HAIRE Community Report

{Goes and surrounding villages - including 's-Heerenhoek, Netherlands (NL)}
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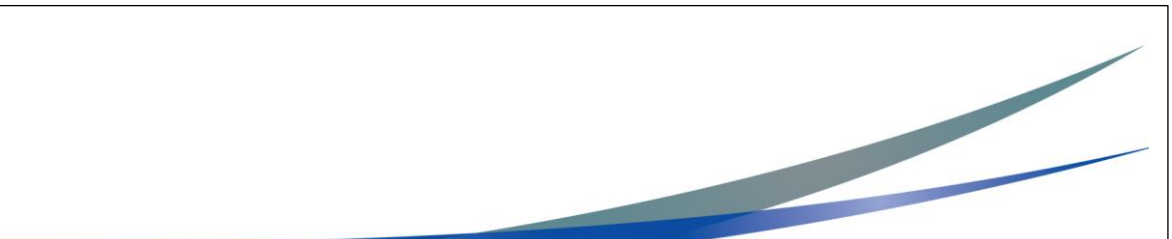

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Table of Contents

Executive Summary

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

Methods: The involvement of older adults and partners that work with older adults, such as Solidarity University, HZ University and GGD Zeeland, is at the heart of the project. Three research tools were co-designed with the HAIRE project's partners to explore HAIRE's aims:

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

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

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

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

Wellbeing was discussed particularly negatively where confidence was low and individuals had few aspirations for the future due to their past and/or current experiences. Notably, aspirations do not necessarily have to be big. For example, the pursuit of valued activity and/or accessing a meaningful local space without any barriers can make a big difference. The influence of the Covid-19 pandemic was felt significantly as such ongoing interactions and aspirations were disrupted.

Negative influences on wellbeing were particularly apparent amongst individuals who endured difficult life experiences, such as bereavement, chronic illness, a decline in mobility and a loss of meaningful activities and spaces. These adverse influences have significant relevance to individuals in care home settings and/or individuals requiring ongoing support with their daily routines and to access meaningful interactions and activities. While physical needs, such as support with mobility, nutrition

and self-maintenance are important, the value of relevant opportunities to build relationships and/or undertake meaningful activities was also noted. In-depth approaches to care that nurture dialogues and inclusivity can identify the personalised elements that can make a specific person's care more meaningful. A key consideration here is to consider how such care can be facilitated, as practices that promote dialogue, participation and inclusivity, do not always align with how care is 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.

Negative experiences of loneliness were shaped by a person's specific life experiences and the challenge of dealing with prolonged periods of exclusion. Enhanced frequency of interactions and the numbers of people who individuals interacted with did not always alleviate feelings of loneliness. Once more, meaningful activities and relationships, and sentimentality proved to be important, as low moments that were linked to feeling alone were often unpredictable. At this point, the diversity of experiences and opinions that relate to ageing must also be reflected upon. Self-identity and a desire to engage in interactions and activities that are not specifically for older adults was key for some participants. Therefore, local opportunities that bring together all groups (e.g. all ages and individuals from a diverse range of backgrounds) can foster more vibrant neighbourhoods and also help in creating dialogues to counter societal stigma in relation to certain groups. Such dialogues could help to address some of the issues that may have led to prolonged periods of exclusion, e.g. due to socio-economic inequality, background and/or disability. These types of opportunities were especially relevant to participants who valued local leadership and/or newly retired older adults.

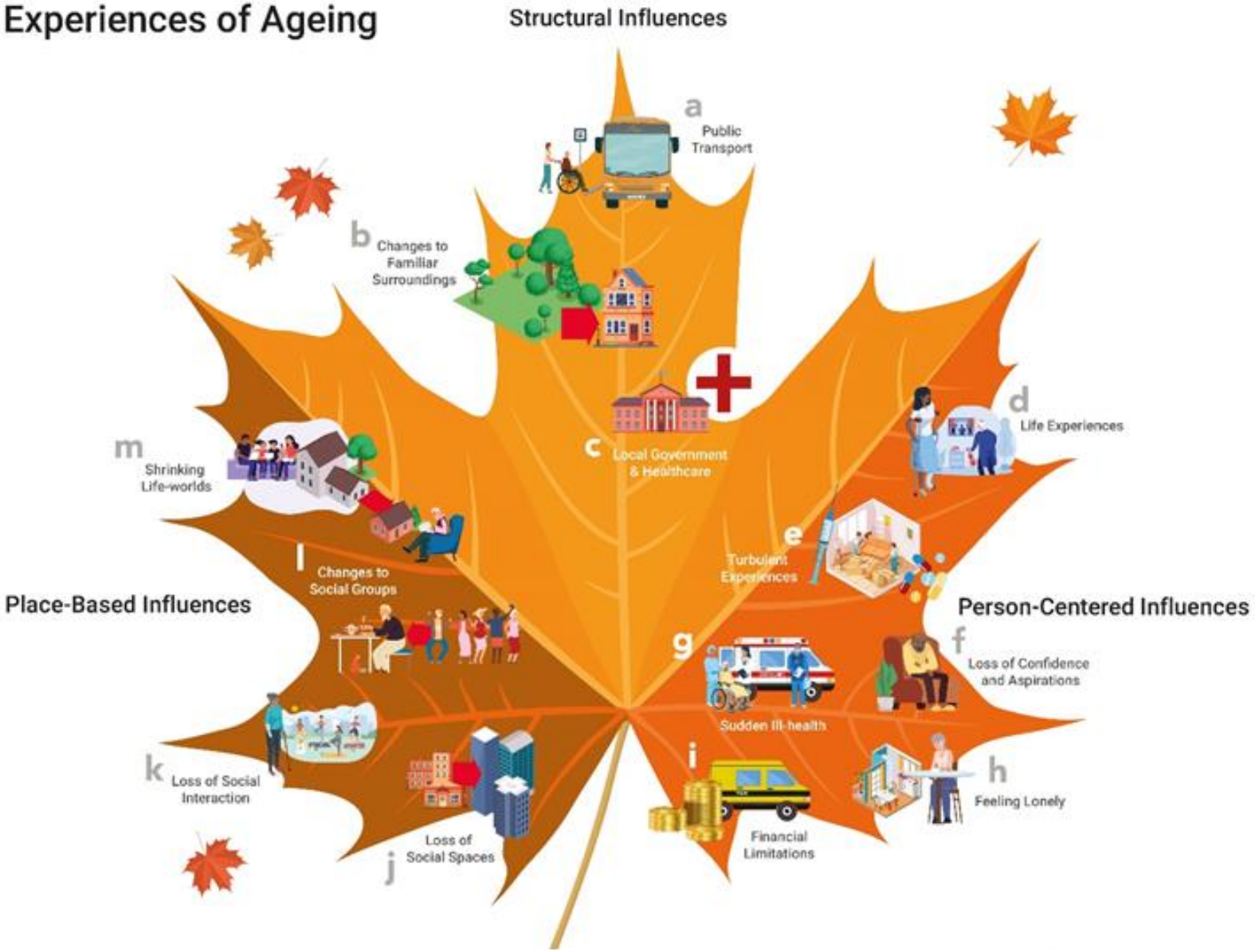
A key point of learning here was that wellbeing-related issues can be tackled in a way that is more relevant to local needs when support is developed 'on-the-ground' and listens inclusively to these needs. The impacts of older adults' wellbeing-related issues extend beyond the individual to influence close relations and entire groups in the community. Connections with family members and friends, and support that older adults 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. As alluded to above, key detriments to wellbeing were discussed when participants found influences to be sudden, unpredictable and/or unmanageable.

Forced changes, such as chronic illnesses, bereavements and a loss of valued, meaningful activities and relationships, were very much part of these negative influences. Importantly, the aspects of the activities and

relationships that made them meaningful to a person were highly personal. However, place-based and cultural aspects of identity played a role in defining what was found to be meaningful.

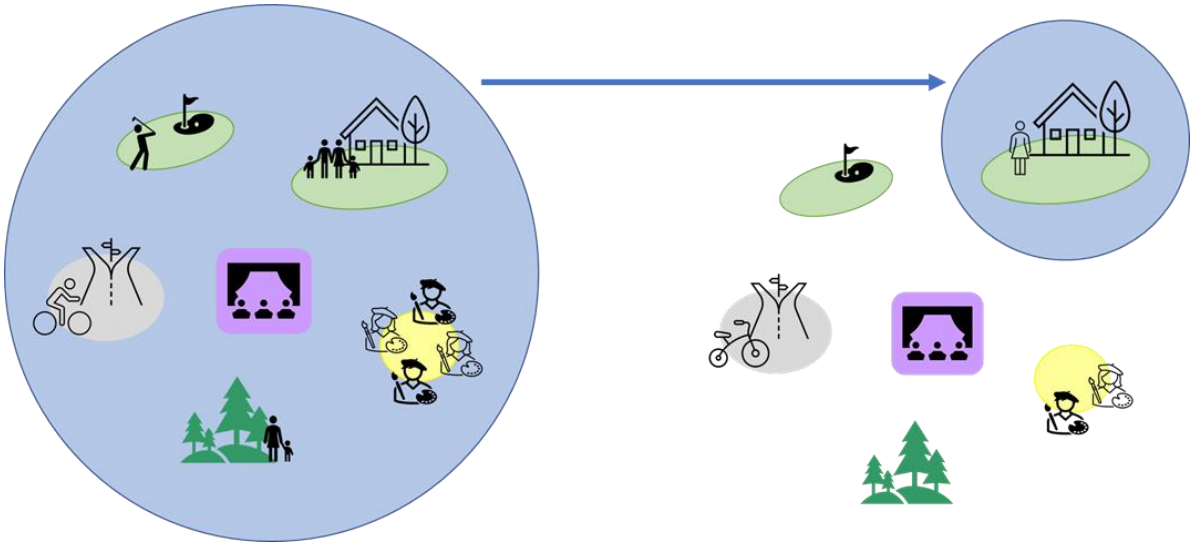
Influences on Experiences of Ageing



For clarity, examples included in the diagram above include:

Structural Influences: a. Public Transport, b. Changes to familiar surroundings, and c. Local governance and healthcare; **Person-centred Influences:** d. Life experiences, e. Turbulent experiences, f. Loss of confidence and aspirations, g. Sudden ill-health, h. Feeling lonely, and i. Financial limitations; **Place-based Influences:** j. Loss of social spaces, k. Loss of social interaction, l. Changes to social groups, and m. Shrinking life-worlds.

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, bereavement and/or needed long-term care. The diagram below provides an example of a *shrinking life-world*:



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

However, a *shrinking life-world* is not necessarily associated with a decline in wellbeing. The maintenance of meaningful relationships and activities within the *life-world* can help people manage difficult life experiences. When discussed in relation to loneliness, it was primarily

access to the meaningful aspects of someone's life that defined how lonely they felt. Feelings of loneliness were not necessarily shaped by how many people individuals interacted with or how often these interactions took place. In times of changing life circumstances, opportunities to try and engage in new activities and relationships are important too, but they need time and continued dialogue to become meaningful for a person.

Access to spaces, activities and valued social interactions influenced participants' sense of wellbeing. Exclusionary experiences acted as significant barriers to accessing meaningful activities and for building relationships. Problems were exacerbated for participants who lost access to their most meaningful, sometimes only, activities and/or relationships. These influences were particularly negative when responding to added challenges (e.g. the Covid-19 pandemic) became unmanageable. These types of unmanageable situations, with no foreseeable solution from a person's perspective, compromised wellbeing and contributed to feelings of loneliness.

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):

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.

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

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

1. Outdoor spaces and buildings

- Engaging older adults in inclusive dialogues around changes to their neighbourhoods – particularly in the town of Goes and in villages undergoing demographic changes.
- Opportunities to link personal stories and experiences to spaces and buildings in the community.
- Clear and transparent processes for using spaces to run culturally meaningful events (all groups).

2. Transportation

- Beginning inclusive dialogues around how meaningful spaces and activities in the local area align with transport provision to those spaces and activities.
- Improvements on the above can be encouraged (in small steps) via dialogues between activity / club organisers, social care providers, service users, e.g. older adults, and transport providers.
- Increasing awareness of people that rely on support from others in relation to mobility, e.g. spouses and/or other close relations driving.

3. Housing

- Opportunities to engage older adults inclusively and democratically about communal rules in living spaces (co-deign) – particularly in relation to care home residents.
- Opportunities to share knowledge and experiences of adapting homes to be more age-friendly.
- Information on support available for adapting homes and any entitlements for support.

4. Social Participation

- Promoting a culture of care in the local area across all groups and creating inclusive messaging around opportunities for social participation (e.g. local groups and/or events).
- Clear processes for older adults to engage others in their ideas and/or activities that they value.
- Encouraging dialogues across all groups in the community – particularly around local issues.

5. Respect and social inclusion

- Dialogues with older adults that go beyond their functional care needs and show interest in their life histories, passions and aspirations.
- The above is particularly relevant to care home residents and can be facilitated through approaches like HAIRE's Guided Conversation.
- Local opportunities to share stories and valuable experiences with all groups in the community, e.g. multi-culturally and in intergenerational settings.

6. Civic participation and employment (skills)

- Recognition and publicity for support given and services provided to local community.
- Skills exchanges with diverse groups in the community.
- Encouraging civic participation to take place in meaningful spaces and improving access to such opportunities, e.g. free events – even if one-off events at certain times in the year.

7. Communication and information

- Ensuring that new methods of communication, e.g. digital, are introduced with clear / transparent opportunities for feedback and support.
- Support should be person-centred and take place in comfortable environments for older adults, e.g. familiar spaces.
- Effective communication can be facilitated through engaging valued (sometimes informal) information sources (including local people). This is particularly relevant to the villages around the town of Goes.

8. Community support and health services

- Dialogues with transport providers in relation to transport provision to specialist health services – particularly for those that live in the villages around the town of Goes.
- Encouraging reflexive and in-depth practices across social care providers.
- Opportunities for skills sharing in relation to reflexive practices in the community and with regards to social care providers.
- Beginning dialogues around resourcing such practices appropriately, e.g. with local authorities and wider policy makers.

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 pilot sites in the municipality of Goes (the Netherlands) to show: i. the area's key resources; ii. the needs, aspirations and capacities of older adults in that area; and iii. the important connections that exist in that area. It answers the questions:

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

The municipality of Goes is located in the southwestern province of Zeeland in the Netherlands. HAIRE's activities primarily took place in the villages to the south of the small city of Goes and with older adults living in the city itself. The city acts as a hub of facilities and amenities for a predominantly rural area. The villages around the city of Goes that participated in HAIRE included, but were not limited to, 's-Heerenhoek, Oudelande and Kruiningen

Isolation and loneliness are key issues in the area. Further, 21.8% of the municipality's population (total: 39,880 inhabitants) are 60-75 years of age, and 11.1% are 75 years of age or above. These details were shared by HAIRE's partners in the municipality of Goes during the project's launch meeting in February 2020.

The following sub-sections provide an overview of the three methods used 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.

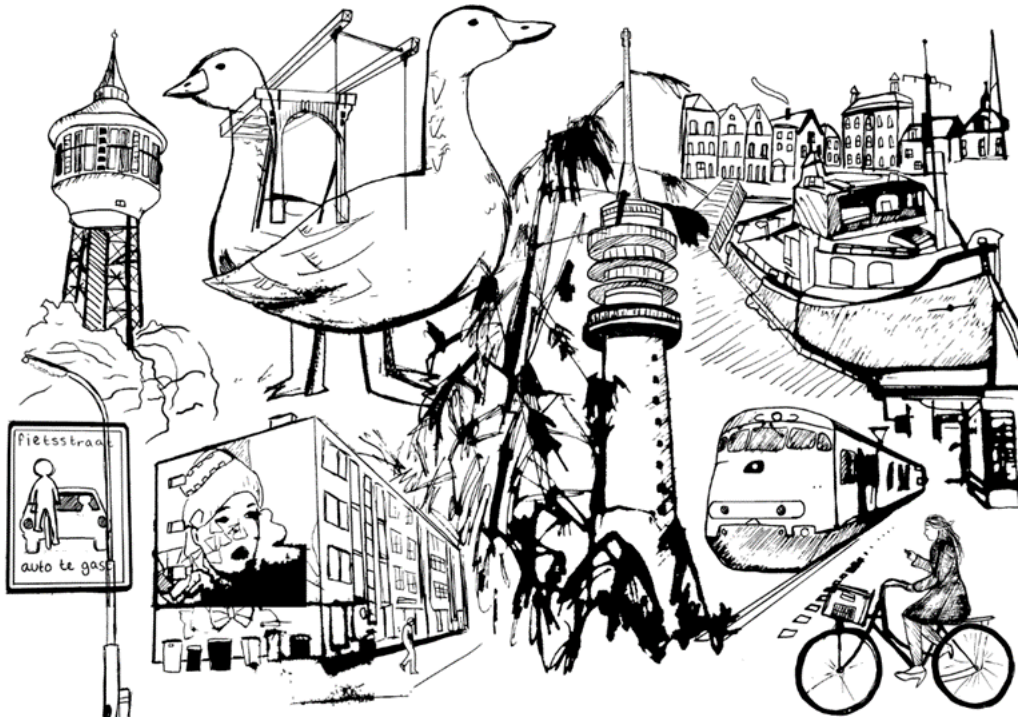
- **Guided Conversations (GCs):** These are in-depth conversations with individuals (people over 60 years of age and in retirement in HAIRE's case) about their wellbeing. Co-designed visual images are used to stimulate conversation. Individuals are invited to openly talk about a set of topics relating 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 enable 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, including identifying opportunities for relevant support.

The visuals used in HAIRE's pilot sites in the municipality of Goes 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 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-related activities concludes the section.

3.2. Neighbourhood Analysis

In HAIRE's pilot sites in the municipality of Goes, HAIRE's partners conducted NA sessions with local residents from August 2021 to December 2021. Solidarity University, HAIRE's partners in the area, produced a set of summative reports and resources based on the NA findings and shared these with the communities that were involved in HAIRE. The NA findings were also shared with GGD Zeeland, which is an organisation that co-ordinates health and social care services in the area.

The collaborative sharing of such information can help communities realise the potential of the resources that exist in the local area to address wellbeing-related issues, including those linked to loneliness and isolation. Dialogues between HAIRE's partners in Goes and local older adults will continue until the end of the project and will seek to help

communities to use and share local resources in a way that can respond to the challenges experienced by older adults on a day-to-day basis. Efforts to understand the meaning of these resources to local older adults can also be better understood. In this sense, meaning refers to whether locals find existing resources valuable in the context of their personal and social identities and experiences, and how they relate to aspects of their community (e.g. history, heritage, the environment and current social make-up). Such insights can inform effective resource planning in the future. Resource gaps that create barriers for local communities and specific individuals in a community to address their wellbeing-related needs and aspirations can be identified collaboratively.

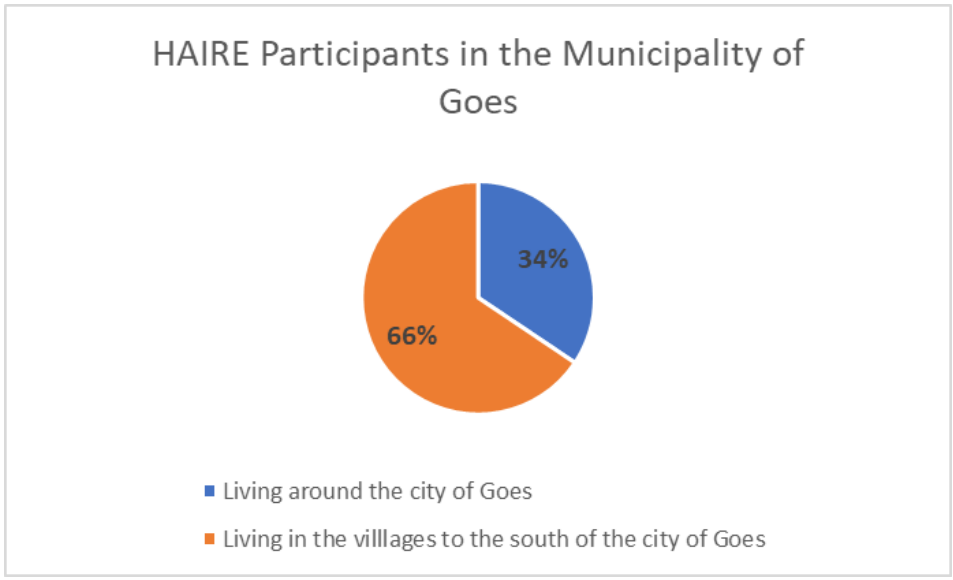
In line with the points above, HAIRE's GCs helped to understand the issues that older adults faced, how they dealt with difficult life circumstances, and how their personal experiences shaped what they found meaningful. At this point, the different stages of and diverse experiences of ageing should be acknowledged. The GCs conducted highlighted the importance of recognising such diverse experiences and the individualised aspects of day-to-day routines. Findings from the GCs are covered in the next section.

3.3. Guided Conversation

In this section, the insights from the GCs in HAIRE's Goes pilot sites are presented. In-depth findings from 13 men and 19 women who participated in the GCs are included. A summary of the participants included in this report by age can be seen below:

- 60-65 years of age - 4 participants (3 women, 1 man)
- 66-70 years of age - 10 participants (8 women, 2 men)
- 71-75 years of age - 5 participants (3 women, 2 men)
- 76-80 years of age - 6 participants (3 women, 3 men)
- 81+ years of age - 7 participants (2 women, 5 men)

Additionally, 11 of the participants whose contributions informed this report resided in the city of Goes and 21 lived in the villages that were to the south of the city – including 's-Heerenhoek, Oudelande and Kruiningen (as demonstrated in the graph that follows).



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 outline descriptively what participants said in relation to each of the GC topics. A descriptive overview of GC responses can be seen in Version 1 of this report. In this version (Version 2), the descriptive findings in Version 1 have been used to inform critical insights around how wellbeing, loneliness and empowerment can be understood. Primarily, three types of influence have been identified: **structural**, **person-centred** and **place-based**.

3.3.1. Structural Influences on Wellbeing

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

Transport provision and its impact on access to key places, spaces and services is a dominant example of a structural influence within rural communities (Gray, 2004). The GCs that were conducted in the municipality of Goes highlighted how older adults are heavily reliant on car ownership and/or friends and family members who can drive. Transport-related barriers were particularly challenging for residents of less connected areas, such as the villages around the city of Goes (e.g. 's-Heerenhoek, Oudelande and

Kruiningen). Even though a person's day-to-day routines may not be affected too deeply, a lack of transport options to hubs for wider facilities and amenities, i.e. the city of Goes, can bring about issues when emergency and/or specialist services are required. Additionally, smaller, less connected villages can experience adverse effects of being situated near a bigger hub. Healthcare and other professional jobs can be more common and/or sought after in the larger hubs, leading to frequent changes in personnel in, for example, general practitioner (GP) surgeries in smaller villages (Holte et al. 2015). As a result, access to (and the quality of) health and social care can be hindered in smaller villages. The quote below highlights this problem, and alludes to the value of long-term relationships with regards to health and social care services:

[Volunteer note]: **"There's a hospital in Goes [city] and a GP in Kruiningen. There is a lot of change of general practitioners (observant doctors), which she is less satisfied with. She prefers a regular doctor."**

When issues around transport were explored more closely, gendered dialogues were raised by some participants. Married women without a driving license relied on their spouses for car rides to appointments and to carry out day-to-day activities, e.g. shopping. This example demonstrates how two structural influences can combine to create barriers for individuals in accessing key spaces, activities and social interactions. The two influences alluded to here are the well-recognised challenges of rural transport provision (Gray, 2004) and how traditional gender roles can impact on transport needs later in life. When discussing how women travel less by car and tend to be more reliant on others for car journeys, Lefrancois (1998, p. 21), outlines this issue: *"This stands for reason as for married women this task is mainly allotted to the husband".* These structural influences can also undermine people's confidence and prompt feelings of regret:

[Direct quote]: **"It never came to get a driver's license… I should have done that when I was young."**

The quote above was accompanied by a note from the volunteer who conducted the GC, which read: **"…and now she's afraid [to learn to drive]".**

Person-centred influences will be covered in the next sub-section of this report, but it is clear that difficult life experiences, e.g. bereavement and/or divorce, can leave individuals without a clear way to access meaningful spaces, activities and social interactions. The importance of maintaining – and/or identifying new – meaningful activities, social interactions and relationships when circumstances change will be covered at various stages in this report. In terms of structural influences, negative impacts on wellbeing were more pronounced when there was a lack of clarity in relation to how individuals could access the meaningful aspects of their day-to-day lives. Changes to procedures to access mobility-related support were highlighted as a prominent problem:

[Volunteer note]: **"Normally Madam used the taxi to go to the 'zorgboerderij' [care farm] but then for a long time the taxi was not allowed to drive [her], due to corona, and so she started going with the scooter. Now she's still taking the scooter because you have to order the taxi 24 hours in advance. The rules are difficult to understand and change all the time, according to the lady."**

The farm mentioned in the quote was a place where the individual undertook handicraft activities and socialised with others. The farm was the only space where the participant could undertake these meaningful activities. The challenge of accessing such experiences was noted in relation to care home residents and those requiring assistance to access meaningful encounters. The importance of feeling at home in such settings is demonstrated by the quote below, especially with regards to feeling safe during a time of crisis, i.e. due to the Covid-19 pandemic:

[Direct quote]: **"I'm in a protected environment, living between the same people. I'm picking out my own people. [It's] Nice and safe in my own bubble [and I am with] people who think the same thing."**

Doubts around living spaces and precarious living circumstances will be covered in more detail in the sub-section that discusses place-based influences. Nonetheless, feelings of wellbeing were compromised when structural influences halted access to and/or made carrying out the meaningful aspects of someone's daily routines impossible. These detrimental experiences were exacerbated when structural changes were sudden, particularly in the context of the Covid-19 pandemic. Participants could not find avenues for sharing their experiences or knowledges (particularly of the local area) with others. Meaningful clubs and social interactions stopped for some people and others were not able to see friends and/or family. Relevant examples are provided below:

[Volunteer note}: **"Well, she's done with the corona crisis. You have nowhere to go and the visits she can make or receive are only sporadic. Life's kind of boring."**

[Volunteer note]: "**[She has] a sister of 86 [years of age] who lives in Flanders. With her, she has weekly telephone contact and before corona they did visit each other for birthdays. Her sister is important to her."**

[Volunteer note]: **"The friends regularly visit each other, for example [for] a game of cards, but that is also difficult with corona, because everyone [he socialises with] falls into a risk group."**

[Volunteer note]: **"If the coronavirus does not prevent it [in usual times], she can be found in the neighbourhood building on two afternoons [per week]… In the past, the lady has been a pivot in the neighbourhood: she has been the manager of the building for many years."**

The final quote included above also alludes to how the pandemic impacted on individuals with leadership roles in a community. Across the GCs,

references were made to being upset about the Covid-19 pandemic in relation to others who had felt its impacts more profoundly (e.g. loss of loved ones), being more vulnerable and not having anyone at all for support and/or social interaction. Community dialogues that draw on compassion and foster meaningful community links and interactions for people can make a difference. Such links are particularly important amongst care home residents and/or individuals in need of continued support to carry out their daily routines (Dean and Major, 2008).

Structurally, representation and having opportunities to be listened to, particularly for individuals who value leadership roles, can have positive impacts on wellbeing. These positive impacts can be facilitated by promoting activities, dialogues and practices that are valued and beneficial for communities and groups as a whole (Kritz et al. 2020). In the GCs, exclusionary barriers to being listened to included how municipal and local authority representatives were now only **"behind the office"**, i.e. working behind closed doors, and discussions with other service providers mostly relied on digital skills and connectivity. The quote below is an example of how a lack of opportunities to engage in dialogues with municipal services can lead to frustrations:

[Volunteer note]: **"Since the GR became the Bevelanden, things no longer run smoothly there according to Mrs [name removed]. When it [service] was still just at the municipality you had a permanent contact person, but now there is always someone else. The municipality only sends letters and you hear nothing further."**

Digital transitions in modes and types of communication, particularly with service providers, can alienate individuals if support is not provided. Such transitions are worsened by societal narratives about ageing that lead to exclusion, e.g. **"being too old"** to learn:

[Volunteer note]: **"Digitisation of all kinds of services sometimes makes him insecure, especially at banks."**

However, the potential value of digital communication should not be overlooked. A major consideration here is to provide support when such transitions happen and to offer this support in environments and ways that are meaningful and participatory for individuals (LaMonica et al. 2021).

NESTA, a UK-based think tank, has undertaken interesting work on the importance of sharing information with locals and how inclusive opportunities should be created to ensure dialogue and participation in local decision-making are facilitated in meaningful and accessible spaces. A guidance document was produced by NESTA and a link to that document is included in this report's references (NESTA, 2020). The diagram below, from NESTA's report, demonstrates a four-stage approach to facilitating and widening access to information and knowledge, and allowing for local perspectives and manifestations of an issue to inform responses.

(NESTA, 2020)

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

- Linking individuals who show leadership and care for their community with local authorities and more isolated individuals, e.g. some individuals in care homes and older adults who live on their own and require continued support to access meaningful activities and/or social interactions.
- Spaces for meaningful and valued activities, e.g. local markets, billiards clubs, football and local handicrafts groups, and widening their promotion and use through culturally relevant (to all groups) events.
- Sharing stories around life experiences, e.g. bereavement, chronic illnesses and impairments.

The final point listed above is particularly important for addressing societal stigma related to ageing and/or social inequalities, e.g. socio-economic background and status, and/or experiences of disability (Menec and

Perry, 1995). Feelings of exclusion linked to such stigma can exacerbate loneliness and hinder efforts to establish meaningful relationships. HAIRE's GCs provided indications of where better dialogues can help. For example, in communities that were experiencing a change in demographics as a result of immigration, individuals spoke about tensions:

[Volunteer note]: **"There are quite a few immigrants in the village. He does not mind, but he does notice that there is a difference between people from the village and the immigrants, for example in maintaining gardens. He regrets that one half of the gardens in the street are nicely maintained and in the other half not".**

Such issues have no easy solution. However, open, inclusive dialogues that relate to the matter from both local perspectives and the perspectives of immigrants have made differences in other places (Driel and Verkuyten, 2019), rather than allowing conflicting views to become increasingly polarised over time. Interestingly, Driel and Verkuyten (2019) discussed how local leadership to mediate dialogues and capitalise on any historic cases of tolerance and openness can be helpful. This is relevant to the communities in the municipality of Goes, as many examples of community-level care were identified in HAIRE's GCs. An example is provided below:

[Volunteer note]: **"He has been involved in the elderly union in the village for 57 years, of which 12 years [was] as chairman. For 20 years, he has participated in 'tafeltje dekje', where hot meals are served for the elderly."**

The points above provide an example of how structural influences can link up with person-centred influences on wellbeing, i.e. via a deep-rooted identity around community and/or wider social care. A summary and discussion of the person-centred wellbeing influences identified in the GCs is provided in the next sub-section, which will be followed by a sub-section on place-based influences.

3.3.2. Person-centred Influences on Wellbeing

In HAIRE, a wide range of person-centred influences on wellbeing were discussed by participants. GCs with participants showed how a person's life experiences, current routines and aspirations for the future can shape their wellbeing. These highly personal qualities essentially define someone's person-centred influences on their wellbeing and highlight how there are multiple pathways to wellbeing in ageing (Teghe, 2009). Highly individualised experiences play a role in defining what an individual finds meaningful and how they build close relationships with others, e.g. their friends and family. These relationships can extend beyond the people who they interact with socially, provide support for and receive support from. Meaningful activities and encounters that individuals value can make a positive difference. Examples here included, but were not limited to, television programmes that people enjoyed, card games and Rummikub with friends, being involved in local football, walking and gardening. One

participant's passion for their interest (football) was simply expressed by the following exclamation:

[Direct quote]: **"Football is very important in 's-Heerenhoek."**

Such activities and having access to appropriate spaces can make a big difference to individuals. An example here is the participant who was able to continue to tend to his garden through the Covid-19 pandemic. The participant stated that their morale and situation would remain unchanged, as long as they could continue to perform their valued activities and routine.

[Volunteer note]: **"There is no difference between before and after the corona crisis. So to relax, sir has his allotted garden."**

The same participant spoke about a problematic person-centred influence on wellbeing, which resonated with many other participants; this participant enjoyed walking but was finding it increasingly difficult due to changes in their personal mobility and physical pain.

[Volunteer note]: **"He also likes to walk, but now it's difficult with the muscle pain."**

Changes in physical condition can hinder participation in valued activities and/or access to spaces for meaningful social interactions. Another example is provided below, which shows how physical discomfort can also create mental barriers to participation in valued activities:

[Volunteer note]: **"He was always very sporty but is now hampered by physical discomfort and sometimes mentally unable to initiate [physical activity]."**

Dialogues around possible adaptations and new opportunities for meaningful activities and social interactions, including for relationship building, can be important. As previous studies have shown, individuals can feel lonely with the onset of ill-health, including chronic conditions, as their valued routines are disrupted (Petitte et al. 2015, Bay et al. 2020). These findings were especially pertinent for participants who required ongoing support and/or those in care home settings with limited opportunities to pursue valued activities or to access meaningful spaces:

[Volunteer note]: **"With [a] volunteer, Mrs. goes out weekly for walking. Without help, she won't get out of her house/backyard."**

Important social interactions can be maintained where support is provided and received in circumstances where individuals have and/or can build meaningful relationships. In care settings, wellbeing goes beyond meeting the transactional needs of individuals, e.g. meals, support for cleaning and help in accessing key services (doctor's appointments and any special medical treatment). Social interactions and relationships are important (Dean and Major, 2008). The value of such relationships was demonstrated by

a participant whose only meaningful social interaction occurs through visiting a 'zorgboerderij' (care farm):

[Direct quote]: **"…You have people around you. You can get along better with one [person] than the other, but that makes sense. But [it's] just that you're together and you can talk and be busy with people."**

These types of relationships become more important as people lose contact with individuals who are close to them, for example through bereavement or moving house. Close bonds, either with family members and/or friends, can help in managing difficult life experiences and illnesses:

[Direct quote]: **"Actually, that depression started when my dad got sick. Saying goodbye to each other as a family was actually very beautiful. As brothers and sisters, we have become stronger… That was part of the recovery of my depression."**

The loss of a partner can create significant challenges for older adults. Couples with close bonds tend to work through issues together and HAIRE's GCs revealed many examples where couples navigated difficult experiences as a team:

[Volunteer notes in relation to managing emotional wellbeing]: **"Sir has a strong marriage to his wife. He therefore often answers the questions in the "we" form."**

The volunteer's note was followed by a series of quotes from the participant:

[Direct quotes]: **"We handle adversities well"** … **"We're entrepreneurs!"** … **"You can learn lessons from setbacks"** … **"We often say to each other, we'll solve it and if it can't be solved, then we can't"** … **"We can talk about problems together."**

Of course, this type of relationship and support is not always built with a spouse. Other individuals with varied life circumstances had strong support networks that consisted of friends, children, siblings and/or other family members. Experiences can also shift with the onset of ill-health or bereavement of people close to an individual:

[Volunteer note]: **"Sir lost his daughter in middle-age, along with his wife, [previously] they were supportive of the family in the sense of childcare. As a result, there is a good relationship [now] with his grandsons."**

The key is that there are opportunities to build new, meaningful relationships. A common strength of these relationships was openness and the comfort that people experienced from being able to talk to each other. Negative person-centred influences on wellbeing arose when individuals were not able to be open with people who they shared life experiences with, gave support to and/or received support from. An example is provided below:

[Direct quote]: **"We haven't really gotten into any problems in our relationship. [But] We're not that talkative. My husband has trouble expressing himself. We've been married for 45 years. We leave each other… [we] give each other space and we're trying to talk about things. That's not always easy."**

The above example aligns with studies that suggest men find it more difficult to openly talk about personal issues – particularly around health and illness (Emslie et al. 2006). Once more, spaces and dialogues that are inclusive can help in overcoming negative influences on wellbeing via the encouragement of collaborative, non-judgemental discussion. Such dialogues may be enabled at multiple levels, i.e. within families, between health and social support providers (formal and informal) and individuals receiving support, and at a community level. These types of dialogues and the relationships that they can foster are particularly pertinent in care home settings and/or in cases where ongoing support is needed.

Notably, such relationships can take time to develop, and it is important to develop long-standing, inclusive and personalised dialogues (Ferguson, 2021). The example below outlines an especially traumatic experience, which has had long-lasting impacts on the participant. Their long-term and trusted relationship with their GP helped in talking about low points and ongoing anxieties:

[Volunteer note]: **"[She] has been abused for years as a child by the neighbour and then by her father. [At the time] Social services said 'but you should have known better.' 'You were blamed when you were a kid.' It's still playing [on her mind], but she doesn't want any more help for this. She has a good GP with whom she can talk about that."**

In addition to a traumatic life experience with long-term wellbeing repercussions, the example above shows how structural influences can combine with a personal experience to define wellbeing. The historic attitudes to abuse and how social services were run when this participant was a child clearly show the importance of open dialogues and inclusive spaces in providing support. Unfortunately, the participant carried the burden of their experiences into their later years due to the lack of such structural support during their childhood.

Support that is open, inclusive and listens to all groups in a community becomes more important when there is uncertainty around an issue, e.g. how to deal with a difficult life experience and/or ill-health. Ongoing negative influences on wellbeing were discussed when participants did not feel like they could change an adverse circumstance. This was sometimes structural, e.g. the Covid-19 pandemic. However, uncertainties around the causes of ill health, and conflicting information about a diagnosis and/or condition that led to unpredictable periods of ill-health, created significant challenges for participants. An example is provided below:

[Volunteer note]: **"This lady has physical complaints for which she has seen several doctors, but the cause remains unknown. This has much influence on her daily life and makes a mark on [her] life."**

The challenges were again exacerbated if they disrupted meaningful activities and/or relationships – particularly if an individual begins to feel like a burden on someone else:

[Direct quote]: **"My body's not really like I can handle anything anymore. I do feel obstructed. I leave a lot to someone else [to do]."**

Some studies have referred to illnesses that bring about uncertainty and unmanageable change for someone as *life shattering illnesses*, e.g. Norlander (2018), which documented the experiences of older adults in relation to living and ageing after a stroke. Life shattering experiences and their person-centred negative wellbeing influences can occur with the ill-health of loved ones too.

[Volunteer note]: **"In the summer of 2019, his wife died, and he still struggles with gloomy and sad feelings, which also had an impact on his physical condition."**

Interestingly, in the case above, the individual had not made (or even thought about) a connection between his wife's death and the downturn that he had been experiencing in relation to his physical condition:

[Volunteer note]: **"When I connect the two of them [wife's death and decline in physical condition], he looks a little surprised."**

The following quote from the participant was noted by the volunteer:

[Direct quote] **"[I] Hadn't thought about that. It's all ambushing me."**

Ongoing and comfortable dialogues can be important in managing difficult life experiences collaboratively. Connections with individuals who are going through a troublesome time, which are based on their personal experiences and social (humanistic) needs and that go beyond a medicalised view of their issues, can be valuable (Piazza-Bonin et al. 2015).

The opportunities that are available in a place and how someone relates to a place can also influence their wellbeing. These types of influences (place-based) are usually more local compared to the structural influences covered in the previous sub-section. Such place-based influences on wellbeing are discussed further in the next sub-section.

3.3.3. Place-based Influences on Wellbeing

The place-based influences on wellbeing identified by HAIRE's GCs centre on the places, spaces and activities that individuals interact with through their life and during their day-to-day routines. Once more, place-based wellbeing influences were linked to participants' existing meaningful

relationships and opportunities to participate in meaningful activities and/or interactions. Physical aspects of a place can play a part in defining opportunities for taking part in such activities. For example, one participant explained how moving to a new area in retirement, with valued natural spaces, fostered more enjoyable day-to-day experiences:

[Volunteer note]: "**[He is] very happy with the area. [It's] Part of the reason he moved there. [It's] Wide-ranging, lots of space. The hiking and cycling trails are very nice and he also makes use of them often and gladly.**"

The volunteer note above emphasises the importance of having physical access to such spaces. As covered in the previous sections, however, structural influences can still be a barrier. An example here would be how older adults who are financially insecure may not be able to access their meaningful spaces and places as often as others:

[Volunteer note]: **"He does not feel secure about the future in terms of finance, because pensions have not been indexed for years, which means that every now and then he has to rely on savings. Everything is also becoming more expensive."**

Notably, financial insecurities can extend beyond the practicalities of cost concerns. Where participants are worried about money and have to supplement their living costs, e.g. rent, through their savings, motivational barriers can also arise. In this sense, a person may feel more hesitant to part take in social interactions and/or activities due to their low mood and apprehensions around being in social environments when their confidence is low (Hanson et al. 2016).

The volunteer note above also touches on the importance of place-based identity in shaping opportunities for wellbeing. The participant in question moved to a more rural setting, i.e. to one of the villages to the south of the city of Goes, and felt at ease with their living environment as a result of finding meaningful spaces and activities via the presence of cycling and walking trails. As such, feelings of belonging in an area do not necessarily depend on having ancestral links to and/or longevity of residence in an area:

[Volunteer note]: **"[He] definitely feels belonging. The neighbourhood is nice and has received him and his wife well. [He] Speaks [to] many people from the neighbourhood and practises many of his hobbies."**

That said, historic connections and valuing a place's heritage can play a key role in shaping wellbeing for some individuals. A recent study, Schmitz and Pepe (2021), reviewed how heritage is still important in predominantly rural landscapes and settlements. The GC findings supported this notion to some extent. Dialogues about generational longevity in an area and its positive relation to wellbeing were discussed in more detail during the GCs that were conducted in the villages around the city of Goes, such as 's-Heerenhoek:

[Volunteer note]: **"[It] Means everything for the gentleman to live in 's-Heerenhoek. The solidarity and contact in 's-Heerenhoek is of enormous importance to the gentleman. Sir was born and raised there. [He] Wouldn't want to go anywhere else."**

Community level support and care is strongly facilitated through the links people have to local associations and groups, which includes the area's active church communities. Longevity certainly plays a role here too. Families and friends with a history in providing support continue to do so, often alongside community-wide care. This was apparent amongst people who have been active for many years in various associations and who value their belief and church community. For some people, these associations and groups are key in facilitating opportunities to participate in valued activities:

[Volunteer note]: **"[There] is also a village house in Kruiningen, where the local association (focused on the elderly) makes it possible to play billiards. He likes to take advantage of this."**

Schmitz and Pepe (2021) make an interesting point about the importance of local heritage in rural areas, and how the reasons for strong connections are changing. While religion proved to be a strong influence in years gone by, more current narratives of rural heritage are shifting towards what make places, i.e. villages, unique. In the villages around the city of Goes, religion was important for some people, but others were slightly alienated by what they perceived to be a dominant presence of groups who were motivated by their faith. Essentially, such individuals appreciated the support that was provided through the church groups, but barriers were experienced in terms of involvement amongst residents who were not religious.

[Volunteer note]: **"She indicates that she does not have much [to do] with the strict belief in Kruiningen, but on the other hand people are very helpful and are ready for [helping] others."**

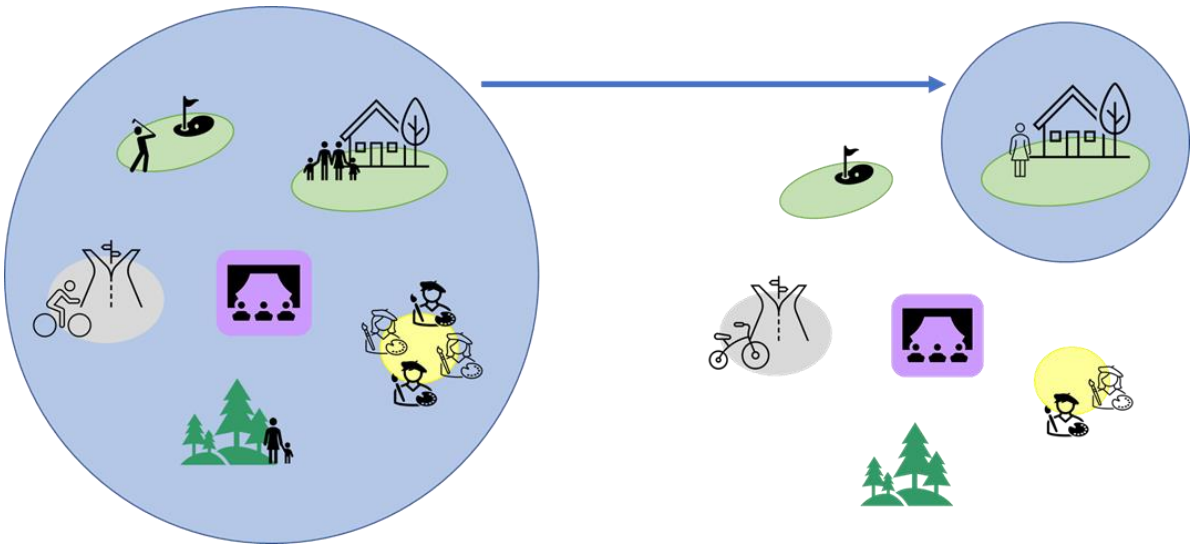
Individuals who feel no connection to an area and struggle to build relationships can experience negative place-based influences on their wellbeing. A residential relocation that is not necessarily a personal choice can leave someone resenting their new area and living space. Such forced moves can occur due to changing life circumstances (personal and/or within the wider family), and when someone's current living arrangements become unmanageable as they age or with the onset or progression of ill-health:

[Volunteer note]: **"Sir lives in Kruiningen, but besides living [in] Kruiningen, [it] has no meaning to him. As far as he's concerned, aging is the same everywhere. Before Kruiningen he lived for a long time in Goes with his partner, but left there because it became too heavy physically. They had a fairly large house with a large garden, but they couldn't maintain it anymore. They went to Kruiningen because of its location on the**

Westerschelde. Originally, however, he came from Limburg and lived in Brabant for a long time. He has more connection with this [area].”

The close-knit social dynamics in a place can make a difference too, including personal and collective place identities. One participant mentioned how they felt like an outsider, as they did not understand the **“Zeeland humour”**. At this point, the diversity within older adults should be acknowledged. Activities that older adults may wish to participate in and find meaningful do not necessarily have to be targeted at ‘the elderly’. Comfortable and inclusive environments across all groups can help people in a community find meaningful activities and build relationships more generally. One participant felt that opportunities targeting older adults were too **“old-fashioned”**. This finding is especially relevant to individuals who are newly retired and looking to develop new links and participate in new activities. Unfortunately, the Covid-19 pandemic created particular barriers here. Individuals who had recently embarked on post-retirement relocations and/or who were actively looking for new opportunities in their local area could not explore any options, due to the pandemic-related restrictions. Once more, this provides an example of how place-based influences and structural influences can link together to create barriers.

The maintenance of and opportunities to find new meaningful spaces, activities and social interactions needs closer attention to address a common experience that often 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). 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.

So far, the examples provided in this sub-section mostly relate to how the settlements in which people reside in can influence their wellbeing. However, the influences of place can relate to someone's more immediate surroundings. This facet of place-based influences is pertinent to a *shrinking life-world*, as shifting circumstances can make individuals more focussed on their nearby living areas, specific streets and apartment blocks. In the city of Goes, apartment living was common and there were marked differences in the discussions with amongst individuals who were able to build relationships with others in their block and other people who felt like they had no and/or very limited social contact with residents. This finding is relevant to care home residents too, whereby an absence of meaningful relationships can reduce the quality of a person's care home experiences (Dean and Major, 2008). Experiences in the past and from other places can also set expectations in relation to one's current situation. A failure to meet such expectations, and the absence of meaning in someone's current living circumstances, can undermine one's sense of wellbeing. Examples are provided below:

[Volunteer note]: **"[Before] She knew everything and everyone in this neighbourhood."**

[Direct quote]: **"Before everything was different, we were talking on the street. [Now] When I sit at my house [at] the front, the passers-by look away. People don't talk to me anymore"**

The direct quote above refers to how the participant felt alienated due to changes in the local culture and communities. They found that in areas that were undergoing generational changes, particularly in the city of Goes, opportunities for social interactions and building relationships were reduced. The change referenced here is around how younger people in the area were **"keeping to themselves"** more. The day-to-day tensions and difficult life experiences that working individuals can go through cannot be overlooked here, and the solution is not as easy as encouraging younger generations to demonstrate more care for their communities. However, the facilitation of dialogues and events that bring all groups in a community together to interact with each other could create more opportunities for social interactions and to understand the diverse experiences of living in an area (all groups).

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 their wellbeing. An interesting case here was of a participant who was recovering from two recent falls and experiencing a decline in their hearing. Despite these personal challenges, they referred to their positive opportunities to seek social contact and continue their valued activity (bingo) in the local area:

[Volunteer note]: **"Mrs. likes to be in touch and among the people. That's why she spends a lot of time talking to everyone she meets. In the apartment, she doesn't meet a lot of people. But she herself looks for (neighbourhood) activities… she is fully involved in the organisation of a Bingo group."**

Not everyone is as confident or proactive as the participant in the example above. However, continued dialogues and time to build valued relationships can counter negative experiences of a *shrinking life-world* – particularly in care home settings (Brown Wilson, 2009). This point links to NESTA's work on pioneering more inclusive local democracies too. Inclusive democracies are important across many scales. For example, in communal apartment blocks and care homes, and not just in relation to local authorities. Examples are provided below:

[Volunteer note]: **"They also find the rules of the complex patronizing: no pets, [and] quiet between 10 p.m. and 8 a.m."**

These decisions are also important in terms of structural influences. In the city of Goes, a regeneration project meant that there were plans to demolish an area of apartment blocks to build new facilities and living spaces. These plans were negatively received by individuals who were not aware of how they would be impacted:

[Direct quote]: **"They want to demolish these houses. What does that do to safety? And [as] if I could possibly want other neighbours. I'd go to Goes Zuid."**

Further, another participant expressed concerns that an association (established for the residents of their living space) had stopped operating, thereby preventing their participation in decision-making processes about their living area. Once more, the negative wellbeing influences of uncontrollable and uncertain changes in the community are evidenced here. Such concerns were also noted in relation to changes in the natural spaces within the wider living environment and village:

[Volunteer note]: **"He thinks it's a beautiful setting. But he really regrets that more and more windmills and solar panels are being put in the landscape."**

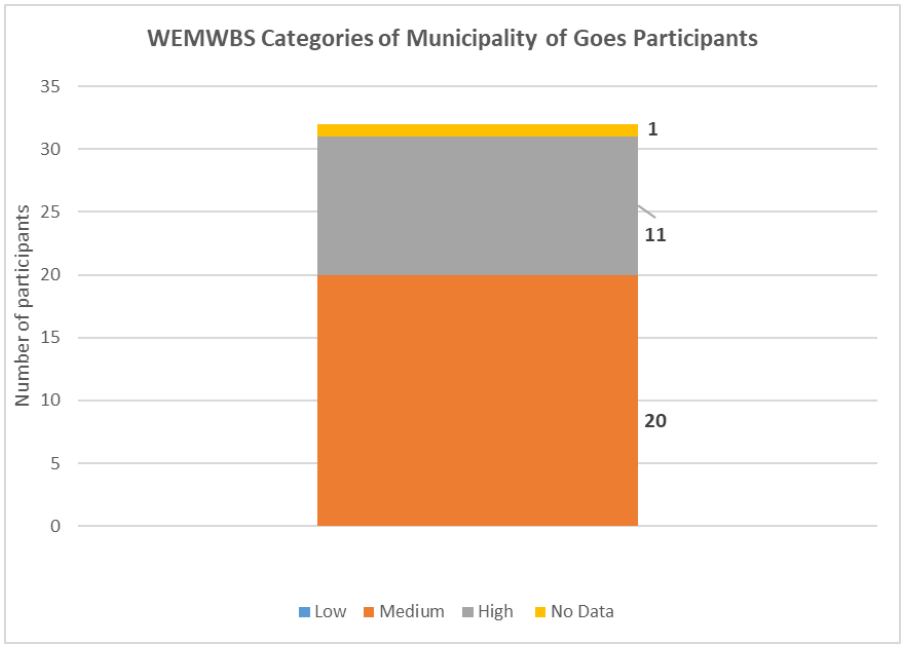
Overall, the importance of two-way communication between locals and decision-makers, and transparent channels of communication that can be easily accessed by local residents is apparent here. The potential of digital communication in this area is well-recognised, e.g. through social media, but skills development support must be offered for this in ways that are meaningful and participatory for individuals (LaMonica et al. 2021). An illustrative example that is directly relevant to the quote above is to provide social media information and support that enables individuals to engage and participate in local decision-making – particularly around changes to the physical aspects of their neighbourhood.

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

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

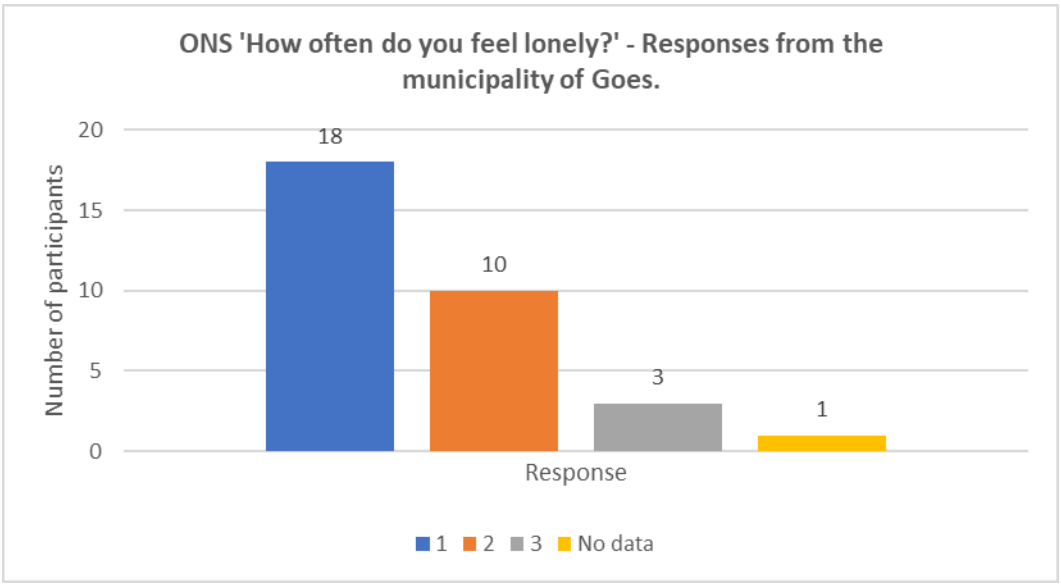
The WEMWBS scores, calculated via the responses that participants gave to the validated wellbeing-related questions, were categorised as low, medium and high scores using established guidance produced by Warwick University. In summary, no participants allocated low wellbeing scores, 20 participants allocated medium scores, and 11 participants allocated high wellbeing scores.

These results are depicted in the graph below ('no data' refers to participants who did not provide responses for these questions in HAIRE's pilot sites in the municipality of Goes).



The fact that no participants allocated a low wellbeing score provides an interesting discussion point. The GC findings revealed a variety of negative influences on participant wellbeing. 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 asked in relation to loneliness suggest a similar outcome. Only three (3) participants expressed feeling lonely often when loneliness was explored through ONS's measurable scale. Participant responses are shown in the graph below ('no data' 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 differ with time. Individuals who experience difficult challenges, e.g. bereavement, a decline in mobility, the onset of a chronic illness and/or the loss of meaningful spaces – including their living space, can feel lonely at unpredictable times.

[Volunteer note]: **"[In terms of] loss and grief for [his] wife - he really hates that. It's very annoying that he suddenly gets alone. When he gets home, he can't tell a story. [He] Thinks back to the beautiful time he had with his wife. If he grabs a photo album, he'll perk up again. [And] can relax. [But] Sometimes [he] has difficult days in relation to being alone."**

The maintenance of close relationships and/or opportunities to develop new ones on a person's own terms and in their own time can help to deal with low moments. Notably, an enhanced frequency of undertaking meaningful activities and/or having social interactions does not always reduce negative feelings of loneliness. The quality and timing of the activity and/or interaction, as defined by the individual, is key. This is even when activities are undertaken alone or if they simply involve an interaction with a sentimental object, as in the case above. Pets and companion animals featured as important aspects of people's lives here as well. In particular, close and meaningful bonds were established where a companion animal helped individuals to manage difficult transitions, e.g. the onset of a visual impairment. The quote and volunteer notes that follow show the importance of a close bond with a companion animal:

[Volunteer note]: **"The contacts at the 'zorgboerderij' [care farm] and neighbourhood circle still give the lady a sense of life, the dog is also very important."**

[Direct quote]: **"[in relation to the importance of her dog] You have something you need to take care of."**

Experiences of loneliness brought about significant challenges for individuals who endured low moments for prolonged periods of time and with no opportunity to share their experiences. Individuals may not always be open to sharing their experiences, but sometimes knowing that they are in a supportive environment can make a difference. This notion is relevant to individuals in care home settings or those who need continued support to carry out their daily routines. Problematic experiences arose when feelings of loneliness had been internalised for long periods of time. The quote and volunteer note below provides an example:

[Direct quote]: **"You don't really have anyone you can fall back on."**

[Volunteer note]: **"Ma'am would like to have someone come over every once in a while and have a chat. It doesn't matter if this is a young person or an old person, but just someone you can ask something from time to time or who you can fall back on when you're bothered with something."**

However, individual identities and preferences must also be recognised here. As Cloutier-Fisher et al. (2021) document in a study undertaken in care homes, some older adults identify positively with being a 'loner'. Such identities link to independence and a sense of control over preferences and in how day-to-day routines are carried out. The study also documented that many of the older adults expressing this identity spoke about a lifelong preference for their own company. Overall, these insights align with HAIRE's findings, as getting to know individuals and facilitating inclusive dialogues is again essential in identifying responses that aim to alleviate negative experiences of loneliness.

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. Below, a short paragraph is included to suggest how HAIRE's SNA tool can add to the rich understanding demonstrated above.

3.3.5. Social Network Analysis (SNA)

At the time of writing, SNA data was not generated and/or analysed for the HAIRE pilot sites in the municipality of Goes. These data will aid further analysis through providing insights into specific connections to key people, organisations and groups in the local area. An overview of the popularity of specific activities and local information sources can help to develop responses to the wellbeing-related issues that are highlighted in this report, while capitalising on the positives that have been outlined.

4. Conclusions

The findings in this report provide a rich understanding of wellbeing and loneliness in relation to HAIRE's participants. HAIRE's tools have shown how validated measures on wellbeing and loneliness, and survey-based questions on people's connections can provide a useful overview of a community. The complexity of these subjects can then be revealed through an in-depth conversation, e.g. via GCs.

Importantly, responses need to consider the individualised complexities in wellbeing and loneliness in order to identify and facilitate actions that will be of value to the community. In relation to the older adults who participated in HAIRE, the research tools that were used have helped show people's emotional experiences of ageing. Alongside this, the findings outlined in this report demonstrate how inclusion and valued activities, spaces and resources (including cultural) can help individuals to respond to the challenges and foster the positive aspects of ageing, as defined by the individuals themselves.

Inclusive dialogues about ageing-related issues and enabling positive experiences of ageing, as expressed by older adults, can be regarded as a key component of empowerment. This definition of empowerment can be understood and facilitated through discussing how structural influences, person-centred influences and place-based influences combine at any time for a particular individual, as shown by HAIRE's findings. These influences can vary from day-to-day. Further, sudden detrimental changes to day-to-day routines that seem unmanageable, and where people feel powerless to respond, tend to be key catalysts for experiencing a decline in wellbeing. Participants who felt that they had no control over ageing-related changes found it difficult to manage day-to-day routines, find meaningful activities and build meaningful relationships.

These negative influences were particularly important for individuals navigating difficult life experiences, such as bereavement, chronic illness, a decline in mobility, and/or a loss of meaningful activities and spaces. These adverse influences have significant relevance to care home residents and/or individuals who required ongoing support with their daily routines and to access meaningful interactions and activities. While physical needs, such as support with mobility, nutrition and self-maintenance are important, the value of relevant opportunities to build relationships and/or undertake meaningful activities was also noted. As covered in this report, the aspects that make relationships and activities valuable to an individual can be highly personalised. In-depth approaches to care that nurture dialogues and inclusivity can identify the personalised elements that can make a specific person's care more meaningful. A key consideration here is to consider how such care can be facilitated, as practices that promote dialogue, participation and inclusivity, do not always align with how care is 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.

HAIRE's findings have also shown that the complexities described above influence how someone can feel lonely. Negative experiences of loneliness were shaped by a person's specific life experiences and the challenge of dealing with prolonged periods of exclusion. Enhanced frequency of interactions and the numbers of people who individuals interacted with did not always alleviate feelings of loneliness. Meaningful activities and relationships, and sentimentality proved to be important, as low moments that were linked to feeling alone were often unpredictable. At this point, the diversity of experiences and opinions that relate to ageing must also be reflected upon. Self-identity and a desire to engage in interactions and activities that are not specifically for older adults was key for some participants. Therefore, local opportunities that bring together all groups (e.g. all ages and individuals from a diverse range of backgrounds) can foster more vibrant neighbourhoods and also help in creating dialogues to counter societal stigma in relation to certain groups. Such dialogues could help to address some of the issues that may have led to prolonged periods of exclusion, e.g. due to socio-economic inequality, background and/or disability. These types of opportunities were especially relevant to participants who valued local leadership and/or newly retired older adults.

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 opportunities for empowerment. This type of empowerment is important for older adults with varied experiences of ageing and for those at different life stages, e.g. from newly retired to those in the later stages of their lives.

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 pilot sites in the municipality of Goes in relation to the eight domains of the WHO's guidance: **(1) Buildings and outdoor spaces; (2) Transportation; (3) Housing; (4) Social participation; (5) Respect and social inclusion; (6) Civic participation and employment (skills in general are considered in HAIRE, as the participants were retired); (7) Communication and information and (8) Community support and health services.**

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

1. Outdoor spaces and buildings

- Engaging older adults in inclusive dialogues around changes to their neighbourhoods – particularly in the town of Goes and in villages undergoing demographic changes.
- Opportunities to link personal stories and experiences to spaces and buildings in the community.
- Clear and transparent processes for using spaces to run culturally meaningful events (all groups).

2. Transportation

- Beginning inclusive dialogues around how meaningful spaces and activities in the local area align with transport provision to those spaces and activities.
- Improvements on the above can be encouraged (in small steps) via dialogues between activity / club organisers, social care providers, service users, e.g. older adults, and transport providers.
- Increasing awareness of people that rely on support from others in relation to mobility, e.g. spouses and/or other close relations driving.

3. Housing

- Opportunities to engage older adults inclusively and democratically about communal rules in living spaces (co-deign) – particularly in relation to care home residents.
- Opportunities to share knowledge and experiences of adapting homes to be more age-friendly.
- Information on support available for adapting homes and any entitlements for support.

4. Social Participation

- Promoting a culture of care in the local area across all groups and creating inclusive messaging around opportunities for social participation (e.g. local groups and/or events).
- Clear processes for older adults to engage others in their ideas and/or activities that they value.
- Encouraging dialogues across all groups in the community – particularly around local issues.

5. Respect and social inclusion

- Dialogues with older adults that go beyond their functional care needs and show interest in their life histories, passions and aspirations.
- The above is particularly relevant to care home residents and can be facilitated through approaches like HAIRE's Guided Conversation.
- Local opportunities to share stories and valuable experiences with all groups in the community, e.g. multi-culturally and in intergenerational settings.

6. Civic participation and employment (skills)

- Recognition and publicity for support given and services provided to local community.
- Skills exchanges with diverse groups in the community.
- Encouraging civic participation to take place in meaningful spaces and improving access to such opportunities, e.g. free events – even if one-off events at certain times in the year.

7. Communication and information

- Ensuring that new methods of communication, e.g. digital, are introduced with clear / transparent opportunities for feedback and support.
- Support should be person-centred and take place in comfortable environments for older adults, e.g. familiar spaces.
- Effective communication can be facilitated through engaging valued (sometimes informal) information sources (including local people). This is particularly relevant to the villages around the town of Goes.

8. Community support and health services

- Dialogues with transport providers in relation to transport provision to specialist health services – particularly for those that live in the villages around the town of Goes.
- Encouraging reflexive and in-depth practices across social care providers.
- Opportunities for skills sharing in relation to reflexive practices in the community and with regards to social care providers.
- Beginning dialogues around resourcing such practices appropriately, e.g. with local authorities and wider policy makers.

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Appendix

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

Neighbourhood Analysis (NA): 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 below.

The discussions were recorded on flipcharts or white boards.

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

Table 1: Neighbourhood Analysis topics

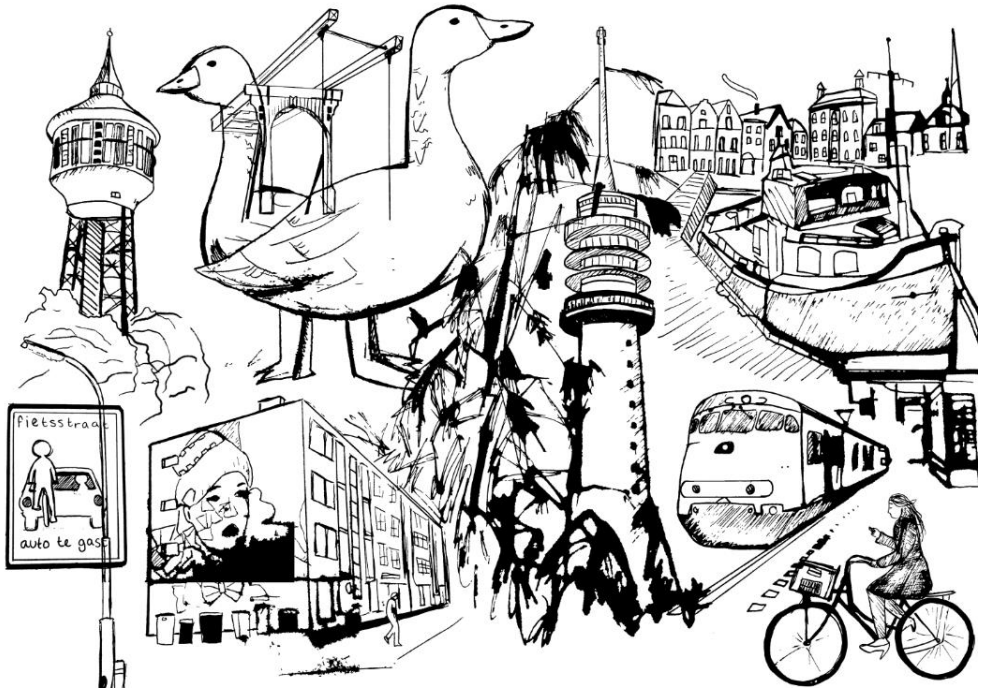
Topic	Examples
People: Knowledge, skills, experiences, and expertise of certain individuals in the community. These perspectives are important to identify the skills and expertise of all groups and subgroups in the community. This includes all age groups and people who are specifically at risk of exclusion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

Guided Conversations (GCs): HAIRE's GC is a place-based, person-centred tool that uses a range of conversational and visual prompts to encourage older adults to talk about their health and wellbeing. The GC enables open conversations around how feelings of wellbeing and loneliness are linked to the way people relate to their neighbourhood and their families, friends

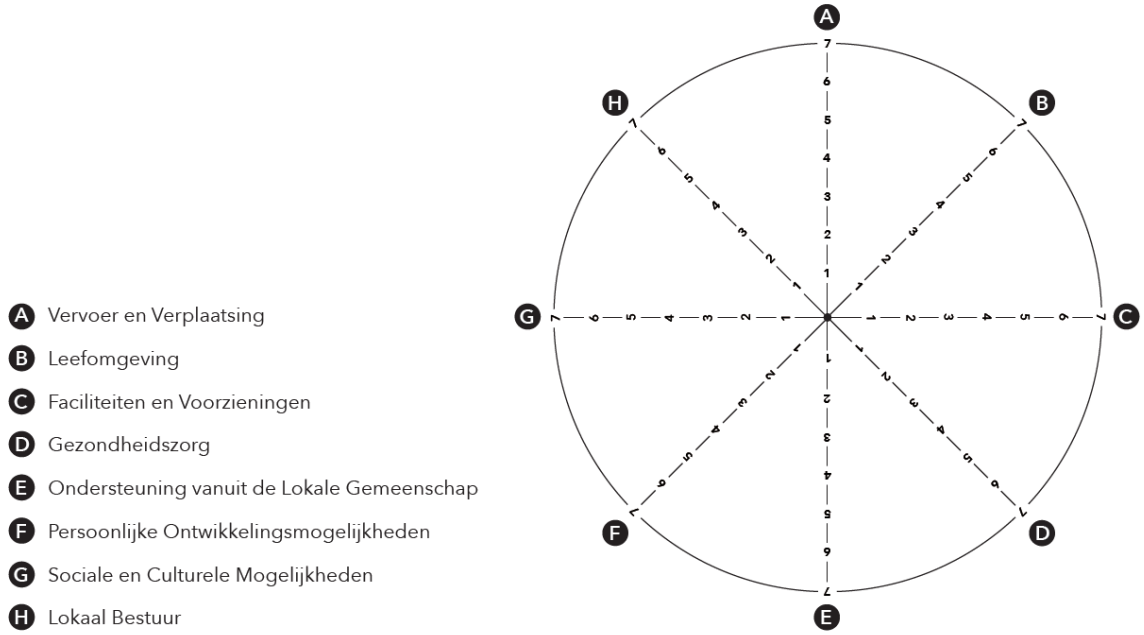
and neighbours and how empowered they feel. The conversation is entirely informed by the perspectives of a participant, and they discuss what is important to them.

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

Place-based aspects: At the start of the GC, older adults are encouraged to discuss how they feel 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 pilot sites around the municipality of Goes can be seen below:



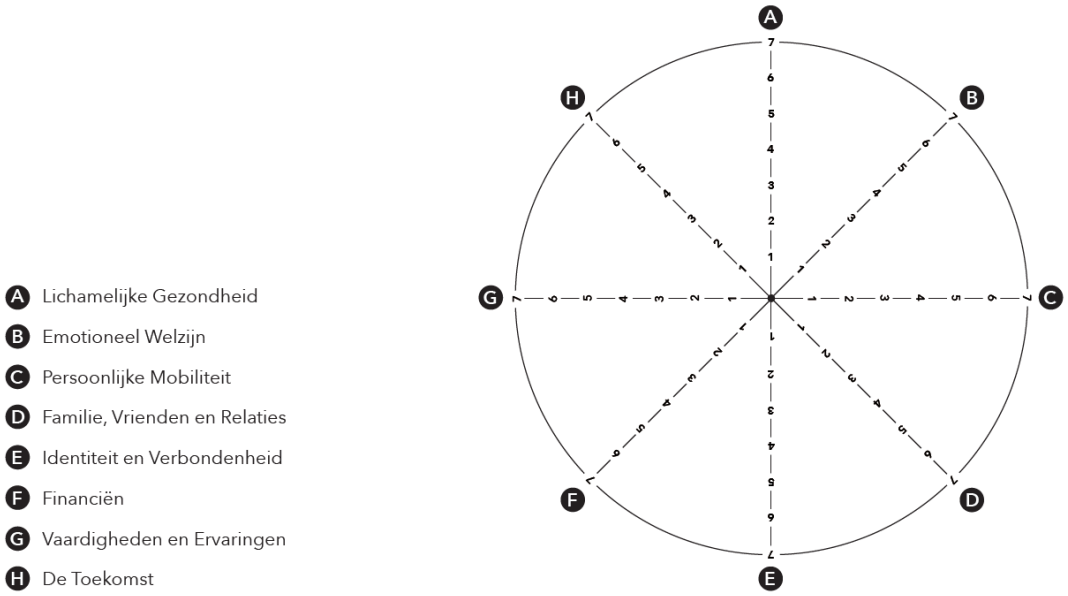
The prompt is introduced to the participant when they are posed the question: 'what is it like to live here?' Participants are then encouraged to expand on their answer using the familiar imagery in the place-based visual prompt. The volunteers conducting the GCs are trained in active listening techniques 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 identified.



The radar diagrams are used to 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 concluding discussions about 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.

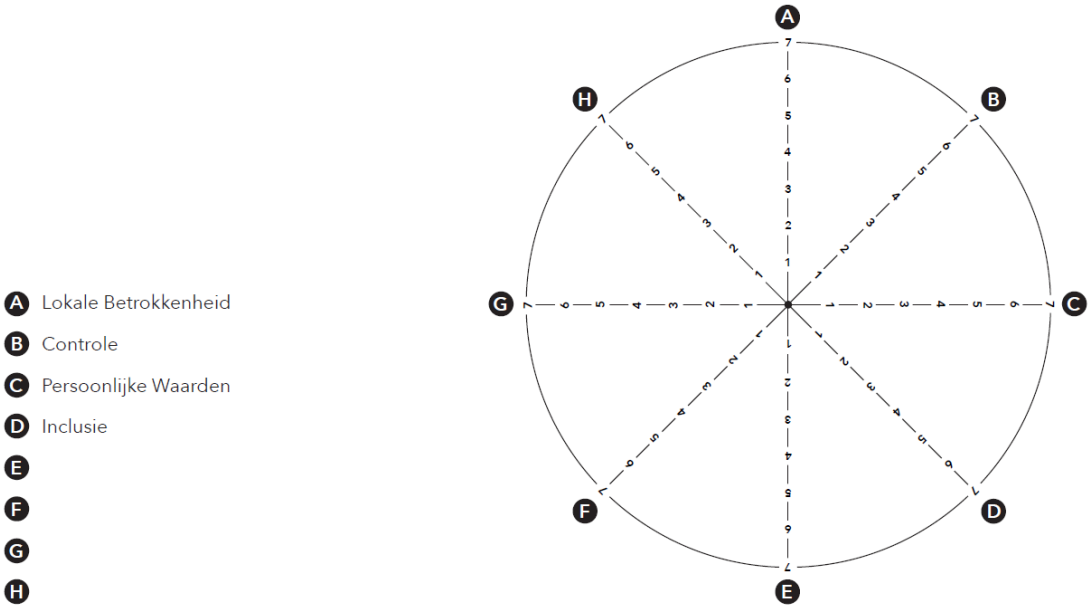
Person-centred aspects: After the place-based topics are covered, the volunteers move on to a set of person-centred topics. These topics are introduced with an abstract visual of a living space that was designed with project partners to be culturally relevant to the pilot site. The image designed for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

The volunteer and participant go through the same process for the person-centred topics, including radar diagram scoring, as outlined above 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 have concluded their discussion and summary scoring for the

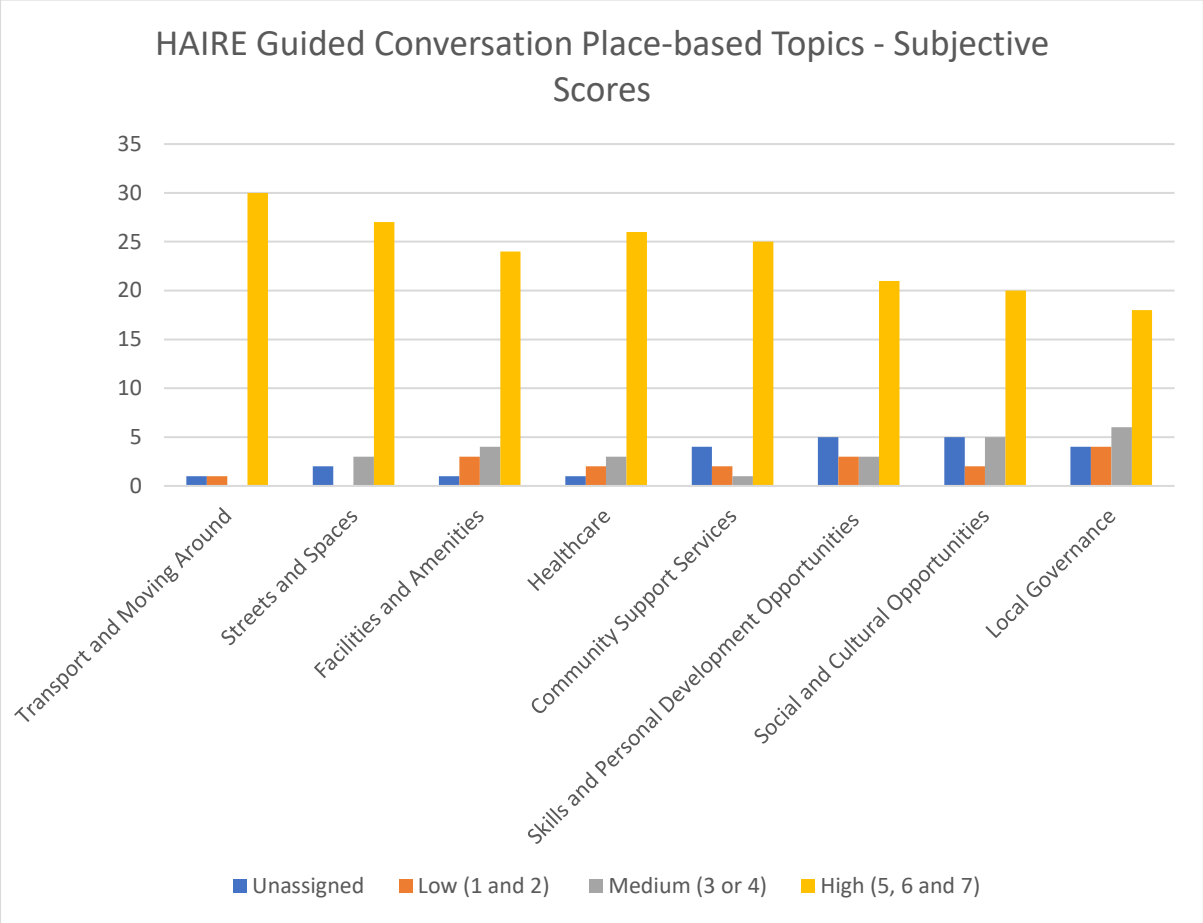
person-centred topics. There is no visual related to the empowerment conversational prompts. If appropriate and relevant, participants are encouraged to draw and make notes while discussing the topics. HAIRE's conversational topics relating to empowerment can be seen below:



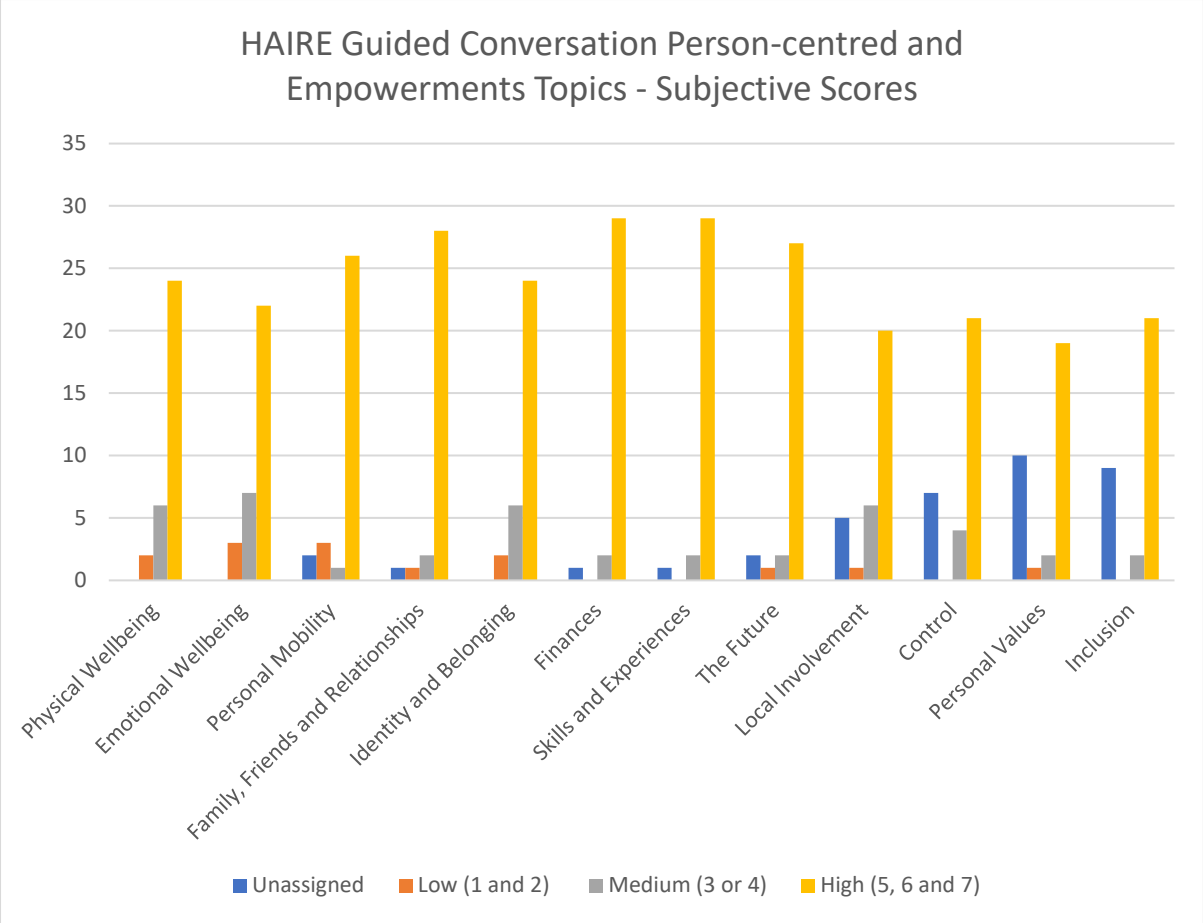
There are only four conversational prompts associated with the empowerment topic. The four empty spokes on the radar diagram were left blank so that pilot site partners could add extra topics that were specific to their pilot site. These are discussed further in the findings section. HAIRE's partners in the municipality of Goes chose to fill one of the radar's blank topics. Wherever appropriate, HAIRE's partners in the municipality of Goes offered the opportunity to participants to talk about "meaning" (Zingewing), i.e. what gave participants meaning in their lives.

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

The two figures below provide an overview of how many HAIRE participants in the overall Goes 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'.



As illustrated in the figure above, the most common score category across each GC Place Based topic was high (i.e. 5-7). However, as discussed later in the report, even where high scores were given, a number of challenges were identified. Across the Place Based topics, Transport and Moving Around was scored most favourably overall, closely followed by Streets and Spaces (which received no low scores) and Healthcare. There were fewest high scores for Local Governance, and most low scores for Local Governance, Facilities and Amenities, and Skills and Personal Development Opportunities.



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). Finances, and Skills and Experiences, were scored most favourably overall (notably with no low scores for either topic), closely followed by Family, Friends and Relationships, and The Future. No low scores were assigned to Control or Inclusion (although several participants chose not to assign scores to these topics). Personal Values received the fewest high scores, closely followed by Local Involvement. Emotional Wellbeing, Personal Mobility and Physical Wellbeing received the greatest number of low scores.

In what follows, we draw on the qualitative responses to contextualise these scores and provide deeper insight into each topic. As noted above, even where high scores were given, a number of challenges and issues were identified by the HAIRE participants.

N.B. All qualitative responses are considered in the findings outlined in the main body of this report – including in relation to participants who did not assigns subjective scores to GC topics.

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