

## Poperinge (BE): Healthy Ageing through Innovation in Rural Europe (HAIRE) Toolkit Findings Summary (Community Report)

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HAIRE is a project funded by Interreg 2Seas (2020-2023). This report provides a summary of the findings that were generated by HAIRE's research tools. The insights that are included aim to complement the learning that OCMW Poperinge gained through using HAIRE's research tools with older adults in the municipality of Poperinge. The older adults that took part in HAIRE were aged 60 years and above, and in retirement.

A summary of HAIRE's tools are provided in the next section.

## 1. HAIRE's Research 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.

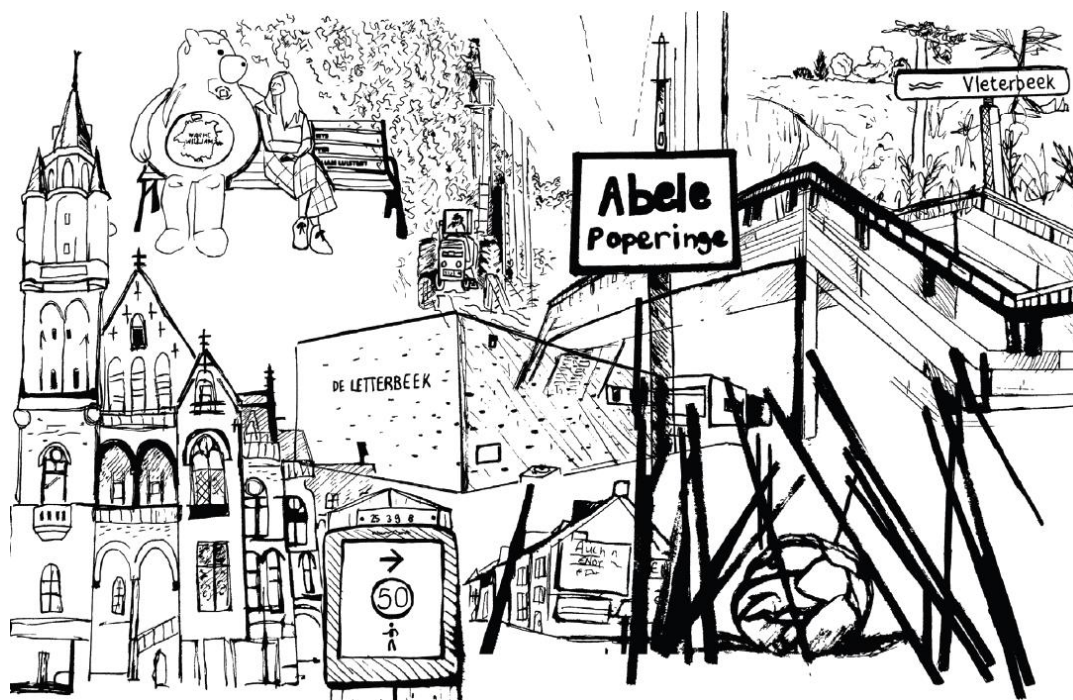
- **Guided Conversations (GCs):** These are in-depth conversations with individuals (people over 60 years of age and in retirement in HAIRE's case) about their wellbeing. Co-designed visual images are used to stimulate conversation. Individuals are invited to talk openly about a set of topics relating 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 be used to help set priorities around what participants can do and identify areas for support. The table below shows the topics that were included in HAIRE's GC in Poperinge.

Place-based	Person-centred	Empowerment
Vervoer en Verplaatsing	Fysiek Welzijn	Lokale Betrokkenheid
Wegen en Ruitmes	Emotioneel Welzijn	Controle en Ondernemerschap
Faciliteiten en Voorzieningen	Persoonlijke Mobiliteit	Persoonlijke Waarden
Gezondheidszorg	Familie, Vrienden en Relaties	Inclusie en Samenhang
Ondersteuning vanuit de Lokale Gemeenschap	Identiteit en Verbondenheid	Dementie
Vaardigheden en Persoonlijke Ontwikkelingskansen	Financiën	Vroegtijdige Zorgplanning
Sociaal en Culturele Kansen	Vaardigheden en Ervaringen	Relaties en Intimiteit
Lokaal Bestuur	De Toekomst	Overig

The visuals used in HAIRE's Poperinge 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.

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.

## 2. Summary of Neighbourhood Analysis (NA)

OCMW Poperinge predominantly used HAIRE's NA approach to inform municipality strategies around supporting the wellbeing of older adults. A vision was set to integrate strategies that related to older adults with the wellbeing of all groups in Poperinge's neighbourhoods. Intergenerational support and interaction were valued by the NA participants. The NA method also provided an opportunity for locals to define how community-wide care can be made meaningful in the specific context of Poperinge. A warm and caring neighbourhood was defined as being equal to:

***"[A good] quality of life, self-reliance, accessibility and proximity [to support and meaningful spaces and activities], the quality of a neighbourhood, social cohesion, voluntary commitment, spontaneous solidarity [and kindness], wellbeing and care, social cohesion and community building activities [for all groups]."***

A key finding was that the individuals who took part in the NA sessions valued the experience and wished for inclusive input into the municipality's strategies to continue. An appreciation and desire for inclusive dialogues was further shown by the positive sentiments that were put forward in relation to the area's neighbourhood parlours (Buurt Salon). The existence of such spaces in Watou and Roesbrugge provided individuals with a safe and comfortable environment in which to discuss issues and seek support. The community space in Bellewijk provided a similar space for locals there. The plan to establish a comparable space in Krombeke is a positive step for the wider area.

The expansion of an "open door" culture, via neighbourhood parlours, into other areas within the municipality was seen as an important component of providing neighbourhood-orientated care. During the NA sessions, an "open door" culture was said to provide the following:

***"A clear and positive picture of neighbourhood-oriented work and neighbourhood-oriented care as an essential task in changing social domains. [This is achieved by] Bringing together services, partners, and actors and sharing responsibility for the quality and development of neighbourhood-oriented work in practice."***

The quote above highlights the importance of inclusivity and the need for community-wide (all groups) local action. The review and utilisation of data on potentially vulnerable groups beyond older adults was outlined as a key step in realising community-wide action. Based on the data that existed in the municipality, the following areas were identified as key neighbourhoods to resource in terms of promoting a culture of inclusivity and dialogue:

- **Areas with most children and young adults:** Haringe, outskirts of the centre of Poperinge (town), outskirts of Sint-Jan-ter-Biezen, Sint-Jan-ter-Biezen (centre), Reningelst, Abele Statie and Abele.
- **Areas with most people aged 65 years and above:** Centre of Poperinge (town), Abele, Krombeke and Haringe.
- **Areas with most people aged 80 years and above:** Centre of Poperinge (town), Abele and Watou – followed by Reningelst and Proven.

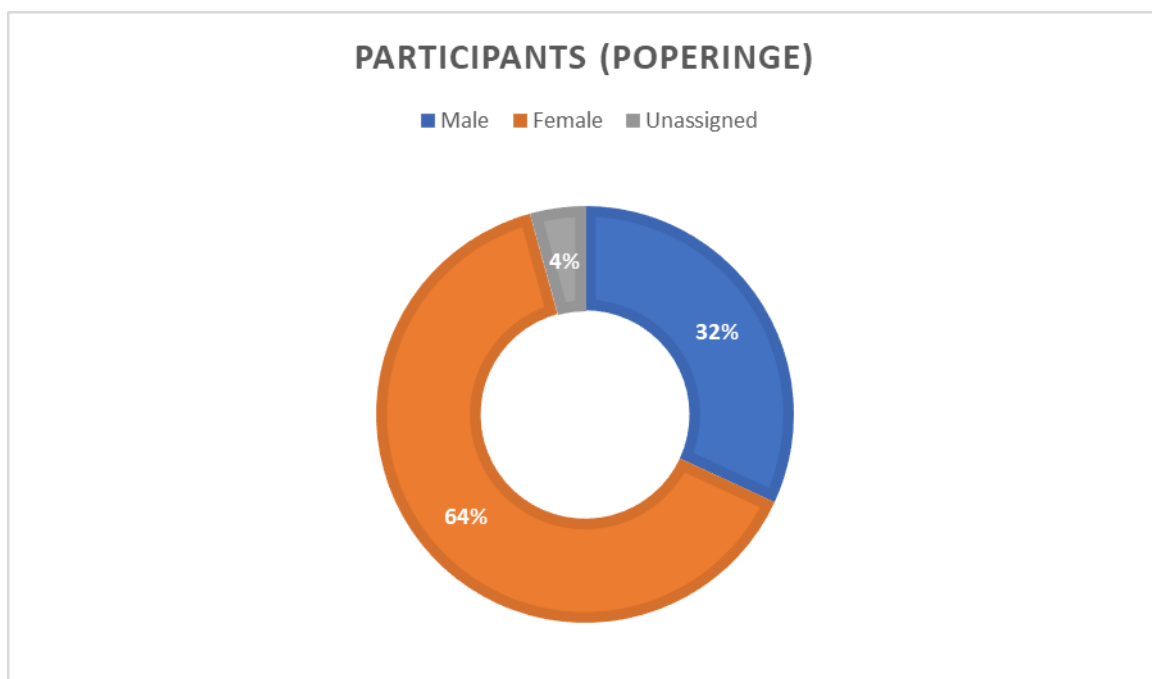
Overall, the places named above are indicators of where to begin action, including the co-ordination of intergenerational activities as a starting point, e.g. the centre of Poperinge (town), Abele, Haringe and Reningelst. Important local feedback to consider when co-ordinating neighbourhood-orientated care includes the involvement of the local economy, e.g. local entrepreneurs, in contributing to neighbourhood parlours, partnerships with educational institutions (e.g. schools and colleges) and

the promotion of community-wide care as a warm organisation. The final point refers to OCMW Poperinge as a whole and is very much an example of needing to “**practise what you preach**”.

The findings from HAIRE’s GCs are provided in the next section.

### 3. Summary of Guided Conversations (GCs)

This section summarises the findings from 47 GCs that were conducted in HAIRE’s Poperinge pilot site. The GCs were conducted with 30 women, 15 men, and information on gender was not available for two participants – see graph below (the label ‘unassigned’ refers to the cases where information was not available).



Age was also used to organise HAIRE’s GC data. A breakdown of the number of participants by age and gender can be seen below (information on age was not available for three participants):

- 60-65 years of age: 10 participants (4 men and 6 women)
- 66-70 years of age: 3 participants (all women)
- 71-75 years of age: 11 participants (3 men and 8 women)
- 76-80 years of age: 4 participants (3 men and 1 woman)
- 81+ years of age: 16 participants (4 men and 12 women)

Even though the age-brackets used to organise data (shown above) suggest that the GCs were predominantly conducted with locals who were 60-65 years of age and 81+ years of age, the age of the participants actually spanned the different stages of ageing relatively well: 13 participants were



between 60 and 70 years of age; 15 participants were 71 to 80 years of age and 16 participants were 81+ years of age (age-related information was not available for three participants).

The different stages of someone's life are important to understand, as experiences of ageing can vary. There are significant limitations in treating older adults (e.g. those who are over 60 years of age) as one large homogenous group within a community. Age is not the only characteristic that defines someone's experience of ageing. Life experiences and how someone relates to their local area are key influences too. The activities in Poperinge around creating inclusive spaces and dialogues for all groups (as shown by the NA summary) will play a vital role in understanding the needs and aspirations of locals – particularly in relation to wellbeing.

HAIRE's GCs helped the project to understand how wellbeing can be conceptualised and responded to through three types of influence: **structural influences**, **person-centred influences** and **place-based influences**.

### Structural Influences

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 the Covid-19 pandemic, which contextually underpinned HAIRE's activities, can be regarded as being structural.

As rurality sits at the heart of HAIRE's activities, it was not surprising to see well-established structural issues associated with rural areas emerge in the GC findings, e.g. transport provision and its impact on social exclusion (Gray et al. 2004). Car reliance was often discussed, and limited public transport links provided a significant barrier to accessing various social opportunities and health services. Such barriers were more significant for those living away from the central hub of the municipality (the town of Poperinge) and became problematic when individuals needed to use specialist services, i.e. services that extended beyond general practices (GPs). Some individuals received support with transport and mobility with regards to their day-to-day activities, but the Covid-19 pandemic's impact was certainly felt:

**“Every 14 days a caregiver from Bond Moyson or Nestor comes to go together [with her] to the store, or to the bank, general practitioner, pharmacist, etc. Since the second lockdown, she is no longer allowed to go to the store with the helper of Bond Moyson. She hates this.”**

Person-centred influences will be covered later in the report, but experiences like the one outlined above can be more profound, i.e. beyond just meeting transport needs. Specific relationships, accessing meaningful spaces and undertaking valued activities were integral to the wellbeing of HAIRE's participants. Structural barriers that inhibited valued experiences, relationships, spaces and activities led to fundamental wellbeing-related issues. This is where the Covid-19 pandemic's influence was felt the most. Some individuals could not meet family members who they received support from and/or gave support to. The closeness that participants felt in relation to the people who they could not see really mattered, as seen below:

**"[Name] is very attached to her family. Normally her grandchildren came by every Thursday, but because of the corona [virus], this doesn't happen anymore. She notes that she misses this moment very much and is also suffering from it."**

Additionally, some individuals lost access to activities that had previously given them a sense of autonomy e.g. doing their weekly shop. Some individuals could not participate in their meaningful activities, e.g. going to a local activity club and/or socialising with friends (sometimes while engaging in an activity together). For older adults who received support, whether it be in a care home setting and/or in their own home, the absence of structural support impacted them the most when what they found meaningful was disrupted. This point is alluded to in the earlier quote that referred to being unable to undertake weekly activities with a carer during the second lockdown.

HAIRE's GCs showed how longstanding exclusionary barriers that were societal acted as negative structural influences for individuals. The exclusion experienced by individuals with impairments is a key consideration here. When combined with another structural barrier, e.g. transport provision, someone's access to meaningful interactions and opportunities to build new relationships (with others, spaces and activities) can become extremely limited:

**"[Name] is almost completely blind so she can only move on foot under the guidance of a guide dog... She has travelled by train before, but there is too little time between connections and it's not always possible to get help in time."**

The quote above demonstrates how provision that is organised without inclusion in mind can impact on someone's freedom and mobility. Limitations around freedom and mobility then have knock-on impacts on opportunities for relationship building and access to meaningful experiences. At this point, we cannot overlook the potential of digital connectivity in facilitating social interaction and access to services. However, another structural influence emerges here. Social and cultural narratives around being **"too old"** to learn and/or use digital devices are adopted by individuals and



can become part of their identity. In this sense, self-exclusion from using and/or trying new innovations, and developing new skills acts as a barrier. It can be harder to overcome these self-exclusionary narratives when self-exclusion has been experienced for prolonged periods of time. LaMonica et al. (2021) suggest that participatory approaches, enabled in spaces that are comfortable (e.g. locally familiar) with plenty of time included for relationship building, can help in overcoming such barriers. Additionally, a meaningful use, e.g. to access and/or leave feedback about transport services that are relevant to visiting a family member and/or information about an activity that someone is interested in, can help too.

The relationships, activities and interactions that someone finds meaningful can be heavily influenced by their own life experiences and aspirations. These highly individualised qualities can vary with time – even on a day-to-day basis. Methods like the GC are useful in understanding the opportunities and barriers to wellbeing that are experienced by someone due to their unique experiences and perspectives. These types of influences can be regarded as person-centred influences.

### Person-centred Influences

Person-centred influences define how someone's life experiences can help and inhibit them in i) building the relationships; ii) finding the meaningful activities; and iii) practising the values that shape their wellbeing. In HAIRE's GCs, such influences were detrimental to wellbeing when relationships and activities were halted unexpectedly and/or their impacts seemed unpredictable and unmanageable. A common example of such an experience is when there is uncertainty and/or conflicting information about someone's health. Hence, dialogues and comfortable conversations can make a difference to individuals who are experiencing health-related uncertainties. These conversations do not necessarily have to focus on a medical solution; they provide individuals with an important opportunity to be listened to and, where possible, to listen to others' stories about similar experiences. The neighbourhood parlours that were referred to in the NA sessions provide an opportunity for such conversations in Poperinge. Responses to negative wellbeing experiences can be further enhanced if interactions and inclusive conversations can happen in contexts where individuals are also engaging in meaningful activities.

HAIRE participants discussed a range of activities that gave them time and space to manage daily challenges. These activities were predominantly shaped by experiences and relationships that made such activities meaningful over time. An example from a participant who enjoys an active lifestyle is provided below.

**“Leisure activities currently [include] hiking and cycling, she feels good [when she does these activities].”**

However, a person’s current situation and changing personal mobility should be accounted for when discussing such activities. This is not to say that individuals should be excluded from activities if their mobility needs change. Dialogues around how they can continue to participate become an important consideration, e.g. through collaborative support. These insights link to the structural influences that are shaped by negative social narratives about ageing and how self-exclusion can occur due to someone feeling **“too old”**. Additionally, individuals who have spent prolonged periods of time receiving support to meet their daily needs (at home and/or in a care home setting) can find it increasingly difficult to pursue activities and new opportunities. This was reflected by participants in that situation who showed minimal interest in participating in any activities and/or interactions, for example:

**“He does not use leisure activities... he’s not missing anything”.**

Here, care and support that goes beyond meeting someone’s functional needs, e.g. cooking, cleaning and self-maintenance, should be considered. These needs are, of course, important. However, continued and sustained relationships with individuals who older adults give and receive support from can help with confidence and foster inclusion – especially in relation to shaping day-to-day routines and care needs (Dean and Major, 2008). The activities that these interactions take place through do not necessarily have to involve physical exertion, e.g. hiking and cycling. Shared moments of, for example, humour and/or appreciation, can provide meaning as well (Dean and Major, 2008). An example is shown below:

**“Sometimes a volunteer from Nestor calls to check how [NAME] is going and every year they also pay a visit on her birthday. [Name] indicated that these phone calls and visits are very good for her, especially because of the current coronavirus conditions she often feels alone.”**

Although the volunteers contribute to a positive experience in the case above, the quote also reveals how a structural influence, i.e. the Covid-19 pandemic, can combine with someone’s personal situation to worsen issues. The life experiences that disrupted meaningful interactions and activities, and when dialogues were lacking about how challenging situations can be managed, created significant difficulties. A range of experiences can contribute to such situations, e.g. sudden retirement, chronic ill-health, health uncertainties, bereavements, financial loss and unexpected and/or abrupt changes to someone’s living conditions (including in terms of their wider neighbourhood).

Impacts of changes to someone's neighbourhood and/or living environment will be described when place-based influences are outlined. More immediately, familial and/or other social connections need to be acknowledged. Changes, particularly if sudden, experienced by close others can lead to significant disruptions around accessing meaningful interactions and activities. The adoption of a carer role when a loved one experiences ill-health provides an example below.

**“[Name] is not so involved in local activities. She finds it difficult and certainly in her situation (dementia of husband) to transform her skills, knowledge and experience into volunteering is hard.”**

The types of changes that are alluded to above have been referred to as being ‘life-shattering’, as opposed to just life changing (Norlander et al. 2018). This term captures the dramatic downturn in wellbeing that these experiences can catalyse. The opportunities to share stories around such experiences and make sense of what can be done collaboratively again proves to be a powerful response to wellbeing-related issues (Carless and Douglas, 2015). Difficult life experiences can be hard to avoid, but listening to the similar experiences of others and sharing one's own experiences in a constructive manner can foster a sense of neighbourhood-wide care. In that sense, we can link back to the desire in Poperinge to establish **“caring and warm”** neighbourhoods. The inclusion in such visions of individuals who have endured difficult experiences, and the incorporation of their stories in wider engagements, are key steps in developing **“caring and warm”** practices. The strength of these steps is demonstrated by a participant who experienced issues with his close family (i.e. children), but developed a close relationship with his current partner's children and applies his sense of care as a volunteer in the community:

**“He has been with his girlfriend for 4 years and was accepted by her children. They have a close connection and regularly see the children and grandchildren. He likes to spend time with them. He also has children, but he no longer has any contact with them. 3 years ago he had tried to get back in touch, but this didn't end well.”**

Followed by,

**“[He] Volunteers for CPAS. He's transporting people who, for example, have to go to the hospital.”**

Importantly, examples of showing and receiving care do not necessarily have to be active. As mentioned, the sharing of stories and experiences inclusively, particularly in settings where individuals seek support, can be as powerful (Carless and Douglas, 2015). The sharing of difficult experiences can be empowering and confidence-building, e.g. one participant simply stated the following:

**“The older you get, the better you deal with situations.”**

Opportunities to discuss the experiences that have helped individuals to navigate difficult situations are valuable, both for the individuals who share their experiences and those who listen. A place’s qualities can shape the opportunities that are available for such meaningful interactions. Place-based influences on wellbeing are discussed next.

### Place-based Influences

The place-based influences on wellbeing identified by HAIRE’s GCs centre on the places, spaces and activities that individuals interact with through their life and during their day-to-day routines. In a broad sense, someone’s connection and sense of belonging to a place can allow them to build relationships and undertake valuable activities more freely and with confidence. Connections can be influenced by someone’s longevity in an area, for example:

**“[Name] is originally from Watou, but has lived in Poperinge almost all his life. He feels a real Poperingenaar and feels connected to the region.”**

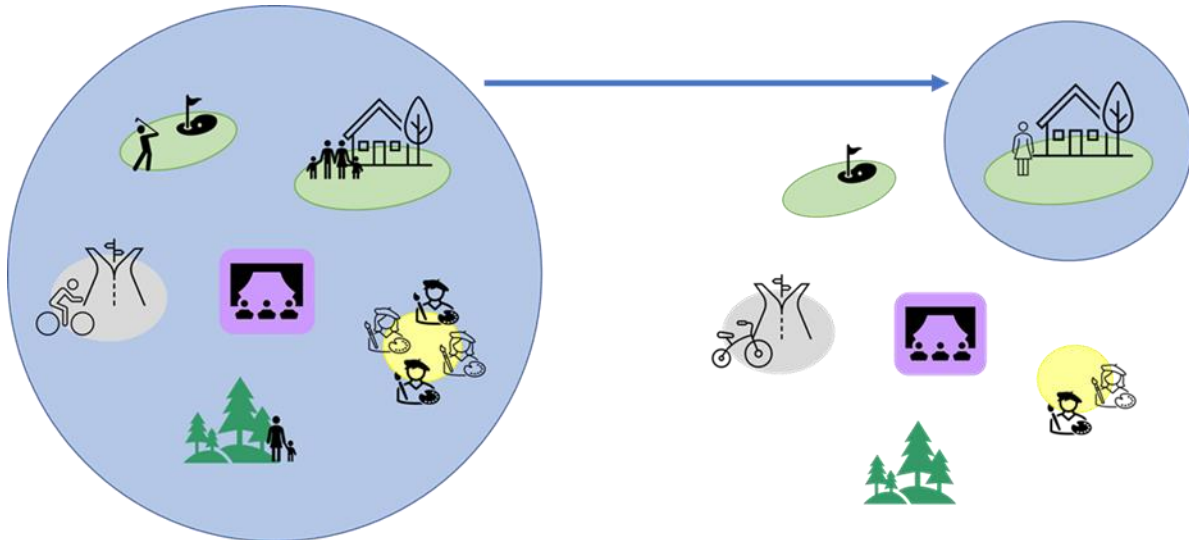
The quote above shows how someone’s connection to a place can become a meaningful part of their identity. Positive opportunities for wellbeing can be created through involvement in the community and/or the cultural aspects of a place (Cramm and Nieboer, 2015). Longevity is not the sole determinant of why someone may feel connected to a place. Positive relationships with neighbours, the wider community and with what a place has to offer can foster a similar sense of belonging.

**“She likes to live here. Rather than the big cities of Ghent, Dendermonde [etc]...She has a lot of contact with the neighbours and calls them part of the ‘whole’ and of the community.”**

Such connections do not necessarily have to be in relation to a region, town or village. The feelings that a person holds in relation to their living space can evoke positive place-based influences on wellbeing as well.

**“They have been living at this address since 2012. She loves to live in this place.”**

The comfort that someone feels in their living space is a key part of their wellbeing. This point resonates with individuals who reside in care home settings and is also relevant to a key experience of ageing that was prominent in HAIRE’s GCs, i.e., *a shrinking life-world* (Gullick and Stainton, 2008). A visual depiction and a bullet-pointed description of a shrinking life-world is provided in the diagram that follows.



*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.

Importantly, a shrinking life-world does not necessarily compromise feelings of wellbeing. Where meaningful relationships and activities were maintained, even if within a smaller physical area, participants discussed positive sentiments in relation to wellbeing and managing difficult experiences. This is demonstrated by the experiences of a participant who still had low moments after losing his wife (5 years ago):

**“[Name] likes to be on his own and performs his hobby in his home. He likes to sit among his birds and feels safe here.”**

The quote above alludes to a key aspect of loneliness and its place-based links to wellbeing. The meaningful interactions that people experience are not solely defined by how many people they can see, but in what they value and the quality of their interactions – even if with wildlife. Once more, individualised perspectives are key for understanding responses to place-based influences on

wellbeing – particularly for those that relate to loneliness. As previously covered, the close bonds that some individuals had with friends and/or family members, and the places that they were able to meet them in, enhanced feelings of wellbeing. However, chosen moments of solitude and being in a meaningful space to appreciate what someone values were important too.

Negative place-based influences on wellbeing were predominantly spoken about when there was an absence of meaningful relationships and spaces – especially for prolonged periods of time. This negative outcome can be more pertinent to individuals who:

- i) have turbulent relationships with others;
- ii) have outlived their close relations and friends;
- iii) find themselves having little choice about what happens in their living space and/or with their care.

The following quote provides an example.

**“[She] Doesn't talk about family. Doesn't have children. It's long days [for her and she] speaks to the walls. 'You can't call people yourself' ... Wants to have a say in what will be decided.”**

Such experiences become progressively problematic when endured over time. Inclusive dialogues and relationship building opportunities for older adults throughout their lives can be important in countering these experiences. The allowance of time for relationships to build is also important from a support and care perspective. For example, one participant discussed their longstanding relationship with a specific General Practitioner (GP) in their local area as a positive place-based influence.

The insights above are relevant to experiences of being newly retired as well. A previous study highlights this point by concluding the following:

**"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).

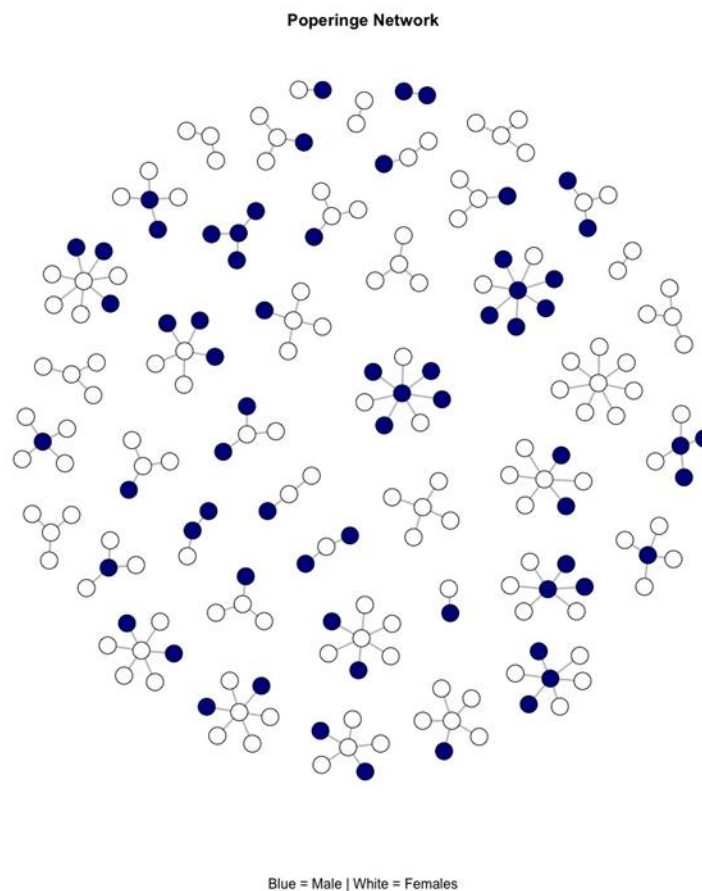
The quote above alludes to the significance of the opportunities that are available in a place to sustain meaningful relationships and, where relevant, develop new ones. HAIRE's SNA tool allowed project partners to understand what was specifically valued in Poperinge with regards to relationships, activities and key organisations – including information sources. These SNA-related data can help in identifying what is working in a place in terms of positive place-based influences on wellbeing. A summary of the SNA findings are covered in the next section.



#### 4. Summary of Social Network Analysis (SNA)

The data presented in this section covers the SNA survey responses of 42 participants. On average, participants in Poperinge have a network size of 3.70 people. They rely on an average of 3.44 people for support, while health advice is sought from 2.63 people in their social networks. When the findings were organised by gender, it was found that men had slightly larger social networks compared to women (an average of 4.25 people vs. an average of 3.57 people).

The diagram below provides a visual depiction of each participant's social network.



When categorised, the specific relationships in respondents' social networks were as follows: 0.60 friends, 3.21 family members, 1.95 ties to neighbours, 2.67 healthcare professional ties and 0.56 ties to community volunteers. Former work colleagues were not mentioned at all. As such, the participants' strongest ties were to family members and healthcare professionals.

Although these are surface-level findings, individuals with fewer than 3 people in their social networks may find it difficult to find support. As highlighted by HAIRE's GCs, a person's wellbeing, including their feelings of loneliness, is more complex than what can be understood by simply documenting the number of people in their social network. However, such measures can be

considered as a preliminary indicator of individuals who may need support. Open dialogues with such locals, i.e. conversations that are led by the individual, can help to identify and address any issues raised, while also recognising the positive aspects of their lives and what they can offer others in the community.

The table that follows shows the community connectors (enablers of connections to others in someone's community) and power holders (individuals who can influence action in a community) in Poperinge, as listed by the participants.

## Connectors and Power Holders

<b>Responses from men in Poperinge</b>	
<b>Community Connectors</b>	1 Buur 1 Directeur WZC 1 Zorgverlener
<b>Power Holders</b>	1 Politici 1 Directeur WZC
<b>Responses from women in Poperinge</b>	
<b>Community Connectors</b>	1 Bond Moyson 1 Vrijwilliger Nestor 1 Familieleden (zoon) 1 Feestcomite 1 OKRA 1 Zorgverlener Proventier 4 Zorgverlener 2 Famillehulp 1 IMENS 1 Huishulp 1 Gameenschapsorganisatie
<b>Power Holders</b>	1 Burgemeester 2 Politici

The data above suggests that care givers and individuals providing community support play a key role in connecting individuals to their community. Family members and friends (including neighbours) facilitated connections as well. Interestingly, the facilitative community connectors were not seen as power holders. Power was attributed to politicians and directors.

Additionally, the SNA survey dealt with valued information sources that people used. Participant responses follow.

## Sources of Local Information

	Media	Places & Organisations	Individuals	Other (n=20)
<b>Sources listed by men</b>	7 Stadskrant 1 Computer	3 Buurtkrant De Zolder 3 De Bres 1 Buurthuis 1 Nestor 3 Okra	1 Via mensen op Straat 1Buren	1 Andere 1 Informatiebron 1 Dagkrant 1 Pallertert je 1 Affices
<b>Sources listed by women</b>	1 Online of offline media 1 GSM 1 Nieuw Afspraak 1 Offline stadskrant 2 Dagelijkse krant 2 Stadskrant 1 Bress 1 Stanputter 1 Krant 1 Facebook	5 Okra 6 De Bres 1 Lokale dienst of organisatie 1 Tijdschrift van De Bres 1 Stadskrant 1 Familiehulp	4 Buren 1 Kinderen 1 Poetsvrouw 1 OD 1 AT 1 MTH 1 iPad 1 Poetsvrouw 1 Oud Collega 1 Buurvrouw 1 Groentenboer 1 AD 1 KB 1 MG	1 Stadskrant 2 Krant 1 Vanaf nu 2 Misschienook 2 Website ven 1 Andere informatiebron 1 Anaf nu 2 Okra 1 Plaatselijk 1 Nieuws TV

The data outlined above needs clarification from HAIRE's partners in Poperinge – especially in relation to the definitions of the abbreviations that respondents used. Moreover, some sources, such as Stadskrant (the town newspaper), appear across multiple information source categories. This discrepancy may have been due to administrative issues during data collection and analysis, and/or to differing views of participants concerning the definitions of information source categories. Nonetheless, the lists provided above highlight key information sources that are currently valued by older adults in Poperinge.

The SNA survey also covered activities and local groups that participants found valuable. Responses follow.

## Sources of Activities and Local Groups

Activities and organisers of local groups listed by men	Activities and organisers of local groups listed by women
2 Okra 1 Don Bosco 1 Buurthuis 3 De Bres 2 Bibliotheek 1 Proventier 1 Petanqueclub Bellewijk	5 Okra 9 De Bres 1 Proventier 1 Neen 3 Bres 3 Proventier 1 Kind & Gezin 1 Boerenbond in Wijschate 1 Bollaerd 1 Wit – gelekruis 1 Koetertje 1 Ontmoetingscentrum 1 Buurthuis 1 De Kroone 1 Praatcafe Abele

At this stage, the information provided on community connectors, power holders, information sources and valued activities and groups will be useful in coordinating HAIRE-related initiatives. Groups, resources and spaces that are currently being used can be harnessed to sustain and expand meaningful activities. In essence, these groups, resources and spaces contribute to a place’s vitality and could help to promote a wider culture of inclusivity and participatory involvement across all groups. Based on the GC and NA findings, opportunities for interactions across all community groups (e.g. intergenerational) will be a key part of initiating **“warm and caring”** neighbourhoods.

An overview summary of all of the insights that have been brought together in this report is provided in the next section.

## 5. Final Summary

The way that wellbeing and loneliness have been conceptualised through HAIRE's findings can enable health and social care providers to understand these two key aspects of healthy ageing at an individual level. GC responses have shown how structural influences, person-centred influences and place-based influences can combine for an individual at any given time to shape their wellbeing. These influences can be dynamic over time and even change on a day-to-day basis. As such, responses to issues that arise can be difficult to operationalise. Open dialogues, the provision of inclusive spaces and the development of meaningful relationships are key steps in understanding what can be done locally. Poperinge's neighbourhood parlours (Buurt Salon) can be a significant resource for achieving these steps. As suggested during the NA sessions, the involvement of local businesses in resourcing such spaces and the activities conducted within them could be a valuable avenue to explore. Business involvement does not have to be limited to resourcing through capital. The facilitation of informal social interactions and promotion of neighbourhood-orientated care through local businesses can be effective (McClellan et al. 2021).

In HAIRE's GCs, enabling and giving time for valued interactions to develop was seen as a key component of managing difficult life experiences and sustaining positive wellbeing. On the whole, such interactions involved other individuals, but moments of solitude and time for carrying out interests and/or aspirations as an individual were important too. These insights are particularly pertinent to individuals who require ongoing support with daily routines and/or those in care home settings. Care can be more person-centred when it aligns with someone's interests, meaningful activities and relationships, and aspirations. These considerations are also important in facilitating meaningful and sustained relationships between caregivers and those who require support (McSwiggan et al. 2017). Unfortunately, practices that promote dialogue, participation and inclusivity, do not always align with how care is currently structured. Structured roles and shift work render such practices difficult. Thus, dialogues between care providers, those receiving care, the wider community and decision-makers need to be established in relation to this matter.

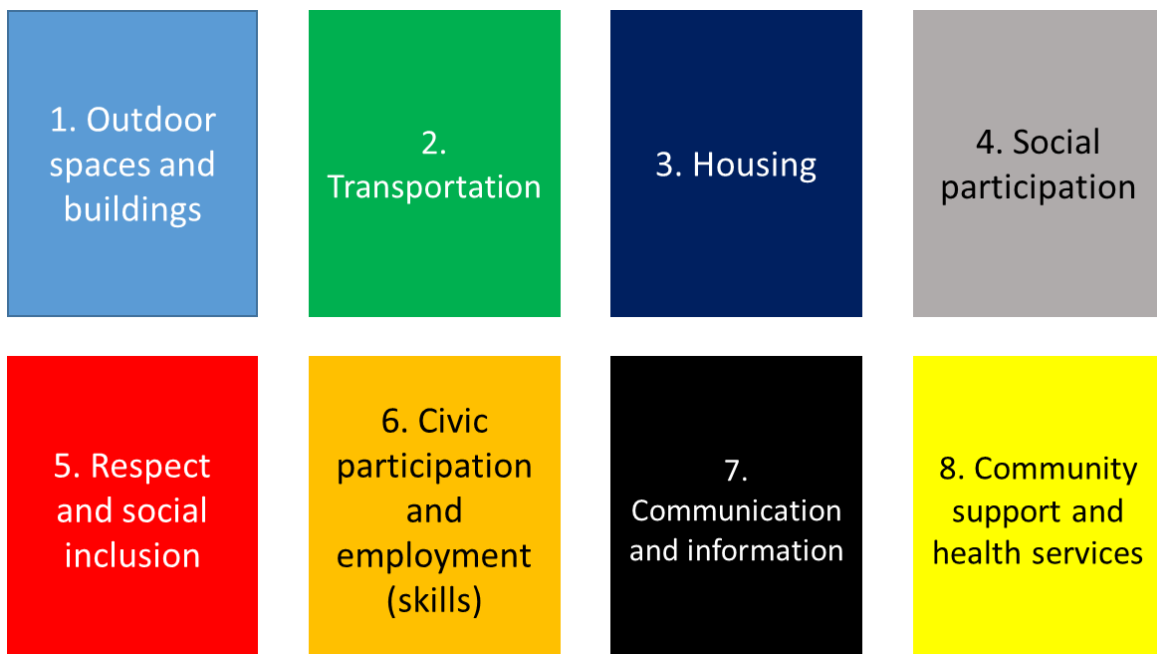
Meaningful care can aid in establishing the **"warm and caring"** neighbourhoods that are desired in Poperinge. Once more, dialogue and inclusivity across the whole community needs to be supported. The involvement of all groups in how services are organised and developed can enable action to be more relevant. Digital inclusion is part of the picture here too. The advantages of digital connectivity can be promoted by demonstrating its direct benefits to an individual and by using technologies in a locally relevant manner (e.g. by showing how digital connectivity can make social interactions and



access to valued activities easier). Support that is provided in using such technologies can be better received if it is facilitated in comfortable and familiar environments (LaMonica et al. 2021).

Overall, the recognition that experiences of retirement and that someone's ageing journey can be enhanced through inclusive dialogues is positive for Poperinge. Neighbourhood-orientated care can be coordinated through the involvement of all groups in a community. Conversations between power holders, community connectors, mixed groups of locals (e.g. intergenerational) and service providers can enhance community cohesion and encourage groups to work together on responses to challenges. Action may be slower, but more relevant to on-the-ground needs. These types of approaches lay down the foundations for inclusive democracies (NESTA, 2020). The World Health Organisation's (WHO) Age-friendly Communities framework provides a list of eight domains that can inform community-wide engagement and participatory action (Centre for Better Ageing, 2020). In Poperinge, these domains may be useful in identifying themes for discussion during neighbourhood-orientated dialogues. The eight domains are shown below.

3



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