

## HAIRE Community Report

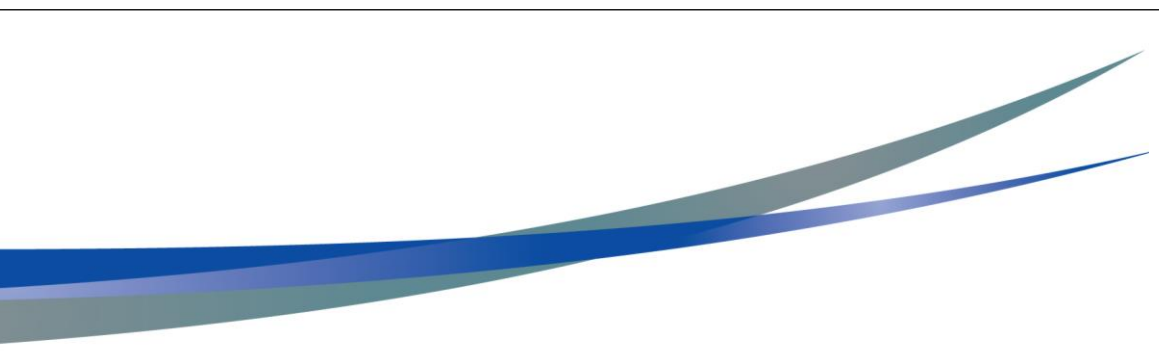
{Laakdal, Belgium (BE)}  
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Authors:

Dr Shukru Esmene, [s.esmene@exeter.ac.uk](mailto:s.esmene@exeter.ac.uk)  
Prof Catherine Leyshon, [c.brace@exeter.ac.uk](mailto:c.brace@exeter.ac.uk)

<http://blogs.exeter.ac.uk/haire/about/>  
<http://www.exeter.ac.uk/research/sig/>



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Contact: Shuks Esmene  
Email: [s.esmene@exeter.ac.uk](mailto:s.esmene@exeter.ac.uk)  
Social Innovation Group  
Centre for Geography and Environmental Science  
College of Life and Environmental Sciences  
University of Exeter, Penryn Campus  
TR10 9FE

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## Executive Summary

**Introduction:** This report documents the findings identified in Healthy Ageing through Innovation in Rural Europe's (HAIRE's) Laakdal, Belgium (BE), pilot site. In summary, HAIRE's aims involve generating an in-depth understanding of wellbeing and loneliness, as told 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 OCMW Laakdal and Welzijnzorg Kempen, 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, positive wishes around seeing loved ones, including local friends, after the Covid-19 pandemic made a difference to the wellbeing of some participants.

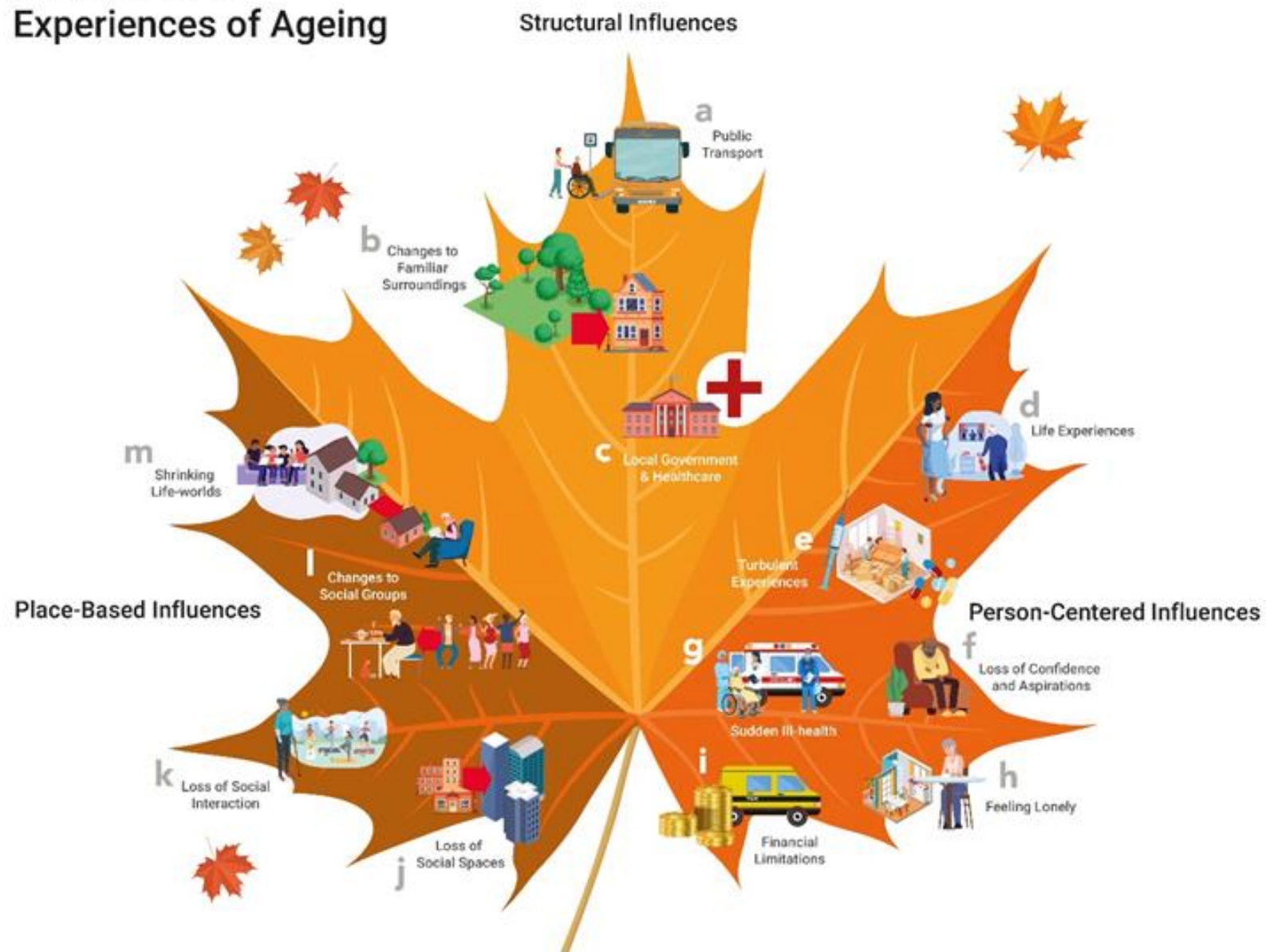
A key point of learning here was that wellbeing-related issues can be tackled in a way that is more relevant to local needs when support is developed 'on-the-ground' and listens inclusively to these needs. The impacts of older adults' wellbeing-related issues extend beyond the individual to influence close relations and entire groups in the community. Connections with family members and friends, and support that older adults 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. The importance of being able to sustain valued identities, such as being a Laakdaller and/or Vorstenaar, was noted, including in relation to any care and support that they give and/or receive. Creating opportunities to share what all groups in the community find valuable can instil a collective culture and identity of care (Driel and Verkuyten, 2019).

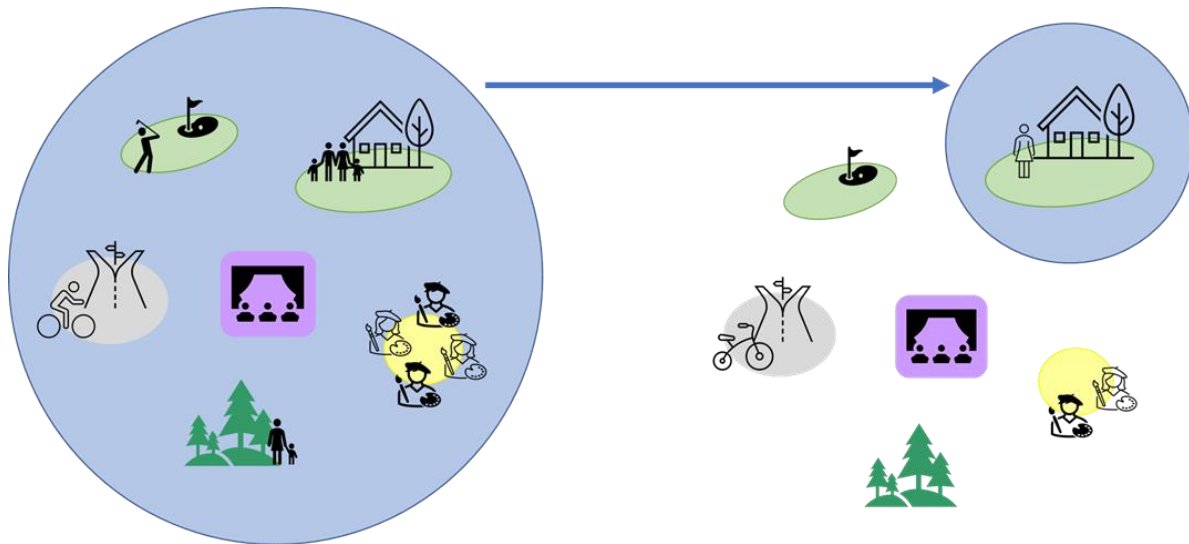
Continued, inclusive dialogues are key in understanding a person's needs and how they can realise their aspirations. In Laakdal's case, the lack of these types of dialogues led to more pronounced negative influences for individuals who needed continued support and/or suffered from exclusionary experiences due to age, impairment and/or socio-economic inequalities. As such, structural support for facilitating more inclusive dialogues and sharing local experiences should be considered. This point is particularly important for participants who raised concerns around a lack of access to and/or there being limited social spaces in their neighbourhoods, e.g. in Veerle and Groot-Vorst. Examples of structural influences, person-centred influences and place-based influences are demonstrated in the following diagram.

# 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 and bereavement. The diagram below provides an example of a *shrinking life-world*:



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

However, a *shrinking life-world* is not necessarily associated with a decline in wellbeing. The maintenance of meaningful relationships and activities within the *life-world* can help people manage difficult life experiences. 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. Costs, socio-economic situations and living space were key wellbeing influences and were particularly negative in cases 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.

(Centre for Better Ageing, 2021).

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



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

#### 1. Outdoor spaces and buildings

- Promoting local spaces and events in local spaces via channels that are audience-appropriate, e.g. in newsletters, via well-promoted and supported digital formats and during occasions to showcase local spaces.
- Enabling transparent and clear processes for locals to organise events in local spaces.
- Access to local spaces can be improved via feedback processes that engage the community in participatory ways – including older adults.
- The above is particularly important for the areas of Eindhout and Groot-Vorst.

#### 2. Transportation

- Stigmas that relate to using community transport can be overcome by shaping services with older adults and other users.
- Beginning dialogues between transport providers, organisers of support services, organisers of social activities and older adults to ensure transport timetables can align with key activities.
- The above is important for areas within Laakdal where social interactions depend on travelling to other areas, e.g. for those in Veerle.

#### 3. Housing

- Information and support for adjustments in homes that can facilitate healthy ageing can be circulated – including stories from older adults who have experiences in relation to such adjustments.
- Housing information and/or information for newcomers can promote a culture of care in the community across all groups.
- Local case studies and stories can be used to bring the above to life.

#### 4. Social Participation

- Opportunities to share stories across all groups in the community can encourage social participation.
- Including culturally valued aspects in any events that encourage social participation, e.g. local arts and historic spaces.
- Opportunities that showcase local achievements and inclusive dialogues (amongst all groups in the community) around how these achievements can be built on and/or expanded in the community.

#### 5. Respect and social inclusion

- Opportunities to share experiences and stories from key social activities, e.g. those provided by OKRA.
- Encouraging dialogues between service and activity providers, and older adults to shape what is available locally.
- Creating opportunities for locals from all areas of Laakdal to congregate and socialise – digital platforms of communication are relevant here too.
- Where digital communication opportunities are created and encouraged, these can be shaped with users and implemented based on the comfort of the users.

#### 6. Civic participation and employment (skills)

- Opportunities to participate in organisation and administration of local events and activities, e.g. as volunteers.
- Informal and convivial settings for skills development opportunities, e.g. digital.
- Processes to feedback on and co-design opportunities to develop skills.
- Opportunities to exchange stories / practices across all community groups about passions, skills and knowledges that older adults have developed through their life-course.

#### 7. Communication and information

- Clarity and transparency in relation to roles and responsibilities of services that provide support – particularly regarding direct dialogues with OCMW Laakdal.
- Bringing stories to the forefront in communications and information about difficult life experiences, e.g. managing living with dementia and/or caring for someone with dementia.
- Encouraging and facilitating informal interactions in convivial and comfortable environments.

#### 8. Community support and health services

- Beginning dialogues between older adults, including those with experiences of difficult life circumstances, e.g. depression, bereavement and caring for someone with dementia, and decision-makers who can influence service provision.
- Participatory feedback processes and clear / transparent information on roles and responsibilities around service delivery.
- Awareness of local skills and knowledges that can contribute to community-level support.

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

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

This Community Report covers our findings from Laakdal (BE).

The town of Laakdal (population 16,000) is in the east of the province of Antwerp (Flanders) and consists of four parishes: Eindhout, Veerle, Groot-Vorst and Klein-Vorst. The municipality is responsible for welfare policy in Laakdal, combating poverty and exclusion of the vulnerable inhabitants of Laakdal by providing public services and social facilities for older people, working with the voluntary and community sector, and using peer-to-peer coaching and encouraging active participation. The municipality is a member of different managing boards in regional healthcare organisations (e.g. home health care, residential care, organisations for people with disabilities).

HAIRE is a particularly pertinent project for Laakdal, as population projections indicate that, in 2027, 25% of Laakdal's inhabitants will have reached the age of 65 years, and 1 in 15 will be at least 80 years old. These insights were presented by HAIRE's partners in Laakdal at a meeting to launch HAIRE 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 allow individuals to talk about what matters to them in relation to the GC's topics. Topics are not asked about in a prescriptive manner or in any particular order. What participants say defines how and when the topics included in the GC are spoken about. Where and when appropriate, participants can be invited to score a topic that they have spoken about (out of 7, with 7 indicating a more positive value). This score is completely subjective and non-essential, and is not intended to be comparable with anyone else's scores. Scores simply intend to show participants the topics that are most problematic and can be used to help set priorities around what participants can do, including identifying opportunities for relevant support.

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

Visual image to stimulate conversation around place-based influences:



Visual image to stimulate conversation around person-centred influences:





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

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

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

## 3. Findings

### 3.1. Overview

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

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

### 3.2. Neighbourhood Analysis

#### 3.2.1. Inventory

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

##### Key People

Thirty-two (32) people were identified as key individuals in Laakdal. Their names cannot be disclosed in this report, but HAIRE's partners in Laakdal have access to the relevant information. These individuals were identified as key contacts for accessing a range of social and healthcare support organisations.

### Places

Twenty-one (21) key places were identified in Laakdal. The functions of these places are listed below:

Nine (9) hireable meeting rooms: LDC, Parochiezaal in Eindhout, t Fortun, t Fortun - Zaal Tin, t Fortun - Zaal Koper, t Fortun - Zaal Zilver, Druif, Rank and t Fortun - Zaal Goud.

Five (5) churches: St-Gertrudiskerk, St-Nicolaaskerk, St-Lambertuskerk, Onze-Lieve-Vrouw in de Wijngaard kerk and St-Jozef Werkman kerk.

Three (3) multi-purpose halls that can be hired: Druivenrank, Het Buurthuis and Sportcentrum 'De Kwade Plas'.

Two (2) places that people can use to 'hangout': Prieeltje in Veerle and Prieeltje in Klein-Vorst.

A rehearsal room: t Fortun - Box in the box.

A place that acts as a multi-purpose hall and where meeting rooms can be hired: t Fortun - Zaal Zilvergoud.

### Networks and informal links / connections

Fifteen (15) organisations that form important links and connections were identified in Laakdal: Buurtcomité Camping Meerlaar, Cultuurraad, Dorpscomité, GECORO (Gemeentelijke Commissie voor Ruimtelijke Ordening), Gemeenteraad, Jeugdraad, Lokaal Overleg Kinderopvang, OCMW-raad, Ouderraad OCMW, Seniorenraad, Welzijnsraad, Wijk 5 Eindhout, Wijk Langvoort, Wijk, Smissestraat and Wijkcomité Houthoek.

### Partnerships

Forty eight (48) groups that form important partnerships locally were identified. The majority, twenty two (22), of these groups were concentrated in the centre of Laakdal.

A further nine (9) were identified in the parish of Groot-Vorst, eight (8) in Veerle, three (3) in Klein-Vorst, and two (2) in Eindhout.

Groups that formed partnerships at a national level were also identified. These included two (2) cancer support charities (Kom op tegen Kanker and Stichting tegen Kanker) in Brussels, a creative arts group in Geel (Kreatief vzw) and De Kudde vzw in Aarschot.

### Associations, groups, institutions and services

A rich array of associations, groups, institutions and services were identified through Laakdal's NA. In total, 149 associations, groups,



institutions and services that local individuals could participate in, engage with and/or use were collated.

Sixteen (16) of these associations, groups, institutions and services are in central Laakdal, while the majority of the resources listed in this category are scattered across Laakdal's parishes. Forty two (42) of these were listed as being in the parish of Veerle, twenty nine (29) are in Groot-Vorst, twenty four (24) are in Eindhout, twenty four (24) are in Klein-Vorst, and two (2) are listed as being available in both Groot-Vorst and Klein-Vorst.

Further, some national associations, groups, institutions and services were listed too: three (3) in Geel, three (3) in Tessenderlo, two (2) in Brussels, one (1) in Aarschot and one (1) in Turnhout. One (1) listing had no location assigned to it.

In addition to the resources described above, Laakdal's NA collated associations, groups, institutions and services that are relevant to Zorgzame Dorpen (a 'Caring Villages' initiative in the Province of Antwerp). There are 154 of these associations, groups, institutions and services. The resources listed under Zorgzame Dorpen extended beyond the borders of the municipality, e.g., a residential care centre in Lille, Belgium (BE), was listed. Local to Laakdal, the parish of Veerle had the highest concentration of Zorgzame Dorpen services with thirty (30) resources listed.

#### Local Entrepreneurs

Local entrepreneurs constituted a strong category in the NA for Laakdal. Overall, 196 local entrepreneurs and businesses were collated. The parish of Veerle has the strongest concentration of businesses with a total of ninety-three (93). During Laakdal's NA, Klein-Vorst's and Groot-Vorst's businesses and entrepreneurs were aggregated. In total, fifty five (55) businesses were listed for Groot-Vorst and Klein-Vorst. A further forty eight (48) businesses were listed for Eindhout.

#### Culture

Thirty three (33) culturally important activities and landmarks were listed during Laakdal's NA. Ten (10) of these activities and landmarks are in the parish of Veerle, six (6) are in Eindhout, four (4) are in Groot-Vorst and four (4) are in Klein-Vorst. A further four (4) activities and landmarks were listed for both Klein-Vorst and Groot-Vorst, and three (3) were listed for central Laakdal (excluding the academy mentioned below).

The collation of culturally important activities and landmarks extended beyond the boundaries of Laakdal. k.Erf, a cultural heritage organisation based in Geel was included. The Academie voor Muziek, Woordkunst-Drama & Dans (an academy for music, literary arts, drama and dance, which has a presence in Geel, Westerlo and central Laakdal) was included too.

Culturally valued activities in the municipality included a week that showcases amateur arts and a Beer Festival in the parish of Veerle.

#### History and/or heritage

Thirty nine (39) resources linked to Laakdal's history and heritage were listed. Ten (10) of these resources are in the parish of Veerle, nine (9) are in Klein-Vorst, eight (8) are in Eindhout and five (5) are in Groot-Vorst.

Three (3) resources were listed for central Laakdal and four (4) resources were listed as an aggregated resource for the parishes of Klein-Vorst and Groot-Vorst.

#### 3.2.2. Connections

An important connection in Laakdal's neighbourhood resources is apparent amongst the individuals who were listed under 'people' and the organisations that these individuals are key contacts for. For example, Vlaamse Ziekenzorg (a care centre) was listed as a local partnership resource and an individual from that organisation was listed as a key person.

Local branches of OKRA, Samana and KWB within Laakdal's parishes offer local partnerships and run activities and services that locals can use. Additionally, individuals from OKRA, Samana and KWB appear as key people in Laakdal's NA.

Laakdal's churches (St-Gertrudiskerk, St-Nicolaaskerk, St-Lambertuskerk and Onze-Lieve-Vrouw in de Wijngaard kerk) are included in the NA as important places for the municipality. The importance of these churches goes beyond their presence as accessible spaces, as they appear in the NA as cultural resources that are also important for history and heritage.

#### 3.2.3. Access

The individuals listed as key people with affiliations to organisations that are active in offering local activities and services and partnerships act as gatekeepers to specific services and activities. These include services offered for individuals with chronic illnesses and their carers by Samana. Further, individuals listed as key contacts for OKRA act as gatekeepers for their services. Such services are included in the activities and services available through the Province of Antwerp's Zorgzame Dorpen ('Caring Villages') initiative.

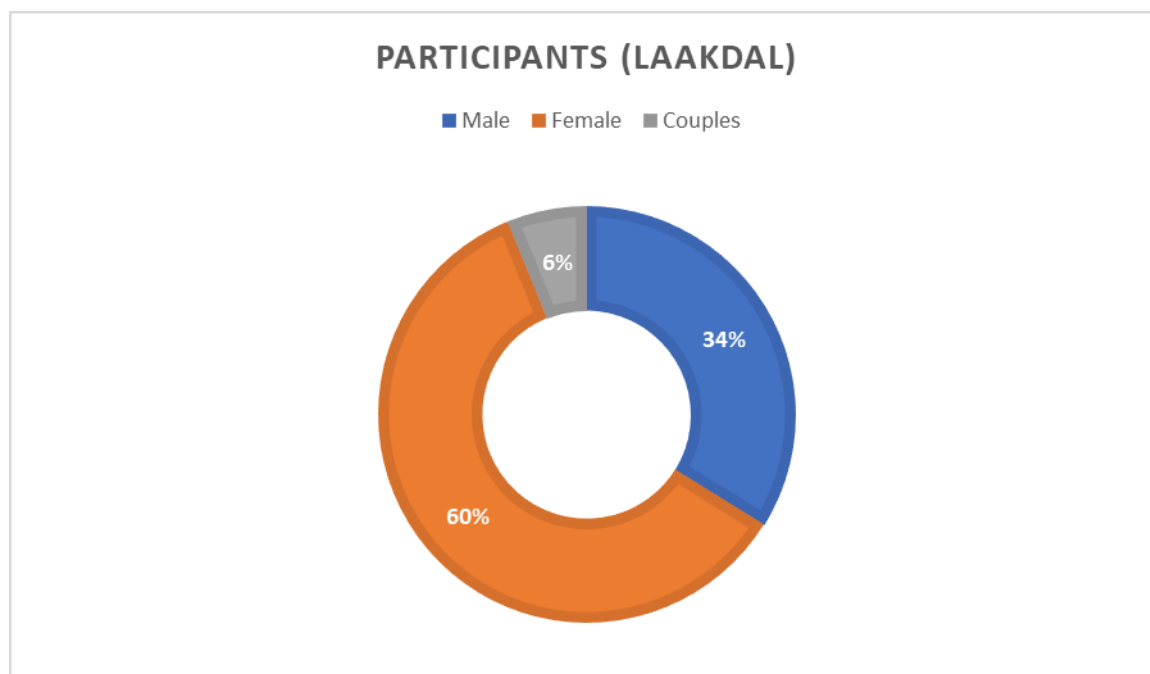
### 3.2.4. Summary

Laakdal's NA has collated a rich array of resources in relation to associations, groups, institutions and services - particularly resources that are collectively available through the Province of Antwerp's Zorgzame Dorpen ('Caring Villages') initiative. Locally, the services available through Zorgzame Dorpen are concentrated around the parish of Veerle. In relation to the availability of activities, i.e., through the associations, groups, institutions and services collated, there was a lack of individuals who act as key sources of knowledge and direct contacts.

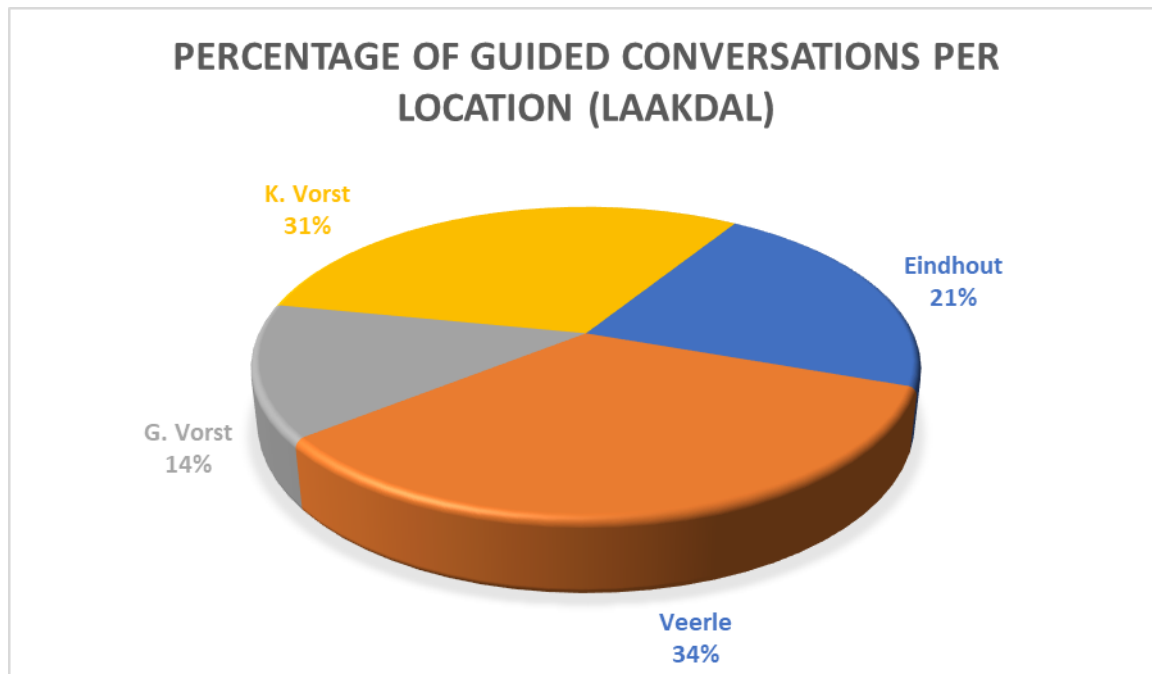
In comparison to the other resources, the array of local networks and resources that connect people, i.e. networks and informal links/connections, were lacking in Laakdal's NA. Further, organisations that act as important local partners are concentrated around central Laakdal. A wide-ranging set of resources were collated regarding local entrepreneurs and businesses. The parish of Veerle is the main hub for the entrepreneurs and businesses listed during the NA.

### 3.3. Guided Conversation

In this section, the insights from the GCs in HAIRE's Laakdal pilot site are presented. Findings from 22 men, 39 women and 4 couples (a total of 69 individuals) who participated in GCs are included. A breakdown of participants by gender is shown in the chart below.



Additionally, the chart below shows how the GCs that were conducted were distributed within HAIRE's Laakdal pilot site.



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

### 3.3.1. Structural Influences on Wellbeing

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

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

**"If I want to go somewhere, this happens with Minder Mobiele. But shopping is not so easy. I don't want to keep my driver waiting too long."**

As the quote above suggests, the support available did not always align with a person's needs. Transport provision became problematic when someone's mobility options were a barrier to undertaking necessary journeys, e.g. for healthcare purposes. The impact of the Covid-19 pandemic was felt here for individuals who had to travel further away for their Covid-19 vaccinations, e.g. to Geel.

For some participants, other concerns were raised in relation to travelling further afield. One participant referred to Geel as **"dangerous and busy"**. This comment was in reference to Geel's denser population and busier lifestyle compared to Laakdal and going there felt like a risk in the context of Covid-19. This sentiment demonstrates how bigger issues, like a pandemic, can influence wellbeing negatively when people feel uncertain and powerless to respond. The challenges of uncertainty will be covered in more detail when person-centred influences are discussed, but such feelings are common drivers for deteriorating wellbeing (Moffat and Heaven, 2016). In such circumstances, up-to-date communication and engaging individuals in a way that suits them can make a difference (Buffel et al. 2012). This is particularly important with regards to sharing positive, but truthful, news and information. The emergence of the vaccines for Covid-19 provides an example here. One participant simply felt more hopeful for the future, as they were:

**"...Looking forward to the vaccines".**

Inclusive dialogues can help to understand how specific structural influences are impacting on an individual based on their personal experiences and daily routines. Another commonly discussed structural issue was road safety and traffic, especially in the Veerle and K. Vorst areas. Concerns were expressed about speed limits being too high, cycle paths being unsafe and difficulties with regards to crossing roads. The latter was a more prominent barrier for participants with impairments and/or who used mobility aids e.g. scooters, long canes and rollers:

**"Daily, I only go, with my cane [visual impairment aid], to the mailbox. In the house, I'm moving with a roller. It's very difficult to go [out]."**

The quote above shows how structural influences can exacerbate difficult life experiences. For individuals with impairments and/or those experiencing an unmanageable decline in personal mobility, issues can also be magnified when they are unable to access support to respond to the challenges that emerge. In the person-centred influences section of this report, the importance of personalising support will be discussed further. However, a structural issue that compromised efforts to personalise support was the lack of communication and/or communication opportunities for older adults. This barrier extended to the local authority and services like banking, as shown below:

**"... Because of the disappearance of many bank branches, you have to make an appointment to be helped elsewhere and this method makes, for many people, the step [to access banks] bigger!"**

The difficulty in communication was more strongly put forward in relation to local authority services:

[Volunteer note with regards to contact with the municipality]: **"...But he does have some problems with the modern [digital] and professionalised way of speaking to citizens. He is more in favour of the model where there is more personal contact."**

The above refers to how transitions in prominent communication modes can leave people feeling alienated. This was further demonstrated by a participant who stated that local politics was now **"far from his bed"**.

Representation and having opportunities to be listened to, particularly for individuals who value leadership roles, can have positive impacts on wellbeing. The benefits of such opportunities can be magnified if they help in tackling age-related stigma (Martinson and Minkler, 2006). Here, the local knowledge of older adults that have been longstanding residents of an area can be beneficial. These older residents can draw previous experiences of local initiatives to suggest what can work locally. An example is provided below:

**"In the past there [was the] 'positive villages' [initiative]. This was abolished and was only for Groot-Vorst. There is a need for a consultative body for residents that does not favour a political colour."**

In the absence of local representation, individuals can feel alienated when their life experiences do not seem to align with the support that is available for managing difficult life circumstances. Examples here include living with and/or caring for someone with dementia, and/or having difficult conversations around early care and end-of-life planning. Stories and listening to real-life experiences can help to shape inclusive policies around such issues:

**"People who have not experienced this problem [dementia] personally do not know what they are talking about. A minister or policy post should only go**

**to people who are aware of the matter and are prepared to provide the necessary budgets to provide relevant care."**

Those that were aware of the municipality's work on planning to support people with dementia in the future were pleased about recent developments.

[Volunteer note]: **"She speaks of a dementia-friendly municipality that the municipality is working on and is delighted with that project."**

Further promotion of such initiatives and extending the reach of messaging about them can constitute positive structural influences. Once more, the availability of appropriate forms and channels of communication emerge as key structural contributions to wellbeing. As mentioned, older adults can feel alienated when transitions in communication, e.g. digital, seem exclusionary. However, the potential 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 Laakdal site, examples of these activities and spaces include, but are not limited to:

- Safe and accessible cycle ways and footpaths that are, where possible, suitable for those with added mobility needs.
- Spaces for meaningful and valued activities (e.g. local markets and petanque), widening their promotion and use through organising culturally relevant (to all groups) events.
- Sharing stories around life experiences, e.g. bereavement and caring for someone with dementia - particularly between locals that value leadership roles and policymakers.
- Supporting dialogues that counter age-related stigma and promoting positive and/or interesting stories in valued local spaces (e.g. the markets), encouraging municipality buildings / services to be more accessible.

The point above about sharing stories around all cultures and political views is specifically relevant to areas of Laakdal that have welcomed migrants. As in many contexts, the arrival of refugees and/or migrants can



be a contentious subject (Ostrand, 2015). Negative feelings can be experienced when positive dialogues are not facilitated and/or encouraged. Both immigrants and locals can feel alienated:

[Volunteer note]: **"Some immigrants have also come to live nearby and although, sincerely, she is not averse to [them], she indicates that she has no contact with them."**

In relation to migration, the participant who mentioned the point above also highlighted increased parking pressures in her neighbourhood that have led to police intervention. 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 sentiment, i.e. around diversity and increased dialogue, is especially important for participants who are actively seeking to engage with people from different backgrounds and experiences:

[Volunteer note]: **"In his previous home, Tervuren, he lived among people of all nationalities, it was near the so-called 'Eurocrats'. He does miss people with similar / varied interests here."**

Facilitating local exchanges and involvement where it is desired can help to address structural issues collaboratively (NESTA, 2020). Situations can become particularly problematic where uncertainty manifests and avenues for dialogue and action are lacking. The uncertainty and impossibility of action in the context of the Covid-19 pandemic was a structural influence that made daily lives particularly challenging, with negative wellbeing implications. The unprecedented lockdowns and reduction in social contact were discussed as barriers to accessing meaningful activities, interactions and, of course, key sources of support. Therefore, participants could not find avenues to share their experiences, knowledges and skills. Meaningful clubs and social interactions were interrupted for some people and others were not able to see friends and/or family. Relevant examples are provided below:

[Volunteer note]: **"[She has] Good contact with family (parents and sisters) and friends... because of corona this is less and [only] by phone.**

**"Usually, on weekends, I can meet friends or acquaintances. I'd love to go to [the] flea markets. With Corona, this is no longer possible."**

**"Intimacy means hugging my children, grandchild and great-grandchild. That's what I miss most during Corona."**

[Volunteer note]: **"He also hopes that Corona will soon be over and he will be able to see and cuddle his children, to sing in the choir of which he is**

**a member [of], to relaunch his social life and also to go to Licab, an organisation based in Turnhout."**

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

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

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

### 3.3.2. Person-centred Influences on Wellbeing

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

Meaningful activities and encounters that individuals value can make a positive difference. For one participant, their longstanding interest in astronomy and conversations around the topic was highlighted as important:

[Volunteer note on valued interests]: **"He then talked about collaborations at the Laakdal Academy of Arts and indicates that he is particularly interested in quantum mechanics and astronomy."**

For some participants, valued activities were experiences that they liked sharing with others, e.g. with family, friends and groups that they felt a part of:

[Volunteer note]: **"In the past, they also did a neighbourhood party with their street and she says she can count on her neighbours and vice versa."**

Varied local opportunities for socialising and/or carrying out valued solitary activities can help individuals to find meaningful activities and develop/sustain important friendships and relationships. Place-based

influences, such as what is on offer and how included people feel in an area, can impact on participation. Such influences will be covered in more detail in the next sub-section. However, if exclusionary experiences persist for a long time, individuals can feel estranged and may come to withdraw from society. This experience can become pronounced in someone's later years, e.g. 80+ years of age, as their experiences of exclusion become the norm. Additionally, negative influences on wellbeing can be magnified when impairments, a decline in mobility and generally feeling like an outsider, e.g. amongst younger generations, are experienced over prolonged periods of time.

[Volunteer note]: **"[He] indicated that he no longer participates in social life because of the fact that he is not mobile enough (he gets dizzy quickly when he stands for too long and then begins to panic). He also stated that he no longer wanted to participate in it [social life]."**

The profound and deeply damaging impact of social withdrawal and feelings of exclusion is evidenced by the following quote:

**"I don't feel so welcome in the neighbourhood. I feel hurt when I'm addressed about my posture. I'm fat. It has to do with the many medications. I find some statements very painful. Society is Hard"**

To combat such experiences, efforts to create inclusionary spaces and dialogues that go beyond transactional needs to consider someone's passions and interests can make a difference in relation to wellbeing. This point is particularly relevant to the experiences of older adults that have more substantial care needs and/or are assisted in carrying out their daily routines. For example, studies have noted how humour and engaged relationships can bring added benefits to care home residents (Dean and Major, 2008; Ferguson, 2021). In the GCs, on the whole, only tasks and/or roles were listed when participants were asked about any formal and/or informal assistance that they received or needed. Examples included, but were not limited to **"cleaning", "home assistance", "meals"** and the **"the Mobility Centre"**. A deeper understanding of the relationships that participants had with individuals and/or organisations that provided them with support could help in designing care services that are more meaningful for older adults. The importance of meaningful relationships were shown in cases where participants supported and received support from people who they had close bonds with, e.g. friends, family members and neighbours:

[Volunteer note]: **"He's in good contact with the neighbours. When they see each other, they stop and chat. His neighbour comes to drink coffee on a regular basis. He can always call her for anything."**

The quote above reiterates how sharing valued moments, such as drinking coffee with a friend, can enhance feelings of wellbeing. This sentiment is also relevant to individuals who had navigated and/or were going through difficult life experiences, e.g. bereavement and/or chronic illnesses. One participant used a powerful idiom to summarise such experiences.

**"I've already swum a lot of water. Parents both died. My younger brother died all of a sudden. [These are] Hard blows. [I have] A partner who's been through a lot of medical problems. Together, we stand strong. And the back door is always open here, I've had a conversation with a lot of people."**

Deeper issues were experienced when difficult life experiences felt unmanageable, were uncertain and/or had a pronounced detrimental impact on people's opportunities to pursue/sustain meaningful interactions and activities. 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:

**"[For] Many years [I] looked after my daughter and my husband [due to dementia] until he went to the rest home. I felt it [emotional issues] pretty intensely when things didn't go well."**

People who experienced constant changes in their health noted the challenges of uncertainty, at times finding situations unmanageable. Physical health conditions and mental health conditions, such as depression, and their changeable impacts on people during unpredictable time periods can have detrimental consequences for people's private lives, local participation and confidence (Jespersen et al. 2018).

At this point, it is useful to consider the links between person-centred and structural influences on people's wellbeing. Socio-economic inequalities may hinder access to meaningful interactions and activities for some people. Car ownership and public transport provision are not the only problems here. Affordability, based on someone's personal financial situation, can act as a major barrier too. As highlighted in the NA, OKRA and Samana were highlighted as valuable organisations in providing community support. However, financial worries made access difficult for some individuals:

[Volunteer note]: **"She is not a member of OKRA or Samana. It's too expensive."**

Financial precarity can leave individuals in personal and domestic situations with detrimental wellbeing impacts:

**"That 'man-friend' and my roommate fight regularly and I'm not allowed to say anything. Between them, there is domestic violence, he hits her."**

Such situations can cause personal tensions with friends and other close relations:

**"[I] Don't have a lot of pocket money. [My] Roommate also wants an extra EUR 50.00 per week. Now, [I] pay EUR 475.00 for living.. She's just after my money".**

Once more, the points above highlight the importance of fostering inclusive and participatory dialogues around care provision and supporting local opportunities for people to develop meaningful relationships and interests. The individual who provided the two quotes above went on to say how they had a passion for animals and spent time gardening whenever possible. Connections between people with similar personal interests can constitute positive person-centred influences on wellbeing. Digital technologies have the potential to make such connections easier, e.g. through social media, and were valuable during the pandemic (Van Orden et al. 2021). However, transitions into using such technologies should be supported by participatory learning in inclusive and convivial environments, and in ways that work for the specific individuals who are involved (LaMonica et al. 2021). This point is particularly important as many participants raised concerns about digital and online safety. Negative past experiences with such technologies undermined the confidence of participants, particularly amongst single older adults trying to make connections and meet new people.

[Volunteer note]: **"He indicates a need for a serious dating site and hopes for a municipal initiative to get one. He has had experiences with existing dating sites where pornographic images appeared. There should be ways to report this immediately to the authorities. He therefore looks forward to a site with fewer false profiles."**

Confidence in this area can also be compromised through the exclusionary societal narratives around ageing that were covered in the previous sub-section of this report. Such detrimental societal narratives can still impact on the confidence of individuals who have otherwise had positive life-long experiences in building diverse skills and competencies, as seen below:

**"At 14 [years of age] I started as a gardener and that gave me a living. They took good care of me. That's how I learned the skill of garden maintenance. Then [I] joined the army. Then [I was] in construction and that's how I became a lorry driver. Too bad I didn't learn to work with a computer, but it's too late now."**

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. The NA conducted in Laakdal showed that multiple spaces exist to bring people together, e.g. parks, markets, spaces and activities managed by support organisations

(e.g. OKRA and Samana), arts spaces and colleges and sites of historic and cultural interest (e.g. museums and various chapels and churches). Enabling access to such place-based resources and incorporating them into initiatives to help spread information and/or encourage meaningful opportunities in a local area can be beneficial. The fact that some participants found activities, events and information sessions in the Lokaal Dienstencentrum (LDC), Laakdal, to be valuable demonstrates the importance of such spaces and resources. The promotion of such spaces and keeping activities aligned with local interests can facilitate better place-based influences on wellbeing. These types of spaces are also important for older adults that are newcomers to an area and those with regular experiences of moving, as they create opportunities to meet others and find local interests if they wish to:

[Volunteer note}: **"In general, he felt that such matters, e.g. activities offered by Fortun and LDC, should be promoted more. Especially for newcomers like him. He moved from Laakdal to Geel to Ostend to Hamme and then again to Laakdal."**

An awareness of access issues, whether they are due to a decline in personal mobility and/or unsuitable transport provision, should also be considered. Where appropriate, it may be possible to use and/or repurpose spaces in areas that do not have sufficient resources for running accessible activities and/or events that are of interest. The importance of such efforts is hinted at by the following simple question:

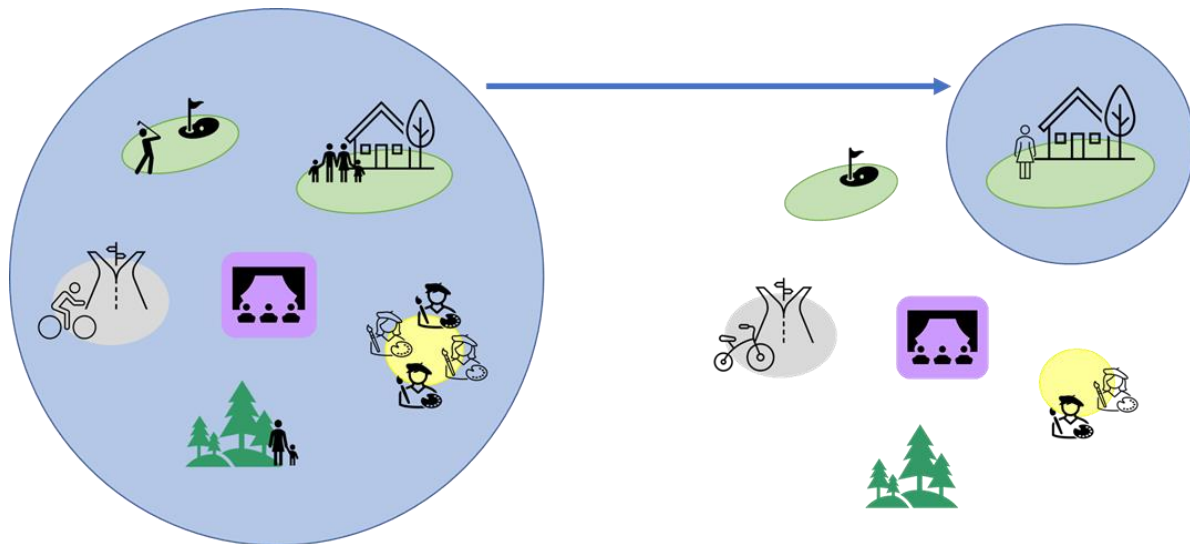
**"Why is there no LDC in Eindhout?"**

The point above does not necessarily mean that an LDC being built is the only solution, but indicates how that area could benefit from a space that brings people together. This sentiment was echoed by participants who felt that Groot-Vorst did not have **"a proper village hub"** and/or a tavern for people to gather. The importance of these types of spaces has been emphasised by the Covid-19 pandemic. As alluded to in this report's structural influences section, significant negative influences on wellbeing were experienced by participants who could no longer access their meaningful spaces, activities and/or social interactions, including any local formal and/or informal support that they needed.

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). Through HAIRE's GCs, experiences of a *shrinking life-world* were apparent in relation to a wide range personal situations. For example, discomfort during day-to-day activities as a result of a physical health issue:

[Volunteer note with regards to a participant's chronic pain]: "**[He] Would like to walk, but this is no longer possible due to different complaints**"

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.

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:

[Volunteer note]: "**If she's in a difficult situation, she's trying to find solutions herself. [At the moment] She's in a lot of pain. [But] She's very confident. She goes dancing, swimming, cycling and gardening - every day in times of no corona.**"



The activities that can make a difference for a person do not have to involve physical exertion, as they do in the volunteer note included above. However, confidence is important and, as mentioned previously, meaningful interactions with others and relationship building can play an important role in helping individuals to seek meaningful activities. The role of such interactions and relationships is particularly important in care home settings and in cases where individuals need ongoing support.

Older adults can feel more confident and shape their experiences of ageing in a way that is meaningful for them if care provision goes beyond transactional needs (Dean and Major, 2008). At this stage, structural influences need to be considered. The provision of care that is meaningful does not always align with structured hours or pre-defined care roles and responsibilities. Therefore, inclusive policy-related dialogues with older adults are important here (as also mentioned in relation to policymaking around managing dementia earlier in this report). Further, a culture of care in the community can also make a difference. Laakdal's GCs identified many examples, informal and formal, of how individuals cared for others in the community. An example is provided below:

[Volunteer note]: **"In her spare time, she likes to work for the association of which she is a board member, and carries her family, children and grandchildren in her heart... Honesty, tolerance, luck, care and compassion are the values that this woman holds high!"**

The promotion of and showcasing such actions and values can expand a culture of care in a community. Additionally, the point above emphasises the significance of place-based opportunities to carry out activities in places and environments where people feel **"at home"**. For some newly retired older adults, i.e. those between 60 and 70 years of age, there seemed to be a gap in the availability of groups and activities that were suitable for what they referred to as **"younger older adults"**. Following retirement, such gaps in availability can contribute to feelings of a *shrinking life-world*. Opportunities for new retirees to talk about and co-design initiatives that they would value can make a difference. As noted by a wider study into such experiences: *"Enabling retirees to retain a sense of choice and control is very important to well-being immediately after retirement and up to three years later"* (Quine et al. 2007: pp. 173). In fact, this sentiment is relevant to the full spectrum of identities that older adults may cultivate. Some of these identities are linked to place and giving thought to the varied ways in which people relate to place can help in creating inclusive opportunities for such dialogues.

For some participants, their roots and ancestral links to the area framed what they valued and how **"at home"** they felt in their neighbourhoods. These identities were referred to in the context of being a **"Laakdaller"**. In some cases, these identities were even more localised and people expressed pride in being from their particular parish and/or village:

[Volunteer note]: **"The husband, a native Vorstenaar, calls himself a BV, which means a known Vorstenaar."**



The inclusion of activities and stories (e.g. local narratives of history and heritage) that align with localised identities in events and dialogues with residents can be considered. One example that is relevant here is **"meiboom [may tree] planting"**. Such occasions can also promote the exchange of stories and culturally important activities with others in the area that do not have longstanding historical or ancestral local connections. These types of dialogues can support inclusion and a sense of belonging amongst all groups in communities (Driel and Verkuyten, 2019). If valuable connections and experiences are fostered, then residents are more likely to feel **"at home"**, while still feeling meaningfully connected with their own place-based identities:

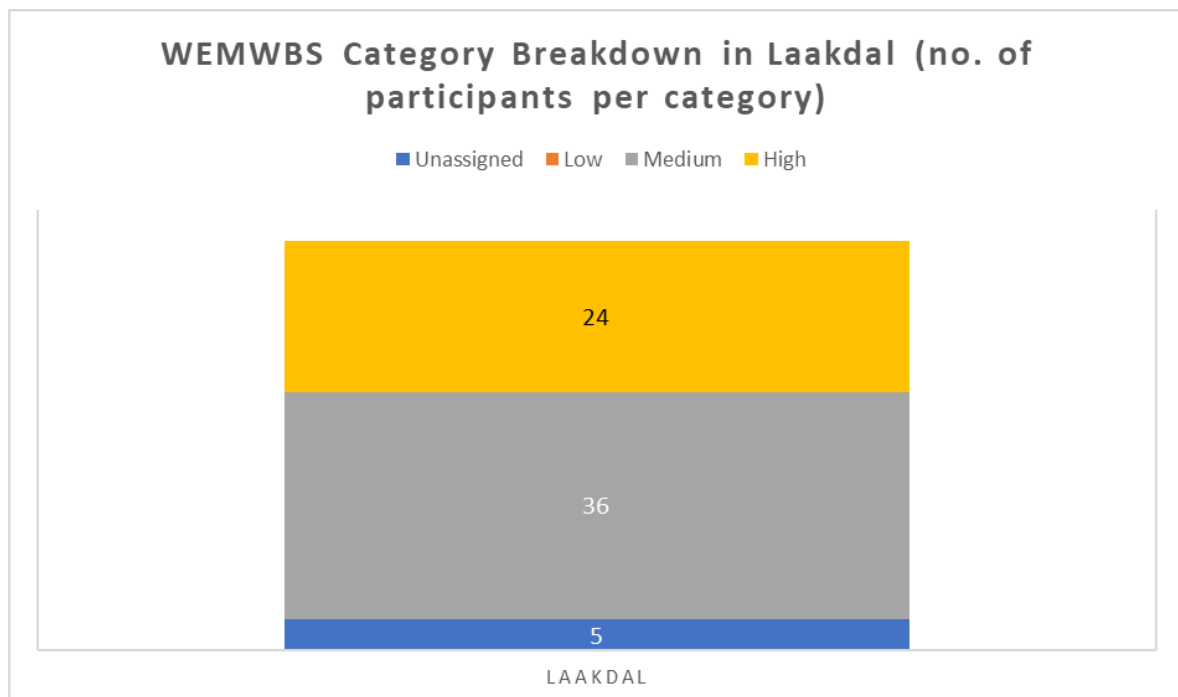
**"I like to live here. I feel like a part of the community. But still, I'll always be someone of 'Looi' [from Tessenderlo] and that stays."**

A point to be acknowledged in relation to the quote above is that Tessenderlo is only around 10km away from Laakdal. Therefore, the exchange of cultures and valued narratives with individuals from more diverse backgrounds is likely to require more structural support. However, as demonstrated for participants who feel a strong connection to Laakdal and/or the municipality's smaller parishes and/or villages, the consideration of place-based identities can be a key part of actions that help foster positive influences on wellbeing.

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 GCs findings.

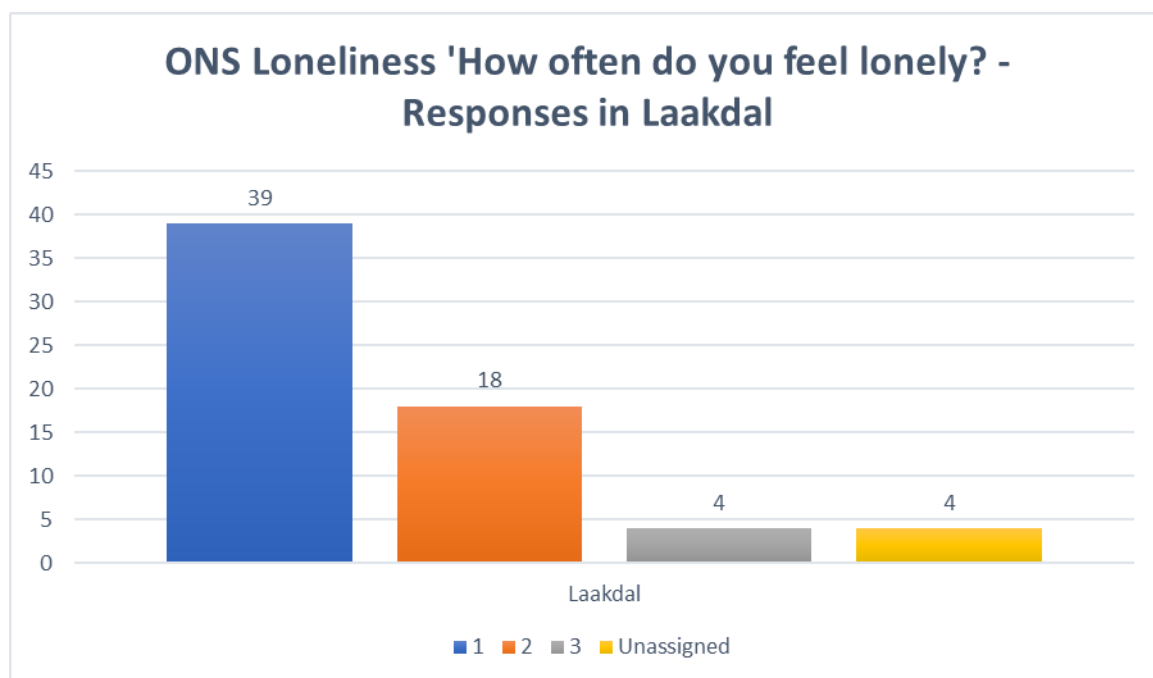
#### 3.3.4. WEMWBS (short) Questions on Wellbeing and ONS Loneliness Questions

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



No participants were categorised as being in the low category for wellbeing according to the validated WEMWBS questions. This result provides an interesting discussion point, as participants spoke about a variety of negative influences on wellbeing in the GCs. In this regard, the validated questions seem more useful in understanding wellbeing at a population level, but in-depth approaches (e.g. GCs) help to identify and respond to specific issues that are being experienced on the ground.

The validated questions in relation to loneliness provide a similar outcome. Only four (4) participants indicated feeling lonely often when loneliness was explored through ONS's measurable scale. Participant responses are shown in the graph below ('unassigned' refers to participants who did not provide responses for these questions):



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

Once more, the depth and varied experiences of loneliness are not fully captured by these questions. When the in-depth GC data is explored, loneliness is spoken about as an experience that can differ with time. Even individuals who feel like they can manage on a day-to-day basis can experience times when they feel alone, e.g. in relation to bereavement. As such, the maintenance of valued relationships and activities acts as an important positive influence on experiences of loneliness. Issues can become more pronounced when people are dealing with current, day-to-day challenges that are detrimental to their wellbeing, e.g. new bereavements, chronic illnesses, health uncertainties and changes in meaningful relationships. For example, a participant who was dealing with a recent relationship break-up described multiple difficult experiences, linked to their specific situation and relationship:

[Volunteer note]: **"Recently, he and his girlfriend, after a 13-year relationship, broke up. His ex-girlfriend is suffering from depression, which means that she does not feel good about the relationship and needs time for herself. This is very hard for him, because it eliminates a very large part of his social life. He therefore indicates that he feels very lonely because of the situation."**

The participant lost valued social connections after breaking up with a partner. As covered in relation to experiences of *shrinking life-worlds*, such losses can also be driven by retirement, needing to move (particularly in response to shifting care needs) and/or the impacts of ill-health. Again, the opportunities to maintain - and/or to develop new - meaningful

social links and activities play a fundamental role with regards to managing negative experiences that are associated with loneliness.

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

[Volunteer note]: **"If he is not a member of an association, he indicates that it doesn't mean that he is lonely, being single doesn't have to be lonely."**

On the other hand, someone can have many people around them and still feel alienated. This was evidenced by participants who felt like they did not fit into their neighbourhoods. Such participants referred to the detrimental impacts of gossip and the fact that they cannot **"stand jealousy"**. These sentiments align with ideas that were covered in the structural influences section of this report, including the importance of facilitating inclusive dialogues around community-level stigma towards older adults, individuals with impairments and individuals experiencing socio-economic inequalities.

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. Conclusions are summarised in the report's final section.

### 3.3.5. Social Network Analysis (SNA)

At the time of writing, SNA data was not generated and/or analysed for HAIRE's Laakdal pilot site. 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 strategise responses to the wellbeing-related issues that are highlighted in this report, while capitalising on the positive influences 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, while the NA method generates a summary of the resources that are available in an area to respond to the needs that are discussed.

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

Inclusive dialogues about ageing-related issues and enabling positive experiences of ageing, as expressed by older adults, can be regarded as a key component of empowerment. This definition of empowerment can be understood and facilitated through discussing how structural influences, person-centred influences and place-based influences combine at any time for a particular individual, as shown by HAIRE's findings. These influences can vary from day-to-day. Further, sudden detrimental changes to day-to-day routines that seem unmanageable, and where people feel powerless to respond, tend to be key catalysts for experiencing a decline in wellbeing.

HAIRE's findings have shown that the complexities described above can also influence feelings of loneliness, even amongst older adults who have frequent interactions with others. The complex dimensions of loneliness, and how it may or may not manifest for different individuals, are further demonstrated by moments of solitude that can have a positive influence on someone's wellbeing. The worsening of negative influences on wellbeing can be experienced more profoundly in cases where individuals experience exclusion and/or are in, for example, care home settings with limited dialogues around what they personally find meaningful for long periods of time. In such cases, relationship rebuilding can be slow, but taking time to do so is important. Structural support for opportunities that encourage continued relationships and inclusive dialogues in care settings needs closer attention. A wider culture of care within a community can also help here.

Comfortable spaces, activities and relationships that are valued, and inclusive dialogues, involving the diverse groups in a community (including but not limited to older adults), can facilitate the type of empowerment that is referred to above. This type of empowerment is important for older adults with varied experiences of ageing and for those at different life stages, e.g. from people who are 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 Laakdal pilot site in relation to the eight domains of the WHO's guidance: **(1) Buildings and outdoor spaces; (2) Transportation; (3) Housing; (4) Social participation; (5) Respect and social inclusion; (6) Civic participation and employment (skills in general are considered in HAIRE, as the participants were retired); (7) Communication and information; and (8) Community support and health services.**

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

#### 1. Outdoor spaces and buildings

- Promoting local spaces and events in local spaces via channels that are audience-appropriate, e.g. in newsletters, via well-promoted and supported digital formats and during occasions to showcase local spaces.
- Enabling transparent and clear processes for locals to organise events in local spaces.
- Access to local spaces can be improved via feedback processes that engage the community in participatory ways – including older adults.
- The above is particularly important for the areas of Eindhout and Groot-Vorst.

#### 2. Transportation

- Stigmas that relate to using community transport can be overcome by shaping services with older adults and other users.
- Beginning dialogues between transport providers, organisers of support services, organisers of social activities and older adults to ensure transport timetables can align with key activities.
- The above is important for areas within Laakdal where social interactions depend on travelling to other areas, e.g. for those in Veerle.

#### 3. Housing

- Information and support for adjustments in homes that can facilitate healthy ageing can be circulated – including stories from older adults who have experiences in relation to such adjustments.
- Housing information and/or information for newcomers can promote a culture of care in the community across all groups.
- Local case studies and stories can be used to bring the above to life.

#### 4. Social Participation

- Opportunities to share stories across all groups in the community can encourage social participation.
- Including culturally valued aspects in any events that encourage social participation, e.g. local arts and historic spaces.
- Opportunities that showcase local achievements and inclusive dialogues (amongst all groups in the community) around how these achievements can be built on and/or expanded in the community.

#### 5. Respect and social inclusion

- Opportunities to share experiences and stories from key social activities, e.g. those provided by OKRA.
- Encouraging dialogues between service and activity providers, and older adults to shape what is available locally.
- Creating opportunities for locals from all areas of Laakdal to congregate and socialise – digital platforms of communication are relevant here too.
- Where digital communication opportunities are created and encouraged, these can be shaped with users and implemented based on the comfort of the users.

#### 6. Civic participation and employment (skills)

- Opportunities to participate in organisation and administration of local events and activities, e.g. as volunteers.
- Informal and convivial settings for skills development opportunities, e.g. digital.
- Processes to feedback on and co-design opportunities to develop skills.
- Opportunities to exchange stories / practices across all community groups about passions, skills and knowledges that older adults have developed through their life-course.

#### 7. Communication and information

- Clarity and transparency in relation to roles and responsibilities of services that provide support – particularly regarding direct dialogues with OCMW Laakdal.
- Bringing stories to the forefront in communications and information about difficult life experiences, e.g. managing living with dementia and/or caring for someone with dementia.
- Encouraging and facilitating informal interactions in convivial and comfortable environments.

#### 8. Community support and health services

- Beginning dialogues between older adults, including those with experiences of difficult life circumstances, e.g. depression, bereavement and caring for someone with dementia, and decision-makers who can influence service provision.
- Participatory feedback processes and clear / transparent information on roles and responsibilities around service delivery.
- Awareness of local skills and knowledges that can contribute to community-level support.



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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 were originally planning to run group sessions with local residents to list and discuss the resources in the local area based on eight categories.

These categories are summarised in table 1.

*Note: Due to the local restrictions in relation to the Covid-19 pandemic, some pilot sites adapted the method to run remotely. Such details will be covered in the findings section if relevant to the pilot site. Laakdal was one of these sites. Instead of a group session, stakeholders were sent an electronic form to fill in. The form included HAIRE's eight NA categories and stakeholders were invited to fill in the resources that they were aware of under each NA category.*

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

Table 1: Neighbourhood Analysis topics

<b>Topic</b>	<b>Examples</b>
<p>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.</p>	<p>Recreational activities, professional activities, education, volunteering etc.</p>
<p>Places: Physical elements of the community such as community buildings and meeting rooms where activities take place and where people organise gatherings, meetings, etc.</p>	<p>Community building, church, (park) benches, hangouts etc.</p>
<p>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.</p>	<p>Neighbourhood/community/village council and church community.</p>
<p>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.</p>	<p>Youth networks and regional social and/or economic development forums.</p>
<p>Associations, groups, institutions (organisations), and services: Local associations, community groups, recreational groups, clubs, tenant organisations, and other services run by institutions.</p>	<p>Schools, health centres, general practitioner, emergency services etc.</p>
<p>Local entrepreneurs: All economic connections in the community, including local companies, and business leaders.</p>	<p>Supermarket, local shops, tourism related companies</p>
<p>Culture: Identifying important places, traditions, and activities that are of meaning to the community.</p>	<p>Museum, music, historical activities and festivals.</p>

<p>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.</p>	<p>Community campaigns and community led planning proposals, and other development/ participation activities.</p>
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**Guided Conversation (GC):** HAIRE's GC is a place-based, person-centred tool that uses a range of conversational and visual prompts to encourage older adults to talk about their health and wellbeing. The GC enables open conversations around how feelings of wellbeing and loneliness are linked to the way people relate to their neighbourhood and their families, friends and neighbours and how empowered they feel. The conversation is entirely informed by the perspectives of a participant and they discuss what is important to them.

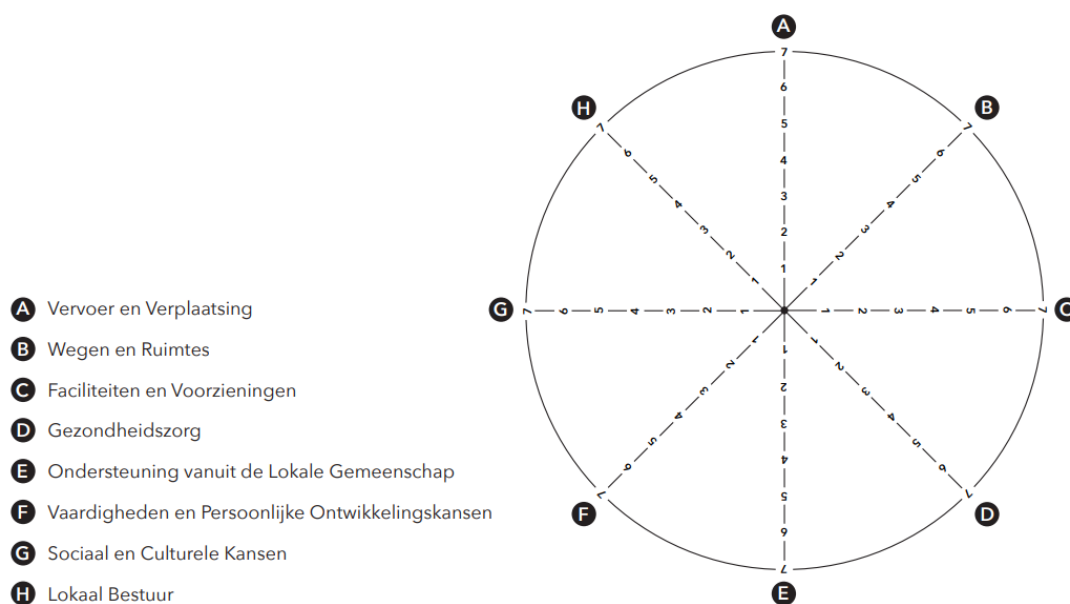
GCs are conducted by trained volunteers in each pilot site - called HAIRE Enablers - and involve an in-depth conversation, which takes around two hours in total in most cases. Sometimes this is split over two or more sessions depending on what is convenient for the participant and the availability of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

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



The prompt is introduced to the participant when they are posed the question: 'what is it like to live here?' Participants are then encouraged to expand on their answer using the familiar imagery in the place-based visual prompt. The volunteers conducting the GCs are trained in active listening techniques and the use of a series of conversational prompts about place-based issues. Volunteers take notes based on the main issues, what was working, what could be done to address issues and how the participant could be supported to address the issues that they identified.

## Locatiegebonden Radardiagram



*Topics translate to: A. Transport and Moving Around, B. Streets and Spaces, C. Facilities and Amenities, D. Healthcare, E. Community Support Services, F. Skills and Personal Development Opportunities, G. Social and Cultural Opportunities and H. Local Governance.*

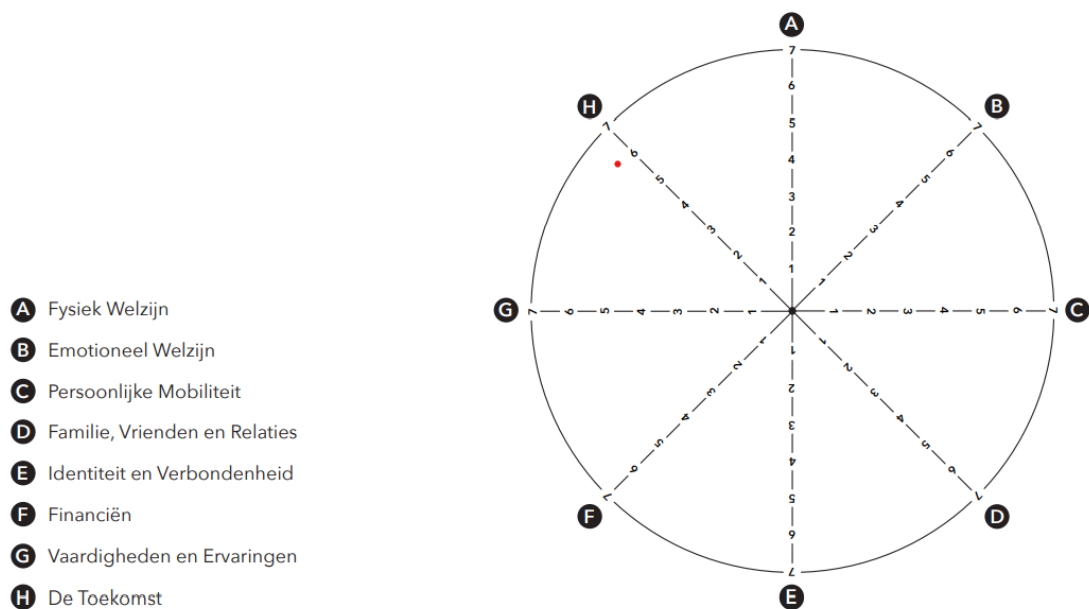
The radar diagrams help participants to summarise how they feel in relation to a specific conversational topic via a subjectively assigned score (out of seven). This score is given after they conclude discussing how they feel in relation to a specific topic. The score is subjective and only relevant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

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



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

### Persoonsgericht Radardiagram



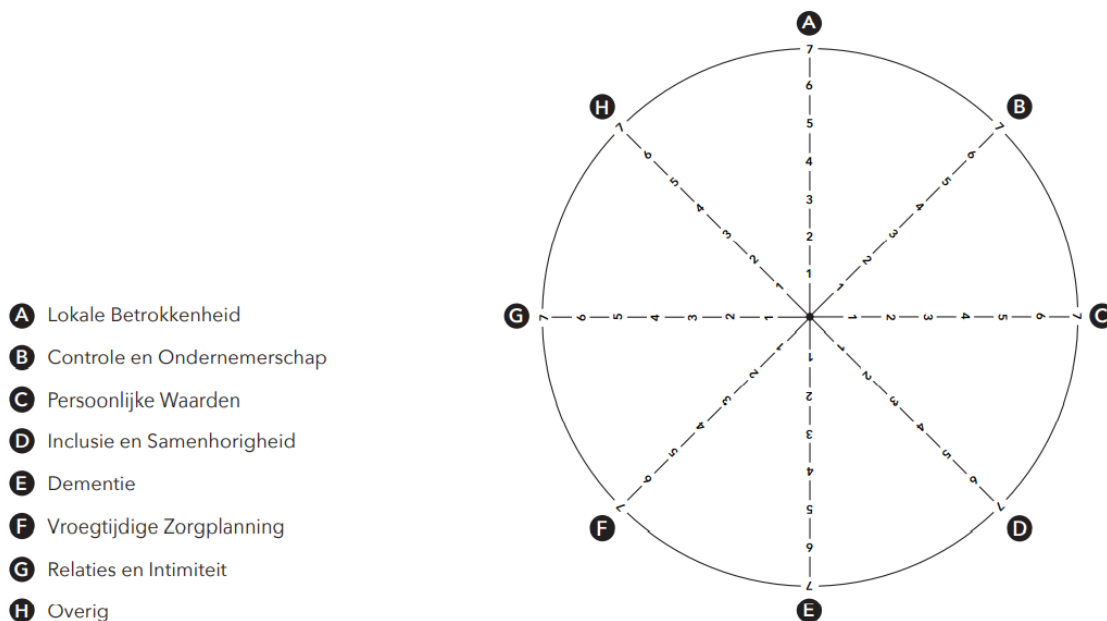
Topics translate to: A. Physical Wellbeing, B. Emotional Wellbeing, C.



*Personal Mobility, D. Family, Friends and Relationships, E. Identity and Belonging, F. Finances, G. Skills and Experiences and H. Local Governance.*

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

## Empowerment Radardiagram



*Topics translate to: A. Local Involvement, B. Control, C. Personal Values, D. Inclusion, E. Dementia (added by partners in Laakdal), F. End of Life Planning (added by partners in Laakdal), G. Relationship and Intimacy (added by partners in Laakdal) and H. Other (added by partners in Laakdal).*

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. As can be seen in the diagram above, HAIRE's partners in Laakdal chose to fill the radar's blank topics. Wherever appropriate, they offered the opportunity to participants to talk about sensitive topics. The sensitive topics included how participants felt about dementia, end of life planning and intimacy in their relationships. HAIRE Enablers received additional training on talking about these sensitive topics in Laakdal and, where appropriate, they introduced these topics into the conversation using an overarching theme: 'to take care of later' (zorgen voor later). The final topic in the

empowerment radar was used as an opportunity to talk about anything else that a participant wished to raise.

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

WEMWBS Statements:

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

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

ONS Loneliness Questions:

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

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

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

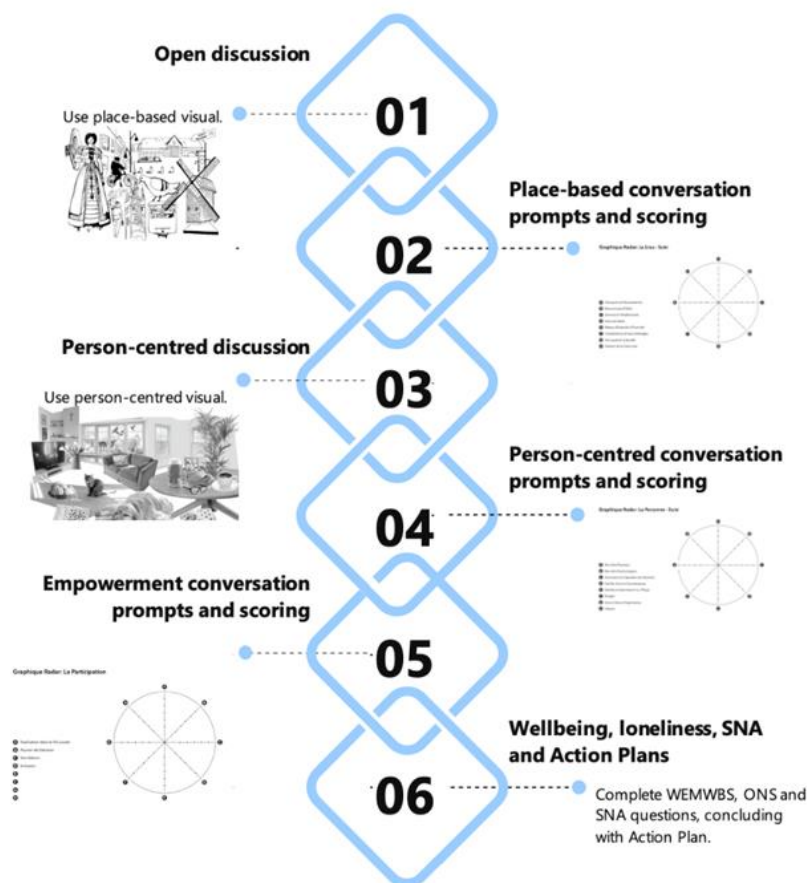
1. The people participants feel close to in their local area. Participants are given the option to list the initials of up to 15 people and answer a series of closed questions about their relationship with each person and the support they receive from each individual they listed.
2. The information sources,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

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

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

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

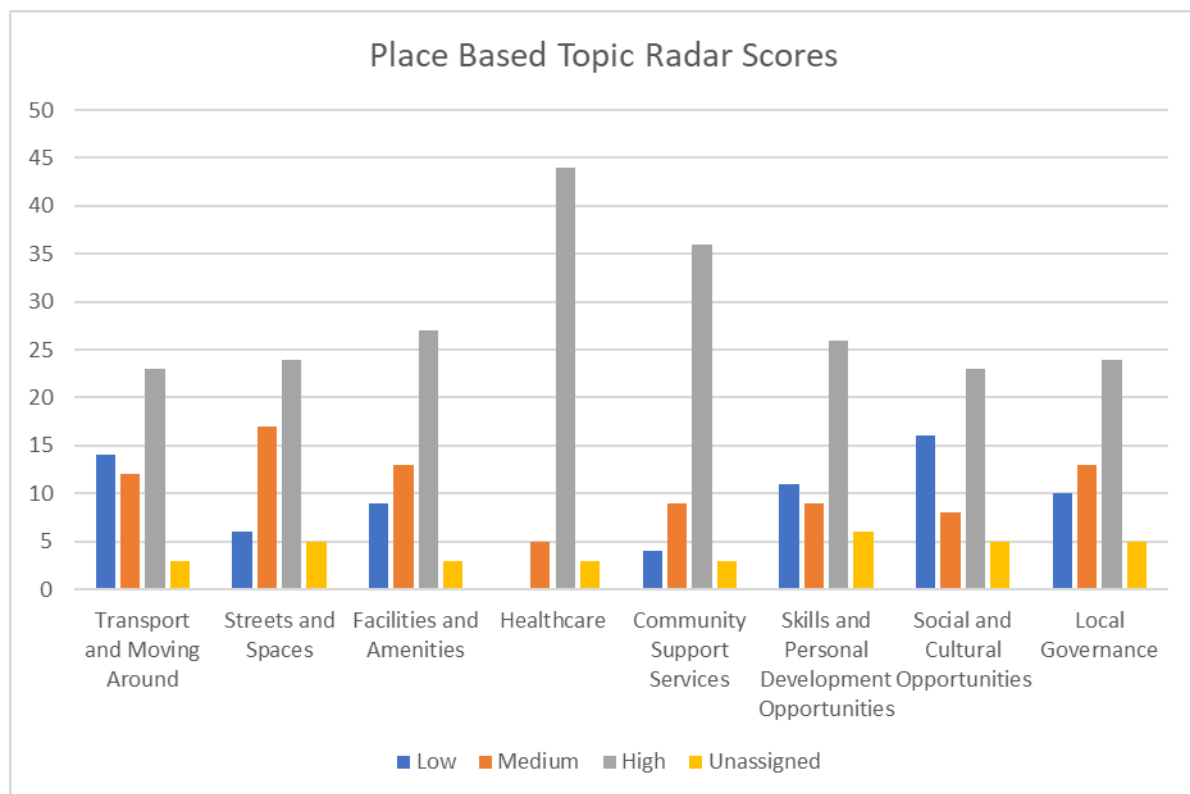
A summary of data collection is shown below.



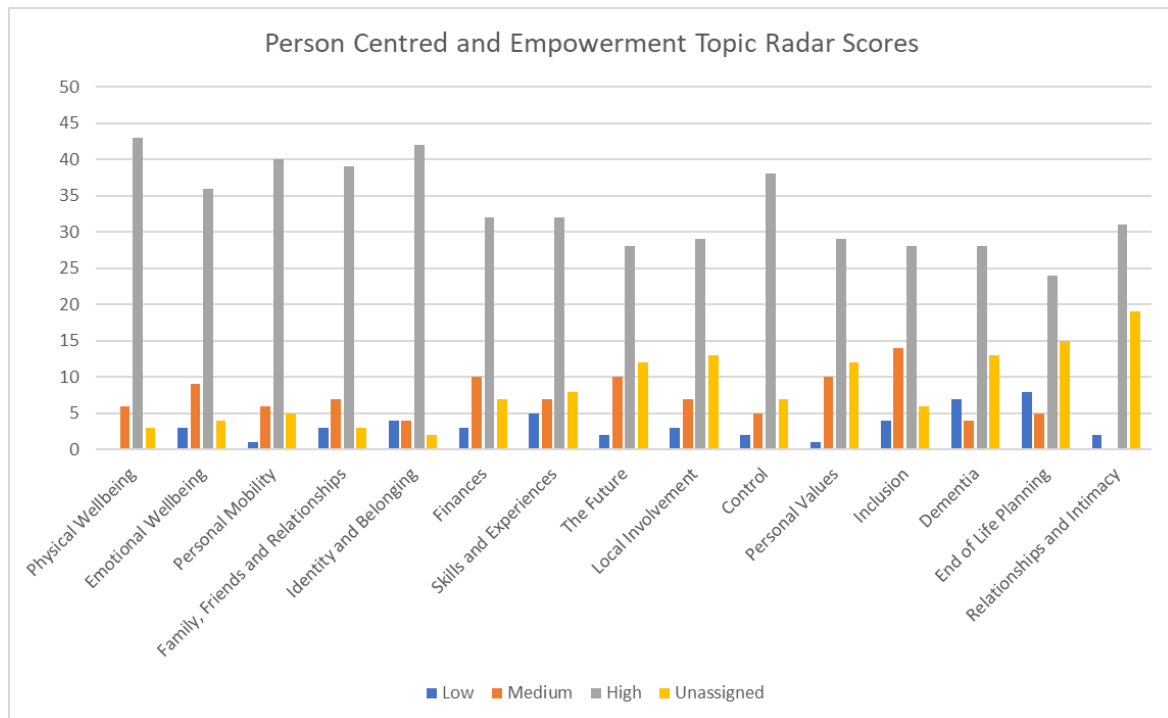
ii. An overview of GC topic scores that were used to organise data in the first phase of analysis.

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

*N.B. Fifteen more individuals participated in GCs since the descriptive graphs below were produced. These additional GCs did not significantly influence the topic score trends that are shown in the graphs below. All graphs in the main body of this report have been updated to include the added GCs. Qualitative insights from the added GCs are included in the main body of this report too.*



As illustrated in the figure above, the most common score category across each GC Place Based Topic was high (i.e. 5-7). Healthcare was scored most favourably overall, notably with no low scores. This was closely followed by Community Support Services. Streets and Spaces and Facilities and Amenities both received a relatively large number of medium scores in comparison with other topics. There were fewest high scores and most low scores for both Transport and Moving Around and Social and Cultural Opportunities (notably, no one gave the latter a score of 7), closely followed in terms of low scores by Local Governance and Skills and Personal Development Opportunities. This may suggest value in reflecting on these topics as areas for potential improvement going forwards.



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). Personal Mobility and Physical Wellbeing were scored most favourably overall (notably with no low scores for either topic), closely followed by Identity and Belonging. No low scores were given for Family, Friends and Relationships or Skills and Experiences. Inclusion received the fewest high scores (notably with no one giving a score of 7 for this). No middle scores were allocated for Control, Dementia or Relationships and Intimacy. Dementia and End of Life Planning received the greatest number of low scores, suggesting a potential area for future attention. Many of the topics, particularly relating to Empowerment, were not assigned scores.

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

**Research Team Contact Details:**

Dr Shukru Esmene, [s.esmene@exeter.ac.uk](mailto:s.esmene@exeter.ac.uk)  
Prof Catherine Leyshon, [c.brace@exeter.ac.uk](mailto:c.brace@exeter.ac.uk)

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Peter Lanyon Building  
University of Exeter  
Penryn Campus  
Treliever Road  
Penryn  
Cornwall  
TR10 9FE  
UK