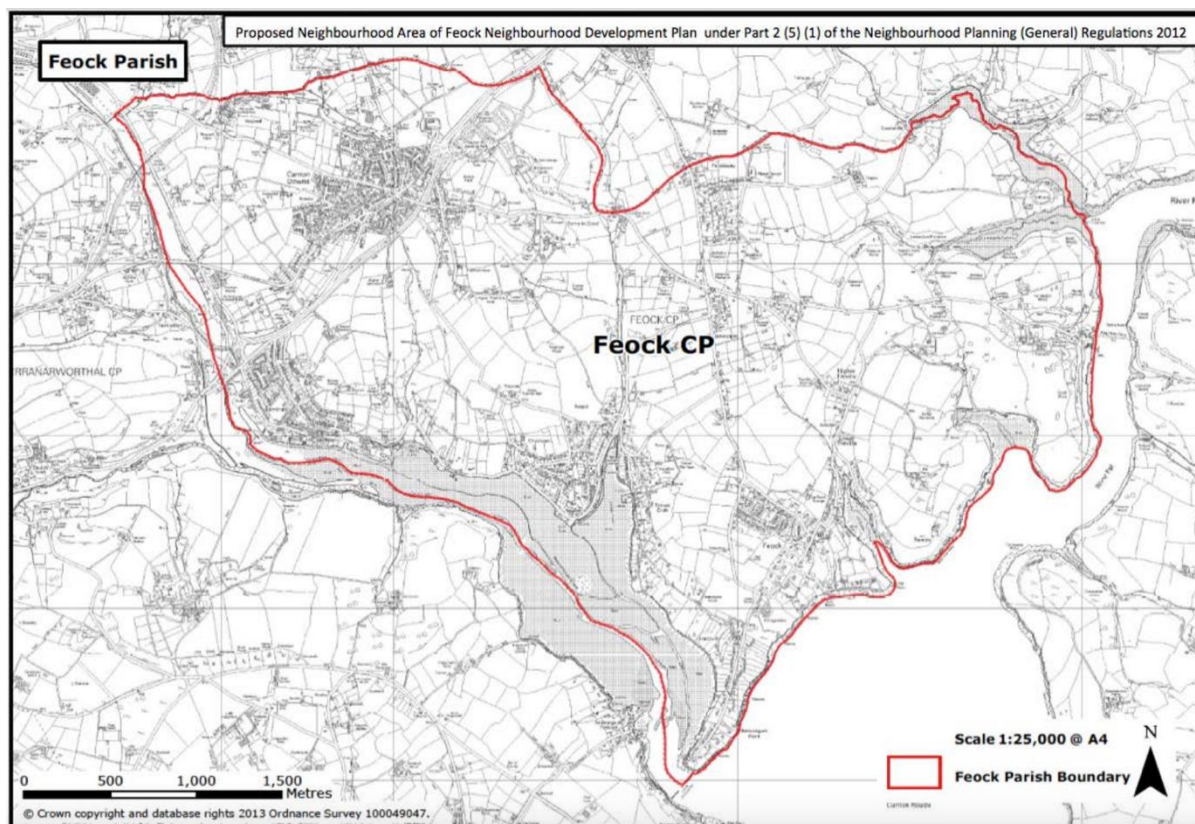
- What resources exist in the pilot area?
- How do older adults relate to a range of conversational topics, as identified by HAIRE's project partners, and reflect on their wellbeing based on these topics? The specific topics are covered in more detail in the methods section included in the report appendix.
- 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. Feock (UK)

This Community Report covers our findings from Feock (UK). The rural parish of Feock, in the UK's most southwestern county of Cornwall, is located south of the small city of Truro, and has several villages and scattered hamlets. The parish population is 3,708, including 1,907 people aged 60+ (51.4% of the population) and 672 people aged 75+ (18.1% of the population).



Feock Parish Council boundary. Source: Feock Neighbourhood Development Plan Part Two: Maps and Appendices. <https://www.feockpc.com/neighbourhood-plan>

HAIRE is particularly pertinent for Feock, as evidence gained in a Parish Council/National Health Service (NHS) project identified that older people facing illness affecting their mobility are very anxious about their future independence and isolation. This finding was presented at HAIRE's launch meeting in February 2020. As such, Feock Parish Council aims to benefit from HAIRE by gaining a greater understanding of community capacity, including the efforts of volunteers, to address the redesign of service provision. It is desired by Feock Parish Council that older people and,

where relevant, the wider community are involved in the redesign of service provision.

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 set priorities around what participants can do, including how they can be supported.

The visuals used in HAIRE's Feock 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 report's conclusions section - particularly around how empowerment can be facilitated via linking HAIRE's findings to the World Health Organisation's (WHO) 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

Four NA sessions took place in the parish of Feock. These sessions were conducted with participants from the three wards that make up the parish. Two sessions were conducted with participants from the eponymous ward of Feock, one session was conducted with participants from the ward of Devoran and one session was conducted with participants from the ward of Carnon Downs.

The following sub-sections of this report outline the key resources listed during the parish of Feock's NA sessions.

## Key People

Overall, in the parish of Feock's three wards, NA participants identified as key figures people who had specific leadership, governance or community roles, as well as individuals who did not have a formal role but were well-known in the wards for their local involvement. For the latter, the term 'movers and shakers' was frequently used.

Parish Councillors were identified as key people for the area in all of Feock's NA sessions. Participants from the wards of Devoran and Feock also specifically mentioned the Parish Clerk as a key individual. The area's Community Navigator appeared in the NAs held in the wards of Feock and Devoran. Community Navigators are responsible for linking individuals to social prescribing activities. Social prescribing is a UK-based national health initiative that offers patients social activities to boost their health and wellbeing wherever appropriate.

Participants in the ward of Feock listed individuals influential in the church community, i.e., the Vicar and the Bishop. Further, individuals from the Garden Society, Speedwatch, the parish magazine's Editor and the Chief Executive Officers of two national businesses that live in the area were listed.

Participants in the ward of Devoran listed the Postman, individuals from the Women's Institute, a retired archaeologist that lives in the ward and individuals who were active on the Southwest Senior Singles group on Facebook.

Participants in the ward of Carnon Downs listed the Chair of the Village Hall, the village magazine's Editor, individuals involved in the Methodist Church, the General Practitioners (GPs), a dentist, a hairdresser, the owner of a campsite in the area, the owners of a fruit farm, the manager of the local shop (a Spar), the owner of a fish and chips van that stops in the area once a week and the owner of a pizza van that comes to the area once a week.

## Places

The parish of Feock's village halls, churches and church halls were identified as key places in all of the NA sessions. Further, two local pubs were listed as place-based resources in the NA sessions for the wards of Feock and Devoran.

Participants in the ward of Feock listed as key places two local cafés (one of them is a beach café in Loe Beach). The outdoor spaces listed were Loe Beach, Trelissick Gardens, Roundwood Quay, Retallack Fields, Wrinkling Lane, a playing field and the church yard.



Key places listed by participants in the ward of Devoran included the GP surgery, the local school (including a pre-school) and a café. Outdoor spaces included Devoran Quay, Point Quay, a cycleway and a tramway.

The resources listed as key places by participants in the ward of Carnon Downs were Truro College's Tregye site, a Premier Inn (a national hotel chain), Carnon Downs Garden Centre, a disused telephone box that acts as a book swap and a nearby Quaker meeting house. Outdoor spaces included the local allotment, a fruit farm, a playing field, a bowling green, an open space in front of the surgery and an open space in front of the chapel.

#### Networks and informal links / connections

The social prescribing activities inspired by Feock's Community Navigator appeared across all NA sessions as a valuable network link for the area. Moreover, local lunch clubs were listed for the wards of Devoran and Carnon Downs.

In the ward of Feock's two sessions, participant responses concentrated on transport. Four bus services a day, a direct bus link to Trelissick (free to people aged 60+), the parish's Transport Scheme and the National Cycle Scheme were listed. Further, a series of outdoor market stalls that opened during the Covid-19 pandemic were listed as resources that encouraged connections to develop.

Participants in the ward of Devoran valued the yoga and pilates classes run locally for network and connection building. In the ward of Carnon Downs, activities run by the Women's Institute, the craft fair, Computer Club, Slimming World, dance classes and the connections built through the Dog Day Care Centre were listed.

#### Partnerships

In the ward of Feock, participants identified the HAIRE project and Cornwall Council as 'partners' in the local area.

In the ward of Devoran's session, the Women's Institute, Cornwall Wildlife Trust (including other conservation charities and groups engaged through the Cornwall Wildlife Trust), the Restronguet Creek Society and the Twinning Group were listed.

For the ward of Carnon Downs, the Carnon Downs Association and the Methodist Church, which runs a baby and toddler group, were listed.

#### Associations, groups, institutions and services

The Women's Institute, Not the Women's Institute, Restronguet Creek Society and groups that run the local regattas (including the Penpol, Devoran and Loe Beach regattas) emerged as key associations, groups and institutions during the sessions about the wards of Feock and Devoran.

The ward of Feock's sessions also listed the Informal Resident Association, Trelissick, Truro College's Tregeye site, the University of the Third Age (U3A), Photography Group, Film Club and the organisations behind the 'Big Lunch' (held once a year).

The ward of Devoran listed Feock Action Climate Group (FACT), Devoran Quay Preservation Society, Point Quay Association, Point Quay Orchard, Devoran Garden Society, the local Scout Group, Southwest Senior Singles and the Gig Club (a group that is also involved in running regattas).

Under key associations, groups, institutions and services, the ward of Carnon Downs listed their local Spar shop, the Carnon Downs Community Association, a day nursery, the GP surgery and the Cat's Protection adoption centre.

### Local Entrepreneurs

The wards of Feock and Devoran listed the owners of the local cafés and pubs as key entrepreneurs. Further, the ward of Feock included the local builders and contractors that live in the area, a building supplies company, a local car repair garage and the King Harry Ferry (a chain ferry that takes cars and pedestrians over the river) in their NA.

The ward of Devoran included entrepreneurs who run local market stalls in their NA.

No individuals and/or companies were directly listed for this category in the ward of Carnon Downs.

### Culture

As indicated by the summary below, music and arts were common themes across all three wards. Further, the regattas held in the area were identified as cultural events by all three wards.

The ward of Feock listed Porthgwidden (a small nearby hamlet), Feock's trails and footpaths, book swaps, arts activities (including open studio events and home-based art classes), church choirs, the biannual Harvest Festival, the Flower Show, the area's mining history and the U3A as resources important to culture.

Participants in the ward of Devoran's NA session identified speakers and talks run by the Restronguet Creek Society, acoustic music sessions, the Slow and Easy music group that runs in the Devoran Village Hall, a pub quiz evening and Carn to Cove (a performing arts scheme) as cultural resources.

The Christmas lights and the event to switch them on, guitar classes, a summer party held in the park, a scarecrow competition and a book called 'Carnon Downs Back Along' by the author Jane Irwin, were culturally important resources discussed in the NA session for the ward of Carnon Downs.

### History and/or heritage

The ward of Feock and Devoran NA sessions highlighted the area's natural aesthetics as an important part of the parish's history and heritage. The area is classed as an Area of Outstanding Natural Beauty (AONB). Further, the ward of Feock's sessions offered Channel Creek, Pill Creek, Carrick Roads, Roundwood Quay and the pilgrim roads as historically important places. People's stories and memories were also listed.

In the ward of Devoran's session, the area's status as a World Heritage site was mentioned. The Carnon Mine - a mine shaft in the middle of Restronguet Creek - and Devoran were listed as historically important features of the area. Further, the Restronguet Creek Society (active in restoration projects), the Tree Preservation Order (national) and a local resident who has an expansive knowledge about local history were also added to the area's history and heritage resources during the ward of Devoran's NA session.

The session for the ward of Carnon Downs included Carnon Downs Methodist Church, Killiganon House and a pre-historic mound in the local area as resources important to history and heritage. The local Women's Institute branch, the Gardening Club and the Old Cornwall Society were also listed.

#### 3.2.2. Connections

People and activities connected to the local churches and the spaces of the churches featured strongly in the NA. Churches bring together many local people, organisations, groups (formal and informal) and activities. Individuals who were active at a Parish Council level and those that co-ordinated social prescribing activities, e.g. GP surgeries and the Community Navigator, created strong connections throughout the parish. Local entrepreneurs were also key connectors and provided facilities for people, organisations, groups (formal and informal) to meet and activities to take place. This was more strongly the case for the wards of Feock and Devoran.

The Women's Institute, U3A and the Restronguet Creek Society (more so in the wards of Feock and Devoran) are influential resources in the area, connecting activities, culture and history. The themes of art (including music) connected all of the wards, while the area's nature-based assets were given more prominence in the ward of Feock and Devoran sessions.

#### 3.2.3. Access

Key events, activities and services were concentrated around three types of spaces: pubs and cafés, church spaces and the area's village halls. Access to these spaces is important for residents across each of the Feock Parish wards. Further, individuals who contact the Parish Council and the Community Navigator can access a wide range of resources in the local area.

The local magazines play an important role in residents accessing news and resources in the area.

Outdoor events, such as regattas and the Carnon Downs summer party, give the parish a vibrant feel in spring and summer.

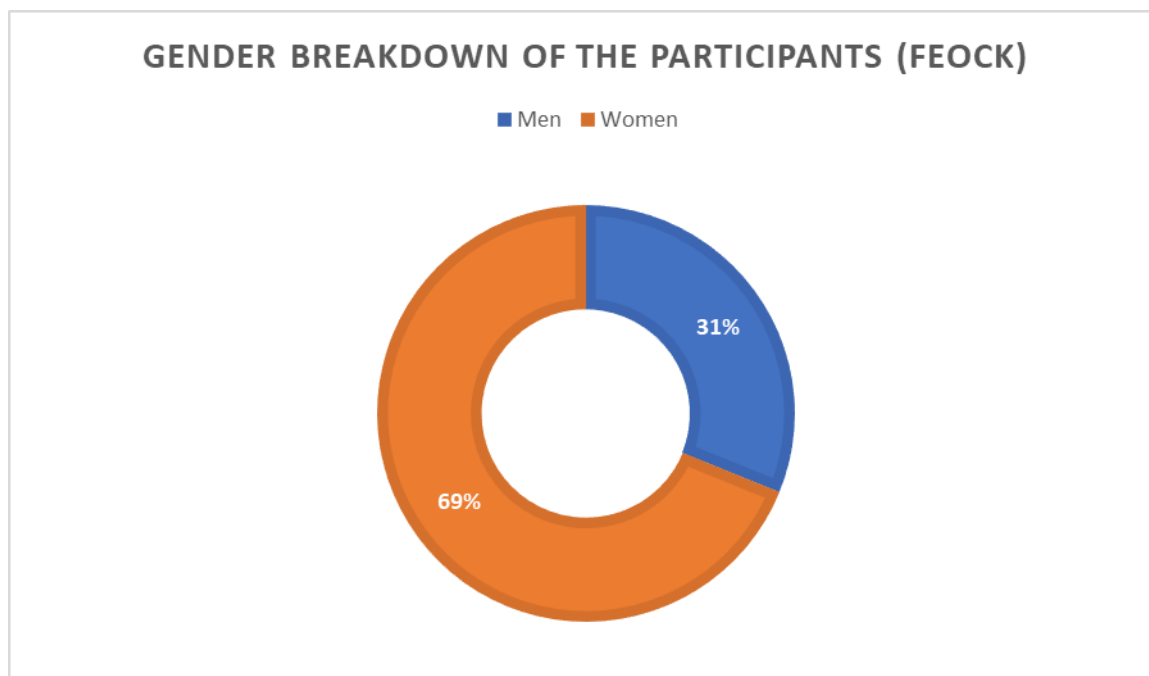
The rich history and nature-based resources of the area are important assets for the Parish of Feock. History, heritage and nature appear as strong themes in the clubs, societies and organisations that are active in the parish.

As noted above, churches, church halls and local businesses appear as the key spaces in the parish, although the opportunities and activities residents undertake in the spaces owned by local entrepreneurs seems to be less prominent in the ward of Carnon Downs.

Formal and informal involvement and links to the Parish Council (including the Community Navigator) are important in facilitating access to and gaining a knowledge of local resources - particularly in the wards of Devoran and Feock.

### 3.3. Guided Conversation

In this report, the insights from the GCs for 24 men and 53 women (total: 77 participants) in HAIRE's Feock pilot site are presented. A breakdown of participants by gender can be seen in the chart below:



The breakdown of participants by age and gender is as follows:

60-65 years of age - 11 participants (1 man, 10 women)  
66-70 years of age - 14 participants (3 men, 11 women)  
71-75 years of age - 24 participants (13 men, 11 women)  
76-80 years of age - 8 participants (2 men, 6 women)  
81+ years of age - 19 participants (5 men, 14 women)  
No age data available - 1 participant

Participants who took part in GCs were from five areas within the parish of Feock:

Feock - 22 participants  
Carnon Downs - 23 participants  
Devoran - 16 participants  
Penpol/Point - 14 participants  
Penelewey - 2 participants

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 when rural communities are considered (Gray, 2004). The GCs in Feock 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. The following quote highlights such concerns:

**"I'd have a problem if I didn't drive and had to rely on friends".**

The experiences of transport's structural influences were contextual. Individuals who were reliant on public transport for structured commitments, e.g. doctor's appointments and/or attending clubs, highlighted transport provision as a more significant issue than those with access to private transport options.

**"[It's] Difficult to attend an appointment in Truro because times are not close enough together - instead [of every] 1 hour, ½ hour would be better.**

The point above links to a wider issue. Participants were predominantly satisfied with the way that health services were organised and commended supportive initiatives, e.g. Feock Parish Council's prescription deliveries and the volunteer-led response to the Covid-19 pandemic. However, these positive sentiments centred on general healthcare services and support. The negative influence of limited public transport was more pronounced when individuals needed access to specialist services and/or frequent care that was not available in the parish of Feock. Concerns were also raised about the presence of only one main provider of acute and specialist services in the county of Cornwall (NHS, 2021), as indicated below:

**"[I] Feel that Treliske is inadequate to balance the development housing boom. Pre-Covid Treliske presented [us] with concerns, plus [there's] pressure on the ambulance service."**

The quote above refers to the concerns around Cornwall's main hospital (Treliske) and its services being stretched even before the Covid-19 pandemic. One of the reasons put forward here was the **"housing boom"**. In fact, housing and planning features as an influence on wellbeing in the GCs beyond population growth. Although conducted in an urban context, Buffel et al. (2012) documents how changing the physical fabric, e.g. houses, roads, shops etc., of a neighbourhood created wellbeing-related issues for older adults. This physical change can be overlooked, as dialogues around changing communities can tend to focus on demographic shifts and the impact of such shifts on social groups (Poeta Fernandes, 2019). Influences relating to social change will be expanded on in the person-centred influences section of this report, but Feock's GCs revealed another dimension to how a neighbourhood's physical change can impact on wellbeing. Rapidly expanding housing plans and having limited influence on such local decisions were a source of anxiety for some participants:

**"I get very stressed about issues of planning which do not enhance our environment. I think I lack confidence in [an] area outside my field and am not particularly good at arguing my case."**

The quote above shows how local decisions can have a wider impact on individuals who are experiencing changes to their familiar environment.

Further, care for the neighbourhood is demonstrated by the quote. A desire for change that is for the better can lead to growing concerns if changes are perceived to be too rapid. In essence, individuals feel that they have no power and limited confidence to address such issues, as alluded to by the quote above.

As highlighted by Feock's NA, Feock Parish Council and its councillors act as an important source of information and contact point for locals. However, with matters that extend beyond the responsibility of the parish council, queries and concerns cannot easily be relayed to those (individuals, governmental bodies and organisations) that are responsible and/or have the power to at least begin an inclusive dialogue about addressing such issues. A lack of clarity regarding who to contact and how to raise certain concerns is demonstrated by the quote below:

**"Disappointed by Cornwall Council enforcement and [have] local concerns around planning and roads. Need for more communication and working together with Harbour Master - not sure if there is a formal working arrangement to address river issues."**

There are, of course, structural influences that are societal and global in scope, which go beyond clear communication processes and inclusive dialogues between locals and tiers of governance.

Note: tiers of governance define the way that local authorities are structured in the UK, i.e., parish councils (town, district and/or borough councils in some areas) are considered as the first tier, county councils are considered as the second tier and the UK Government provides the highest tier of governance.

The main societal and global issues that featured in participants' conversations were climate change and the Covid-19 pandemic. Climate change was often mentioned in reference to damaging the environment. These references aligned with the meaningful activities that participants undertook in natural spaces to support their physical and emotional wellbeing, e.g. walking, gardening and sailing. Such activities will be covered in more detail when person-centred and place-based influences are discussed in this report, but the following quote shows how individuals can feel ignored about bigger issues:

**"[I] Think this is the time for raising the agenda on environmental issues and climate change. [There] Need[s] to be a better way for people to communicate on environmental issues."**

Therefore, spaces and processes that allow individuals to raise such concerns are as important in relation to global issues as they are to problems that can be addressed directly via local administration and action. NESTA, a UK-based think tank, has undertaken interesting work on the importance of sharing information with locals and how dialogues should be facilitated in meaningful and accessible spaces - allowing people who wish to be part of local decision-making to participate inclusively. 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 be included in any responses.



(NESTA, 2020)

To summarise, the key components of NESTA's 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 Feock's case, examples of these activities and spaces include, but are not limited to:

- Spaces for walking in the natural environment, e.g. Devoran Quay and the woodlands that surround the parish.
- The activities (e.g. fishing and sailing) undertaken on water and the historic and cultural heritage of the creeks that are in the parish.
- The support and spaces provided by the parish's church groups.



- The known and familiar contacts at Feock Parish Council - including councillors, the clerk, helpline staff, volunteers and members of projects that support community wellbeing, e.g. Community Connect and HAIRE.
- Local stories of the area's Cornish heritage and identity.

The importance of the items listed above were further highlighted by conversations about the Covid-19 pandemic. The unprecedented lockdowns and reduction in social contact were discussed in relation to being a barrier to meaningful activities, interactions and, of course, key support. Therefore, the resident who was passionate about heritage, specifically **"...in knowledge about milestones and fingerposts"**, could not find an avenue to share their knowledge and apply their skills. Clubs stopped for some people and others were not able to see their families.

The issues mentioned above are all person-centred influences, which will be covered in detail in the next sub-section. However, they can also be considered as ways that structural influences, like a global pandemic, are experienced by individuals. Therefore, 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 can be regarded as foregrounding steps for supporting better wellbeing. The value of resourcing and facilitating such community-level support and dialogue is demonstrated simply by the following GC quote:

**"Could community volunteers continue after lockdown?"**

The pandemic-related insights shared 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 that emerged 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 contribute to shaping 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 or sharing a love of wildlife encounters (Bell et al. 2017).

In Feock, participants discussed how their meaningful relationships and activities helped with their emotional wellbeing and to deal with difficult life experiences, such as bereavement. The quote below highlights the important role played by close relationships with others:

**"Yes. [I am] content and positive even in lockdown and after family bereavements. Friends helped no end."**

Further, close bonds to and an appreciation of certain spaces that individuals may find therapeutic also contribute to positive, person-centred influences on wellbeing:

**[I] Feel the environment and being on the river has a massive beneficial effect on mental and emotional health and wellbeing. I feel very blessed.**

Alongside close bonds with other people and spaces, the importance of meaningful activities can be seen below:

**"... Because of Covid there are set backs - [e.g.] walking for surgery, cancelling visits from family which have upset me. [To help] Lots of time at home to garden, paint and read."**

The quote above shows how activities can range from those involving physical exertion (e.g. walking and/or undertaking sports within group settings for some participants) to activities that provide a person with a solitary, quiet space. 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 by the quote below:

**"[I have] Always looked after people [and] children. [I do] voluntary work at the school."**

Here, the passion and longstanding care for others translates into what the participant finds meaningful. However, new experiences and activities can be as important:

**"In the last 10 years I have been gardening and giving new skills and experiences [a go] in a very different arena".**

The quote above was from a participant who had retired from a long-lasting professional career and they valued looking for new meaningful activities and interests in their retirement. Such activities and close bonds to others also provided participants with a positive outlook for the future. Participants looked forward to seeing loved ones and travelling to places

that they enjoy visiting. For people who appreciated travelling, the prospect of seeing new places led to positive aspirations for the future:

**"[I] Plan to do more travelling especially to Finland for [seeing] family and friends - [we] keep in constant contact by phone and email. [I] Would like to travel to France to improve French."**

The impact of the Covid-19 pandemic on rendering such plans and/or aspirations uncertain, even if smaller-scale than the example above, e.g. seeing family in a nearby town and/or village, can be considered here too. This is also where person-centred influences strongly link to structural influences. The quotes included above give examples of how what a person finds valuable, based on their experiences and interests, can contribute positively to their wellbeing. However, structural influences can act as a barrier to undertaking valuable activities and/or socialising with others. This barrier was experienced due to the pandemic. Participants mentioned not being able to see family members and/or friends that they socialised with, received support from and gave support to:

**"[She] Does a roast, but sad [that there's] no one to share it with at present."**

The quote above highlights how interruptions to individual traditions, such as cooking a Sunday roast and sharing it with family and friends, can impact someone negatively. The negative influence on someone's wellbeing of stopping such activities can be exaggerated if it is their only source of social interaction and/or valued time during their weekly routines. For some participants, interactions that they valued were even more infrequent. The Covid-19 pandemic created a barrier for them too:

**"[My] Main friends live a long way away and I can't see [them] much, as I don't drive far. Pandemic has stopped most contact."**

The Covid-19 pandemic provided an unprecedented backdrop for HAIRE's GCs, but more longstanding structural barriers to individuals practising and/or seeking meaningful relationships and activities should not be overlooked. The quote above highlights how transport provision is again a key facet for facilitating positive person-centred influences on wellbeing. Beyond transport facilitation, cost and time are important too. For individuals who are already experiencing societal inequalities, challenges in accessing meaningful activities and experiencing and/or finding positive social interactions can entail an added layer of difficulty. The added burden that financial worries can add to someone's day-to-day living and how decisions to pursue valued activities are not so easy for older adults who are not financially secure is highlighted below:

**"I have to be very careful - with regular reviews. I need to be ultra careful, think twice about luxuries, e.g. if I drive to Hayle regularly this would be a stress financially as petrol is very expensive."**

In such circumstances, structural support for finding and pursuing meaningful activities and social interactions is extremely important. Information can be helpful in facilitating positive person-centred influences on wellbeing as well. Sometimes people are not aware of the support that is already available and/or they are unclear about certain processes, e.g. writing a will, which they may find stressful (both emotionally and financially):

**"[I] can't afford a solicitor to make a will and not sure of the law in UK."**

Such insecurities can lead to uncertainties and anxieties about other life-course events, such as funding a funeral:

**"[I] Have some possessions of value which can be sold if needed for extra cash - [that] may cover funeral costs."**

The examples given so far have highlighted how meaningful activities and relationships can help individuals to manage their wellbeing generally throughout their experiences of ageing. However, sudden changes to circumstances and uncertainty around how to manage the repercussions of such changes pose a significant challenge to wellbeing. The pandemic and bereavement have been mentioned above and they can be regarded as examples of such changes, but life-course changes such as retirement should not be overlooked. In situations where retirement is forced and/or sudden, a downturn in mental health has been documented by previous studies (Quine et al. 2007; Moffat and Heaven, 2016). The conclusive statement from one of the studies succinctly highlights the issue and what should be addressed: *"Enabling retirees to retain a sense of choice and control is very important to well-being immediately after retirement and up to three years later"* (Quine et al. 2007: pp. 173).

This sense of control and choice translates to other personal experiences too, e.g., ill-health, particularly regarding chronic illness and loss of mobility. 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. Further, as demonstrated by the quote below, structural influences can add to the difficulties of managing ill-health and turbulent life experiences:

**"I've had a very difficult 3 years and feel with this [Covid-19] and lockdown I'm not doing very well."**

In this case, the structural influence that exaggerated a negative life experience was the Covid-19 pandemic. Further, the impact of changes relating to health on skills and activities that individuals have built an identity around can be seen below:

**"My skills are still there, however not being able to see is demoralising."**

The quote above refers to someone who spent 60 years as a builder and carpenter. As such, their profession and skills can be regarded as important facets of their identity. Notably, *life shattering* illnesses are not necessarily always associated with the self. Worries about others, particularly if they are emotionally close, who are suffering from sudden ill-health and uncertainties can influence wellbeing negatively too:

**"I'm extremely busy at the moment as my husband is ill in hospital and I am trying to occupy myself as I'm unable to see him."**

Once more, the Covid-19 pandemic exacerbated an already difficult situation. In essence, we can regard the meaningful activities and relationships that people develop as a coping mechanism. Wellbeing takes a downward spiral when such activities and social interactions cannot be pursued. Another reason for being unable to pursue such activities and social interactions is exclusion. Changes to personal mobility that make certain tasks and activities difficult can act as an exclusionary factor here:

**"[I am] Not physically able to exercise as much as I would like. [I] Like walking, some gardening, and some fitness classes."**

Finding manageable ways and enjoyable environments to pursue certain activities in a way that works for the individual are facilitative aspects for inclusion. Esmene et al. (2020) covered how convivial and social bonds can help people to maintain their participation in certain activities. This can be the case for developing certain skills too. The presence of options in relation to new activities and spaces, and knowing that you can undertake an activity and/or develop a new skill in a welcoming environment can encourage participation (Rose and Lonsdale, 2016). The encouragement and promotion of inclusion is particularly relevant to narratives that derive from being **"too old"** to do certain activities and/or learn new skills, e.g. using digital equipment and being connected online. An example of such a narrative can be seen below:

[In relation to getting involved with local activities]: **"I have done a lot in the past but now have left it to younger people."**

Further, personal concerns can be raised in relation to new skills, such as digital technologies, if information and support is unclear for the individual, see below:

**"I have general concerns about safety and security of technology. Cybercrime worries me."**

As such, the person-centred apprehensions that older adults can develop may influence their self-exclusion from certain activities and skills development opportunities. Importantly, resources and support available in someone's local area can aid in overcoming such barriers - particularly for barriers that inhibit inclusion. Positive place-based influences on wellbeing can help facilitate positive person-centred influences on

wellbeing through better inclusion. However, certain negative place-based influences can result in exclusionary environments and neighbourhoods for older adults. Place-based influences on wellbeing are covered in the next sub-section.

### 3.3.3. Place-based Influences on Wellbeing

The place-based influences on wellbeing that emerged from HAIRE's GCs centre on the places, spaces and activities that individuals interact with through their life and during their day-to-day routines. The NA conducted in Feock showed that the local church communities, the social support that they provide and the spaces that they provide in the parish are valuable for the community. For some participants, the place-based sources of support and positive influences on their wellbeing came from clubs and societies that they were part of and built relationships around, e.g. sailing clubs, gardening clubs and the Women's Institute. The role of the Covid-19 pandemic in halting the activities of these clubs and the social enrichment that they bring to the community influenced the wellbeing of participants negatively. With valued future aspirations being an important part of wellbeing, one participant articulated this negative influence as follows:

**"Owing to the pandemic it's very difficult to make positive plans for the future but can only hope that we return to near normality in the next 12 months."**

The activities organised and volunteer response to the challenges of the pandemic were key in supporting the community. The following quote shows how important effective and clear information flows in a place can be to wellbeing:

**[In relation to positive influences]: "[The parish had] Excellent online information during pandemic."**

The quote above also shows how digital connectivity can have positive influences on wellbeing. Participants who were digitally connected were able to stay in contact with loved ones and, in some cases, continue to engage with clubs and societies that they valued. Although it was mentioned that this digital engagement **"was not the same"**, some participants were able to pick up digital skills through the groups that they valued. Once more, the church community were active in supporting residents in relation to staying digitally connected. This finding shows how a place's societal resources and spaces can be used to support skills and knowledge development and sharing. A comfortable learning and/or sharing environment can be established through utilising groups and spaces that people find familiar and not intimidating.

The loss of confidence that older adults can experience via finding environments and practices intimidating has been documented by various studies - particularly in relation to the development of new skills and/or

the uptake of new activities, e.g. exercise and digital skills (Timmons et al. 2019; Heimann-Steinert et al. 2021). At times, intimidation can stem from someone's feelings of belonging (or not) within a place. As mentioned, the church community is extremely active and vibrant in Feock. If someone feels like they do not fit in with a group that has a strong identity in a place and/or the community, they can struggle to build relationships and find activities that they value. An example from HAIRE's GCs is provided below:

**"Normally [there are] activities in Feock Village Hall and Penpol Hall including WI [Women's Institute], table tennis, watersports activities but [I] don't participate in most of them. Being single makes it more difficult to join in."**

The example above refers to perhaps the most gendered finding in HAIRE's GCs. Previous studies have documented the exclusion that single older women experience with regards to a range of societal situations and services, e.g. housing (Darab et al. 2017). Additionally, other causes for exclusion can be reduced mobility, ill-health (including mental health issues and a decline in emotional wellbeing and/or the onset of impairment). For example:

[In relation to skills development opportunities]: **"Unfortunately there is nothing available because of my sight."**

Opportunities for dialogue and inclusive environments that can be comfortable for diverse groups are extremely important. 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. This sentiment is especially pertinent when the strong Cornish identity that was expressed by some participants is considered. As seen below:

[Direct quote]: **"[I] Feel I am back to my roots - I am very Cornish. [I was] Born and brought up in Perranwell."** [Volunteer note]: **"[She] Chose Cornwall over being near her son in Hampshire."**

For some participants, the expression of their Cornish identity gave them a sense of belonging and provided a positive place-based influence on their wellbeing. Hence, HAIRE's GCs revealed the importance of culturally valued activities and dialogues in shaping the wellbeing of older adults - particularly if they have valued and built their place-based cultural identity throughout their life. The continuation of activities and dialogues that foster identity is therefore a key component in facilitating positive place-based influences on wellbeing. Additionally, opportunities for expressing cultural identity can happen in an inclusive way, which can be encouraging for people from a diverse range of backgrounds. The benefits of such efforts can be seen via the response of a participant who is not Cornish by background, but felt a strong affinity to the place because they felt comfortable there:



[From a participant who moved to the parish 4.5 years ago from Sheffield]:  
**"I feel that I belong in Cornwall. Cornwall is fairyland. Cornwall has it all."**

Further, a feeling of being welcome and belonging in a new place can also help in managing difficult life experiences:

**"[I] Lived in Cornwall 15 years - attracted by the sailing waters. [I] Had links through friends and many years of holidays. [I] Embraced a new change of lifestyle following a cancer diagnosis. [I] Feel very connected to the area and the community. Love the Cornish landscape."**

These types of dialogues are a positive and key step for cultural exchanges that can sustain strong, valued cultural identities and enable different cultures to find a space in a community and public settings (Mitrasinovic and Mehta, 2021). The promotion of dialogues across diverse groups in a community does not have to be solely facilitated through culture. Physical aspects of place can be important too, as is the case in the example given above.

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 topics. A few examples are provided below:

[The Covid-19 pandemic in relation to someone who enjoys arts and theatre]:  
**"[I] Consider myself extremely fortunate. However, the pandemic has knocked me for six. It has affected my confidence and I am really struggling to get my creativity back".**

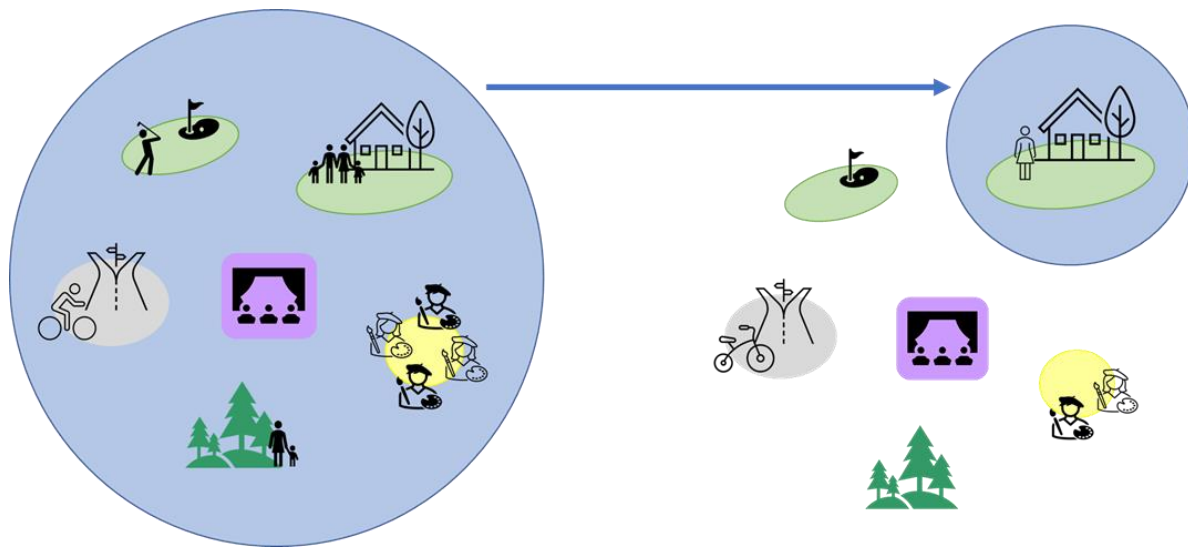
[In relation to an accident]: **"[I] Can't answer because [of my] accident. Until recently [I was] up for everything. Now [I'm] just out of hospital. Holding my own. [Things] Would be different before accident.**

[In relation to chronic health conditions]: **"I can't walk far due to health problems."**

[In relation to bereavement and seeing loved ones]: **"Many of the closest friends are dead."**

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 during their working life. Examples include, but are not limited to: **"being a shorthand typist"**, **"teaching in South Africa"**, **"accounting"**, **"nursing"**, **"boat building"** and **"a qualified biochemist"**. Notably, 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. As in the first example given above (regarding an accident), an individual who finds themselves in a *shrinking life-world* due to a sudden change in their circumstances (without such meaningful opportunities) can experience more pronounced negative influences on their wellbeing. Others have been able to reduce the negative influences of a *shrinking life-world* by finding and pursuing

valuable interests, e.g. getting involved with local charities and clubs and societies. Essentially, dialogues and exchanges of ideas with diverse groups in a community can provide a variety of opportunities for individuals to find valuable activities and build relationships.

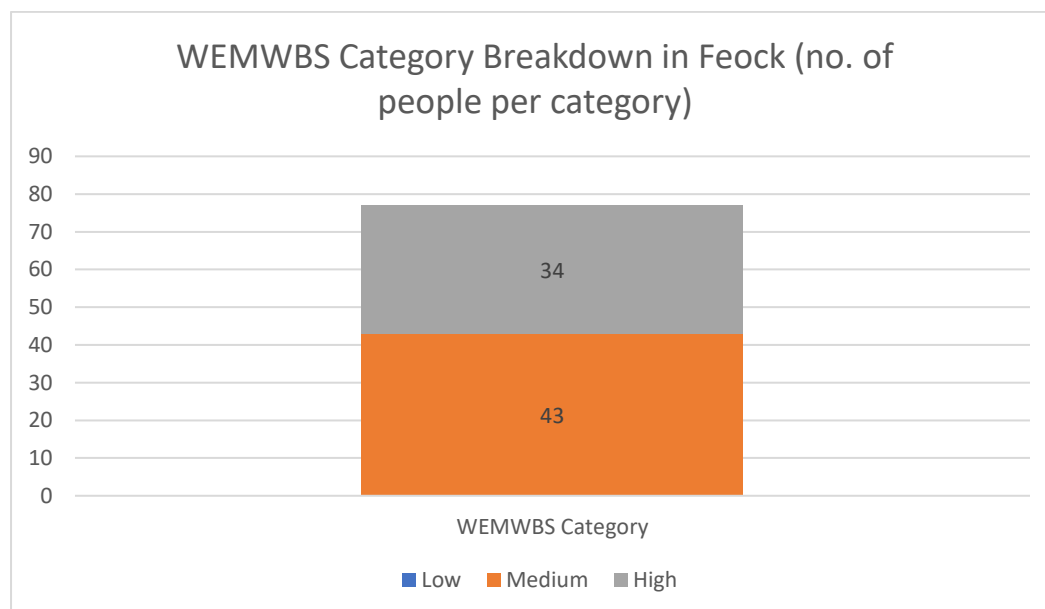
Once more, structural influences have to be considered here. Older adults who felt secure in their homes and finances pursued meaningful activities more freely. For individuals who do not feel secure about the future, including financially, confidence in taking steps and/or speaking about how to maintain and find meaningful activities can be difficult:

**"The future will depend on the ability to continue to pay the rent... [I] tend not to plan - tend to see how things will evolve. [I] Feel it is expensive living here - rent is very high"**

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

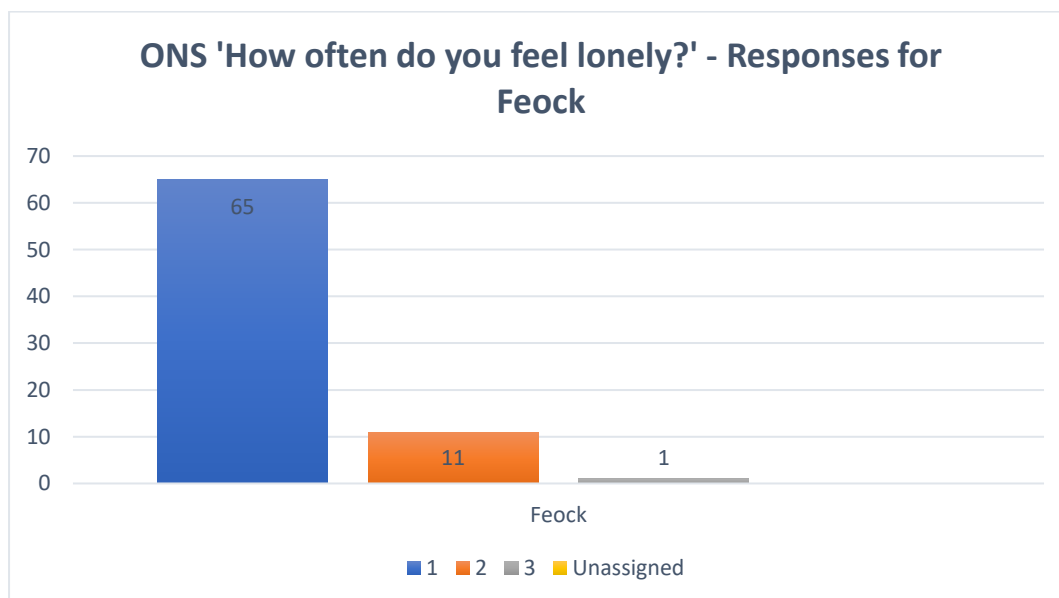
### 3.3.4. WEMWBS (short) Questions on Wellbeing and ONS Loneliness Questions.

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 the Feock pilot site:



No participants were categorised as being in the low category for wellbeing according to the validated WEMWBS questions. This result provides an interesting discussion point, as the GC findings revealed a variety of negative influences on wellbeing that participants spoke about. 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.

The validated questions in relation to loneliness provide a similar outcome. Only one participant expressed that they felt lonely often when loneliness was assessed through ONS's measurable scale. Participant responses are shown in the graph below (unassigned refers to participants who did not provide responses for these questions):



(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 vary over 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. Additionally, the maintenance of - and finding new - valued relationships and activities can counter experiences of loneliness:

**"If it wasn't for the church and my family [and] friend I would be very isolated, lonely and probably miserable."**

Therefore, loneliness can be regarded as 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 et al. 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. The quote below provides a relevant example:

[Volunteer note]: "**[She] has trouble falling asleep but uses some of her training as a counsellor to switch thoughts to offset panic and worry.**"  
[Direct quote]: "**[I have] Good coping strategies. [It] Never feels lonely being on my own.**"

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 summarised briefly 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. Sixty-six (66) participants who participated in HAIRE's GCs also responded to HAIRE's SNA questions.

In Feock, the Parish Council and the Pleasure and Leisure Society were identified as key connectors across the participants. 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 those agencies. The church communities will also be key in promoting action and raising awareness.

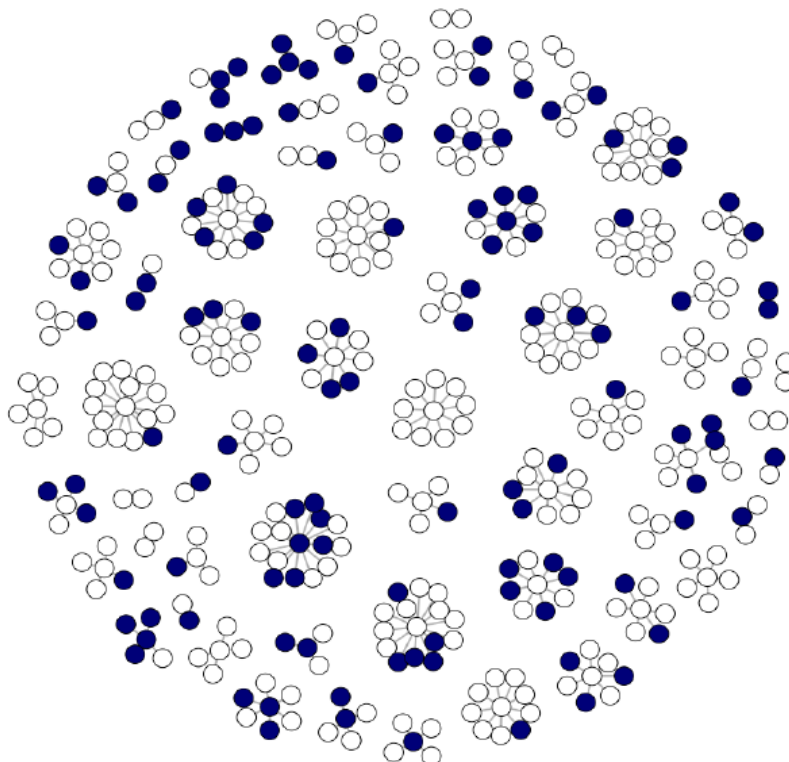
To further raise awareness, the local noticeboards are frequently used information sources. Interestingly, there was a slight gender difference in the responses to the question on information sources. Women tended to prefer media sources, such as the Parish Magazine, in comparison to men. Therefore, an awareness of these ways to reach local residents for when activities and events are promoted, and/or when health and social care services change is important. Additionally, new ways to communicate, e.g. via digital avenues, including social media, can be explored to expand inclusion. Such new modes of communication may need to be accompanied by digital support, as outlined in the GC findings, i.e. provided in a comfortable environment that residents value.

The SNA survey findings that related to social activities were slightly gendered too. Women attended a wider range of activities compared to men, including fitness-based activities, e.g. Pilates, Zest for Life Fitness, yoga and table tennis. These data also revealed that women were much more active in their participation in the parish's influential church communities. With men, the Parish Council and the Creek Society were listed as opportunities for social interaction.

The SNA data also provided an overview of how many people individuals consider to be in their social network. On average, men in Feock had a network size of 3.82 people. On average, women in Feock had a network size of 3.57 people. Hence, we can say that the family and friendship groups in the pilot site are roughly the same for men and women. Interestingly, women that turned to people in their social network for health advice felt able to do so with more people than men (on average 2.57 people for women compared to 1.47 people for men). This is in line with previous studies that have documented men finding the subject of health, particularly mental health, difficult to speak about (Emslie et al. 2006). This finding can be considered when dialogues are encouraged in the pilot site.

Finally, a diagrammatic depiction of participants' social networks in the Feock pilot site can be seen below:

**Feock Network**



Blue = Male | White = Females

Social Networks in HAIRE's Feock 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 of 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 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 or adapt, 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 Feock pilot site in relation to the WHO's suggested domains, including: **(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.**

Feock actions relevant to the WHO's Age-friendly Communities guidance (Centre for Better Ageing, 2021)

<p><b>1. Outdoor spaces and buildings</b></p> <ul style="list-style-type: none"> <li>• Access to spaces, e.g. church halls, parks and village halls, to run events.</li> <li>• Feedback opportunities and dialogues about spaces and buildings – with a process to engage Cornwall Council in the feedback.</li> <li>• Opportunities to link personal stories and experiences to spaces and buildings in the community.</li> </ul>	<p><b>2. Transportation</b></p> <ul style="list-style-type: none"> <li>• A clear process to engage Cornwall Council in feedback and dialogues on transportation – with transparency / clarity about roles and responsibilities.</li> <li>• Community transport to link better, where possible, with local activities, events and clubs.</li> <li>• Improvements on the above can be encouraged (in small steps) via dialogue between activity / club organisers, users and transport providers.</li> </ul>	<p><b>3. Housing</b></p> <ul style="list-style-type: none"> <li>• Opportunities to share knowledge and experiences of adapting homes to be more age-friendly.</li> <li>• Information on support available for adapting homes and any entitlements for support.</li> <li>• A better link (feedback process and dialogue) with Cornwall Council about planning-related issues – with transparency / clarity about roles and responsibilities.</li> </ul>	<p><b>4. Social Participation</b></p> <ul style="list-style-type: none"> <li>• Opportunities to share stories and experiences with diverse audiences, e.g. intergenerational engagement.</li> <li>• Events and activities that link all three wards – Devoran, Feock and Carnon Downs.</li> <li>• Easy-to-access and, where possible, free events.</li> <li>• A process for feedback and dialogues on new ways for social participation to take place – even if one-off events.</li> </ul>
<p><b>5. Respect and social inclusion</b></p> <ul style="list-style-type: none"> <li>• The acknowledgement and celebration of groups that provide support in the community, e.g. the church groups.</li> <li>• Opportunities for new groups to form beyond existing groups.</li> <li>• Activities and events that bring together all three wards – Devoran, Feock and Carnon Downs.</li> <li>• Feedback processes and dialogues in a comfortable environment on diversifying events and activities.</li> </ul>	<p><b>6. Civic participation and employment (skills)</b></p> <ul style="list-style-type: none"> <li>• Opportunities to participate in organisation and administration of local events and activities, e.g. as volunteers.</li> <li>• Recognition and publicity for support given to and services provided to local community.</li> <li>• Opportunities to share skills and experiences with diverse audiences, e.g. intergenerational.</li> <li>• Skills exchanges with diverse groups in the community.</li> </ul>	<p><b>7. Communication and information</b></p> <ul style="list-style-type: none"> <li>• Opportunities for support on digital communication (including in informal settings).</li> <li>• The encouragement of information exchange between all three wards – Devoran, Feock and Carnon Downs.</li> <li>• Transparency and clarity on roles and responsibilities in relation to local governance.</li> </ul>	<p><b>8. Community support and health services</b></p> <ul style="list-style-type: none"> <li>• Dialogues with transport providers in relation to transport provision to specialist health services, e.g. beyond Treliske.</li> <li>• Opportunities to share skills and experiences of providing services, e.g. on community transport.</li> <li>• Direct dialogues on services between the parish council, the county council and, where relevant, national government.</li> <li>• Respecting a culture of care across the community (all groups).</li> </ul>



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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 ran 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.

The discussions were recorded on flipcharts or white boards, as seen below:



After each NA session, information from the NA was collated in a spreadsheet to create a singular record of all the resources identified in Feock.

Table 1: Neighbourhood Analysis topics

<b>Topic</b>	<b>Examples</b>
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:** 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.

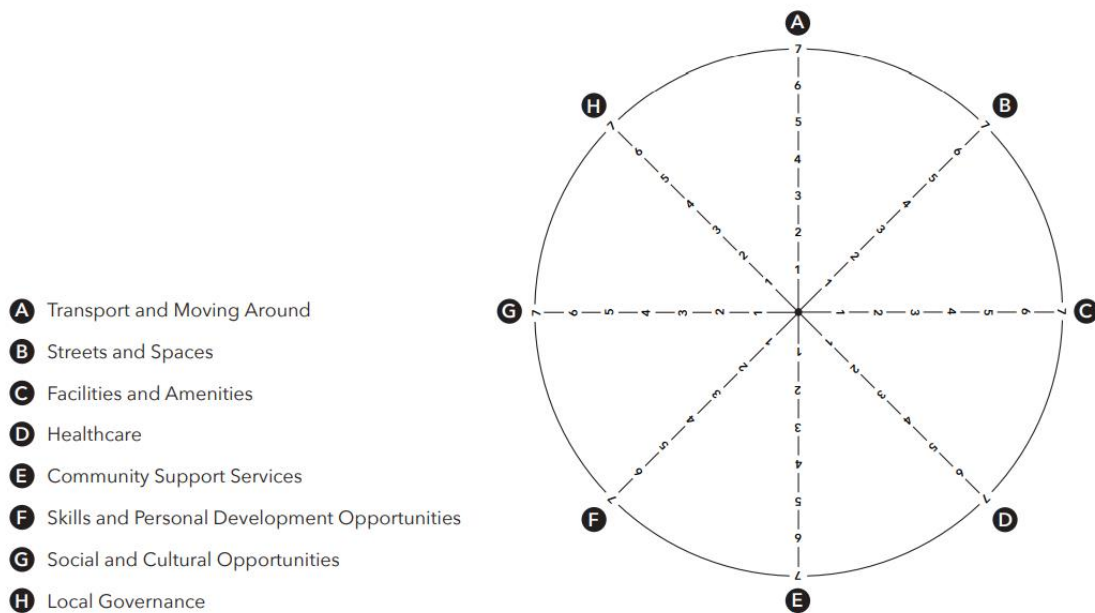
**Place-based aspects:** At the start of the GC, older adults are encouraged to discuss how they felt about living where they do via a place-based visual prompt. These prompts were co-designed with pilot site partners using images of local places, landmarks and features. The image designed for Feock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



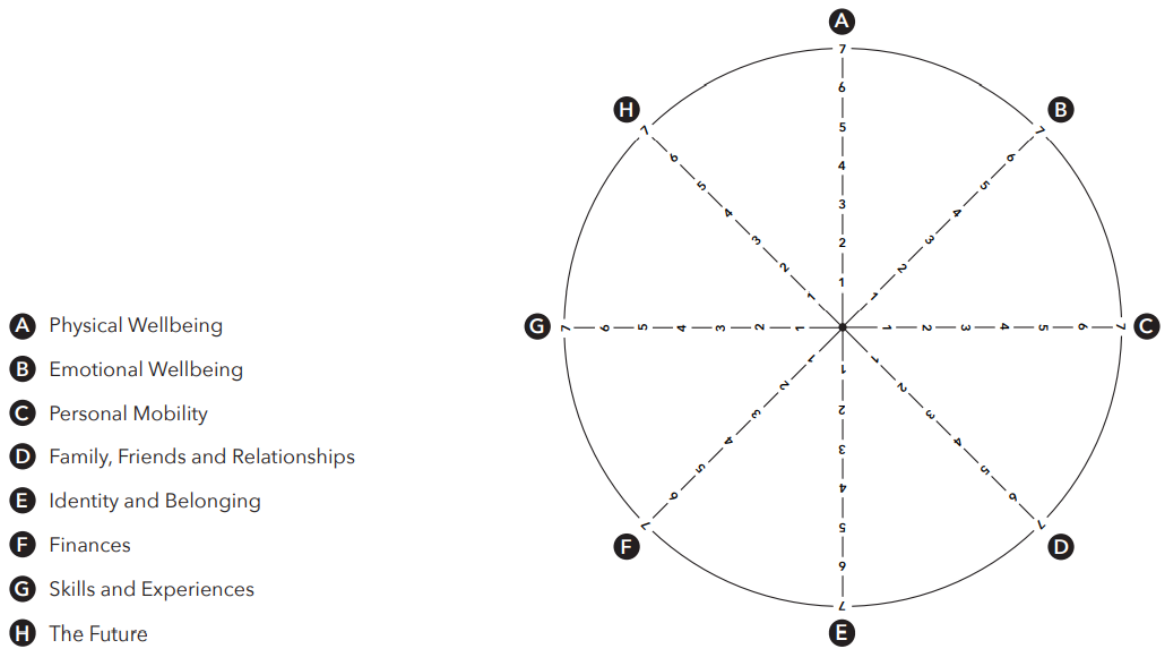
The radar diagrams help participants to summarise how they feel in relation to a specific conversational topic via a subjectively assigned score (out of seven). This score is given after they conclude discussing how they feel in relation to a specific topic. The score is subjective and only relevant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

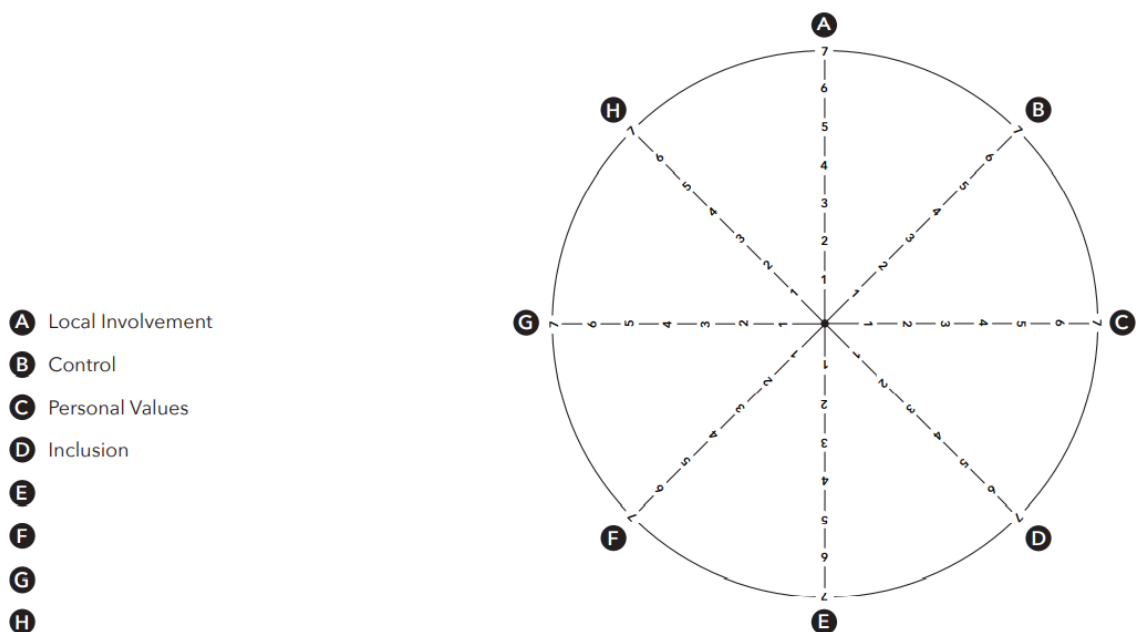


The volunteer and participant went through the same process for the person-centred topics, including radar diagram scoring, as outlined for the place-based topics. HAIRE's person-centred topics can be seen below:





**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 Feock chose to fill two of the radar's blank topics. Wherever appropriate, HAIRE's partners in Feock offered the opportunity to participants to talk about housing and information technology (IT) skills in more detail than the general view of skills and experiences that the GC already offered.

**Wellbeing and Loneliness Measures:** 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:

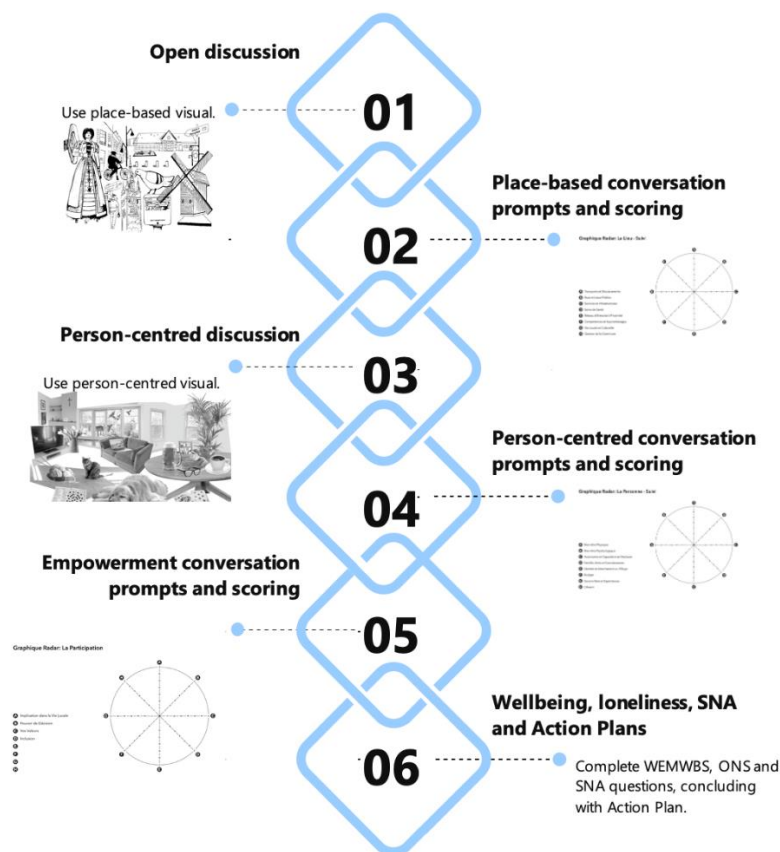
1. The people participants feel close to in their local area. Participants are given the option to list the initials of up to 15 people and answer a series of closed questions about their relationship with each person and the support they receive from each listed individual.
2. The information sources, including individuals and organisations, which 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 as 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.

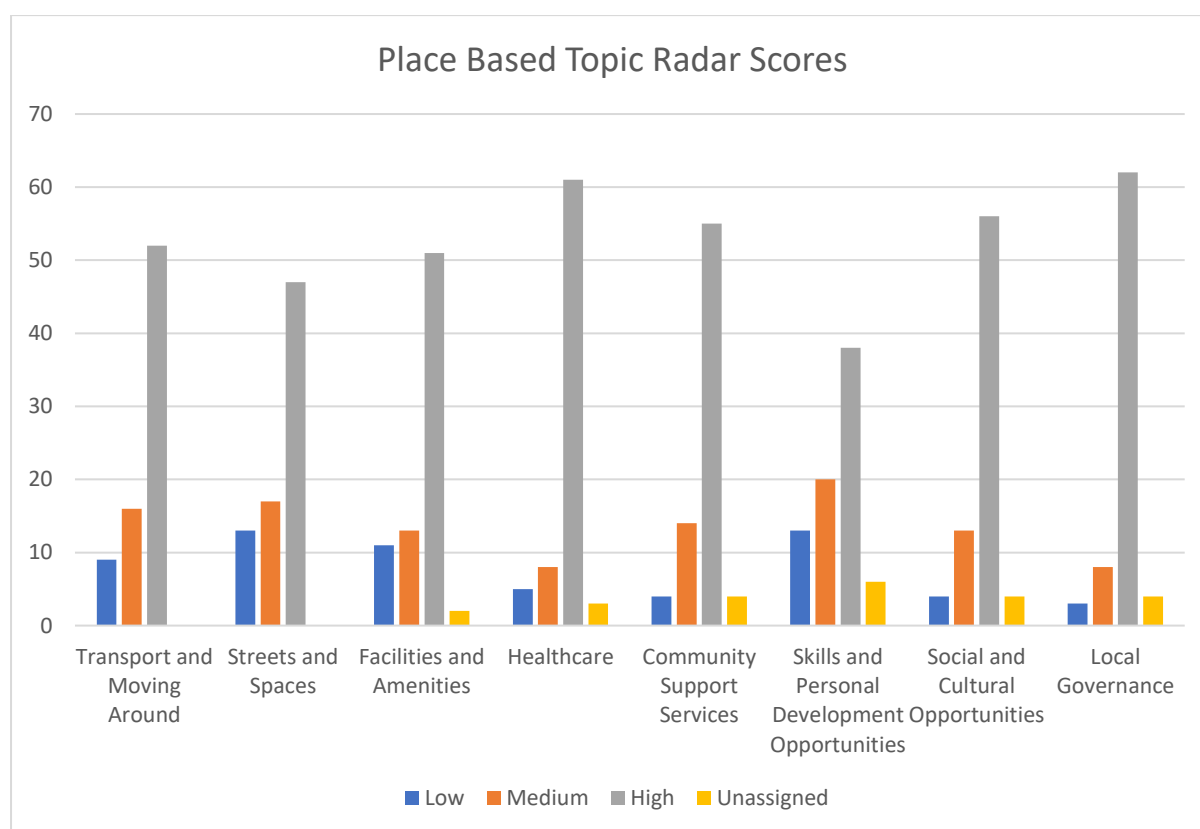
A summary of data collection is shown below:



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

Note: Two more participants took part in GCs since the graphs below were generated. Their responses did not impact the insights described below and their responses were included in the main body of this report (Version 2) and the critical insights that were developed.

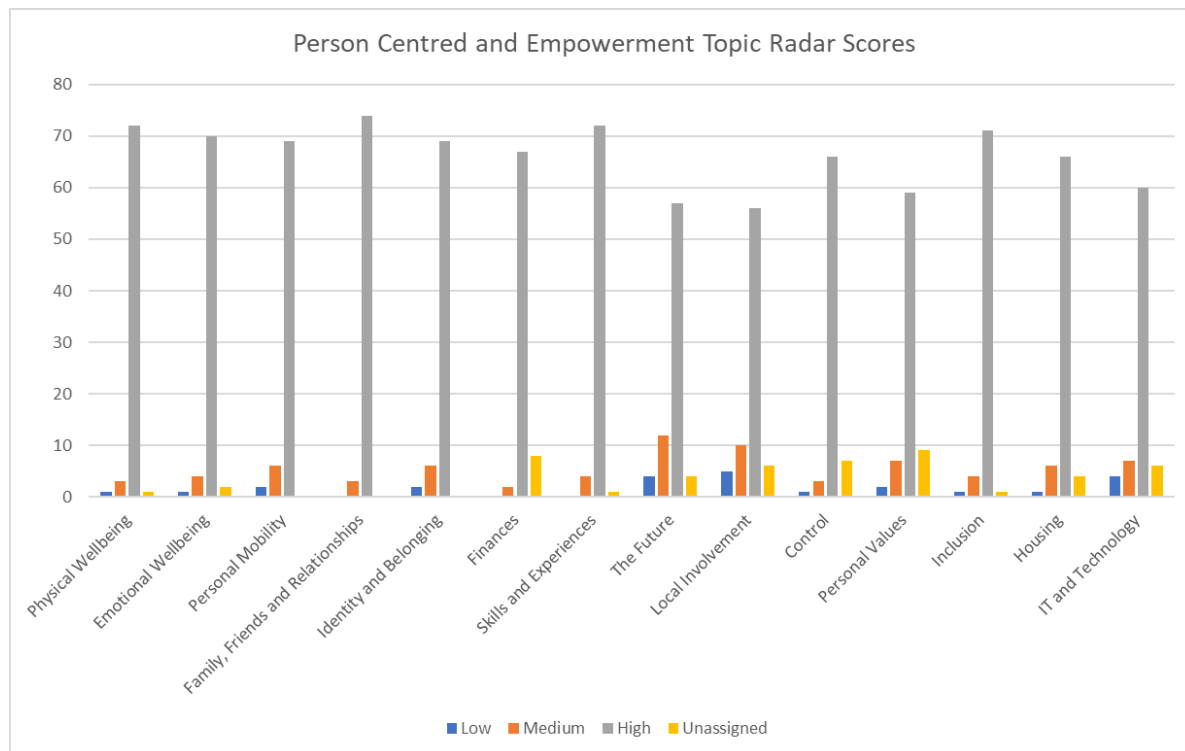
The two graphs included here provide an overview of how many HAIRE participants in the overall Feock pilot site selected each GC topic radar score. Scores of 1 or 2 have been categorised as 'Low'. Scores of 3 or 4 have been categorised as 'Medium'. Scores of 5, 6 or 7 have been categorised as 'High'.



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

As illustrated in the figure above, the most common score category across each GC Place Based Topic was high (i.e. 5-7). Healthcare and Local Governance were scored most favourably overall, followed by Community Support Services and Social and Cultural Opportunities. The scores for the Skills and Personal Development Opportunities Topic were notably lower than those given to the other place-related topics, with fewer people selecting high scores and more people selecting low or medium scores. Three other

topics that were given low scores by slightly more HAIRE participants were Streets and Spaces, Facilities and Amenities and Transport and Moving Around, suggesting value in reflecting on these topics as areas for potential improvement going forwards.



(The y-axis, vertical, shows the number of participants that 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). The topics, Family, Friends and Relationships and Skills and Experiences were scored most favourably overall, notably with no low scores. This was followed closely by Physical Wellbeing, Inclusion, Emotional Wellbeing, Identity and Belonging and Personal Mobility. Finances, Control and Housing also received a relatively large number of high scores, with no low scores reported for Finances. Topics concerning The Future and Local Involvement received the fewest high scores and the greatest number of low and medium scores, suggesting a potential area for future attention. There were also slightly more low or medium scores relating to IT and Technology than some other topics. *N.B. All qualitative responses are considered in the findings outlined in the main body of this report - including in relation to participants that did not assign subjective scores to GC topics.*

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