



# Interventions Against Social Isolation Among Elderly People

The Impact Of Semi-Public Places Of Social Encounter  
On The Social Connectedness Of People At Age

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## Preface

Thank you for taking the time to read my Master's thesis.

This paper is the result of several months of research and the final component for finishing my Master's degree in Urban and Cultural Geography at the Radboud University Nijmegen. I am grateful for the last two years at this university, during which I was able to gain a lot of knowledge and develop my skill of critical thinking. Especially during the last months of working on this thesis, I experienced support from various people. Therefore, I would like to take this opportunity to express my gratitude.

First of all, this research gave me the opportunity to get in contact with a lot of different people at age, whose views gave me new perspectives on different aspects in life. Therefore, I want to thank all these people, especially the ones that took the time to participate in my study and openly shared their experiences. I am grateful for hearing all the life stories, which impressed me every time and helped me to better understand the personal circumstances of every interviewee.

I also want to thank my internship organisation, the Caritasverband Geldern-Kevelaer e.V., which supported me during my research project by sharing their expertise and answering all my questions. Especially, I want to thank the employees that took the time for an interview and regular meetings during my study. Furthermore, I want to thank my supervisor, Friederike Landau-Donnelly, for the time and feedback and especially for encouraging me to take new approaches and perspectives.

And finally, I want to thank my boyfriend, family and friends, who supported me during the whole process and always listened to my worries, especially during times I was struggling, but also celebrated every success with me.

Pia Simon

## Summary

Preliminary research shows that elderly people are exposed to a high risk of social isolation, for example caused by different life-course transitions and declining health at this age. The status of social isolation has significant impact on seniors since it influences the physical and mental health negatively and reduces the quality of life. Especially the trend of ageing in place can lead to declining social networks and infrequent engagement in social activities for the person at age living alone. Therefore, this study focuses on the evaluation of possible approaches addressing social isolation among elderly and examines the impact that semi-public places of social encounter have on the degree of social isolation experienced by people at age.

The research is based on a qualitative case study, including the methods of observations and semi-structured interviews. The collected data show that group activities at semi-public places of social encounter can contribute to reducing or preventing social isolation by strengthening or expanding the social network, experiencing social cohesion, creating bridging and bonding social capital, increasing the attachment to the place of residence, or finding a structure for the day or week. Furthermore, the findings emphasise the influence of personal characteristics on the effectiveness of interventions and the accessibility of places of social encounter. Especially the need to support people with more passive coping strategies is underlined, which claims more individualised and holistic approaches within the landscapes of care. One important component is to recognise elderly people as a heterogenous group and offer a wider range of services and group activities at semi-public places of social encounter in order to reach as many people at age and their personal interests as possible.

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## 1. Introduction

During the COVID-19 pandemic and its accompanied physical distancing measures, the issue of social isolation among elderly received increased attention and was discussed extensively (B. J. Smith & Lim, 2020). But already before the outbreak of the Corona virus, several societal and demographic developments caused a rising risk for people at age to experience social isolation and feelings of loneliness. Several studies highlight the impact that social isolation has on the health of individuals, in terms of physical as well as mental health. The negative consequences for elderly people include, for example, higher risks of cardiovascular disease, stroke, depression, dementia and premature death (Choi et al., 2015; Cotterell et al., 2018). Therefore, even though the topic is not as present in the public perception anymore, the development of possible approaches addressing social isolation is of significant relevance in order to create more age-friendly cities and societies.

In general, there are several factors identified which make people at age vulnerable for social isolation, such as changes in the life course, that include retirement, declining mobility, rising disease and disability, and the death of a spouse and/or other social network members (Cotterell et al., 2018). Furthermore, societal developments regarding the living arrangements, the global trend of ageing in place, changing family structures, increasing life expectancy and the changing housing market influence the current circumstances for seniors and increase the risk for social isolation (Snell, 2017; Yi et al., 2021). The rising number of single-households among elderly does not only cause a shift in the care system from more centralised and institutionalised care facilities to ‘landscapes of care’ within the city, but can also cause decreasing social networks and infrequent engagement in social activities (Milligan & Wiles, 2010; Yeh & Lo, 2004). Therefore, opportunities for social interaction need to be created outside the direct living environment to give people access to social capital and the possibility to expand or strengthen their social network.

Different approaches for addressing social isolation among elderly include the establishment of places of social encounter as part of the social infrastructure at a certain place. One example is the report on how to fight loneliness and social isolation that was published in 2022 by the state parliament of North Rhine-Westphalia in Germany (Landtag NRW, 2022). Therefore, North Rhine-Westphalia was the first federal state of the country to comprehensively discuss the issue of social isolation and possible solutions in public. As one component of their approach, the creation of places of social encounter is named within the report (ibid). However, the effects of these places are not extensively researched yet. Therefore, this research paper analyses the impact of places of social encounter based on a qualitative case study of the Lower Rhine region within North Rhine-Westphalia. The region of the case study is severely affected by the changing age structures caused by demographic developments and therefore needs to deal with a rising number of elderly people in the future (Landesbetrieb IT.NRW, 2023a). Based on the selected case, the following research question was formulated to be answered:

*‘Which impact do semi-public places of social encounter have on the status of social isolation of elderly people within small- and medium-sized cities?’*

In order to answer the research question, the first part of the paper states the precise research objective and its societal and scientific relevance. Afterwards, theories that are relevant for the topic will be discussed within the theoretical framework, which leads to the introduction of the conceptual model. After the theoretical section, the case study that was chosen to study the research topic will be further outlined to gain a deeper understanding of the region. The next part includes the used methodology

for the data collection and analysis, followed by the findings that were made. Within the final part, the findings will be further discussed and recommendations formulated, before the paper will finally be completed by the conclusion.

## 1.1 Research Objective

The focus of the research is to analyse the approach of creating places of social encounter for addressing the issue of social isolation among elderly people. This is based on different agendas targeting social isolation, which focus on the establishment of social infrastructure in order to stimulate social interaction and create social contacts. One main component of these agendas are places of social encounter and the group activities organised at these places, whose importance for the social life within neighbourhoods is emphasised by different researchers (e.g. Grum & Grum, 2020; Klinenberg, 2020). To create more extensive approaches on how to deal with social isolation, it needs to be analysed to what extent places of social encounter contribute to a decrease of the status of isolation among people at age and, on the other hand, which demands cannot be fulfilled. Therefore, a more comprehensive and holistic care for older people within society can be provided.

Even though an increase of social isolation can be observed at different ages and among different societal groups, the target group of the research are elderly people, namely people aged 60 or older, and their demands and needs. Different approaches, such as the creation of places of social encounter can, however, also be of value for other people seeking for social connectedness. Nevertheless, people at age form a special risk group, due to their characteristics, whose societal share will be growing in the future. Furthermore, the increasing number of elderly people also emphasises the need of not only creating approaches to overcome social isolation, but also to prevent ageing adults from getting isolated (Cotterell et al., 2018).

The case study that will be investigated includes places of social encounter in different cities within the Lower Rhine region in Germany. These places can be classified as small- and middle-sized cities that are located in Western Germany, close to the border with the Netherlands. The impact of the socio-geographical factors is another important aspect to be included in the research. Based on this, the findings can be applied to or differentiated from cases in other socio-geographical environments.

Based on the research interest, the following research question and sub-questions were formulated:

*Which impact do semi-public places of social encounter have on the status of social isolation of elderly people within small- and medium-sized cities?*

- Which functions do semi-public places of social encounter fulfil in order to prevent and reduce social isolation and support social connectedness of elderly people?
- In what way do semi-public places of social encounter have to be organised for people at age? What are requirements and barriers for this target group?
- Which influence do personal characteristics of the individual person at age have on the effectiveness of semi-public places of social encounter?

## 1.2 Societal Relevance

The study of social isolation among elderly people and possible approaches to address this issue is societal relevant for several reasons. The first reason, which makes the topic relevant for a higher amount of people in the future, are ongoing demographic developments. Since the life expectancy for humans around the world is increasing, the number and proportions of elderly people within societies is growing as well (World Health Organization, 2022). Another reason influencing the demography of societies is the ageing of the so-called 'Baby Boomers', the generation born between 1946 and 1964. During this time, the end of the Second World War and other factors led to rising birth rates, which makes this generation a large group of the population. The ageing of this generation will lead to caring challenges including economic as well as social burdens, which is also referred to as the so-called '2030 Problem' due to the fact that all Baby Boomers will be aged 65 years or older in 2030 (Knickman & Snell, 2002).

Besides the demographic developments, there are also several societal trends that increase the urgency to re-think the current care system for people at age. Over the last years, the trend of ageing in place and a rising number of single households among elderly could be recognised, which forces a decentralisation and deinstitutionalisation of the care system. Furthermore, this trend also contributes to the increase of people at age facing a higher risk of being socially isolated and experience feelings of loneliness due to smaller social networks and infrequent engagement in social activities (Yeh & Lo, 2004). The development of more seniors living alone is caused by several social, economic and demographic developments, such as changes of family structures, individualisation, increasing life expectancy or the changing housing market (Snell, 2017; Yi et al., 2021). But there are also differences observable between different regions, since cultural factors further impact the demographic and societal developments. When focusing on the example of Europe, 30.8% of the Western European and 31.8% of the Northern European adults aged 60 years or older lived alone, meanwhile in Eastern and Southern Europe it was only 25.3% and 23.2% in 2010 (United Nations, 2017). At the same time, Southern Europe had a far higher percentage of older persons living with their children (30.1%) than did Northern and Western Europe (13.4% and 9.1%, respectively) (ibid). This demonstrates the relevance of demographic and societal developments, which are impacted by different cultural backgrounds, in the context of social isolation among elderly people.

Additionally, some current events influence the current circumstances for people at age, as well. First of all, the COVID-19 pandemic caused physical distancing measures worldwide in order to prevent the spread of the virus and protect vulnerable groups, which also included elderly people. The reduced physical social contacts led to secondary damage, namely negative effects on the degree of loneliness and quality of life, rising mental health issues and increasing social isolation for people at age (Plagg et al., 2020; B. J. Smith & Lim, 2020). This development could be recognized for residents of social service institutions, who experienced a lack of social contacts due to implemented rules and visitor regulations, as well as for elderly people living alone who were isolated from social life (Kasar & Karaman, 2021; Plagg et al., 2020). More recently, the Russia-Ukraine War caused the ongoing energy crisis and inflation, which especially affects elderly people with low income. The rising prices lead to a higher risk of poverty and social exclusion, which is directly related to social isolation and weak social connectedness (AGE Platform Europe, 2022; Samuel et al., 2017).

The general trends and developments as well as the recent events make policy measures necessary, which counteract the trend of rising social isolation. Therefore, the government of the federal state North Rhine-Westphalia in Germany instructed a commission to deal with this topic and published a report with a comprehensive analysis and possible approaches for solutions, which are directed to the municipalities and other local governments within the state. One important aspect within the report, as well as of the strategy of the nationwide government, is the establishment of places of social encounter (BMFSFJ, 2023; Landtag NRW, 2022). Since political institutions just recently started to include the issue of social isolation in their political agenda, the evaluation of the political instruments, such as places of social encounter, is not yet sufficiently implemented. Therefore, research is needed in order to gain more insights into the actual impact of these places and what factors play a role in this context, so that local governments can further implement them as a tool in their strategy. Therefore, the findings based on this case study can also be adapted to other regions which are characterised by similar environments, not only within North Rhine-Westphalia but whole Germany or even other countries, since there are similar patterns and developments observable at many places.

### 1.3 Scientific Relevance

Due to the relevance of social isolation among elderly people, thorough research on this subject is required in order to gain a deeper understanding of the issue and develop solution-orientated approaches. However, different aspects of the research field are already comprehensively investigated. These aspects mainly entail the impact that social isolation has on individuals as well as the different developments influencing the rising numbers of socially isolated seniors. For example, different studies verify the consequences that social isolation has on the health status and the quality of life for humans in general and people at age in particular (e.g. Choi et al., 2015; Cotterell et al., 2018; Hawkey & Cacioppo, 2003). Furthermore, research on future developments, focusing on different demographic and societal developments, undermine the actuality of the topic and the expectation of a rising number of socially isolated seniors. Based on the already existent findings, further research approaches can be developed in order to gain new insights.

One research gap can be identified when looking for studies on possible approaches and solutions and their impacts. Because of the current relevance, a number of different interventions have been developed and implemented in order to decrease the number of socially isolated people at age (e.g. BMFSFJ, 2023; Landtag NRW, 2022). Nevertheless, the effectiveness of these different interventions is not extensively studied yet (Gardiner et al., 2016). One problem that can be recognised is the fact that many policy and practice agendas focus on linking elderly with already existing services. Therefore, factors such as social exclusion or impacts of intersectionality resulting in cumulative disadvantage over time are not considered (Grenier et al., 2022).

This is one example showing that people at age are treated as one homogenous group, which causes that the individual needs are not taken into account (Machielse, 2015). But because of the diversity and heterogeneity of elderly people, a one-size-fits-all approach for addressing social isolation is not existent. Therefore, more research is needed aiming for findings on which interventions work for who, in which context and how (Fakoya et al., 2020; Freedman & Nicolle, 2020). This gap is tried to be filled with this study, which takes the heterogeneity of people at age into account.

Another important distinction needs to be made between intervention and prevention of social isolation. Meanwhile most research focuses on elderly people which are already socially isolated, measurements are needed not only in order to reduce their status, but also for preventing different groups to get socially isolated (Cotterell et al., 2018). A recent shock event in this context was the worldwide COVID-19 pandemic, which was accompanied by different physical distance measurements causing rising numbers of socially isolated people among all societal groups, but particularly among risk groups such as people at age. This event had a huge impact, but also raised the awareness for the topic (B. J. Smith & Lim, 2020). Furthermore, the Corona pandemic emphasised the importance of building resilience in order to be prepared for future events, which can be on personal as well as societal level or global level. When researching the impact of different measurements, it is therefore essential to not only focus on their intervening character, but also their potential for preventing people at age to become socially isolated and supporting them in building resilience.

## 2. Theoretical Framework

The theoretical framework provides an overview of the current state of research and entails definitions for the most relevant concepts and terms for this study. Therefore, it is subdivided into the following sections: social isolation, heterogeneity of elderly people and places of social encounter. Each section discusses relevant theories in this field, which are finally summarised and related to each other in the conceptual model as basis for the conducted research.

### 2.1 Social Isolation

Within this chapter, the concept of social isolation is examined and explained. Therefore, the first part of the chapter focuses on the differentiation of social isolation and the related concept of loneliness. Afterwards, the health outcomes of the status of social isolation are investigated. Finally, different concepts relevant for the research of social relationships and social connection are named and described.

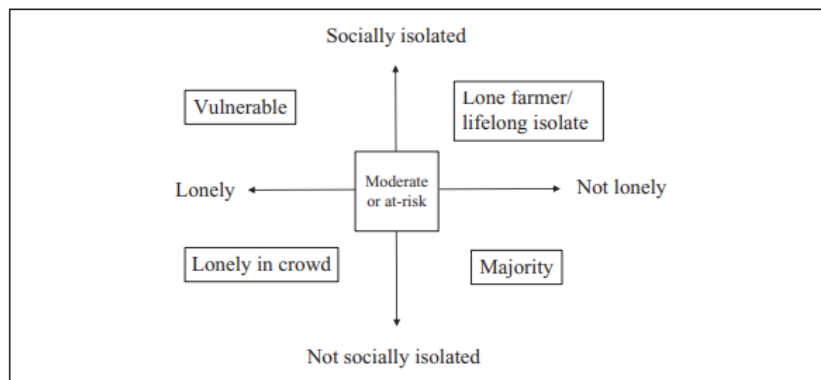
#### 2.1.1 Social Isolation and Loneliness

The researchers de Jong Gierveld and van Tilburg describe the concept of 'social isolation' as follows: '*Social isolation [...] has to do with the objective characteristics of a situation and refers to the absence of relationships with other people*' (Jong Gierveld & van Tilburg, 2006, p. 583). Therefore, it functions as an objective measure, which focuses on an individual's low number of social relationships and interactions with other people, e.g. family, friends, acquaintances and neighbours (Cotterell et al., 2018; Jong Gierveld et al., 2012). To identify social isolation, the count of social relationships, social interactions and social contacts are considered, which are classified based on their quantity and sometimes quality (Cudjoe et al., 2018; MacLeod et al., 2018). Since the absence or limitation of social contacts cause a deprivation of social connectedness, some authors also include aspects such as community involvement or access to services when identifying social isolation (Bolton, 2012; Cotterell et al., 2018; Jopling, 2015; van Baarsen et al., 2001).

However, the objective status of being socially isolated does not imply the individual's experience and assessment of the circumstances. To describe the subjective perception of a person on its degree of social connectedness as being deficient, the concept of 'loneliness' was established. The term describes a subjectively perceived discrepancy between an individual's desired and actual achieved level of social interaction (Cornwell & Waite, 2009; Jong Gierveld, 1987; Musich et al., 2015; Ong et al., 2016; Perlman, 2004). Even though the terms of social isolation and loneliness are often used synonymously, both concepts need to be distinguished. Meanwhile social isolation focuses mainly on the quantity of social contacts and relations, feelings of loneliness describe the individual's perspective on its relationship quality.

Even though feelings of loneliness can appear as a result of social isolation, the two concepts are not necessarily related (Victor et al., 2000). The essential parameter in this context is the desired level of social interaction of an individual and based on this, its subjective evaluation of the actual existing social connections. Therefore, a person which is objectively considered as being socially isolated does not consequently experience feelings of loneliness because of the lack of social contacts. On the other

hand, feelings of loneliness can occur even though a person has a high number of social contacts, caused by the subjective evaluation of their quality. To identify the possible relation between social isolation and feelings of loneliness, the subjective evaluation of relationships, the personal standards for an optimal social network and the activities a person undertakes to overcome the imbalance between the actual and the ideal situation need to be considered. Current scholars focus on the relationship between *objective measures* such as social networks, which operationalise the concept of social isolation, and *subjective features* such as relationships, belonging and engagement, which operationalise the concept of loneliness (Nicholson, 2009; Victor et al., 2000).



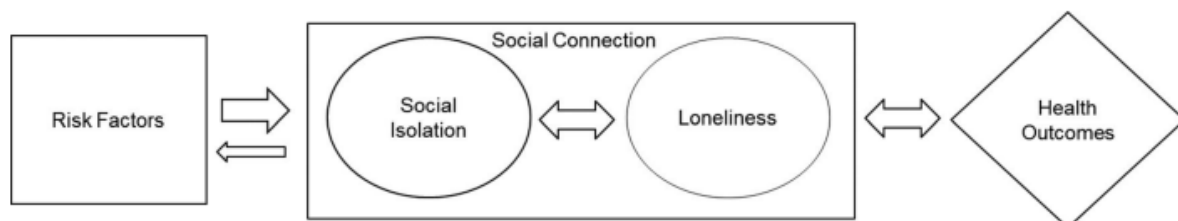
**Figure 1:** Four Groups Based on Dimensions of Loneliness and Social Isolation Among Older Adults (Newall & Menec, 2019)

Based on their research on the relation between social isolation and loneliness among elderly, Newall and Menec (2019) established a framework focusing on the various possibilities of combining the two concepts (see *Figure 1*). The authors emphasise the importance of considering both social aspects, especially when studying the group of elderly people. Based on the possible combinations of the two factors, the group of elderly people is divided into four main groups. The first group is formed by people that are both socially isolated and lonely and therefore the most vulnerable group. Based on the meanings of these concepts, these individuals have a low number of social contacts which they feel unsatisfied about. This group is furthermore hard to reach by service providers, since their social connections to other people or the community is limited (Molloy et al., 2010). The second group includes elderly people which are socially isolated from an objective perspective, but do not feel lonely. This group is named the ‘lone farmer’ or ‘lifelong isolate’. The authors argue that the dimension of loneliness is essential in order to identify and understand this group of people. Even though they seem to be in a vulnerable position from an objective point of view, the individuals are satisfied with the quantity and quality of their relationships and therefore content with their social network. Contrary to this, the people of the third group ‘lonely in crowd’ experience feelings of loneliness, even though they are not in a socially isolated state. Therefore, the individuals do not feel connected or satisfied with their existing network, which contains an objectively high number of social contacts. The last group being identified within the framework includes elderly that are neither socially isolated nor experience feelings of loneliness. This group is described as the ‘majority’, since different studies examine that even though the amount of elderly experiencing social isolation and/or loneliness is rising, the majority of people at age is not affected (Newall & Menec, 2019).

### 2.1.2 Health Outcomes

Several studies provide evidence of a causal relationship between the two concepts of social isolation and loneliness, and negative health outcomes, including the mental as well as the physical health. The explanation of the negative effects is based on the social nature of the human species, with social behaviour and the proximity of other humans being essential for development, reproduction, health and survival (Chen & Hong, 2018). Possible negative health outcomes for people at age are, for example, higher risks of cardiovascular disease, stroke, depression, dementia and premature death (Choi et al., 2015; Cotterell et al., 2018). To explain the relation between the socially isolated status and health outcomes among elderly, Hawkey and Cacioppo (2003) identified three pathways that affect the health status: health behaviours, excessive stress reactivity and inadequate or inefficient physiological repair and maintenance processes. A further distinction was made by Newall and Menec (2019), who separated *direct pathways*, such as blood pressure, immune system function, etc. and *indirect pathways*, such as restorative sleep processes, which affect the health status of socially isolated elderly.

Within most research, the effects of the two concepts social isolation and loneliness on the health status are studied independently from each other. Meanwhile several studies associate loneliness with outcomes, such as depression, poor sleep, cognitive decline, hypertension and other negative health outcomes (e.g. MacLeod et al., 2018; Musich et al., 2015; Perissinotto et al., 2012), a number of researchers identified social isolation as risk factor for cardiovascular disease, inflammatory processes, increased risk for dementia, disability, cognitive decline, mortality and reduced quality of life (e.g. Barth et al., 2010; Grant et al., 2009; Shankar et al., 2011). Besides the aspects having direct effects on the health, another issue of people with limited social contacts can be the inadequate access to health services (Locsin et al., 2021). Nevertheless, social isolation also increases the risk for loneliness among older people (MacLeod et al., 2018). Because of this possible relation, the researchers Barnes et al. (2022) emphasise the importance of the cumulative effect of both concepts on the health of elderly.



**Figure 2:** Theoretical Framework of Loneliness, Social Isolation, and Associated Health Outcomes (Barnes et al., 2022)

The authors established a theoretical framework focusing on the interrelation of loneliness and social isolation and the cumulative impact of both concepts on the health of an individual. With this framework, Barnes et al. (2022) argue that research in this field should not study social isolation and loneliness as independent, but interrelated health risks factors. Therefore, the authors place both concepts under the umbrella term ‘social connection’, which is influenced by some pre-existing risk factors (social, cultural and environmental factors; psychological and cognitive factors; physical health factors) (ibid). Additionally, social isolation and loneliness can create further risk factor, e.g. caused by the lack of access to health services. On the other hand, the concept of social connection is interrelated with several health outcomes. As described before, social isolation and loneliness can affect the physical and mental health negatively, but the declining health can also have impact on the social connection of people at age, e.g. caused by mobility restrictions. Therefore, this framework emphasises the

interrelatedness of different concepts that are relevant for studying the occurrence and impacts of social isolation.

### 2.1.3 Social Connection

Social connection or social participation is described as the opposite of social isolation and is an important protective factor in preventing negative health outcomes (Holt-Lunstad, 2021). Therefore, interventions that support social connectedness and eliminate social barriers are essential in order to reduce the risk of negative health outcomes associated with social isolation and loneliness among elderly (Stathi et al., 2020). To describe the degree of social connection of an individual, the structure, function and quality of social relationships play an important role (Holt-Lunstad, 2021). The totality of a person's social ties, based on their structural features, such as type and strength of social connections, are also defined as a social network (Umberson & Montez, 2010). Therefore, one important factor to reduce social isolation is the expansion or intensifying of the individual's social network. When describing the social relations of a person, the following characteristics need to be considered: range or size, density, boundedness, homogeneity, frequency of contact, multiplexity, duration and reciprocity (Berkman et al., 2000). Throughout different phases of life, people create various psychological bonds with others, which are describes as social relationships and function as base for social networks (Maes et al., 2017; Wang et al., 2008). To understand the temporality of social networks, it is important to consider that these social ties are not necessarily permanent, but can decline or get lost over time for several reasons, such as changes in expectations, social roles and relationships, often associated with general life-transitions (Jong Gierveld & van Tilburg, 2010). Therefore, a social network is not continuous but can differentiate in different phases of a person's life.

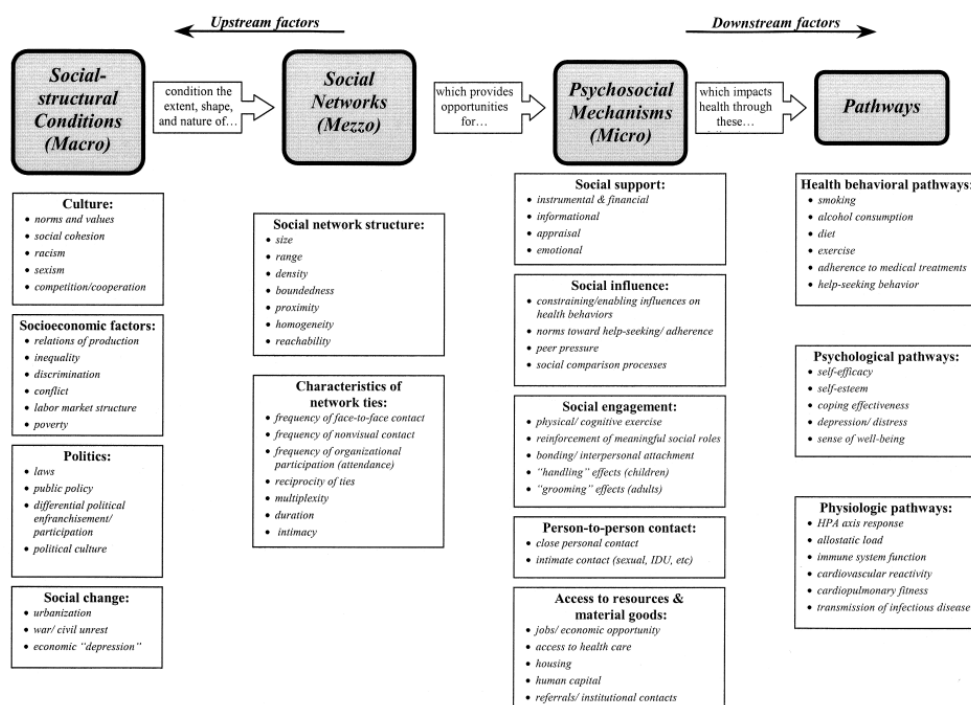


Figure 3: The Impact of Social Networks on Health (Berkman et al., 2000)

Berkman et al. (2000) established a framework to visualise the impact that social networks have on the health status of an individual. First of all, the authors listed different social-structural conditions that affect the social network's extent, shape and nature. These conditions consist of four categories: culture, socioeconomic factors, politics and social change. When analysing the social network on the mezzo level, the structure and the characteristics of the network ties are highlighted as important aspects. These ties provide opportunities for psychosocial mechanisms, such as social support, social influence, social engagement, person-to-person contact, and access to resources and material goods. Finally, these mechanisms impact the health status of a person through three different pathways: health behavioural pathways, psychological pathways and physiologic pathways.

Besides social networks, another repeatedly mentioned concept in the field of social relations is 'social capital'. In general, social capital is defined as '*a resource that is not produced by individuals, but only through social interaction with others*' (Vonneilich, 2022, p. 26). However, the precise understanding of the concept differs and can be categorised in two different research traditions. The first view is represented by the French sociologist Bourdieu who distinguishes in his theory between economic, cultural and social capital (Bourdieu, 1986). The different forms of capital can affect each other and be traded. Therefore, an individual can gain access to resources by its social relations and trade other forms of capital with or through its social capital (Bourdieu, 1984). Another understanding of social capital is described by the American sociologist Coleman (2000) who focuses more on the interpersonal level. According to the author, '*social capital inheres in the structure of relations between actors and among actors*' (Coleman, 1988, p. 98). Therefore, social capital is based on social networks and arises under certain social structural conditions. The kind of social capital that originates is differentiated in three different categories: obligations and expectations, information channels and social norms (Coleman, 1988).

Another related concept when studying social connection is described by the term 'social cohesion'. Social cohesion is defined as '*the extent of connectedness and solidarity among groups in society*' (Manca, 2014, p. 6026). The term contains two main dimensions, which can be categorised as structural and perceived cohesion. The structural cohesion describes the social connectedness and the structure of social relationships between the members of a social group. Therefore, a high structural social cohesion represents close links between the members of a particular social group (Vonneilich, 2022). The category of perceived cohesion outlines the sense of belonging of an individual member of a social group (Bollen & Hoyle, 1990). It is therefore more subjective and partly overlapping with the idea of social capital. A strong social cohesion within a group can cause a high degree of internal social control, which leads to such groups becoming more exclusive and relatively separated from the surrounding social environment (Kawachi & Berkman, 2014).

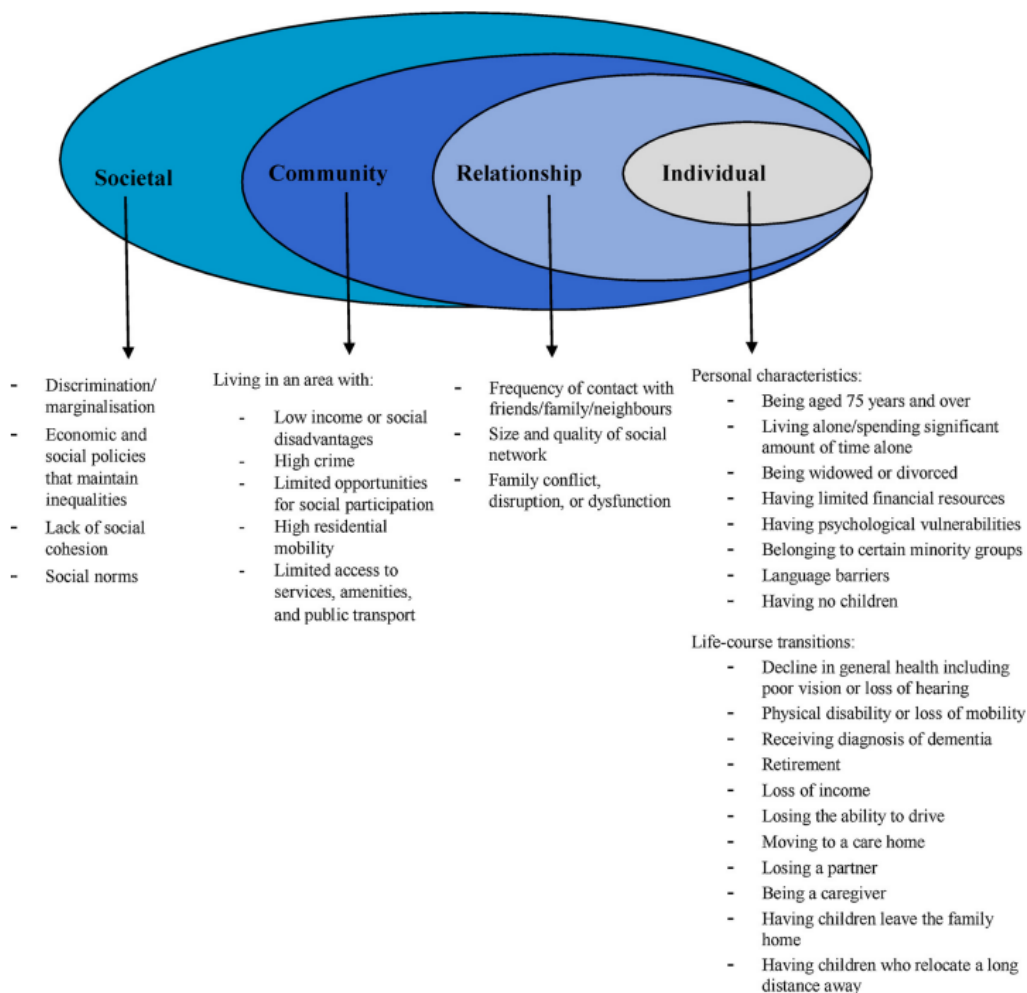
In general, social relationships between people are differentiated between strong and weak ties. Weak contacts are characterized by their lower contact frequency and intensity, but are common sources of new information and resources (Vonneilich, 2022). Strong relations, on the other hand, describe more frequent, close and intense social contacts and therefore provide access to mechanisms, such as social support (ibid). Wills and Shinar (2000) identified different kinds of social support and therefore stated the following functions: emotional support, instrumental support, informational support, friendship support and confirmation. In the past, research often focused on the importance of strong social connections, until Granovetter (1973) published his scientific relevant theory on the strength of weak ties. Within this theory, he describes strong relations as bonding social capital and weak relations as bridging

social capital. According to him, weak social contacts increase the possibilities of accessing certain resources, such as access to the labour market, since they are often built across different social groups (ibid). Therefore, he claims for the value of weak contacts, which function as link between different groups and facilitate communication and information exchange.

## 2.2 Heterogeneity of Elderly People

There are several factors that increase the risk of social isolation in later life. These include general transitions in the life course, such as retirement, declining mobility, rising disease and disability, and the death of a spouse and/or other social network members (Coyle & Dugan, 2012). Furthermore, there are several societal trends identified that contribute to the high exposure for people at age, such as changing family structures, increasing life expectancy, ageing societies, the global trend of ageing in place, changing housing markets and the rising number of single-households (Snell, 2017; Yi et al., 2021). Nevertheless, the experience of social isolation is as individual as the members of the group of elderly, with some people facing a higher risk or degree of social isolation than others. Therefore, other influences and their interplay need to be considered as well when studying the circumstances of an individual person at age.

The authors Grenier et al. (2022) focus on the intersection of different levels that lead to the degree of social isolation. Therefore, they distinguish between the individual experience (micro level), organisational practices (meso level) and social structures (macro level). The authors emphasise the importance of considering all three levels when addressing social isolation among elderly, namely the societal structures, the local community and the individual. By doing so, the place-based and societal influences in the context of social isolation at age are highlighted and taken into account.



**Figure 4:** The Ecological Framework: Examples of Risk Factors for Social Isolation at Each Level (Cotterell et al., 2018)

A similar approach was followed by Cotterell et al. (2018), when establishing a framework that includes different levels of risk factors, as shown in *Figure 4*. First of all, the individual level does entail risk factors that are categorised in personal characteristics and life-course transitions. These entail aspects that are related to the higher age, but also factors such as limited financial resources, belonging to a certain minority group or language barriers, which are not directly related to a person's age. The living situation and relations to other family members are mentioned as well, which can be linked to the next level, namely the relationship level. On this second level, the quantity and quality of social contacts and general social connectedness is taken into account, including the investigation of the social network as well as the family cohesion. On the third level, the community level, spatial or place-based factors are added. The direct living environment can entail certain risk factors, such as limited opportunities for social participation, limited access to services, amenities and public transport or high residential mobility. Therefore, the surrounding community influences the risk for social isolation of an individual resident. On societal level, general factors that contribute to exclusion of certain social groups, such as discrimination, the lack of social cohesion or certain policies that maintain inequalities are considered. As it can be recognised in *Figure 4*, the different levels build on each other by ranging from an individual towards a broader societal perspective.

Another approach was taken by Weldrick and Grenier (2018), who claim for an extension of the conversation about social isolation in later life by considering social and cultural aspects. The authors add three dimensions to the understanding of social isolation among elderly: temporal factors, spatial factors and the relationship between social isolation and exclusion. Within the first dimension of temporality, the researchers distinguish between the appearing of social isolation as a result of major transitions within later life or as a lifelong pattern. Therefore, not only current circumstances but lifelong developments and the duration and time of social isolation are taken into account. Furthermore, the dimension of spatial factors includes the intersection of ageing and place and therefore contains the influence of the social and spatial environment. In this context, the authors differentiate between elderly people living in communities or in institutional settings, such as nursing homes. Meanwhile elderly people that live alone may be at a higher risk of social isolation in general, residents of care facilities can be further isolated from their families and other contact persons (Cannuscio et al., 2003; Kobayashi et al., 2009). Another distinction is made between people at age living in urban versus rural areas. Focusing on mobility and possibilities for social participation, elderly people in cities that live within proximity to other people seem to be at a lower risk of social isolation. However, the quality of social connections can be higher in rural areas, caused by the higher homogeneity of the population, the lower residential fluctuations and the often short distances to family and friends (Hortulanus et al., 2009). Especially within cities, the exact neighbourhood needs to be considered in particular, since disadvantaged or age-unfriendly districts can increase the risk for social isolation (Weldrick & Grenier, 2018).

The third dimension that Weldrick and Grenier (2018) mention contains aspects of inequality and exclusion. The authors claim to consider *'social and cultural shifts towards individualization, as well as for how these produce and sustain exclusion and inequality across the life course and into late life'* (ibid, p. 80). Especially individuals that are disconnected from the 'mainstream society' can experience accumulated disadvantage, leading to a higher risk of social isolation (Hortulanus et al., 2009). One important concept in this context is the term 'intersectionality', which is defined as

*'the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap or intersect especially in the experience of marginalized individuals or groups'* (Merriam-Webster, n.d.).

Therefore, individuals and groups can experience discrimination or exclusion not only based on their age, but also other characteristics, such as gender, sexuality, disability, social and economic status, ethnicity, etc.

Persistence of the Social Isolation	Orientation of Actions	
	Aimed at Social Participation	Not (Clearly) Aimed at Social Participation
Situational isolation		
Active coping strategy	Actives	Secures
Passive coping strategy	Laggers	Dependents
Structural isolation		
Active coping strategy	Compensators	Outsiders
Passive coping strategy	Hopefuls	Survivors

*Figure 5: Typology of Socially Isolated Older Adults (Machielse, 2015)*

After studying different risk factors, a typology of socially isolated older adults established by Machielse (2015) will be introduced. The author includes the temporal dimension within this framework as well, by differentiating between situational and structural isolation. Furthermore, a distinction is made within the orientation of actions, categorised in aiming at social participation or not (clearly) aiming at social participation, and the active or passive coping strategy. As can be seen in *Figure 5*, eight different types of socially isolated elderly are recognised based on the different categories. When looking at the situational isolated, the first category are 'actives', which always had an active social life and have an active coping strategy in order to still participate in society. Therefore, they also look for help if they cannot be socially active on their own anymore. The same occurs for the 'securers', that actively seek opportunities. However, they desire is more focused on feeling safe and protected within a social network, which is why they aim towards intensifying existing relationships. The group of 'laggers' had intensive contacts in the past but due to transitional changes, such as the death of a partner or an important contact person, they do not experience enough emotional support anymore. Due to their passive coping strategy, they do not actively look for opportunities to get the desired support, but instead wait passively that the situation changes. The same passive behaviour can be observed in the group of 'dependents'. The people within this category did not build their own social life in the past, often because they stayed at the parental home their whole life. When these individuals are left behind, they further isolate themselves due to their earlier dependency on their contact persons.

Structural isolation, on the other hand, already appeared earlier in life and the strategies of affected people are therefore more routinised. Elderly with an active coping strategy are the 'compensators' and the 'outsiders'. Compensators instrumentalise functional activities, such as volunteer work or memberships in associations, in order to meet their need for company and conversation. The group of outsiders made a decision to live more independently and outside the regular society. Therefore, they only look for help when they cannot handle certain situations themselves anymore and are not aimed at social participation. Contrary to this are the 'hopefuls', which have a strong need for social contacts but were not able to build stable and supportive relationships. Therefore, the people of this group are not aligned with their isolated status and still hope for an improvement. This does not apply for the

'survivors', the last category of the typology. People within this group avoid contacts and have given up with trying to connect with others.

These different types of socially isolated and their coping strategies are essential when developing interventions and strategies. There are different kinds of interventions needed when addressing different groups and their needs. Furthermore, some groups are harder to reach than others, especially based on their passive or active coping strategy, but also the persistence of their social isolation.

### 2.3 Places of Social Encounter

This chapter focuses on places of social encounter within cities or other living environments. The concept can be categorised as social infrastructure, which is further defined and described within the first part of the chapter. Afterwards, the facilitation of different social activities and social encounters is discussed within the second section. Finally, it is studied how places of social encounter can function as spaces of care within the shift towards caring landscapes by addressing the social needs of elderly.

#### 2.3.1 Social Infrastructure

There are different facilities and places situated within neighbourhoods that address the social needs of their inhabitants. These spaces of sociality function as infrastructure for the public and social life, where people can gather and socially interact (Klinenberg, 2020; Latham & Layton, 2022). Social infrastructure supports the creation of feelings of belonging and being part of a community, since it offers the opportunity of connecting with others (Latham & Layton, 2019). Therefore, it is an essential part of creating more healthy and liveable communities. Especially due to the fact that the current living situation provides most people with a self-sufficient home, public spaces are essential for giving the opportunity of social interaction and counteracting the trend of households living more isolated from society (Zhang & Lawson, 2009). Therefore, social infrastructure is a crucial factor when addressing social isolation among different societal groups.

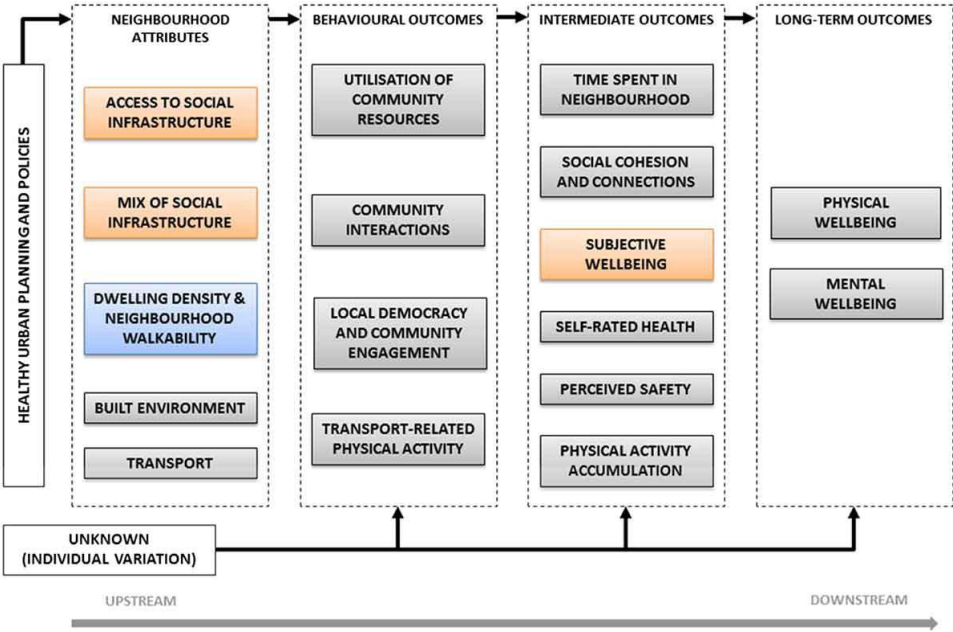


Figure 6: Conceptual Model of Social Infrastructure, Health and Wellbeing (Davern et al., 2017)

The authors Davern et al. (2017) established a conceptual model to visualise how social infrastructure influences the health and wellbeing of inhabitants. When describing the neighbourhood characteristics, the authors include factors such as the built environment and transport, but especially highlight the access to and mix of social infrastructure. The effects of the neighbourhood attributes are different behavioural outcomes for the inhabitants, such as community interactions and engagement.

Furthermore, the intermediate outcomes include social cohesion and connections, as well as different health factors. On a long term, the provision of social infrastructure can lead to positive physical and mental health outcomes. However, Davern et al. (2017) include an unknown individual variation within their framework, which relates to the heterogeneity of the inhabitants and the variation of effects that the same neighbourhood can have on different individuals.

However, the term social infrastructure does not only include places for social connection, but also facilities, institutions and groups fostering the social life as well as the networks of these elements (Latham & Layton, 2019). When focusing on the actual places, the term 'places of social encounter' provides a more precise definition. Examples for such places include libraries, parks, community centres, shopping malls, etc.

The authors Piekut and Valentine (2017) differentiate between different kinds of places of encounter: public spaces, institutional spaces, socialisation spaces, consumption spaces and private spaces. Meanwhile public spaces, such as streets, parks or public services, should per definition be open for everybody, private spaces are only accessible by already existing immediate and extended social contacts of an individual. Institutional spaces (e.g. workplace and school), socialisation spaces (e.g. social organisations, sport and hobby clubs) and consumption spaces (e.g. bars and restaurants) can be referred to as so-called 'micro-publics'. Amin (2002) uses this term to describe places of gathering and common activities beyond public or private spaces, which are often organised in the form of associations. Mayblin et al. (2015) emphasise the importance of these micro-publics for supporting the creation of social relations, since they facilitate encounters of individuals from different backgrounds, for example based on common interests in sport or music clubs, community gardens or participation activities. However, micro-publics are not necessarily open for everybody, since visitors or users have to fulfil certain requirements, for example to be a member of a certain association. Hubbard (2018) argues that most places are hybrid between public and private because of different notions of individual and shared ownership that lead to the exclusion of some potential users. Consequently, the visit of a large number of places is accompanied by certain barriers, that influence the possibility and type of encounters that can take place, as well as their outcomes.

### 2.3.2 Social Facilitating

There are different types of social encounters that are facilitated at places of social infrastructure. The author Peterson (2016) differentiates between three kinds of social encounters: fleeting encounters, light encounters and meaningful encounters. Meanwhile fleeting encounters occur between unknown individuals and are characterised as short and superficial, meaningful encounters contain a certain depth and duration. The third category, light encounters, is situated between the two other ones and can stimulate a sense of familiarity by appearing with '*personally unknown others of whom we have sufficient categorical knowledge*' (Ye, 2015, p. 78). Everyday public spaces, such as streets, bus stops, public squares, etc., mainly produce fleeting social encounters, for example between different individuals waiting at the bus stop. Different authors question the ability of public spaces of social encounters to support the emergence of meaningful social contacts (Mayblin et al., 2015). According to these researchers, spaces need to stimulate repetitive encounters in order to create meaningful and deep relationships between different individuals (Valentine, 2013). In this context, Amin (2002) emphasises the importance of micro-publics, which are places that enable the emergence of more meaningful

social contacts. The author focuses on organised group activities at these places, which bring together different individuals and enable new ways of relating with each other.

When studying social networks of elderly people ageing in place, Gardner (2011) recognised three different types of relationships, which are supported by different social spaces. The first category entails relationships of proximity towards direct neighbours or regular social contacts at specific places within the neighbourhood. The second category, relationships of service, includes people working at different places of the social infrastructure, such as shop owners, cashiers, volunteers, librarians, etc. When describing the social ties to other unknown people, that elderly come into contact with at places of social encounter, the author speaks of the third category of relationships of chance. By creating new bonds between the visitors, places of social encounter can produce different kinds of social capital. Hereby, Yarker (2019) differentiates between bonding capital and bridging capital. Bonding capital describes the process of connecting people that share certain characteristics and therefore, identify as members of the same social group. This does not imply that members of these groups are of a homogenous characteristic, but they share a bond of commonality that can be of importance for an individual’s social support network (ibid). Contrary, social capital categorised as bridging capital can be created at places that bring together different social groups and support connections between the diverse individuals. Bridging capital enables access to a wider diversity of social support networks and can therefore support the resilience of neighbourhoods as well as individuals (ibid). Furthermore, encounters between different cultural, ethnic, generational and social groups can help to ‘break down prejudice, build tolerance, and contribute to community cohesion’ (Yarker, 2021, p. 266). On the other hand, encounters between different social groups can also cause conflicts among different individuals based on aspects such as inequality, aggression or power relations (Wilson, 2017). Therefore, more heterogenous groups entail a higher conflict potential than activities stimulating bridging capital between members of the same social group.



Figure 7: Different Types of Social Infrastructure Supporting Different Types and Levels of Social Capital (Yarker, 2019)

Based on various research, Yarker (2019) related different types of social infrastructure with the different types and levels of social capital they support. When focusing on weak ties between different societal groups, public places such as parks, public transport and routes are named based on the fleeting contacts they produce. Furthermore, health services and the semi-public places sport and leisure centres, enterprise and commercial spaces and libraries are included in this category. More strong ties between the different groups are stimulated by schools and nurseries, community gardens and sports

and leisure centres. When looking at the creation of bonding capital within one group, public spaces such as driveways, lobbies and back lanes support the creation of weak ties. More strong ties are created at semi-public places, which include schools, nurseries, clubs and associations, religious buildings and community gardens. Based on this framework, it is emphasised that public spaces support the emerge of more weak and semi-public spaces of stronger ties. However, some types of social infrastructure cannot be clearly categorised, since, for example, some libraries offer group activities for different target groups as well, which support the creation of strong ties.

Therefore, different places of social encounter facilitate various social interactions between individuals. Gardiner et al. (2016) label social facilitation as one category of interventions for reducing social isolation and loneliness among people at age, next to psychological therapies, health and social care provision, animal interventions, befriending interventions and leisure/skill development interventions. The main part of social facilitation interventions is based on group-based activities. Besides group-based interventions, social isolation among elderly can also be addressed by one-to-one, community or technology interventions (Day et al., 2020; Marczak et al., 2019). The success of different interventions is, according to Gardiner et al. (2016), dependent on the following factors: adaptability, community development approach and productive engagement.

### 2.3.3 Spaces of Care

The defined places of social encounter as interventions for social isolation and loneliness among elderly can also be describes as spaces of care within the city or living environment. Conradson (2003) describes the concept of a space of care as follows:

*‘...a socio-spatial field disclosed through the practices of care that take place between individuals. Given the inextricably relational nature of care, the emergence and endurance of such spaces depends upon the willingness of some individuals to move towards others and, amongst those being engaged in this way, upon a receptivity to such initiatives’* (p.508).

Therefore, spaces of care appear within defined spatial settings that are characterised by the caring practices of their users. The caring relationships, which are built at these places, can include staff, residents, visitors as well as the material environment (E. R. Power & Williams, 2019). The materialities of spaces of care include objects, bodies, buildings or materials and the way that these materials shape the nature and possibility of care by facilitating, fostering, mediating and co-constituting caring relations (ibid). At the same time, the materialities can also cause barriers for creating caring relationships and therefore hinder spaces of care to be established.

The definition of Conradson (2003) of spaces of care does not only include health care, but also forms of care outside the medical context. In general, a shifting organisation of care is observable including different kinds of care, such as social care. Furthermore, spaces of care move from dedicated to everyday spaces of care (A. Power & Bartlett, 2015). These developments are based on the changing needs of elderly people and different societal trends. First of all, trends such as ageing societies and ageing at place foster the creation of new spaces of care. Practices of care are therefore not centralised at nursing homes anymore, but expanded into ‘landscapes of care’ within cities (Milligan & Wiles, 2010). Based on this, new spaces of care appear that support elderly people living alone (Carlsson et al., 2022). Moreover, the trend of individualism also causes more personalised caring needs and the desire of free

choice in individually forms of care (A. Power & Hall, 2018). Spaces of care become less institutionalised and more orientated towards the individual needs of the care-receivers and can therefore also be established at everyday places that function as spaces of care.

Based on these definitions, places of social encounter can be defined as spaces of care, since they address the social needs of citizens. When focusing on elderly people, these places try to intervene the increased risk of social isolation at age and support the building of caring relationships between different individuals. Therefore, they also try to eliminate the health risk associated with social isolation. Especially for elderly people living at home, those places outside their home are essential and an important component for creating age-friendly cities. The classification as age-friendly places entails *'[...] the creation of supportive, inclusive, and enabling environments that maximize independence through collaboration with diverse community stakeholders'* (Hebert & Scales, 2017, p. 1859). Therefore, new approaches of care for people at age need to take the changing care needs into account and adapt their strategy by establishing new spaces of care. This can be done by intentionally creating new spaces of care, but the changing needs also caused the appearance of unexpected spaces of care, such as libraries or other social spaces (A. Power & Hall, 2018). This emphasises the importance of mix-used places, which serve different functions or different target groups at the same place (van Melik & Merry, 2021).

## 2.4. Conceptual Model

The research objective of the study is to analyse the impact that places of social encounter have on the status of social isolation among elderly people. Therefore, the main elements within the conceptual model are based on the most relevant concepts identified during the literature research: places of social encounter, social isolation and the heterogeneity of elderly people. The influence of places of social encounter on social isolation is studied by the types of social encounters they induce. As described before, different places of social encounter facilitate different kinds of social encounters and relations (Gardner, 2011; Mayblin et al., 2015; Valentine, 2013; Yarker, 2019). These social encounters are categorised in fleeting, light and meaningful encounters, based on Peterson (2016), which can lead to strong and weak ties. Subsequently, the impact of these social ties on the objective measure of social isolation is one component of the conceptual model. Furthermore, the production of different social capital, differentiated in bonding and bridging capital, will also be analysed as part of the effectiveness of places of social encounter in the context of social isolation.

However, even though the focus of the study is on social isolation, the results of the conducted literature research emphasise the importance of the interrelation between the concepts of social isolation and loneliness. Therefore, the four groups of people at age identified by Newall and Menec (2019), based on the combination of the two dimensions, are essential to consider when trying to gain understanding about the circumstances and needs of an individual. Based on the theoretical framework established by Barnes et al. (2022), the correlation between social isolation and loneliness is visualised in the conceptual model. The lighter colour that was used for the field of loneliness symbolises the stronger focus on social isolation within the research without neglecting the other concept.

Different research that was mentioned within the theoretical framework focuses on various factors that influence the risk for a person at age to experience social isolation and feelings of loneliness. One example is the framework by Cotterell et al. (2018), which contains risk factors on societal, community, relationship and individual level. However, even though the impact of these factors on the risk of social isolation is already studied, the influence of the personal characteristics on the effects of visiting places of social encounter still needs to be researched. One important typology that has to be considered is the one by Machielse (2015), who distinguishes between situational and structural isolation and the aim of individuals to socially participate or not (clearly). Furthermore, the differentiation between active or passive coping strategies influences how an individual person at age reacts on their status of social isolation and can therefore also lead to the decision to visit a certain place of social encounter as intervention. Within the research, this decision process will be included in the study as well as possible motivations, barriers and success factors.

Moreover, the places of social encounter and how their composition affects the outcomes of social contacts needs to be analysed. Therefore, the type of places of social encounter focused on during the study needs to be defined more precisely. Different categorisations of social infrastructure were already mentioned before, for example by distinguishing between public spaces, institutional spaces, socialisation spaces, consumption spaces and private spaces (Piekut & Valentine, 2017). The typology includes the differentiation between public, semi-public and private spaces, which is also mentioned by other researchers. Since different authors emphasise the importance of micro-publics and the organised group activities at these places for creating more meaningful social connections, the research will

mainly focus on this category (Amin, 2002; Mayblin et al., 2015). However, the conceptual model can also be used for studying other types of social spaces.

Furthermore, the outcomes of the study are affected by the social environment, which shapes the whole process that is visualised within the model. Therefore, the findings can be adapted to places with similar characteristics as the case study of the research, which will be introduced in the following chapter. But the conceptual model can also function as basis for studying the phenomena in other settings and comparing the results in order to gain more differentiated knowledge.

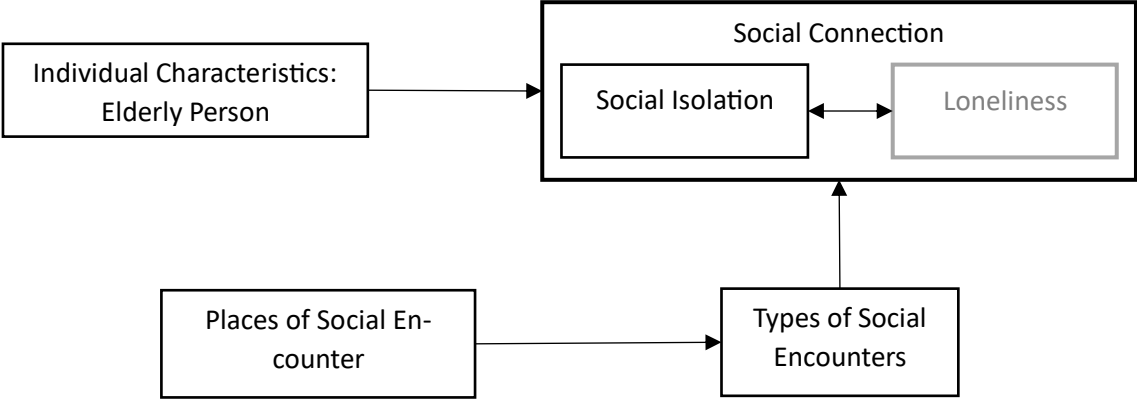
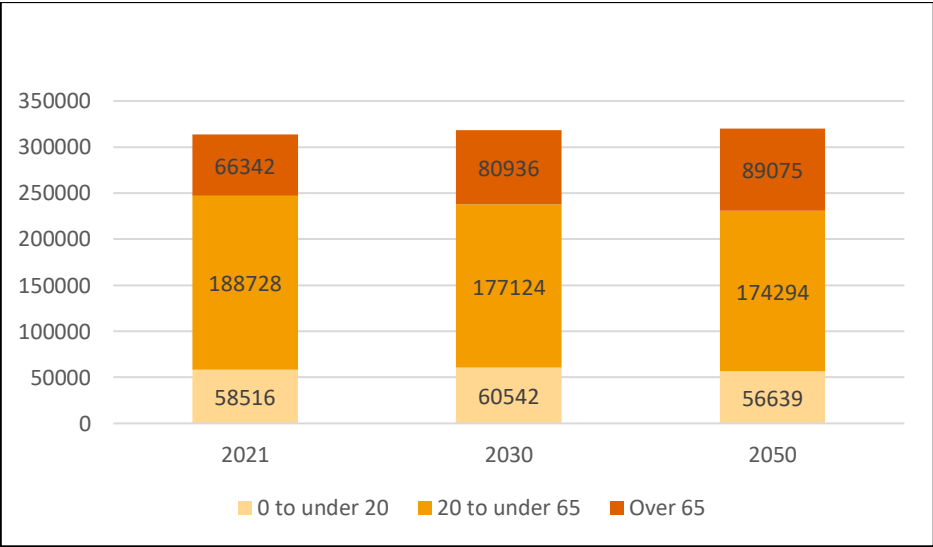


Figure 8: Conceptual Model

### 3. Case Study

In order to answer the research question, the study of the research objective is based on a qualitative case study. The case study consists of a specific geographical region, which is analysed comprehensively during the research process. The chosen region is called 'Lower Rhine' ('Niederrhein') and is located in West Germany, close to the border with the Netherlands and the conurbation of the Ruhr area. Therefore, the area lies in a short distance to bigger cities, such as Essen, Cologne, Düsseldorf, etc. However, the region itself is more characterised by rural areas and small- and medium-sized cities (Niederrhein.de, n.d.). Nevertheless, the Lower Rhine region does not describe a local-government district, but an area within the state of North Rhine-Westphalia (NRW). Therefore, it is not clearly defined which places belong to the region and where it borders to the neighbouring areas. To define the geographical region that is studied even more precisely, it is narrowed down to the district of Kleve (Kreis Kleve) as part of the Lower Rhine region.

The district of Kleve consists of around 318.000 inhabitants of which around 53.000 live in the city of Kleve, which is the most populated city within the district (Kreis Kleve, n.d.). Further, it mainly consists of various small- and medium-sized cities and municipalities as well as rural areas. The study of social isolation among elderly is relevant within the district of Kleve since the area is strongly impacted by the ageing processes of societies. A study of the statistical office of the state proves that even though the average age is rising everywhere within North Rhine-Westphalia until 2050, especially the local-government districts outside the urban concentration of the Ruhr area and other bigger cities will be affected, which includes the district Kleve (Landesbetrieb IT.NRW, 2023c). Therefore, the age distribution of the population is changing, as can be seen in *Figure 9*, which is based on an estimation by the Landesbetrieb IT.NRW (2023a).

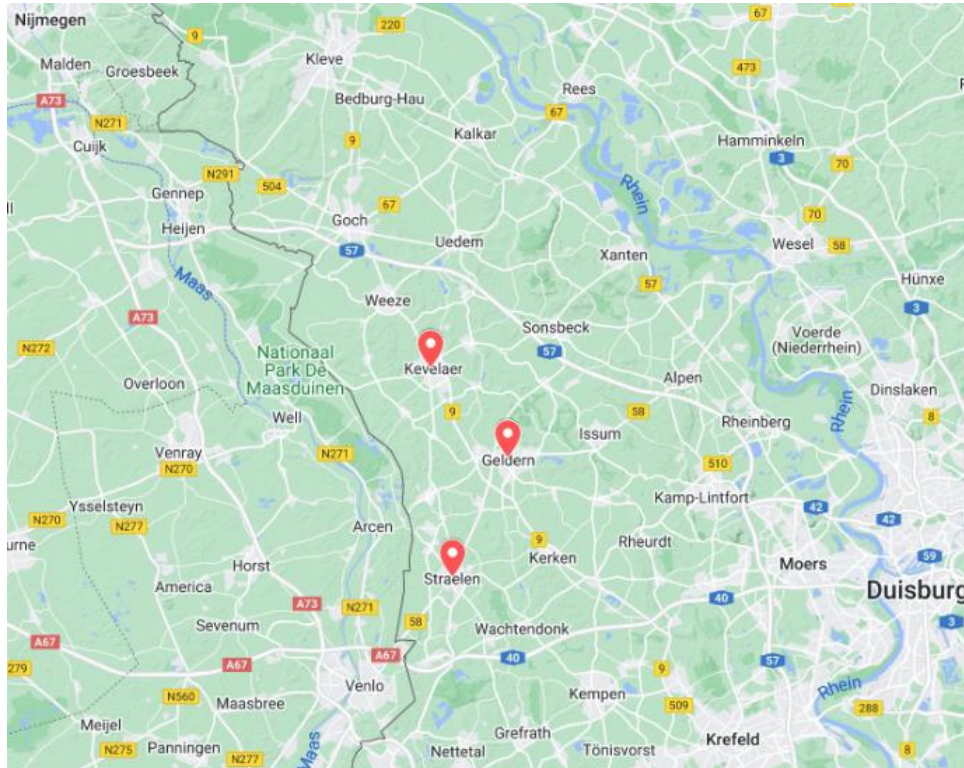


*Figure 9: Changing Age Structure District Kleve (based on Landesbetrieb IT.NRW, 2023a)*

Reasons for the development are natural population trends, such as the ageing of the Baby Boomer generation and rising life expectancies, which cause an increase of the elderly population. However, there are also age-specific migration patterns observable of young people moving to more urban areas, which cause a decline of the younger age groups (Institut für Wohnen und Stadtentwicklung, 2021). Because of the rising proportion of elderly as well as the total number of people being aged 65 years

or older, places such as the district of Kleve are particularly confronted with difficulties regarding an ageing society and the urge to find possible solutions.

Within the district of Kleve, three cities were selected for studying the impact of places of social encounter on social isolation among elderly. The comparison of these three cities enables to find similarities and differences, which are the basis for the overall findings. The three cities are Geldern, Kevelaer and Straelen, whose locations are marked in *Figure 10*.



### 3.1 Geldern

Geldern is a place within the district of Kleve with around 34.000 inhabitants and can therefore be classified as a medium-sized city (Kreis Kleve, n.d.). However, research regarding the population development of the city prognoses a more rapid decline of the number of inhabitants than in the rest of North Rhine-Westphalia and the district of Kleve (Schoelen, 2016). More precisely, current prognoses foresee a constant decline of the number of inhabitants from 2030 onwards (Landesbetrieb IT.NRW, 2023b). Furthermore, the demographic profile of the population is changing as well. The city of Geldern is strongly affected by the trend of ageing societies as can be recognised by the old age dependency ratio, which shows the ratio of the number of elderly aged 67 years or older compared to the number of people at working age (16-66 years). Meanwhile the old age dependency ratio was 24,6 in 2014, it is prognosed that it will be 64,4 in 2040 (Schoelen, 2016). This number shows the fast and rapid ageing process in Geldern, also compared to the rest of the district Kleve or the average of the state North Rhine-Westphalia. At the same time, the youth dependency ratio is rising as well, from 21,2 in 2014 to 26,7 in 2040 (ibid). Even though the increase is not as strong as for elderly people, it can be concluded that the main population declines are situated in the group of 16–66-year-olds.

Other indicators for the demographic development of the city are the foreseen number of people being aged 80 years or older, as well as the number of individuals in need of care. Both numbers are expected to be almost three times as high in 2040 than in 2014, with the number of people being aged 80 years or older rising from 1.580 to 4.552 and the number of individuals in need of care from 523 to 1.507 (ibid). Based on these prognoses, it becomes clear that Geldern needs to face changes caused by these developments. Possible approaches to mitigate the effects focus on different age groups. One possibility is to focus on the group of 16-66-year-olds by taking measures to keep them in the city or attract new inhabitants of this age group. However, the city of Geldern also has to consider the rising number of people at age and their needs in order to be an age-friendly city. Examples of steps that the city government took are subsidies for the operation of places of social encounter for elderly, or the implementation of a ‘Senior Citizens’ Advisory Council’ (‘Seniorenbeirat’), which connects the citizens at age with the city government and works on topics relevant for elderly people (Stadt Geldern, n.d.–a, n.d.–b).

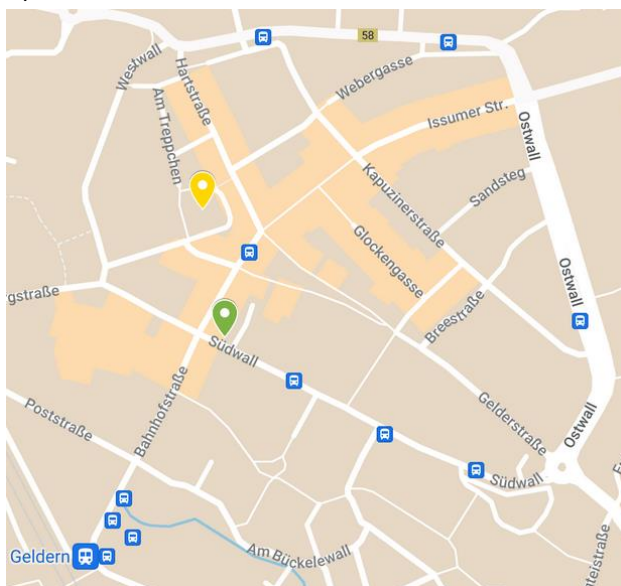


Figure 11: Places of Social Encounter Geldern

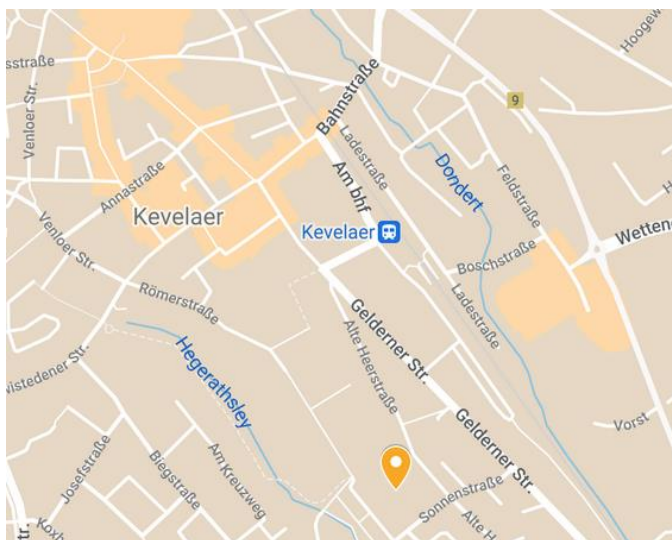
The places of social encounter at which different social activities were observed are both located within the centre of the city, as can be seen in Figure 11. The first location, that is marked in yellow, is the ‘Meeting place at the rectory’ (‘Begegnungstreff am Pfarrhaus’), where different social activities for elderly take place, such as a Lunch Table, organised breakfast and thematic activities. The second location, which is displayed in green, is the Caritas-Centre, at which a ‘Café Togetherness’ (‘Café Miteinander’) is opened a few times a week, which aims at bringing different people together.

## 3.2 Kevelaer

The second city that was chosen to be included in the research is Kevelaer. The city of Kevelaer has around 28.000 inhabitants and is therefore a medium-sized city as well (Kreis Kleve, n.d.). It is especially known for pilgrimage, since it is a popular destination for pilgrims from all over the world (Wallfahrtsstadt Kevelaer, n.d.). Therefore, tourism plays an important role for the city.

Even though the statistical office of North Rhine-Westphalia expects a constant decline of the population of Kevelaer until 2050, the development is less rapid than in Geldern (Landesbetrieb IT.NRW, 2023b). The same occurs when looking at the old age and youth dependency ratio. In both cases, the amount of elderly people as well as children and youth are rising compared to the people at working age (between 16 and 66 years). The youth dependency ratio increases from 24,1 in 2014 to 25,3 in 2040 and the old age dependency ratio from 26,1 in 2014 to 47,5 in 2040 (Schoelen, 2016). These statistics show that the age group between 16 and 66 years is declining and the amount of elderly is increasing, but to a lower extent. Therefore, the city of Kevelaer is a less extreme case but shows similarities to the average development in the district Kleve and the state North Rhine-Westphalia. To consider the perspectives and needs of people at age in the city government, Kevelaer also established a 'Senior Citizens' Advisory Council' ('Seniorenbeirat').

The place of social encounter that is included in the research is located within an organised neighbourhood that focuses on assistance and solidarity between the inhabitants. The area is called 'Klostergarten' ('Monastery Garden'), since it is located around an old monastery, and contains more than 300 inhabitants (Caritasverband Geldern-Kevelaer e.V., n.d.–a). In the middle of the neighbourhood, a place of social encounter was created, the so-called 'Multigenerational House' ('Mehrgenerationenhaus'). Within this house, different activities are organised for all generations to create the possibility of social interaction (Caritasverband Geldern-Kevelaer e.V., n.d.–b). The target group are not only people living in the direct neighbourhood 'Klostergarten', but also inhabitants of the surrounding districts.



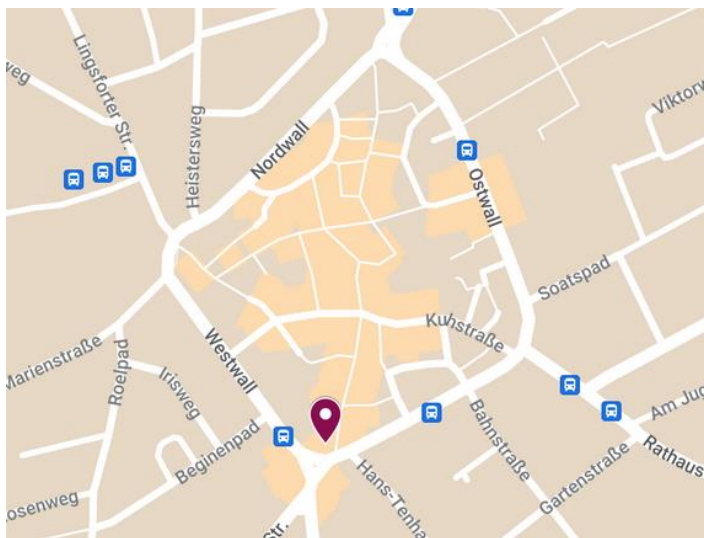
**Figure 12:** Place of Social Encounter Kevelaer

Figure 12 shows that the Multigenerational House and the mentioned neighbourhood are not located in the city centre of Kevelaer, but at a central location. The organised activities at the place of social encounter try to attract people with different interests and include, for example, a singing group, yoga courses, babysitting, internet courses, playing games and a dementia café (Caritasverband Geldern-Kevelaer e.V., n.d.–b).

### 3.3 Straelen

Straelen is another city within the district Kleve, which consists of around 17.000 inhabitants and is therefore a small-sized city (Kreis Kleve, n.d.). When looking at the prognosis of the population number, the foreseen development differs from the ones in Geldern and Kevelaer. According to the statistical office, the number of inhabitants is constantly rising until 2043. Only from 2044 onwards, a slow decline of the population number is expected (Landesbetrieb IT.NRW, 2023b). In 2014, the old age dependency ratio laid under the average within the district and the state, with 22,1. However, it is estimated that the ratio will rise to 51,2 in 2040, which is higher than the average of the district and state (Schoelen, 2016). At the same time, as well the youth dependency ration in 2014 (21,2) as in 2040 (19,3) is lower than the average of the district and the state (ibid). This shows that the ageing process of the population will have impact on the inhabitant composition of Straelen as well. The city government implemented a 'Senior Citizens' Advisory Council' ('Seniorenbeirat') to represent the perspective and needs of elderly. Furthermore, from a cooperation with the 'Advisory Council For People With Handicaps' the committee 'Inclusion In Straelen' ('Inklusion in Straelen') was found (Stadt Straelen, n.d.).

Straelen is especially known as location for different businesses, especially in the sector of agribusiness and horticulture. Within a study for entrepreneurs in North Rhine-Westphalia that compared all 396 municipalities of the state, Straelen ended up in sixth place (Kempermann & Krause, 2020). The analysis of the places considered 17 indicators from the thematic fields of economy, labour, housing and quality of life. Therefore, the city of Straelen attracts people at working age due to its opportunities on the labour market.



**Figure 13:** Place of Social Encounter Straelen

The place of social encounter that was studied in Straelen is the 'Caritas-Centre Straelen-Wachtendonk'. At this place, different activities for the surrounding neighbourhood are organised, as well for elderly people as other age or target groups. As can be seen in *Figure 13*, the Caritas-Centre is located close to the centre of the city. It offers counselling services as well as opportunities for social interaction.

## 4. Methodology

The methodology section discusses the research process that was followed for the collection and analysis of the data. Therefore, it starts with describing the research approach that was applied for this study. Afterwards, a detailed description of the qualitative methods, that were used, follows, which include observations and interviews. Finally, the ethics of the research, especially due to the fact that a vulnerable group is involved in the study, are further discussed, which were considered during the whole research process.

### 4.1 Research Approach

The aim of the research is to answer the following research question and its sub-questions:

*Which impact do semi-public places of social encounter have on the status of social isolation of elderly people within small- and medium-sized cities?*

- Which functions do semi-public places of social encounter fulfil in order to prevent and reduce social isolation and support social connectedness of elderly people?
- In what way do semi-public places of social encounter have to be organised for people at age? What are requirements and barriers for this target group?
- Which influence do personal characteristics of the individual person at age have on the effectiveness of semi-public places of social encounter?

To answer this research question and the sub-questions, the research follows a phenomenology approach. The term 'phenomenology' describes a philosophy which was founded in the beginning of the twentieth century by Edmund Husserl and further developed by thinkers such as Martin Heidegger or Emmanuel Levinas. Therefore, there is not one clear definition but different positions and streams within the philosophy of phenomenology. Initially, Husserl started debating the role of consciousness when objects and events, described as phenomena, appear to us (Giorgi & Giorgi, 2003). This idea is based on the thought that people cannot speak about or witness anything if they do not consciously perceive it. Furthermore, Husserl focused on the specification of structures that characterise the consciousness and the experienced world of individuals (Wojnar & Swanson, 2007). Starting from the intuitive experience of the phenomena, the essential features of experiences and the essence of what we experience need to be extracted. One definition including these aspects is provided by the philosopher Robert Sokolowski, who describes phenomenology as '*the study of human experience and of the ways things present themselves to us in and through such experience*' (Sokolowski, 2017, p. 2). When doing research based on this philosophical approach, the subjectivity of the participants as well as the researcher play a central role and needs to be reflected on in order to separate it from the essence of the human experience of phenomena.

As described before, the research of the phenomena was based on a case study. Typically, a case study approach in research '*is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context*' (Crowe et al., 2011, p. 1). By using a case study, it is focused on one specific unit which can be formed by a single individual, a group, a community, a place or some other unit that is relevant for the research topic (Heale & Twycross, 2017). The case study approach was chosen since there is not a lot of conducted research in this field available yet. By gaining more in-depth

understanding of a specific case, the findings can be applied to and tested on other cases as well in order to achieve broader knowledge about the phenomena. Since the study of a case study focuses on the relation to the environment, it takes the specific context into account (Flyvbjerg, 2011). Because the social and physical environment plays an important role when research social isolation among elderly, the analysis of a specific case study helps to understand the impact of these factors. However, the findings cannot be applied directly to other cases within other environments but need to be adapted to their specific context.

In this case, the research unit is the district Kleve within the Lower Rhine region in Western Germany. More precisely, the cities Geldern, Kevelaer and Straelen are the places that are studied in order to gain general knowledge about the region. More detailed descriptions of the different cities can be found in [chapter 3](#). Within this region, the research population consists of elderly people living at home who visit different activities at the selected places of social encounter. There are different definitions regarding people at age. For this research, the definition of the United Nation was used, which labels people being aged 60 years or older as people at age (United Nations, 2001). By studying the elderly people that visit the chosen places of social encounter, it can be researched which impact these places or activities have on their status of social isolation. Additionally, conclusions can be made on which groups of elderly are not reached with the different activities.

In order to gain insights into behaviours, different perspectives and life experiences for understanding the situation's complexity, phenomenology research is usually based on methods of qualitative research (Holloway & Wheeler, 2002). Qualitative research methods *'aim at exploring the phenomenon in question by focusing on the individuals who experience it, with the assumption that understanding is maximized by minimizing the interpersonal distance between the researcher and the participant'* (Vishniewsky & Beanlands, 2004, p. 234). Therefore, it differentiates from methods of quantitative data which are used to collect numerical data. Quantitative research is grounded in the paradigm of an objective truth that can be empirically revealed (Bloomfield & Fisher, 2019). Qualitative researchers, on the other hand, assume that the reality is not predetermined but constructed by the different perspectives of the participants. Therefore, qualitative methods are used to gain understanding and explain daily life experiences of different individuals and give these practices meaning in a systematic way (Burns & Grove, 2009). Because of the in-depth analysis of the individual perspectives, qualitative research is conducted based on a smaller sample. The people to be studied are selected rather by their relevance to the research topic than their representativeness (Khan, 2014). Therefore, the limited representation of qualitative data is one point of critique. In order to achieve a higher level of representation, the researcher needs to select the participants systematically to include a diversity of perspectives (Thompson-Hayes & Webb, 2017). Furthermore, it needs to be reflected on the position of the researcher since the findings are based on the interpretations and constructions of the informants' lived experiences.

## 4.2 Methods

Within this paragraph, the different research methods that were chosen and the research process will be described. Because of the complexity of the phenomenon of social isolation and social encounters, different forms of qualitative methods were used in order to gain an in-depth insight into the different realities and perspectives. The aim was to not only study the places of social encounter, but also the individual backgrounds and perspectives of the elderly people visiting these places and participating in the different social activities. Therefore, observation and interview data were collected and compared during the analysis in order to identify possible inconsistencies or similarities of the different perspectives.

### 4.2.1 Observation

The first method chosen is the ethnographic research method of observation. In general, ethnography as a research concept is defined as follows:

*'Ethnography is the study of people in naturally occurring settings or 'fields' by means of methods which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally'* (Brewer, 2008, p. 10)

Therefore, it contains field work within the natural environment of the researched objects. The method of observation is one possibility when doing ethnographic research. When doing observational research, the researcher observes the events occurring in their natural setting without intervening (Mann, 2003). While observing, the researcher needs to take detailed notes, called field notes, including information about the place, the people and the interactions and events that occur (Cowie, 2009). These notes can be summarised and reflected on in a systematic way by writing observation reports.

A distinction needs to be made between participant and non-participant observation. During non-participant observation, the researcher does not actively participate in the activities and stays separately from the researched objects. Contrary, when doing participant observation, *'the researcher takes part in the daily activities, rituals, interactions, and events of a group of people as one of the means of learning the explicit and tacit aspects of their life routines and their culture'* (DeWalt & DeWalt, 2002, p. 1). While using the five senses to collect data, the researcher can play different roles during the process of data collection. A common distinction and categorisation of roles contains the following four categories: complete observer, observer as participant, participant as observer and complete participant (Gold, 1958). This typology is based on the amount of participation of the researcher and the transparency of his or her role as researcher towards the participants. The role of a complete observer describes a non-participant observation during which the studied individuals do not see or notice the researcher. When the researcher acts in the role of an observer as participant, he or she is recognised as researcher by the participants. In many cases, the goal of the research is known as well by the participants. Even though there is some interaction, the researcher tries to be as neutral as possible. More engagement is taking place when the researcher fulfils the role of a participant as observer. He or she is still recognized as researcher by the participants but does not take a neutral position. Instead, there is a lot of interaction between the researcher and the participants. Even more engagement is only possible in the role of a complete participant. In this case, the researcher is not identified as a

researcher by the participants. Instead, the observer fully interacts with the participants and becomes part of their activities.

For the research on social isolation among elderly people and the impact of places of social encounter, a participant observation within the unit of the case study was conducted. The fields that were observed are located within the chosen cities of Geldern, Kevelaer and Straelen. Within these cities, different activities at places of social encounter were visited and the participants and their social interactions observed. As described by Cowie (2009), notes about the place, the people and the interactions were written down during and directly after the observation. Furthermore, visual data were collected by taking photos of the place, materialities or other relevant objects. Due to reasons of data privacy and the possible influence on the behaviour, no close photos of the participants were taken during the activities. After the observation, an observation report was written including the structured elaboration of the notes and photos taken. The observation reports are structured by using the following rubrics: date and time, activity, place, people being present, procedure and observations. Meanwhile the first categories have a more descriptive character, the observation part does not only describe what was observed, but gives meaning to the observed actions. Therefore, this section is more interpretative than the ones before.

The activities that were selected for being observed had to fulfil different criteria. First of all, they had to take place on a regular basis. This criteria is based on the assumption of Valentine (2013) that only repetitive encounters can lead to meaningful and deeper relations. But additionally, it also allows for observing the same activity or event several times in order to recognise differences or similarities between the observations. Secondly, the activity or the place being observed needs to be clearly designed for social interaction. Therefore, the research does not focus on unexpected appearing places of social encounter or care, as described by A. Power and Hall (2018), but on places and activities that are created with the aim to stimulate social connections. And thirdly, the activities being organised need to address elderly people as main or sub-target group. By formulating this criterion, it is guaranteed that the research population can be observed during the activities. All activities selected based on these criteria can be categorised as semi-publics, which create the opportunities for stronger ties based on Yarker (2019). The chosen activities were visited three times during the period of data collection in order to gain more in-depth insights into the nature and atmosphere of the activities, but also to recognise different influences and changing or consistent participants.

Within the city of Geldern, the activity called **'Seniors Active'** ('Senior/innen Aktiv') at the meeting place at the rectory was visited. These meetings take place once a month for people being aged 60 years or older who want to make new contacts, experience encounters and fellowship. Every time, another activity is organised for the meetings, such as singing, watching a movie, playing games, etc., based on the wishes of the participants and the possibilities of the organising people. Furthermore, the **'Café Togetherness'** ('Café Miteinander') was selected for the observation. This café is open for everyone three times a week in Geldern. Contrary to conventional cafés, it is more focused on social interactions and can therefore not be categorised as consumption space, based on the categorisation of places of social encounter by Piekut and Valentine (2017). Food and drinks are provided at cost price to offer people with lower income the opportunity to come as well and create an opportunity for social encounters between different groups.

In Kevelaer, the **'Lunch Table'** ('Mittagstisch') and **'Neighbourhood Café'** ('Nachbarschaftscafé') were chosen for the observations. The Lunch Table takes place once a week and invites people to have lunch

together in order to experience an atmosphere of community and find new social contacts. The activity is open for everyone, but strongly focused on elderly by considering the general preferences of this target group when choosing the meals, the eating time, etc. The same occurs for the Neighbourhood Café which is alternating organised two or three times a week. This activity gives the opportunity for people living within the neighbourhood to meet and socially interact with the others. In general, this activity is open for everyone as well but mainly visited by elderly people. Both activities take place within the 'Multigenerational House' ('Mehrgenerationenhaus') in Kevelaer.

The last city in which observations were made is Straelen. Within Straelen, a '**Lunch Table**' ('Mittagstisch') is organised as well. This Lunch Table takes place two times a week and follows the same approach as the one in Kevelaer. Therefore, it was decided to visit this activity as well in order to recognise similarities or differences to the one in Kevelaer. The second activity that was chosen is the '**Cinema Afternoon**' ('Kino Nachmittag'). This event was established based on the wish of the elderly to have an opportunity to watch a movie together and talk about it. The first times, it was frequently visited but during the period of data collection, no participants showed up and it was therefore decided to stop it. Because it was not possible to do observations there, another activity was chosen, namely the '**Bingo Afternoon**' ('Bingo Nachmittag'). This activity was therefore visited two times in order to collect enough data for the city Straelen. Again, these activities are open for everyone but mainly visited by people at age.

The utilised form of observation being used is a participant observation during which the researcher takes part in the activities, interactions and events (DeWalt & DeWalt, 2002). The researcher takes the role of an observer as participant, in which she is recognised as researcher by the participants and some interactions take place, but it is tried to remain in a neutral position (Baker, 2006). This position also allows for some informal conversations, which can be used to gain deeper understanding of the research population and their lifeworld and experiences. The procedure and results of the observations were used to gain deeper understanding of the phenomena and the research population. The own observations written down in observation reports also enable the researcher to compare the own perceptions with the ones of the participants being described in the interviews. Therefore, it allows for studying the phenomena from different perspectives and angles and comparing them in order to find the essence of reality. The visits of the different activities were also used to create proximity to the group of elderly and build trust, also as a prerequisite for finding possible interviewees. In order to gain more understanding of the group of participants, demographic data, such as gender, age, living situation, place of residence, means of transport being used for visiting the place and if the activity was already visited before were collected at different occasions. The questionnaire that was used for this survey can be found in [Appendix A](#). These data allowed for further identifying the different characteristics of the activities, but also to further classify the people at age joining these activities.

#### 4.2.2 Interviews

The second method used additionally to the participant observation is the conducting of qualitative interviews. The aim of the interviews is to gain more in-depth knowledge about the research objective from two different angles: the ones organising and supervising the activities at the places of social encounter and the elderly people participating. Therefore, three expert interviews were organised, one within every of the three cities that are studied. The expert knowledge of the three experts consists of

the work-related experience with elderly people and especially with social activities that are organised at the places of social encounter and studied within this research. *Table 1* gives an overview of the experts that were interviewed and their job descriptions. In general, expert interviews can be an efficient method during the exploratory phase of a research project to gain more knowledge about the topic (Bogner et al., 2009). Therefore, these interviews were held in the beginning of the data collection period. Additionally, twelve qualitative interviews with elderly people visiting these activities were conducted. The inclusion of both perspectives allows for the comparison of the perspectives and possible differences of the perception.

	<b>Job Description</b>	<b>Working Location</b>
<b>Expert 1</b>	Volunteer Coordinator, Consultant for Elderly People	Geldern
<b>Expert 2</b>	Neighbourhood Manager, Facility Manager	Kevelaer
<b>Expert 3</b>	Neighbourhood Manager, Centre Coordinator	Straelen

*Table 1: Overview Expert Interviews*

The interviewing technique that was chosen is the form of face-to-face interviews. These kind of interviews have the advantage of social cues that can be included, such as voice, intonation or body language of the interviewee as source of extra information to the verbal answer (Opdenakker, 2006). Especially when talking about sensitive topics, such as social isolation and feelings of loneliness, this information can be useful for creating more knowledge, but also to lead the conversation in a way that is comfortable for the participant. Based on this, it was further decided to conduct the interviews in a semi-structured way, which allows the researcher to react to the exchange with the participant by rephrasing questions or making changes according to the situation of the interview (Galletta, 2013). In order to do so, two interview guides were created: one for the interviews with the experts and one for the interviews with the participants. These interview guides structure the conversation and make sure that the most important aspects are included.

Both interview guides have the following order: introduction, icebreaker questions, thematic blocks of questions and closure questions. The interview guide for the expert interviews starts with an introduction and some icebreaker questions. These questions also emphasise the expert knowledge the interviewee has on the research topic. Afterwards, some general questions about social isolation among elderly people were asked, addressing the relevance, influencing factors, the heterogeneity of people at age and the impact of the Corona pandemic. The next part of the interview guide, which can be found in [Appendix B](#), links the aspects of social isolation with the activities and services the persons organise at their work. Different questions were formulated to determine the different activities organised and the places at which they take place and how these are supposed to impact the status of social isolation of their participants. Furthermore, the target group is taken into account as well by asking questions on how the target group is involved in the designing process, how they are reached, which role the volunteers play during the activities, but also possible barriers and conflicts. Finally, the closure questions give the interviewees the possibility to generally state their view on gaps in provision, possible new solutions and the responsibility of different stakeholders.

When creating the interview guide for the participants, which can be found in [Appendix C](#), attention was paid to position the more sensitive or difficult questions at a later stage to first develop comfort

and rapport between the interviewer and interviewee (Choo et al., 2015). After the introduction and the icebreaker questions for gaining more information about the interviewed person, such as the age, living situation, family status and personal background, questions about the places of social encounter and the social activities that the participant visits were asked. Therefore, the second section focuses on the visiting behaviour, the motivation and decision process for the visit, as well as possible difficulties and barriers. The next block of the interview guide includes questions to determine the experience and status of social isolation and loneliness of the interviewee. The structure of the questions is based on the literature review on the measurement of social isolation by Zavaleta et al. (2017). It is first focused on the objective status of social connectedness and isolation, followed by the determination of the more subjective perception, which can be related to the concept of loneliness. To determine this, the questions proposed by the authors were adapted to the conducted research, addressing factors such as number of social contacts, social networks, social cohesion, satisfaction with social contacts, feelings of loneliness and active or passive coping strategies. Within the next part of the interview, the impact that the social activities at the places of social encounter have on the status of social isolation and feelings of loneliness were studied. Therefore, questions were formulated addressing the influence on social connectedness, social contacts, social networks, etc. Finally, the interviewee gets the opportunity for a final reflection on the topic and to add further aspects that were not mentioned before. *Table 2* gives an overview of the participants that were interviewed during the research and their demographical data.

	<b>Gender</b>	<b>Age</b>	<b>Residence</b>	<b>Living Situation</b>	<b>Family Status</b>	<b>Children</b>	<b>Visits Activities in</b>
<b>Resp 1</b>	Female	77	Geldern	Alone	Widowed	3 children	Geldern
<b>Resp 2</b>	Male	86	Geldern	Alone	Widowed	2 children	Geldern
<b>Resp 3</b>	Female	67	Geldern	Alone	Widowed	-	Geldern
<b>Resp 4</b>	Female	67	Geldern	Alone	Divorced	1 child	Geldern
<b>Resp 5</b>	Male	79	Geldern-Vernum	With wife	Married	1 child	Geldern
<b>Resp 6</b>	Female	75	Geldern-Walbeck	Alone	Widowed	1 child	Kevelaer, Straelen
<b>Resp 7</b>	Female	80	Straelen	Alone	Widowed	2 children	Straelen
<b>Resp 8</b>	Female	90	Straelen	Alone	Widowed	-	Straelen
<b>Resp 9</b>	Female	86	Straelen	Alone	Widowed	4 children	Straelen
<b>Resp 10</b>	Female	77	Kevelaer	Alone	Single	-	Kevelaer
<b>Resp 11</b>	Female	84	Kevelaer	Alone	Widowed	2 children	Kevelaer
<b>Resp 12</b>	Female	85	Kevelaer	Alone	Widowed	-	Kevelaer

*Table 2: Overview Participant Interviews*

Due to the different characteristics of the expert and participant interviews, another environment was chosen for both types of interviews. Since the expert interviews are based on information on a professional level and the experience the experts made due to their work, these interviews were organised within their working environment, for example within the office of an expert or a conference room. The interviews with the participants, however, focused more on their personal perspective and needed a more intimate environment. Therefore, these interviews were organised at the participants' homes which also gave the opportunity to learn more about their living situation and direct environment. Of course, an alternative was prepared in case that some participants do not want to conduct the

interview at their private place and the options were presented to the interviewees, but all of them preferred their familiar environment at their home for the interview.

During the interviews, the audio was recorded after the agreement of the interviewees. The recordings were used to transcribe the interviews afterwards as basis for the analysis. Furthermore, notes were taken by the interviewer during the process of interviewing. After collecting the interview data, a grounded theory analysis was conducted using the transcripts of the interviews. The analysis followed the three steps: open coding, axial coding and selective coding (Walker & Myrick, 2006). First of all, the transcripts were divided into sections and codes created for each section (open coding). Afterwards, the relations between these categories were studied '*by making connections between a category and its subcategory*' (Strauss & Corbin, 1990, p. 97) (axial coding). The last step of selective coding is the process of refining the theory by creating a core category and finding relations with the other categories on a more abstract level. During the establishment of a theory, it is crucial to write memos that expedite the analytical work and structure the categories (Charmaz, 2006). For all the steps of the analysis, the software Atlas.ti was used.

### 4.3 Research Ethics

When doing research with a more vulnerable group, such as elderly people, there are different research ethics that need to be considered before and during the research. One major challenge can be taking informed consent to participate in the study (Hall et al., 2009). To guarantee that all interviewees have a reasonable understanding of their participation, the relevant information regarding the procedure of the interview and the research in general were already shared before, so that all participants could still think about it before agreeing on an appointment for the interview. Also, during the appointment of the interview was enough time planned in order to explain the whole procedure and aim of the research again and give the possibility to ask questions. Furthermore, it was decided to prepare a written declaration of consent for the collection and processing of interview data as addition to the oral consent given, which was signed by all interviewees. Furthermore, the interviewees were informed repeatedly that their participation is voluntary and they do not need to answer questions they do not feel comfortable with.

Another challenge when researching vulnerable groups can be the unequal power relationships between the researcher and the participants (González-Duarte et al., 2019). Nevertheless, to reduce these inequalities it is crucial to include vulnerable groups in research and empower them to share their perspectives. To enable meaningful contributions, the researcher needs to encounter and engage with the interviewees as individuals (Schilling & Gerhardus, 2017). This behaviour also avoids the creation of stereotypes and focuses on the heterogeneity of the group of elderly people. For creating this kind of relationship between the researcher and the participants, the environment during the interviews plays an important role as well. In order to create relaxed conditions for the interviewee, the familiar environment of their home was chosen. During the whole visit, the researcher behaved in a respectful manner, giving the interviewee enough time to share stories or show things within their home, in order to create a relationship on eye-level.

Besides the general research ethics for vulnerable groups, there are also some age-related conditions that need to be considered when researching people at age. One factor can be cognitive impairments, for example caused by a disease of dementia (Schafer, 2001). Since the research population consists of elderly people living at home, most of them are still in a cognitive good condition. However, it was tried to formulate the questions in an easily understandable way and give enough explanations for all individuals. Further barriers of participation regarding the mobility were reduced by visiting the participants at their home. In general, by reacting on the personal conditions of the participants individually it was tried to create equal opportunities to participate for all, for example by reading the declaration of consent out loud when a person could not read it herself or adjusting the volume of the voice to the hearing capabilities of an individual.

## 5. Findings

Within the following section, the findings of the analysis based on the conducted interviews and observations will be stated. Therefore, the chapter is subdivided in different parts, based on the content of the findings. Within the first part, findings dealing with social isolation in general are positioned, followed by findings focusing on the heterogeneity of elderly people. Finally, the last part consists of findings regarding the places of social encounter.

### 5.1 Social Isolation

This first part of the findings section focuses on insights that could be gained, based on the interviews and observations, regarding social isolation in general. Therefore, it first focuses on social contacts as part of social networks, then states the role of feelings of loneliness in this context and finally emphasises the importance of having a structure for the participants.

#### 5.1.1 Social Contacts

Even though the size and the composition of the social networks of the different respondents differ, they mainly consist of family members, such as spouse, children, grandchildren, siblings and parents, friends and neighbours. Especially bonds with friends and acquaintances are often developed in different phases of life, as described by Wang et al. (2008). For example, Respondent 12 describes that she still has connections with her friends from school as well as people from her former place of residence. Other interviewees (Respondent 1, 3, 4, 7, 9) also talk about social connections they still have with people at the place they used to live. Some of them try to maintain these contacts by calling or visiting them, depending on the distance and mobility of the interviewees. Respondent 4, who moved to a new place recently, tells that she bought an extra bed so that her friends could also visit her and stay overnight. Furthermore, former hobbies or activities are a source of social ties.

But also in the presence, some interviewees say that they have social contacts through their hobbies, such as Respondent 3 who has horses on a horse farm and therefore gets in contact with the other horse-owners. Respondent 5 explains that the common interest or activity also impacts how often he has contact with other people:

*‘Yes, actually also regularly again, but also due to how the contact came about. For example, with the people I go to football with, when there’s a summer break, we don’t see each other. Otherwise we see each other every 14 days for the home game and then we go there.’ (Resp5, translated)*

However, the respondents also talk about social contacts they lost during their life course, which is a natural development according to Jong Gierveld and van Tilburg (2010), who identify changes in expectations, social roles and relationships, often associated with general life-transitions, as the main reasons. This is confirmed by different interviewees that talk about people moving away or leaving social relations behind because they moved themselves, which led to a decline of the contact. Respondent 4 talks about differing expectations she had on her social contacts during the Corona pandemic, since

she lived alone during this time and wished for social support, which some of her contact persons did not recognise or fulfil. Therefore, she ended some friendships with people she saw as not reliable anymore.

Another important aspect is the death of social network members which almost all participants talk about during their interview. Nine of the twelve interviewees are widowed and therefore lost their partner, but also other close social contacts, such as friends or long-time neighbours. Expert 2 sees this as a main risk factor for social isolation:

*'So it's really more the case when, as I said, the spouse falls away, close friends die, and so on. So I believe that this is the turning point, that older people are strongly required to develop their own initiative and to reorient themselves. And that many of them do not manage to do so and are therefore more threatened.'*  
(Exp2, translated)

The interviews highlight how especially the participants that lost a close person recently are affected by this transition. One example is Respondent 3, who became emotional when talking about the recent loss of her wife and explains that this was the reason for her to move to the Lower Rhine region, since she has a good friend living there and knows the area quite well. For Respondent 12, the death of her husband was the reason to move back to her home area as well, as she did not want to stay in the house they lived in together anymore but create a new home for herself and live closer to former social contacts. Also Respondent 2 repeatedly mentions the death of his wife, which still affects him strongly since she was the strongest tie within his social network. Since then, he receives support by his neighbours, who became close contacts for him. All these experiences show how the elderly that experience the death of their partner need to reorganise certain fields of their lives and take their own initiative, as described by Expert 2. It can be recognised that some of the interviewees are still within this process, meanwhile others already live on their own for quite some time. Nevertheless, Respondent 9 still remembers that time and tells her process of reorientation during the interview:

*'Even back then, when I was alone, when my husband was no longer there. (...) We were always together. But then I went out with myself, went out to eat or went to a café. Yes, you have to socialise. (...) Otherwise you get completely lost.'* (Resp9, translated)

But besides their spouse, a lot of respondents talk about other social contacts that already died, which makes their social network getting smaller. Comparing the interviews, it could be observed that the older the respondents are, the more they are affected by losing social contacts because of death. Respondent 5 summarised it with the following quote:

*'[...] but (...) the acquaintances we have and maintain, they don't become any more. You notice that at that age. One or another gets cut down, as they say.'*  
(Resp5, translated)

Therefore, some of them try to restructure their social life by focusing on or strengthening existing contacts or looking for new contacts. However, the participants mention several difficulties they face when trying to socially interact. Respondent 8 describes that she does not have a lot of social contacts during her daily life, but since she lives alone and is not that mobile anymore, she does not know where she should meet other people. Simultaneously, the socially related people are getting older as well,

which is why Respondent 1 mentions the declining mobility and diseases of her family members as a difficulty to stay in touch. The same occurs for Respondent 2, who cannot visit his children on a regular basis anymore because of their health status and lack of mobility.

Another important aspect is the busyness of the interviewees themselves or their social network members, which makes it challenging to establish or maintain social connections. Respondent 1 expresses the desire of creating new social ties during the interview, but also mentions that she finds it difficult to schedule regular meetings next to her other appointments to build a friendship. Therefore, she wishes for spontaneous and uncomplicated possibilities to meet, such as a place of social encounter within her apartment building. Supplementary, Respondent 10, who has a place of social encounter within her direct neighbourhood, talks about her busy schedule due to several activities and appointments as well, but feels like she has enough opportunities to easily get in contact with others and therefore prefers to spend some time alone to recover. When it comes to the younger generation, for example children, grandchildren or younger neighbours, a lot of participants mention that they would be too busy to have regular contact due to their employment and other obligations. The observation is also approved by the experts, who identify societal developments as one reason for that. Expert 1 describes that because of the higher employment rate of women due to emancipation processes, it becomes more challenging to take care of the parents or grandparents within a family. Additionally, Expert 3 recognises that families often live further apart from each other and as soon as the children start having their own family, there is not a lot of time left for regular visits.

Nevertheless, the participants experience social support from their contacts within their social networks. When talking about instrumental support, as distinguished by Berkman et al. (2000), only Respondent 8 talks about a professional care organisation, that visits her two times a day, and an assistance for the household. The others mainly rely on neighbours (Respondent 1, 2, 5, 6, 8 and 11) or their family (Respondent 1, 6, 7, 9 and 11). However, since all respondents live on their own, they still follow a relatively independent lifestyle and only require help for specific tasks. The physical distance to other family members makes it more challenging to receive as well instrumental as emotional support, which is why social contacts that live in the neighbourhood sometimes are of particular importance, as Respondent 10 describes:

*'As I said, this one neighbour who has been living here for six years, (...) we have already like (...) yes, you get more from them than from your own siblings, because they are so far away. And then I sometimes said: 'You seem like a sister to me!'. (Resp10, translated)*

Based on the descriptions of the interviewees, one difference between instrumental and emotional support is that instrumental support can also be received from weak ties, such as neighbours that help with specific tasks, such as taking out the dustbin (Respondent 8). Emotional support, however, is more likely to be obtained from closer social relations, such as friends or close family members. Furthermore, emotional support can easier be directed over longer distances, for example via the phone or other media. Instrumental support often needs the giving person to be on site and when it comes to daily tasks even on a regular basis. This means that especially for elderly people, the importance of the direct social environment increases during their ageing process and accompanied rising demands for support.

### 5.1.2 Loneliness

Several of the interviewed participants describe feelings of loneliness, which are based on the dissatisfaction with their existing social contacts. The described perceptions of the interviewees can be linked to the typology of Newall and Menec (2019), which distinguishes between social isolation and loneliness and identifies four different types based on the different combinations. Feelings of loneliness only occur when a person feels a discrepancy between the desired and actual social contacts. Therefore, a socially isolated person does not necessarily feel unsatisfied with the number of social contacts. The feelings of loneliness function as motivation to change the current situation, as several interviewees explain. Respondent 2 sees the feelings of loneliness he experiences at home as main reason to join a group activity:

*'But on the other hand, sometimes being alone here is also lonely, so I'm honest about that. That's why I joined the group [...]' (Resp 2, translated)*

For Respondent 4, the feelings of loneliness she experienced at her former place of residence were one reason to move closer to her family. Therefore, she compares her current situation with the experiences she made in the past:

*'Yes, I do feel lonely sometimes. That can happen. They are so (...) ups and downs, so. (...) But I don't feel as lonely here as I did in Bochum.'* (Resp 4, translated)

Furthermore, Respondent 11 describes the feelings of loneliness, that she perceives as negative, as the driving force to go outside her house and be active. She mentions that she experiences these feelings especially when there is bad weather and she cannot be active or go outside. But therefore, her motivation to do that is even higher as soon as the weather is better.

The responses of the participants make it clear that the feelings of loneliness they experience function as occasion for finding possibilities to overcome these feelings and therefore, become more socially connected or active in general. Since the participants live alone at home, overcoming these feelings is often accompanied by leaving their home and visiting other places to socially connect. The same was described by the experts that were interviewed, based on their observations. Expert 2 explains that these negative feelings that occur when elderly people feel lonely are necessary in order to find motivation to change the situation. There are several people at age that live isolated but do not have enough motivation to get more socially connected. Therefore, she describes feelings of loneliness as *'inner pressure and this inner feeling of 'I have to change something now, I have to be around people, I would like to learn this and that or I would like to do this and that' [...]'* (Exp 2, translated), which makes it possible for elderly to become active.

Furthermore, Expert 3 says that for all participants of the activities at the place of social encounter she supervises, one of the main reasons to come there is that they feel lonely at their home. Therefore, their loneliness motivates them to visit places of social encounter and get socially engaged.

### 5.1.3 Structure

Several life course transitions are seen as risk factors for social isolation among elderly, e.g. retirement, declining mobility, rising disease and disability, and the death of social contacts (Coyle & Dugan, 2012).

But also moving to another place or other events that cause radical changes can contribute to a higher risk of social isolation. One example is the COVID-19 pandemic, which caused that a lot of activities and meetings with social interaction were not allowed. Expert 1 describes that the cancellation of activities, that were visited by elderly before, led to an increase of feelings of loneliness because of the missing structure and social interaction. The same is confirmed by Respondent 1, 9 and 12 who tell that they felt lonely during this time because of the missing group activities during which they could have social contacts with others. Therefore, people at age which participate in group activities and organise their social interaction mainly outside their home were more affected than elderly people that spend their time mainly at home by themselves, which did not have to create a new structure for themselves. To maintain their social contacts, some people at age started to use their phone or other media for social interactions, which was for example described by Respondent 1. The same development was observed by Expert 2:

*'So there are a lot of senior citizens here who are now using smartphones or tablets and who started using them during the pandemic.'* (Exp2, translated)

Conclusively, events that cause radical change demands elderly to create new structures and organise their social contacts in a different way in order to not increasingly experience feelings of loneliness. The same applies for the inflation caused by the Russia-Ukraine War. Respondent 8 explains during the interview that she always went for ice-cream with a group during the summer, but due to the increased prices she is not sure if she still wants to do this on a regular basis. The same is described by Respondent 12, who also doubts about still visiting certain places of social infrastructure, which are by Piekut and Valentine (2017) referred to as consumption spaces. This means that the people at age being affected by the rising prices are hindered to visit certain places of social encounter and need to reorganise social activities that were connected to these places.

Therefore, different activities for socially interacting are omitted by these events. But overall, almost all interviewees mention that they have difficulties to still participate in activities or pursue hobbies they did before, due to their age. Table 3 shows an overview of different quotes by the respondents regarding these difficulties:

<b>Resp1</b>	<i>'And (...) yes, let's see how long I do English there. Because sometimes it's so difficult to get the new words in or I forget when I want to say something.'</i> <i>'There was also something about dancing. (...) I don't know if I can still do that. I have two new hips (laughs).'</i> <i>'But I left the choir because the voice didn't want to anymore. Then I played the clarinet again, which I also used to do. [...] And (...) yes, then I stopped. I really didn't have to do it.'</i>
<b>Resp2</b>	<i>'Yes, once there was an address for dancing, for example. Yes, (...) that's no longer my thing at my age, dancing. Do you understand that? I don't know if it works.'</i>
<b>Resp3</b>	<i>'And then I realised: well, that's going to be a bit difficult for me, because of course, especially when it comes to riding or something, they're in a completely different mood than I am. I'm just not as physically fit as I used to be [...].'</i>
<b>Resp4</b>	<i>'When I think about the long flights and all that, I don't feel like it anymore. It's hard on the back of the neck when you're old [...].'</i>
<b>Resp5</b>	<i>'This is a casual indoor round where doubles is played. We are already too old for singles.'</i> <i>'Because I know, you don't get any younger. And playing the drums is also hard work somehow (laughs).'</i>

<b>Resp8</b>	<i>'I have been collecting for the last (...) 16 years. Until now (...) until last year [...]. But I can't do that anymore, I've given it up.'</i>
<b>Resp9</b>	<i>'[...] I said, when I got the letter, I said: 'No, I'm not going to do it'. First I have to get on the bus. (...) I can't manage that. And then most of the people who can walk run away.'</i>
<b>Resp10</b>	<i>'R10: [...] but so (...) that I would now (...) join a group activity again, that's actually nothing. I: Is it too much then too? R10: Yes, yes, that (...). You have to manage your energy more and more every year.'</i>

*Table 3: Overview Quotes on Difficulties Participating in Activities*

In this context, Expert 3 underlines the lack of common experiences with their social contacts when elderly do not participate in group activities anymore. According to her, people at age do not only miss the activity itself but also the social interaction, which can lead to feelings of exclusion and increased social isolation, which further also makes it more difficult to become active.

The importance of regular activities is also emphasised when asking about the times at which the feelings of loneliness occur the most. As answer to that, the participants mention different times throughout the year, the week or the day. First of all, several interviewees describe a higher probability of feeling lonely during the winter compared to the summer. For Respondent 6 this conclusively means that during the summer she visits less group activities than in the winter since there are, in her perception, enough other things to do, like working in her garden, go swimming or biking. So even though not all activities are necessarily accompanied by social contacts, she feels more active and has more possibilities for activities during this season.

The same is described by Respondent 7, who considers going to more group activities, that are offered at the place of social encounter she visits regularly, during the winter. The reason is that there are enough other possibilities in summer and the motivation to go outside by herself is higher, as also mentioned by Participant 2, 5 and 11. Therefore, their social contacts are organised in a different way during the different seasons. Meanwhile they occur more naturally during the summer when people are more active and spend time outside, they need to be more planned and occasions for going outside need to be created during the winter, as described by Respondent 10:

*'So in winter it's less in the house with the neighbours. If you don't just run into each other. Then the groups are more intensive. At lunch, for example, [...] a really great community has developed.'* (Resp 10, translated)

When talking about the winter and the accompanied feelings of loneliness, Respondent 12 especially mentions the evenings which are long and dark during this season. This concurs with the evening being mentioned as the time with the highest risk of loneliness during the day by several interviewees. This circumstance is most explicitly described by Respondent 1, who mentions a desire of having social contacts to fill this gap:

*'It would be nice to have friendships like that, that you're not always alone in the evening and that you can talk. (...) Maybe that's also the reason why I watch so much TV and for so long [...].'* (Resp 1, translated)

But also other interviewees, for example Respondent 7, explain that the evenings are the time they spend alone at home most of the time and there are not a lot of possibilities for activities. During that time, they miss a person to talk to and have meaningful conversations with, as it is described by Respondent 12:

*'So (...) what I miss is the conversations in the evenings. (...) Yes, the evenings are terrible.'* (Resp12, translated)

The lack of structure and possibilities for activities or social interactions also explain the third occasion. Sundays are identified as the days during the week on which feelings of loneliness are experienced by a higher amount of people. Typically, a lot of social and general infrastructure is closed on this day in Germany. During the interview, Expert 1 talks about a survey they conducted among elderly people within a specific neighbourhood, in which a lot of people mentioned that they experience Sundays as the worst days during the week regarding feelings of loneliness. The same is mentioned by Expert 3 during her interview, when she talks about the experiences that participants share with her:

*'[...] I hear a lot, Sundays are the worst. Because you can't go shopping, everyone is somehow (...) busy with themselves [...] or they don't do anything or they are with their own family or whatever. Sundays are the worst.'* (Exp3, translated)

## 5.2 Heterogeneity of Elderly People

The second part of the findings section focuses on aspects regarding the heterogeneity of elderly people. Therefore, it first states the impact that the heterogeneity has on the group identification of individuals. Afterwards, the influence of different characters, desires and coping strategies will be explained, which play a role when it comes overcoming the state of social isolation.

### 5.2.1 Group Identification

The group of elderly people is defined as people being aged 60 years or older. However, this still contains a high age span which can also be recognised when looking at the age of the interviewees that ranges from 67 to 90. Especially the younger participants describe that they experience inhibitions with identifying as a person at age. Before visiting a group activity for elderly people, Respondent 3 and 4 both had concerns if they would feel as part of the group or more differentiated from the other participants that are several years older. The same difficulties are described by Respondent 11, who perceives that a lot of participants of the group activity she visits are mentally and physically less fit than she is, which made her especially in the beginning doubting if she would belong there. This shows that not only the age difference plays a role, but even people at the same age can have a different health status.

The question of labelling a whole group based on such a high age span is also raised when looking at the different generations people grew up in. One example that highlights these differences is that Respondent 4, who is 67 years old, still has her mother as close contact who lives in an elderly home close by, meanwhile other interviewees have children that can already be labelled as people at age, since they are older than 60 years (Respondent 9 and 11). Because they grew up in different times and circumstances, they also made different experiences which impacted their development. This becomes clear when some of the older respondents talk about their experiences during and after the Second World War, which influenced their life course essentially (Respondent 1, 5 and 8).

Respondent 3 describes that she finds it easier to connect over a common interest or hobby than only having the same age. Especially when visiting her horses, she connects with people that also go riding at the same farm even though some of them are a lot younger than she is, but they share the same interest:

*'It's often easier to get into a conversation if you have some common interests than if you meet people who are complete strangers and the only thing they have in common is that we are about the same age.'* (Resp3, translated)

The same occurs for Respondent 5, who built many social connections through his hobbies, which makes it easy to find a topic and common interest to talk about. Therefore, some of the interviewees try to find opportunities to pursue their personal interests and connect with people that have the same interest. One example is Respondent 1, who follows different English courses since one of her interests is to learn English as a foreign language. She further also expresses the wish to discuss about political issues, since she is interested in these topics and follows the news, but did not find a possibility to do so. Another example is Respondent 4, who visits a place where she can do handicraft with other people a few times a week to be able to do her hobby and connect with others. However, as it was already described in [5.1.3](#), people at age face difficulties to still be able to join associations or other

organisations for their hobbies. Therefore, some of them try to find activities which are especially organised for elderly people, which do not always focus on their personal interests. Since the people at age are a heterogeneous group, their personal interests also differ from each other. Meanwhile some participants say that they enjoy doing handicraft a lot (Respondent 4, 9, 10 and 12), others say that they do not enjoy doing it at all (Respondent 1 and 3). This makes it more challenging to find a common ground and similarities to connect with, but also for the ones organising activities for elderly to arrange a programme that appeals to as many as possible.

### 5.2.2 Character

When being asked about the differences among elderly regarding their possibilities to overcome social isolation actively, Expert 2 states the following quote which contains several important aspects that will be further discussed in the following sections:

*'[...] I think that we are then more in the personal area and more in the area of: Do I have the self-confidence, do I have (...) yes, do I actually have the clear need to change something about my situation. I believe that someone who wants to do that can do it. And they can also inform themselves about the activities that take place.'* (Exp2, translated)

The first factor she mentions is the character of a person, which indicates how actively the individual at age can reach out to people or join groups. All interviewees describe themselves as open towards new people and groups and having no major difficulties to connect with others or join a group, which concurs with the fact that all of them participate in group activities at places of social encounter. Some of them also connect their openness with experiences they made in the past, for example in their former job, as described by Respondent 3:

*'I've done a lot of training and (...) I've also led a lot of events myself and things like that. So I don't have any fear of contact with strangers or anything like that. Or to go to a group.'* (Resp3, translated)

Another experience from the past was shared by Respondent 5, who tells about a former colleague that he first had difficulties with and as he got to know him better became one of his closer contacts. Therefore, he nowadays tries to be more flexible and open towards new people without judging them too early. He further also describes that he had contact to a lot of different people because of his job and appreciated the exchange of different opinions and views within group works. A similar experience was told by Respondent 12, who was self-employed and had her own business, which forced her to reach out to people and get into contact with business partners and customers. Therefore, she says that she has no inhibitions about approaching people or getting rejected.

The shared stories show that the character regarding the openness and flexibility of people is influenced by experiences they made in the past, as well as their fundamental nature. However, significant events can also shape a person's development. Expert 3 observed that people who moved to Straelen and are not originally from that place are more open towards new people than the ones who lived there their whole life. Respondent 3 and 4, who just moved recently, also talk about their impulse to actively visit places or activities where they could meet new people since they only have limited

contacts at their new place of residence. Respondent 7, who moved a few years ago, emphasises several times that you need to get active yourself and reach out to people, which she experienced especially when she was new in the region. According to her, her openness is the reason why she already built a number of social connections in the town she lives in and feels attached to her place of residence. However, for all three interviewees the decision to move was also made to live closer to certain close social contacts, including family (Respondent 4 and 7) and close friends (Respondent 3). Therefore, they also moved with the desire to feel socially connected within their new area of residence. The different desires can impact how an individual behaves or make decisions, as will be further discussed in the next section.

### 5.2.3 Desires

When differentiating between social isolation and loneliness, it becomes clear that the desires of individuals regarding their social connectedness differ. This makes people with only a few social contacts not necessarily feeling lonely and humans with a lot of social connections not resistant for feelings of loneliness. The crucial point is how satisfied a person is with its social contacts and to what extent they fulfil its desire of social connectedness (Newall & Menec, 2019). Expert 2 emphasises the different desires that people at age have, which also impact their social behaviour.

All participants express a desire to socially participate, even though the extend of this desire differs between the interviewees. Some link their need to be socially connected to experiences from the past, such as the size of their family or their former job. Respondent 1, 9, 10 and 11 talk about their big family they used to live with. Therefore, they explain their wish for social contacts partly by the fact that they are used to connect and live with a high number of people. Other interviewees mention their job, because of which they had a lot of contacts. Examples for that are Respondent 5 and 12, who enjoy meeting new people and see their former job and hobbies as one explanation for this. Respondent 3 and 10 both worked as a teacher and therefore mention that they also had a lot of contact with younger people in the past. Especially Respondent 3 clearly states that she finds it important to still get in contact with people at a younger age, for example through common hobbies. Both Respondent 3 and 10 do not have children, which could be one reason for clearly expressing this desire since other respondents have contact to the younger generation within their family. On the other hand, Respondent 11 mentions that she had a lot of contact to older people, since she had older siblings and volunteered in a nursing home for many years. Nevertheless, she says that since she always felt quite fit for her age, she used to prefer to have contact with younger people. After a severe Corona infection, her needs and orientation changed, which is why she is nowadays also fine with having contact to people at her age or older.

In general, interviewees that were quite active in the past and visited a lot of social activities often wish to continue this lifestyle at a higher age as well (Respondent 3, 5, 10 and 12). However, Respondent 2 mentions that he wishes for social contacts in order to get more active again:

*'A lot of people say, 'You need to get out,' I need to exercise. But I think there's nothing worse than going for a walk alone. Walking alone you get tired after five minutes. And if you go for a walk with someone else and so on, then you don't notice it at all.'* (Resp2, translated)

Therefore, he clearly looks for new people to extend his social network. The same occurs for other interviewees (Respondent 1, 3, 4, 6 and 7). All of them mention some kind of transition or change within their life during the last years, such as moving to a new place or the death of their partner, which is why they want to create new social ties. Especially Respondent 1 expresses repeatedly the desire to have closer connections, which is why she tries to create closer bonds with her neighbours and visits different activities. Others do not necessarily want to find new social relationships, but experience community and exchange about certain topics with other people (Respondent 5 and 11). For some of the respondents, it is of importance to have regular contact with their already existing social ties, which can prevent social isolation and feelings of loneliness as well (Respondent 8, 9, 10 and 12).

Some interviewees express that they do not want to build up too close connections because of the responsibilities it entails. Respondent 5 tells that he prefers to have weak ties with his neighbours or other people in his environment, for the following reason:

*'Because it could happen that (...) well, one or the other sees too much in it, or that I am constantly called or whatever and then makes demands. And I don't really want that.'* (Resp5, translated)

During the interview, Respondent 9 talks about a similar experience with a neighbour, who constantly called or visited her, so she could not get the rest she needed to recover from a disease. Therefore, she clearly distanced herself in order to fulfil her own desires. Another experience was shared by Respondent 6, who states that she does not want fixed relations anymore. The reason is that she wants to make her own decisions and do what she feels like without any social obligations. This desire originates from experiences that happened in the past, especially with the husband of the respondent, who she cared for several years because of his diseases. In general, she says that during her marriage she always adapted to her husband and was not able to do what she wanted, which is why she does not want to give this independency up now. In general, not all participants are looking for strong ties but more weak social connections. This desire is for example stated by Respondent 4:

*'I don't know if I want to have (...) such a close friendship again or what. If it comes up, okay. But (...) otherwise it's enough for me to be with people I know.'* (Resp4, translated)

The same applies to Respondent 3, who explains that she is open for closer friendships as well, but in general she feels like she is good connected with people from her former places of residence and is therefore more looking for weak ties and acquaintances at her new place of residence.

Furthermore, several interviewees say that they do not want to organise meetings with their social contacts, but just see them during the joined group activities. Respondent 7 tells that she enjoys meeting people at places of social encounter, as well for organised activities as at a café or restaurant within the city centre, but she never enjoyed to regularly meet them at her or another apartment. According to her, she wants to have some distance and time for herself and, in order to fulfil this desire, keep private places a bit separated. Another interviewee, who expresses that she prefers to not schedule meetings at somebody's home, is Respondent 8. She says that she does not want to have the stress of preparing everything when there are guests coming and therefore prefers to meet at places, where everything is already organised. Furthermore, she also mentions that because of her limited mobility, she could not visit other people that have stairs within their home. Also Respondent 12 mentions that she does not want to organise meetings, like drinking coffee, at her place anymore. She prefers to meet

up during organised activities at the place of social encounter within her neighbourhood, since there is enough space and other people are responsible for preparing and organising it. A similar experience of people at age using places of social encounter in order to not organise meetings at their own place was shared by Expert 1 regarding the café they operate:

*'[...] (...) where I also notice that this has become a second living room for some people. For example, (...) a woman once celebrated her 80th birthday down here in the café, (...) because she said: 'I don't have any room for that in my own flat'. (...) And then she invited a few friends, our volunteers made a nice cake and (...) the other café visitors, who were not directly invited with the old lady, were included.'* (Exp1, translated)

The wish to separate social and private places also correlates with the desire to spend time alone and recover from social activities. Several interviewees explicitly say that they enjoy spending time on their own, especially within their apartment, but also doing things by themselves (Respondent 3, 4, 6, 7, 9, 10 and 12). Meanwhile some like to visit public places on their own, for example going to the cinema (Respondent 4) or visiting a café or restaurant (Respondent 3, 4, 6 and 9), others prefer to use the time to recover and having no schedule (Respondent 10 and 12). One important factor is to have no obligations and to be able to do what the person self feels like.

#### 5.2.4 Coping Strategies

When focusing on the heterogeneity of elderly people regarding their ways to deal with social isolation, Machielse (2015) distinguishes between individuals with active or passive coping strategies. Since all interviewees participate in group activities at places of social encounter, it could be argued that all of them pursue an active coping strategy. However, the autonomy by which this strategy was developed differs as well as the orientation of actions, which is based on the different desires described before in chapter [5.2.3](#).

One person with a strong active coping strategy is Respondent 3, who recently experienced several radical changes including the death of her wife and the loss of their common horse farm and therefore, her job. As a consequence, she moved to Geldern because of a close friend living in that area and her personal connection to the region. She further describes that she experienced social isolation and feelings of loneliness in the past together with her wife, since they were so busy with the horse farm that they were not able to maintain social contacts or visit activities. Therefore, she sees the transition as a chance to structure her life in a different way and get more active and connected with others. She describes her motivation as follows:

*'Yeah, I know that's just important for me. I need the people. (...) Yes, that's why I do it constructively. And I am also, well, I am not a person who sits down and waits for misfortune to befall him or for something to happen from the outside. I always like to do things myself.'* (Resp3, translated)

Components of her active coping strategy are a side job, which gives her structure and during which she gets in contact with people, joining different activities, pursuing hobbies, meeting people, visiting places and using social infrastructure. Another important factor is her dog, who forces her to go

outside every day and see other people during their walks. As a measure of precaution, she also chose a central residential area, where she does not necessarily need a car to still be mobile in the future.

Several interviewees describe the change of their living situation as one precautionary measure for different reasons. Respondent 1 sold the house she lived in with her family and bought a smaller apartment, since she wanted to have less work with her place. For her apartment, she chose a more central location, where she is able to be mobile by bike and foot and not necessarily needs a car. Respondent 4, 7 and 9 moved to their new place of residence in order to be closer to their children and other family members, which makes them socially more connected but also gives the opportunity for social support when needed. All three describe that they chose a location for their apartment that is relatively central. Therefore, they can easily reach different types of infrastructure and take care of many things themselves. This is also the reason why Respondent 6 thinks about moving from the village she lives in to a bigger place in the future, so that she can be independent and active, since her son does not live in the area anymore and cannot give enough social support.

A special neighbourhood is the 'Klostergarten' in Kevelaer, in which both Respondent 10 and 12 live. Both tell that they decided to sell their house and buy an apartment within this organised neighbourhood because of the community there. Both do not have children or a lot of family members living close by and therefore decided for a living environment in which they could still be socially active and integrated. Both respondents from the 'Klostergarten' also talk about their different volunteering positions, which are also part of an active coping strategy. Several interviewees share experiences of volunteering as well, which gave them the opportunity to connect with others and do a meaningful task (Respondent 6, 8, 10, 11, 12). Furthermore, voluntary tasks can also give elderly people a structure, which applies especially to Respondent 10, who leads groups and activities on a regular basis.

One interesting observation that could be made in this context is that respondents without children, which are identified as a special risk group for social isolation according to Cotterell et al. (2018), often pursue an active coping strategy in order to prevent or overcome social isolation and loneliness. The interviewees that legitimize this thesis are Respondent 3, 10 and 12. All three of them decided consciously to move to an area where they are still mobile and can socially participate and therefore, get the social support they need, meanwhile other interviewees often got the impulse to move or take other measures by their children. Regardless of the fact if a person has children or not, Expert 2 observes that people at age are in general more urged to create their own coping strategy caused by societal developments regarding family structures:

*'But I believe that the generation of seniors who are now in their 70s or 80s [...], I believe that they are more aware than they were perhaps 10 or 20 years ago. [...] And that they also consciously take care of it (...), but that they are perhaps also more urged to do so by their family circumstances, because one no longer has this classic image of grandma living with the children and thus having her contact persons. Instead, they often still live in their own home and (...) are only visited by the children and are no longer closely accompanied.'* (Exp2, translated)

However, there are also people at age who face difficulties with creating their own coping strategy and need support doing so. Expert 3 shares the observation that a lot of people at age find it challenging to take the initiative to meet people and visit activities because they did not need to take this initiative in the past and therefore did not learn how to create their own strategy. One example for this statement

is Respondent 2, who says that he spent all of his time together with his wife, which was dependent on him due to her sickness. Therefore, he did not feel the need to go outside or visit activities to get into contact with others and needed some support by his neighbour who encouraged him to join a group activity for elderly people after the death of his wife. The same occurs for Respondent 8, who spends a lot of time alone and at her apartment. She got the impulse to visit a group activity by her neighbour, who heard about it and asked her if she wanted to join as well. This shows that for some people support is needed in order to get active and create a coping strategy. Furthermore, the coping strategy also has to be consistent with the individual needs and desires of a person, which is why a more active person does not necessarily have a stronger coping strategy than a person spending more time alone.

Nevertheless, active coping strategies cannot completely prevent feelings of loneliness. When being asked how they deal with these unpleasant feelings, a lot of respondents named strategies of distraction, such as watching TV (Respondent 1, 7, 8 and 12) or reading (Respondent 6, 7, 8 and 11). Especially Respondent 2, 4 and 11 mention that they feel like they have to endure these feelings since they can be satisfied with their lives and do not want negative emotions to impact them. Respondent 5 mentions that he reaches out to his social contacts to get socially active in order to overcome these feelings. However, the descriptions of the respondents make it clear that these unpleasant feelings are perceived as being temporary, occurring mainly at specific times of the year, the week or the day as described in chapter [5.1.3](#).

During the interviews, most respondents do not share experiences of structural isolation. Even though intersectionality plays a role in some regards, only Respondent 8 talks about experiences of exclusion in the past that were based on her religion. This happened when she arrived at her new place of residence after fleeing from her former place during the Second World War. Therefore, she faced difficulties creating social ties to the inhabitants but, according to her, this changed over the years. Furthermore, Respondent 1 shares her experiences of intercultural difficulties when she moved from the Netherlands to Germany. First of all, she faced some challenges to learn the language and integrate, but she also mentions that the perception of the cultural differences was stronger back then, also influenced by the Second World War and the GDR. Therefore, her social contacts from the Netherlands did not come to visit her, which caused the loss of several friendships. This is why she decided to stay in Germany after the death of her husband, where she lived and settled since their marriage when she was 25 years old. Even though some other interviewees could be seen as being part of minority groups, no similar stories were shared, which does not necessarily mean that they did not experience any difficulties like this. However, it can be expected that people at age facing structural isolation face more challenges to find their way to a group activity at a place of social encounter, which makes it less likely for them to participate. These group activities are, however, a component of the active coping strategy of all respondents and will be further discussed in the following chapter focusing on the places of social encounter.

### 5.3 Places of Social Encounter

The final section of the findings chapter entails insights on the places of social encounter that are visited by the participants. First of all, it is focused on the factor of accessibility, then the different group activities that are organised at these places. Finally, findings on the impacts that these places of social encounter and activities have are named within the final part.

#### 5.3.1 Accessibility

One important factor regarding the effectiveness of places of social encounter is their accessibility for people at age. Therefore, it is important to analyse how the participants can reach these places, taking their declining mobility into account. Even though the places of social encounter are centrally located, the surveys and interviews highlight that especially in Geldern and Straelen a lot of participants come by car. This was also underlined during the observations since several participants complained about the lack of adequate parking spots close to the locations of the activities. This was, however, not the case in Kevelaer since a high amount of the participants live in the surrounding neighbourhood 'Klostergarten' and therefore more people walk to the place where the activities take place or use walkers and wheelchairs.

The accessibility of the places of social encounter by different means of transport is however not only dependent on their location, but also the infrastructure of mobility in the environment. During most of the activities that were visited and observed, almost no one of the participants used the public transport in order to get there. This is also due to the lack of connections within the more rural area as several interviewees describe, for example Respondent 9:

*'What bothers me here is the bus ride. That's what bothers me. Because before, where I lived, (...) I could go right or left, I was always right in the centre. (...) And I miss that here.'* (Resp9, translated)

Other respondents also mention the effort it would take them in order to visit social network members by public transport, since there are no adequate connections (Respondent 1, 2, 8 and 11). The lack of public transport also causes that people at age have to use other transport means instead. Therefore, people living further away from the city centre or in surrounding villages face different challenges regarding their mobility, which can also cause that they do not participate in group activities, as Expert 3 mentions:

*'They don't come with the community bus, they don't come with public transport either (...), they don't go A and B even if they did, they wouldn't use it because people here don't know how to use public transport.'* (Exp3, translated)

Regarding this issue, Expert 2 emphasises the need for organising activities at these villages for the people living there, so they do not get socially isolated because of their place of residence. Among the interviewees, there are also two respondents that live in further distance to the city centre in villages (Respondent 5 and 6). Both of them come to the places of social encounter by car and also emphasise the dependency on their car, as Respondent 5 describes with the following quote:

*'Yes, the connections here are relatively poor, bus connections are weak. Yes, it's clear that you're far out here, but it's also quiet. But that makes the car very important. Sometimes you can go by bike at nice times of the year. But otherwise almost everything is done by car.'* (Resp5, translated)

But also for people living within the city, alternatives for public transport need to be found in order to still be mobile. As described before, some of the interviewees chose their location for living based on their possibilities to reach different kinds of infrastructure within small distance, which are consequently the ones that mainly go to the activities by foot or bike (Respondent 1, 3, 7, 9, 10 and 12). Others mainly use the car, even though they live relatively central within the city (Respondent 2, 4 and 8), which shows that the degree of dependency on the car is not mainly impacted by the distances, but the mobility of the participants. Especially Respondent 2 and 8, which are both one of the oldest interviewees, say that without their car they cannot reach these places since they cannot walk or bike these distances. This shows that with an increasing age and simultaneously declining mobility, the dependency on the car or other people is rising and therefore also the risk for social isolation based on immobility. This issue is also mentioned by Expert 1:

*'Or I have two concrete examples in mind, both of whom can no longer participate in things because they are no longer mobile (...) because they can no longer walk. So I offered them, for example, very concrete things, like the lunch table (...), the open lunch table, (...) they said: 'Yes, I would like to take part, but I can't get there on my own'. (...) So (...) and yes, there is a lack of very practical (...) contact with other people, which is then no longer possible, because they can no longer get out of their own home.'* (Exp1, translated)

However, all three experts also talk about examples of people with issues accessing the places of social encounter that could get solved by support of other participants or people organising these activities, for example by accompanying them on their way. Expert 2 highlights this as one of the differences compared to joining a group activity of associations, but also mentions the limited capacity for supporting the participants individually:

*'So it's possible on a small scale, it's possible to offer a bit more help than it would be if I registered somewhere with a sports club. No, then the sports club doesn't care how I get there. (...) But of course it only works sporadically and only up to a certain limit.'* (Exp2, translated)

Another important factor is how elderly people receive the information about the organised activities at the places of social encounter. The experts mention different information and media channels they use for reaching the target group. First of all, the local newspaper is named as one option, which is especially used to inform about new activities since every household receives the newspaper for free. Expert 1 also mentions online information channels, such as their website and social media, but the experts also state that for the target group of people at age offline media are more effective. Expert 2 tells that she uses posters and flyers within the neighbourhood. These information sources on paper are also used for informing the participants about future or other activities when visiting the places of social encounter. For example, Expert 3 hands out flyers with a list of all events taking place in the following month:

*'So for our old people it really makes sense, they need the note, they have to read it, they can hang it up somewhere and put a hook on it and (...) then it works.'*  
(Exp3, translated)

When it comes to receiving the information about the organised activities, differences can be recognised between the different places. Within Geldern, most participants found the information in the local newspaper ('Niederrhein Nachrichten'), which every household receives for free (Respondent 1, 2, 3 and 4). Only Respondent 5 was informed by his wife, with who he joined the activity together. Respondent 1, 3 and 4 say that they use the newspaper and other media channels to inform themselves about activities or events they can join on a regular basis and therefore, proactively search for possibilities to socially participate, which speaks for an active coping strategy. Respondent 2, however, saw the advertisement for the group activity as well, but still needed the personal invitation of his neighbour, who volunteers for the activity and gave him a flyer with all the information. This shows that for some people, the personal contact is crucial for making the decision to visit a place of social encounter.

This can be observed in Straelen as well, since all interviewees that participate in group activities there mention a personal contact that motivated them to join (Respondent 7, 8 and 9). Expert 3, who organises the activities in Straelen, made this observation as well:

*'I don't know if that's a special thing here in Straelen, but it's often the case that you have to have someone to go with you. [...] But people don't manage the journey on their own, they always or often need a companion they already know.'*  
(Exp3, translated)

She further differentiates that this especially applies to people that are originally from Straelen, meanwhile elderly that moved there can organise their visit more independently. This underlines the thesis that a transition such as the change of the place of residence, can increase the desire for new social contacts and support the creation of an active coping strategy.

In Kevelaer, it can be clearly distinguished between the participants that live within the surrounding neighbourhood of the place of social encounter ('Klostergarten') and the ones joining from outside this neighbourhood. The interviewees that live within the neighbourhood get informed on a regular basis about the activities that take place, for example by a newsletter (Respondent 10 and 12). The interviewees that do not live there but join the group activities, both talk about a personal contact, who encouraged them to participate (Respondent 6 and 11). Respondent 11 mentions that she was already thinking about joining before and got the final impulse by her neighbour. The same occurs for Respondent 6 who informed herself about organised activities before, with the motivation to join some group activities, and received the information about these activities finally from personal contacts.

Finally, these cases show that many participants get active themselves and search for information channels to find possibilities to socially interact. This requires a high degree of independence and personal responsibility as well as resources and competences to act. During his interview, Expert 1 underlines that not all people at age have these competences and resources, that include cognitive skills such as the ability to read, but also the self-reliance to change the current situation. Therefore, they need support in this process:

*'I definitely believe that many people who have been very alone for a long time (...) will not be able to find their way on their own. (...) Someone would have to go the steps with them and walk the paths, like this.'* (Exp1, translated)

The expert also mentions several options that could be possible solutions, which focus on reaching elderly people at their everyday places. First, the mobile care services that visit people at their home are mentioned, which currently mainly focus on health care and are therefore restricted in their available time. According to Expert 1, there should be similar opportunities focusing on social care as well, with people spending time with the elderly living alone and support them in the process of social participation. Another example he mentions is a group of volunteers that regularly visits cemeteries and offer the visitors coffee and the opportunity to talk to them. The expert emphasises that in order to reach elderly which are socially more isolated or more passive in their coping strategy, they need to be contacted at the places they visit during their everyday life, so they do not have to take any action on their own. However, Expert 2 also adds that at one point they reach boundaries that cannot be crossed. Therefore, ... socially isolated people can only be support, but they do have to make the final decision themselves.

Another factor that all three experts mention is the counselling for people at age as well as their relatives. During the counselling, elderly cannot only get the information on activities they could join, but also other relevant topics, such as care services, financial support, therapies, etc. Expert 1 made the observation based on his practical experiences that the situation of individuals became more multi-layered and that it needs more time to sort the different problems in order to offer more individual help. Therefore, it would be necessary that different providers work closer together and network their range of services in order to provide people at age with the personal support they need.

### 5.3.2 Group Activities

The researcher Amin (2002) highlighted the importance of organised group activities at places of social encounter to build social connections with other individuals. Furthermore, these activities can also be categorised as group-based interventions of social facilitating against social isolation (Gardiner et al., 2016). However, the social activities that were observed can be distinguished in two different categories. The first category contains activities that have a clear programme, which is led or organised by volunteers or employees (Seniors Active, Cinema Afternoon and Bingo Afternoon). The second category includes activities that give the opportunity of a common meal or something similar, during which the participants can socially interact with the other visitors (Café Togetherness, Lunch Table and Neighbourhood Café).

When focusing on the organised programmes, there are differences observable regarding the extent to which the different activities enable social interaction. When asking the participants of the 'Seniors Active'-group in Geldern, all of them mention a quiz that was organised, during which they had to work together in a team and therefore got into contact with each other (Respondent 1, 2, 3, 4 and 5). Contrary, more passive activities, such as watching a movie or following a presentation, are described as less encouraging for social interaction (Respondent 2 and 4). Furthermore, several interviewees mention that they would wish for more time to talk to the other participants during the meetings, especially when the programme of the gathering was less interactive (Respondent 1, 2 and 3). Respondent 3 tells

that when they had some time to talk, she got into contact with another participant that turned out to be one of her neighbours, with who she has regular contact now:

*'Yes, it was actually at one of the first meetings, and somehow there was still a bit of time to talk. And that's how I actually got into a conversation with the neighbour there, for example. I know it's difficult to organise this, because when you say: 'So, now you're talking,' no one can think of anything to say. (...) But in principle I would find it nice, yes, if you had a bit more time, yes.'* (Resp3, translated)

Because of the varying activities at every gathering, the participation is less tied to personal interests. Furthermore, the participants are involved in the decision on activities for the next meetings (Expert 1). The interviewees mention that they enjoy this variation since they do not have to commit to one activity and can try out different things. Furthermore, most of them mainly join for the community and social contacts and would therefore also participate in case that one activity does not correspond with their personal preferences (Respondent 1, 2, 3 and 5). Only Respondent 4 says that her priority is less focused on finding new contacts but more the activity itself, since it gives her the opportunity to join in events she could not organise herself. This point is also made by Respondent 3, who says that she recognises the organisation of the activities by professionals as one advantage of joining there, since she does not need to invest effort herself and profits from the capacities and possibilities that the responsible organisation has.

One observation that could be made during the activities offering a common meal is that due to the lack of a fixed programme, the beginning and the end of the activity are less defined. For example, some participants of the Lunch Table in Straelen say that they always show up a bit earlier and stay longer to have some chats with the others, which is not necessarily part of the organised activity:

*'And from twelve, but we're almost, so I always leave shortly after 11:00, 11:00. (...) I always have a coffee beforehand. (...) And then the others come a bit earlier. We don't go straight to eating back there, no, we have a bit of a chat first.'* (Resp8, translated)

*'R9: Yes and Tuesday with three and four women, we still play cards.*

*I: After lunch?*

*R9: Yes, yes. That's always nice too.'* (Resp9, translated)

This description is contrary to the experiences, which the interviewees of the activities with fixed programmes share, since they mention that all participants leave right after the end of the programme and there is no time for social interaction (Resp 1, 2 and 3). One reason could be that for the organised programmes, the activity itself is more central, meanwhile the eating of the meal is more of secondary matter during the Lunch Tables. This is also highlighted when asking the participants of the Lunch Tables about their motivation to join. All of them mention as the main reason to go there the community and company during eating (Respondent 6, 7, 8, 9, 10, 11 and 12). Secondary, there are other motivations expressed, such as having no effort with cooking, getting a delicious and nutritious meal, saving money or trying out new food (Respondent 7, 8, 9, 11 and 12). Respondent 11 summarises the advantages she has when joining the Lunch Table as follows:

*'I don't need to shop. I don't need to cook. I don't need to clean a kitchen. I can eat in a community. (...) Like this.'* (Resp11, translated)

The descriptions of the activities also highlight that they not only focus on one need of people at age, to socially participate, but also other desires, such as support in being active or eating a sufficient diet. Therefore, they can be identified as a new form of care adapted to the needs of elderly people living alone. Since they are not tied to personal interest and organised in a way that eliminates several barriers, for example by being offered for free or for a small amount of money, it is tried to make them accessible for a large number of people at age (Expert 1, 2 and 3).

However, the places of social encounter, at which the activities take place, predefine a certain capacity of people that can participate. Therefore, Respondent 2 made the experience once that he could not join an activity because the room was already full, which was also the reason for the organisation to change the location afterwards. Expert 3 talks about the limited capacity at the place of social encounter she supervises as well, but also sees a difficulty in expanding the number of participants:

*'As I said, I don't have that much capacity here either. (...) And that's what makes it, I think that's also what makes it special, that it stays so small. No, I think if you have a room with 200 people, then you are also lonely again. (...) I think these small groups or this group size, I'll say between 15 and 25, also makes sense. You manage to look at all the people once, to classify all the people somehow. As I said, you can talk to the person to your left or the person across from you without it getting too loud. I think these big events or if the room were bigger, I don't think it would be attended so well, because then it's too confusing again. No, then you have no contact again, then you are isolated again among 200 people, like that.'*  
(Exp3, translated)

That the size of the group matters is also mentioned by Respondent 6, who feels more socially connected during one activity she attends with a smaller group of participants than another one, which is visited by more people. Therefore, a kind of discrepancy appears caused by the ambition to make the activities accessible for as many people as possible, meanwhile not letting the groups become too large.

Besides the size of the places of social encounter, also their setup has impact on the social interaction taking place during the activities. Respondent 2 describes that for some activities, the chairs were set in a circle, which caused some distance and gave no opportunity to talk to the other participants. He prefers to sit on tables with smaller groups, so there is more contact to the others sitting on the same table:

*'The hours there are very pleasant and good, I have to say. Except for the first one, where it was in a circle, of course there is no contact when everyone is sitting in a circle and far away. At the table - yes, well, then you talk to them.'* (Resp2, translated)

For the Lunch Tables and the Neighbourhood Café, the participants mostly sit together on a long table. Nevertheless, most of the participants say that they mainly have contact with the people sitting right next to them (Respondent 7, 8, 9 and 11). Especially in Straelen, there is a fixed seating order, which causes that the visitors have the most intense contact with the same contacts every week (Respondent 7, 8 and 9). In Kevelaer, there are less fixed structures and seats, which is why Respondent 11 tells that she has contact with different people every time:

*'Yes, where I'm sitting then, where I'm sitting next to it. I sit down where the seat is free. (...) And then I see that.'* (Resp11, translated)

If individuals prefer to sit on larger or smaller tables and want to be in contact with new people or the same people every time is personal, based on their desires and characters. During one observation, one volunteer mentioned that some of the participants prefer to sit in the neighbour room, which is a bit smaller and normally functions as spare room in case there are too many participants to fit in the main room. According to her, she was told that some enjoy the lower noise level and the possibility to have more intense contact, meanwhile others favour the busier atmosphere of the bigger room based on their personal preferences (personal communication, May 02, 2023).

In general, the organised activities at micro-public places of social encounter have the potential to give people at age some kind of structure. Expert 2 sees that as one important aspect when organising these activities:

*'Yes, I believe that with such low-threshold services it is very important that, as you mentioned earlier, it is always the same room, it must be barrier-free, it must always be the same time, and if possible it must always be a similar procedure, that also gives security.'* (Exp2, translated)

But besides the activity itself, also its regularity gives some kind of structure, which some people at age use to plan their other appointments and obligations within this structure given. Even though it differs how often the interviewees attend different group activities, all of them say that they prefer some kind of regularity, which makes it easy for them to schedule these appointments. Respondent 1, 8 and 10 explicitly mention that they try to get appointments on days they do not have any group activity planned, in case they have to go to the doctor, hairdresser, etc. Others use the fixed visit of the places of social encounter as occasion for other things they need to do, such as doing the groceries (Respondent 6 and 9) or for doing things together with some other participants, such as playing cards or having ice-cream afterwards (Respondent 8 and 9). But even though they prefer a given structure, several interviewees mention that they do not want to have any obligations anymore (Respondent 3, 5, 6, 7, 8 and 12). Therefore, they appreciate that their attendance is not obligatory, but they can decide for themselves if and when they want to join. Nevertheless, most respondents only not show up in exceptional cases, especially the ones visiting weekly activities (Respondent 2, 4, 7, 8, 9, 10 and 11). Expert 3 recognises the wish for no obligations also when it comes to organising the activities:

*'It's like I always say, no, so (...) they throw something into the room: We would like to do handicrafts. But (...) someone else has to do it and organise it. No, they like to come and be entertained, but (...) an elderly lady once told me that she didn't want to do it any more, she had done it all her life and she worked and did voluntary work. And she said: 'Now I don't want to do it anymore, I'll use the offers now, but I don't want to be the one who takes care of it or helps afterwards' [...]'*  
(Exp3, translated)

Many of the respondents do not want to have a lot of effort anymore to be able to do different things or meet people and therefore prefer to organise their social contacts with the help of the organised activities (Respondent 1, 6, 7, 8, 9 and 12). Respondent 10 is the only one expressing the desire to be actively involved in the activities and therefore taking the lead for several of them, such as a singing group or a group activity for physical movement.

When comparing the described semi-publics with other places of social encounter in public spaces or other categories of semi-publics, the respondents mention that the barrier to get into contact is way

lower since the place and the activity is clearly designed for creating social ties and get to know people (Respondent 2, 3 and 4). Some respondents use consumption spaces, such as cafés, restaurants or pubs, for other purposes, such as visiting them alone to be among people (Respondent 2, 3,4 and 6) or meeting social contacts there (Respondent 1, 5, 7, 8 and 9). Respondent 4 describes the difference and the value of the semi-public place of social encounter she visits regularly as follows:

*'Yes, well, you're sitting alone in the café, you don't have anyone to talk to. Unless you talk to someone there. I wouldn't necessarily do that either (laughs). No, it's quite good to have a place where you have people you can talk to.'* (Resp4, translated)

However, it is possible that the social bonds that were tied during these activities get extended to public spaces or other categories of social infrastructure as well, which will be further discussed in the following section.

### 5.3.3 Impact

When analysing the impact of the observed activities at the semi-public places of social encounter on the social connectedness of their participants, it is first focused on new social contacts that were established in this setting. In order to do so in a more differentiated way, it needs to be distinguished between strong and weak social ties. There are several respondents that tell how they created a social bond to another person at the place of social encounter and started having contact outside the organised activities as well. One example is Respondent 3, who got to know one of her neighbours during the activities, who she also scheduled meetings with afterwards. Other experiences are shared by Respondent 6 and 8, which met new people during the activities which became people they are in contact with on a regular basis. Respondent 7 tells that she found a close friendship at the place of social encounter. With this friend, she goes for walks on a regular basis, but also meets for other occasions, such as having breakfast together. Also, Expert 3 talks about a friendship that developed during an activity between two women, that now go for walks together during which the one that is originally from Straelen shows the one that just moved there her new place of residence:

*'And then a walking friendship developed. The old lady from Straelen knows all the paths and can also tell you a lot about the different things. And for the other lady it's a win-win, she gets to know her new place of residence, she finds the paths, she stays physically fit because she simply has to walk and she doesn't have to walk alone.'* (Exp3, translated)

However, several interviewees mention that they have difficulties deepening the social contacts and extending them to meetings outside the activities (Respondent 1, 2, 4 and 6). Therefore, Expert 1 established a black board for the 'Seniors Active'-group, which the participants can use for writing notes on it if they need support or want to offer help with certain things, so people can connect with each other, but also if they look for people to do certain things together with. Even though some of the interviewees show interest in using this opportunity, they also mention insecurities since they do not know who wrote the notes (Respondent 1, 2 and 4). The memo's only show the name and telephone number, which cannot always be assigned to a specific person by the interviewees and demands their personal initiative to call an unknown person and schedule a meeting. Furthermore, Respondent 2 finds

the personal interests that were written down by others on the board varying from his own interests, which minimises the number of possible contacts. However, Expert 1 stresses that it is only a first try that still needs to be developed and adapted to the feedback he gets from people interested in using it but facing barriers.

Based on Granovetter (1973), who emphasised the importance and relevance of weak ties, the weak ties occurring with the help of social activities at places of social encounter also need to be considered. Many respondents talk about other humans that join the activities as well and which they sometimes see in the city centre, the supermarket or other public spaces (Respondent 3, 4, 7, 8, 9 and 11). Respondent 3 and 4, who both recently moved to their new place of residence, both describe a relation between these weak ties and their attachment to the new place. When being present at public spaces and seeing people they met before, they both feel more connected. Respondent 9 also names her high number of acquaintances as one reason for her attachment to her place of residence:

*'No, also when you go for a walk (...) like many people do, and you meet one person and another. And then I'm always happy to hear what was there or thereabouts. Then you also get to know the people.'* (Resp9, translated)

Since Respondent 10 and 12 live within the neighbourhood 'Klostergarten', they use the organised activities as well for meeting new neighbours or creating deeper connections with their neighbours already living there for a longer time. For them, the place of social encounter in the middle of their neighbourhood fulfils a function of connecting the inhabitants. In the past, both strong and weak ties that were established there influenced the attachment of both respondents to their neighbourhood. However, both describe that the atmosphere is changing since a number of new neighbours is not interested in joining activities or contributing to the community anymore, which is why they do not even know some people living there. Both of them express their openness towards new people in case they decide to participate, but since most of the time the same people attend the activities, they mainly maintain already existing contacts.

The regular contact to already existing social ties is therefore another important factor when researching the impact of places of social encounter. Several respondents say during their interviews that they met other people during the activities, which they already knew before from different phases of their life (Respondent 1, 2, 5, 6, 8, 9 and 11). Some of them feel like some of the bonds got strengthened because they see each other on a regular basis (Respondent 2, 6, 8 and 9). Another case, which was described by a number of interviewees, is that they decided to go to the activity together with a member of their social network (Respondent 5, 7, 8, 9 and 11). Therefore, one motivation for these participants was to schedule a regular meeting or share common experiences with their already existing contacts. In that sense, the activities at semi-public spaces of social encounter can also support people at age in preventing them from getting socially isolated by creating stronger ties and the possibility to socially interact on a regular basis with their social contacts.

Another important wish of many respondents is to communicate with the other participants about different topics (Respondent 1, 2, 3, 5, 6, 7, 8, 9, 10 and 12). Some of them mention specific subjects they would like to talk about. Respondent 1 says that she informs herself a lot about what is going on and the current news, which is why she would like to find people with who she can exchange opinions about current events. Another example is Respondent 6, who faces challenges regarding the use of different media, and therefore joined a group activity for exchanging information and support each

other in this field. Respondent 5 stresses that he appreciates to get into contact about the problems accompanying the ageing process and to see that other people deal with similar issues and challenges. Therefore, he enjoys the communication with other people at age during the activities. The same occurs for Respondent 3, who does not identify herself as elderly yet, but finds it encouraging to see other seniors and how they deal with their ageing process:

*'And I also find it nice to actually see that people who are another ten or 20 years older than me can somehow still walk through the world fit and interested. That is also a very important experience for me, because I deal a lot with getting older. And (...) then it's just nice to see that others are coping well with it (laughs), so to speak.'* (Resp3, translated)

Furthermore, she is the only respondent who also mentions her wish to communicate with younger people as well in order to exchange ideas and opinions and get new input from another perspective. During the organised activities that were observed, there was not a lot of interaction between different generation since the participants were, besides a few exceptions, all at a higher age even though most of the activities do not have any age restrictions. All three experts describe that there are a lot of challenges when trying to organise activities in which both, young and old people, are involved or in general different target groups participate. First of all, the needs and desires differ between these groups, which already causes challenges for scheduling a convenient time, since younger people often have to work meanwhile people at age want to structure their free time during the day. Furthermore, the motivation to join a group activity is most of the time based on a difficulty that the individuals want to get supported with or common issues they want to communicate about, which makes it easier to offer services for more specific target groups, such as single parents, homeless people, refugees, humans with specific mental or physical diseases, elderly people, etc. The experts observe that the inhibitions to get into contact are stronger when the group is quite heterogenous. However, Expert 1 and 3 also mention specific projects in which there is contact stimulated between students and residents of elderly homes, but to make these projects successful they need to be organised in a certain framework and focus on connecting these two generations.

Since there are mainly elderly people present during the activities, it could be argued that the places of social encounter being studied support the creation of bonding capital within the group of people at age, according to the differentiation that was made by Yarker (2019). However, there are differences recognised regarding the strength of the ties within the group of participants. A group with strong connections could be observed during the activities in Straelen. This was also approved by the respondents taking part in the activities at this place and the expert being responsible, which all highlight that there is a fixed group of participants, fixed seating plans and a fixed procedure (Respondents 7, 8 and 9, Expert). Therefore, the three interviewees also describe a strong feeling of social cohesion within the group. Meanwhile Respondent 7 and 9 stress that they feel like the other participants would care if they do not show up, Respondent 8 also mentions that she appreciates to be welcomed when she comes there and everybody knows her name. This gives them a feeling of belonging and being part of the group. However, Kawachi and Berkman (2014) stress that a group with strong social cohesion can also obtain a strong degree of internal social control and cause exclusion for individuals not being part of the group. This can also be observed in this case, for example when Respondent 7 talks about other people gossiping about a new participant, that joined for the first time, or other tensions. Expert 3 confirms that observation as well and describes how she already had to intervene when certain individuals got excluded.

Quite different observations could be made in Geldern, especially when visiting the activity 'Seniors Active'. Within this group, the participants are way more alternating with new people joining at every meeting that was observed. Therefore, the bonding capital being produced by the group activity is less strong, which also causes a lower degree of social cohesion for the members. Respondent 2 and 4 also mention that they feel less connected because of the number and frequency of meetings, since the activity only takes place once a month and it is therefore more challenging to build up stronger ties. On the other hand, the participants perceive the group itself as more open and including for new members and mention less barriers when trying to get into contact (Respondent 1, 3 and 4). In this case, it could be argued that the activity focuses more on creating bridging capital, since it always brings together a different constellation of people with different backgrounds. Respondent 5 says that he enjoys the variation of people, since it supports his flexibility, and describes the experience of different group settings as follows:

*'And you just have to adjust to that. They are actually always different people and, as a result, different characters. And there are also other topics and other activities.'* (Resp5, translated)

Additionally, the place of social encounter in Kvelaer can be identified as being a mix of the two more extreme cases described before. Since it is located within the neighbourhood 'Klostergarten', the respondents living there mention that they use the activities as source for bonding capital with their neighbours (Respondent 10 and 12). However, there are also participants joining from outside the neighbourhood. In this context, Respondent 6 and 11 both confirm that they realised a stronger connection between the people living in the neighbourhood itself. However, the perceptions of these circumstances differ. Meanwhile Respondent 11 mentions that she does not have any issue with that and still feels welcome in the group, Respondent 6 describes more insecurities and feelings of exclusion. This shows that the personal characteristics of the individuals still play an important role when sharing their experiences. The two respondents living in the neighbourhood describe a stronger feeling of social cohesion, within the neighbourhood but also the group, than the two respondents joining from outside. Respondent 6 names as one reason that the inhabitants of the district have more opportunities to see each other, which leads to a strengthening of the social ties:

*'That's what I mean, that people, let's say, live there. I noticed that one of them always went there as if she had four people among her, that they went there together. Yes, yes, and the others would say: 'Listen, you didn't go to gymnastics today'. Of course I don't have that. Now, let's say, I went to gymnastics too, it would be completely different.'* (Resp6, translated)

Conclusively, it could be argued that the place of social encounter in Kvelaer supports the bonding capital between the inhabitants of the neighbourhood, as well as the connections to people not living there in form of bridging capital.

Another impact that the places of social encounter can have is based on the presence of volunteers during the activities and the role they play. Besides giving the opportunity for people at age to getting involved on a voluntary basis, whose effects were already described in [5.2.4](#), there are other positive results of this. Both, Expert 1 and 3 describe that the volunteers can become important contact persons within the group. For example, Expert 1 describes how the volunteers can support new participants to become part of the group:

*'But that we also try to sensitise the volunteers to say that when a new face comes through the door, to welcome the people in a friendly way, to introduce them to the others and to take them by the hand so that they can join the group.'* (Expert 1, translated)

Furthermore, they also get in touch with the participants themselves. Both, Expert 1 and 3 describe that if the volunteers recognise that a visitor needs support, for example regarding finances, they can connect them to specific services of the organisation that fit their needs. Since not all volunteers are people at age themselves, there is further also a mix of different target groups possible. Expert 1 talks about different experiences he made with volunteers with different backgrounds supervising an activity together, which built a strong bond and supported each other. These examples contain people of different age groups but also with different cultural identities.

## 6. Discussion

The findings, that were stated before, contribute to answering the research question addressing the impact of semi-public places of social encounter on the status of social isolation of people at age. First of all, they show the radical changes persons at age experience due to life-course transitions, such as the death of the partner or other social network members, retirement, moving to a new place, sicknesses, declining mobility, etc. These factors were also named by Coyle and Dugan (2012) when discussing the increasing risk for social isolation among elderly. Furthermore, the findings underline the difficulties of the respondents to still participate in activities or hobbies they joined before due to their ageing process. Conclusively, it is required to offer age-friendly activities and support people at age to reorientate themselves without having to give up their personal interests. The need for regular activities for elderly is also emphasised by the lack of structure that several interviewees describe. Having social activities as a regular appointment can support elderly to structure their day or week. Semi-public places of social encounter that offer social activities can therefore function as components of 'landscapes of care', which describe that practices of care are not centralised at nursing homes anymore but dispersed within cities as adaptation to the changing realities and needs of elderly (Milligan & Wiles, 2010).

As addition to the decentralisation of the care practices, A. Power and Hall (2018) emphasise the process of individualisation in the care context. The findings of this study support their description by showing the heterogeneity of people at age and their needs. Their personal interests vary, which is why the offered social activities need to be diverse as well in order to address as many elderly people as possible. Furthermore, their characters and desires are not homogenous but diverse as well. Both factors influence, which interventions are suitable for an individual and which needs are tried to be met. Furthermore, a third factor also needs to be considered, which is the active or passive coping strategy of a person, based on the distinction by Machielse (2015). The findings show that this factor influences if an individual is able to independently look for possible solutions and activities that fit the personal needs. Meanwhile some inform themselves by using different media and information channels, others need the personal contact that encourages them or shows them the possibilities they have. Therefore, people should already be supported in creating their personal coping strategy at a younger age to build up a stronger resilience. This resilience helps them to deal with transitional changes described before and contributes to preventing social isolation. However, a radical change can also force humans to reorganise themselves and establish a coping strategy, with some people at age needing more support in this process than others.

One function of semi-public places of social encounter, that could be identified, is to connect visitors with other services or activities that can help them develop their coping strategies or seek help in dealing with their problems. Therefore, people at age, who managed to organise their visit themselves or with the support of others, can get access to a network of services and activities. Furthermore, these places enable participants to create social contacts, differentiated in strong and weak ties, and social capital, differentiated in bridging and bounding capital, as described by Yarker (2019). This is, however, not only based on the creation of new social contacts, but also the possibility to meet people the participants already know on a regular basis and without having to organise the meetings themselves. Therefore, the micro-public places of social encounter do not only function as places for extending the social network, but also strengthening the already existing one. However, the respondents mention difficulties to expand the social ties they built to outside the activities. Therefore, opportunities for

communication and possibilities to find common interests should be part of the organised activities. Furthermore, the experience of the interviewees shows that some activities are more suitable for getting into contact than others. Activities that force people to talk to other participants and cooperate with each other are therefore one opportunity to strengthen the ties, which can make it easier to plan meetings besides the organised activities.

Other factors mentioning the composition of the places of social encounter themselves can be linked to the term of 'materialities' of spaces of care, introduced by E. R. Power and Williams (2019). In this context, the way the chairs and tables are set up impact to what extent the participants can get into caring relationships with the others. Furthermore, they also shape the behaviour of the visitors. When all chairs are aligned to the front, the attention is given to the people standing there. When sitting on a group table and being turned towards each other, more social interaction occurs. Furthermore, other objects being present at the place of social encounter can impact the behaviour. One example are the games that are available at one studied place, which encourage the participants to play games together and therefore socially interact with each other after the organised activity. This shows that it should be focused on how to design or composite a place of social encounter in order to support the visitors in getting socially active and interact with each other.

## 6.1 Research Implications

The findings that could be obtained with this study complement different theories that were discussed within the [Theoretical Framework](#). During the analysis, the gained insights were linked to existing research on social isolation. Therefore, the impact that places of social encounter have on socially isolated individuals can be added to the following typologies.

First of all, the typology of Newall and Menec (2019) can be named, which combines the factors of social isolation and feelings of loneliness and recognises four different types of older adults. The conducted research underlines that feelings of loneliness do play an important role in the decision-making process of visiting a place of social encounter to overcome this feeling. Within chapter [5.1.2](#), the influence of loneliness is discussed comprehensively. It can therefore be argued that especially the groups that experience feelings of loneliness find the motivation to visit a group activity at a semi-public place of social encounter in order to reduce the feeling. This contains the group of the 'Vulnerable', which experience social isolation and feelings of loneliness, and the 'Lonely in crowd', which experience loneliness without objective social isolation. However, members of the other groups can join the activities as well, but it is more likely that they follow another purpose since they do not feel unsatisfied about their level of social connectedness.

Furthermore, the study also shows that the lack of satisfaction with the existing social contacts is not the only factor that influences the ability of people at age to make the conscious decision to change their current situation. When focusing on socially isolated elderly, their orientation of actions and active or passive coping strategies, as described by Machielse (2015), needs to be included as well. As further discussed in chapter [5.2.4](#), the established theory contains the factor of active and passive coping strategies and is therefore additive to the existing theory of Machielse (2015), which distinguishes between the orientation of actions and persistence of social isolation, further differentiated in situational and structural isolation and active and passive coping strategy. Therefore, the findings of this study adapt this typology to the question of how much support is needed for people to attend a social activity at a semi-public place of social encounter. This theory can be combined with the identified risk factors for social isolation at different levels by Cotterell et al. (2018). These risk factors can cause structural isolation and influence, to what extent an individual can establish its active coping strategy. Conclusively, the findings of this study show how these factors not only increase the risk of social isolation and loneliness, but also the capacities a person at age has for overcoming their status and changing their current situation.

When focusing on the impact of semi-public places of social encounter, the theory of Yarker (2019) was discussed in chapter [2.3.2](#) of the theoretical framework, which distinguished between different kinds of social infrastructure and how these categories support the creation of bridging or bonding capital, as well as strong or weak ties. Based on the findings discussed in [5.3.3](#), it can be argued that even though all studied places of social encounter were part of the same category, the extent to which bonding or bridging capital was created differs, as well as the amount of strong or weak ties. According to the insights that could be made with this research, other factors need to be included as well for making a distinction, such as the composition of the group, group size, heterogeneity of the participants, social activities offered, etc. Even for participants of the same social activity, it can differ if more weak or strong ties are made and if these ties evoke bridging or bonding capital, dependent on if they feel like their contacts are part of the same social group or not. Participants that do not identify themselves as elderly people can have the feeling of creating bridging capital, meanwhile participants that do see

themselves as people at age build up bonding capital to other people of the same age group. One important factor is that people cannot always be categorised within one group based on some characteristics, but the own identification plays an important role in this context. Therefore, the question of creating bonding or bridging capital can differ for everyone and depends on which characteristics it is focused on, since a group of elderly people is not necessarily a homogenous group everybody feels part of. Therefore, the findings of this research claim an extension of the categorisation by Yarker (2019) by taking a more nuanced perspective.

## 6.2 Research Limitations

One limitation of the conducted research is caused by the sample that was selected for the study. To research the impacts of semi-public places of social encounter on social isolation among elderly, people at age that visit these places were chosen for conducting interviews. Based on these interviews, findings regarding the impact that the social activities and places have on the participants could be achieved. By gaining more understanding of the people that visit the social activities at these places, conclusions could be made on possible barriers and requirements that hinder others to come. However, in order to gain a deeper understanding of the elderly people not visiting places of social encounter, research is needed which focuses particularly on this group and includes them in its research approach. By doing so, more conclusions can be made on the exclusive character of the activities and places and, furthermore, the support that is needed for humans with less active coping strategies or self-motivation to join group activities. Moreover, the group of interviewees turned out to be relatively homogenous regarding different characteristics, such as nationality, family status, cultural backgrounds, etc. Even though this concurs with the surveys and observations that were conducted during the activities regarding the composition of the group of participants, it is essential to include more different perspectives in research for making it more inclusive.

Another aspect that needs to be mentioned is the language that was used during the collection of the data and the analysis. All interviews were conducted in German, which is also the first language of most interviewees. Only Respondent 1, who moved from the neighbouring country of the Netherlands to Germany, was not a Native speaker, but already studied the language for more than 50 years. For the analysis, the transcripts were first coded in German as well. Afterwards, the codes and quotes that were used for describing the findings were translated to English. Because of this translation, the meanings of some words can differ or not be accurate due to the loss of translation. Therefore, the deviation of definitions or meanings needs to be considered when focusing on the research results.

This also leads to the next factor that plays a role during the research process: the position of the researcher. Especially when conducting qualitative research, the role of the researcher needs to be reflected on as well. When collecting and analysing the data, the view and perspective of the researcher can impact the results. In this case, the researcher is not part of the group she was studying, but of a quite different age group. Therefore, she grew up in another generation and other circumstances, which can create a different view or perspective on things. Since prior experiences, assumptions and beliefs can influence the process of collecting and analysing data, different perceptions can emerge about the research topic and possible findings. Furthermore, it could be the case that some interviewees experience inhibitions when talking about age-related issues which could not be understood by a younger person. This means that the conversation during the interviews is shaped by the presence of different generations as researcher and participant.

The circumstances of the interviews itself therefore play an important role for the research findings. Even though it was focused on building trust and creating a comfortable situation for the interviewees during the research process, feelings of loneliness and social isolation are sensitive topics which can be intimidating for some people. Therefore, it could be possible that not all respondents openly shared their experiences and feelings. During the interviews, differences could be recognised regarding the willingness to share this kind of information. To respect the personal boundaries of the respondents, it was tried to not give the feeling of forcing anyone to talk about these topics. Especially during the interview with Respondent 11, who emphasised several times that she is not socially isolated, the

researcher got the impression that she did not want to be seen as being lonely or isolated. After the interview, she admitted that she does feel lonely sometimes, but she did not want this to be recorded. Therefore, it is challenging to make implications regarding the actual status of social isolation and feelings of loneliness among all interviewees.

### 6.3 Recommendations

Based on the research, different recommendations can be made regarding the practical implementation as well as further research. The study emphasises the heterogeneity of people at age and their personal interests. Conclusively, one recommendation is to offer a wider range of different activities in order to reach out to as many elderly people as possible. More individualised approaches for care practices are needed, of which the possibility to join group activities is one component. In order to offer different possibilities, the networking of different providers is one essential recommendation. By doing so, the range of activities can be coordinated for avoiding different providers to offer the same activities, which are typically seen as interesting for people at age. Furthermore, the different network partners can also exchange their experiences and views on the topic and create possible approaches or solutions together.

Besides extending the range of activities being organised and offered, another recommendation is to expand the functions of the places itself. One example is to give the people at age the opportunity to use the places for gathering outside the activities as well, as was described in some cases by the respondents, or use it as location for personal events, such as birthday parties. By doing so, the people at age get supported in maintaining and strengthening their social network and meet at an easily accessible place. Especially when they already know the place from past activities, it can be easier to schedule a meeting with other participants or social contacts compared to more private or more public places, such as their home or consumption spaces. By providing them with materials for possible common activities, such as games or tools for creative activities, they can be stimulated by common interests to spend more time together and strengthen their social bond.

Furthermore, another recommendation is to find ways for supporting people at age with more passive coping strategies in their decision-making process. Since the people of this group often do not look for information on opportunities for social interaction themselves, the information needs to reach them without them having to invest a lot of effort themselves. One possibility is to inform the inhabitants of the neighbourhoods with flyers, posters, etc. However, in many cases personal contact seems to be the most effective way for motivating people at age to visit a semi-public group activity. Therefore, possibilities of reaching seniors at the places they visit on a regular basis, such as supermarkets, shops, cemeteries, parks, etc., should be considered as well. Another option is an information point that offers information regarding different aspects that are relevant for people at age. One requirement is the creation of a network of different providers and services, as described before, which enables elderly people to get informed about a variety of possibilities they can choose from. Furthermore, they can also get support in financial or health care matters. In this context, more research is needed on the group of people at age not visiting the places of social encounter and the barriers they face. Furthermore, different ways of reaching and supporting these people should be studied and evaluated.

Additionally, other approaches for reducing social isolation among elderly should be considered in future research as well. Creating places of social encounter is only one component, which should be complemented by other components of a comprehensive strategy. Within these studies, as well as future studies on places of social encounter, different views should be considered representing the heterogeneity of elderly people to make further conclusions on which interventions work for who, in which context and how. More research is needed on the people experiencing exclusion or barriers to visit these places based on their personal backgrounds and other factors. Based on this, the services and places can be developed in a more accessible way for everyone.

## 7. Conclusion

This study focused on the influence that semi-public places of social encounter have on the status of social isolation of people at age. Since the establishment of these places is one component of current approaches addressing social isolation among elderly people, the impacts of these places were studied and analysed. Previous research indicates that especially micro-public places, which enable repetitive encounters among the visitors, can contribute to stimulating meaningful contacts (Amin, 2002; Mayblin et al., 2015; Valentine, 2013). Therefore, an attempt was made to gain insights into whether and how these micro-public places of encounter increase the social connectedness of people at age. The findings were conducted by following a qualitative case study approach, which included the methods of observations as well as semi-structured interviews as part of the field research. The aim of the data collection and analysis was to answer the following main research question: *'Which impact do semi-public places of social encounter have on the status of social isolation of elderly people within small- and medium-sized cities?'*

By analysing group activities at semi-public places of social encounter within three different small- and medium-sized cities in the Lower Rhine region, it can be concluded that the personal characteristics of an elderly person influence to what extent places of social encounter contribute to reducing social isolation. Therefore, the findings complement different theories on personal factors that expose specific groups of elderly people at a higher risk of social isolation (Cotterell et al., 2018; Grenier et al., 2022; Machielse, 2015; Weldrick & Grenier, 2018). The research shows that different aspects that increase the risk of social isolation also make it more challenging for people to change their current situation and overcome their status of social isolation themselves. Therefore, elderly people with less active coping strategies need support in developing their personal approach to deal with their circumstances and meet their needs for social connectedness. Furthermore, the accessibility of the places of social encounter play an important role to reduce the exclusion of people at age facing accumulated disadvantages based on intersectionality, which cause an increased risk for social isolation as well as barriers when trying to overcome this status (Hortulanus et al., 2009).

The results indicate that visiting places of social encounter on a regular basis and participating in activities cause effects, such as extending or strengthening the social network, experiencing social cohesion, creating bridging and bonding social capital, increasing the attachment to the place of residence, or finding a structure for the day or week. Furthermore, it supports people at age to organise regular meetings with their social contacts and stay active without having to invest a lot of effort themselves. However, since the study is based on interviews with seniors joining in social activities at semi-public places of social encounter, more research is needed that focuses on elderly that do not participate. Based on this, barriers that people face or challenges they experience can be identified and forms of support be created that help to overcome these. Furthermore, new approaches for interventions can be established by gaining deeper understanding of the different needs and desires of people at age as a heterogenous group, which forces individual care services as part of the 'landscapes of care' within cities (Carlsson et al., 2022; Milligan & Wiles, 2010; A. Power & Hall, 2018).

The conducted research represents an approach to study the effects of interventions against social isolation among elderly, which are currently developed at different political levels (BMFSFJ, 2023; Landtag NRW, 2022). Therefore, it is tried to fill a research gap that emerges based on the lack of knowledge on the impacts of different measurements, taking the establishment of places of social encounter as one example (Fakoya et al., 2020; Freedman & Nicolle, 2020; Gardiner et al., 2016; Grenier et al., 2022).

The results can be adapted to different cases as well as function as approach for studying other interventions that address social isolation among elderly people. Therefore, it contributes to the development of more age-friendly cities and societies, which will be of crucial importance in the future.

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## Appendix

### Appendix A: Survey Group Activities

#### Name Activity

Place, date

Number of participants:

##### Gender:

Female	
Male	
Divers	

##### Age:

60-64	
65-69	
70-74	
75-79	
80-84	
85-89	
90-94	
95-99	
100+	

##### Living Situation:

Alone	
With partner	
In shared apartment/house	
In facility	
Other	

##### Place of Residence:

In the surrounding neighbourhood	
In another neighbourhood of the city	
In another city, village, etc.	

##### Means of Transport

By foot/with walking aid	
By bike	
By public transport	
By car	
Other	

##### Already participated more often?

Yes	
No	

## Appendix B: Interview Guide Expert Interviews

### Preliminary Information on the Interview:

- Information about the person and the Master's thesis
- Procedure, recording and anonymisation of the interview

### Narrative-Generating Introduction

- 1) Würden Sie sich zunächst einmal vorstellen? Welche Tätigkeit haben Sie beim Caritasverband Geldern Kevelaer e.V.?  
*Would you first of all introduce yourself? What is your job at Caritasverband Geldern Kevelaer e.V.?*
- 2) Inwiefern haben Sie beruflich mit der Zielgruppe älterer Menschen zu tun?  
*To what extent are you professionally involved with the target group of older people?*

### Social Isolation Among Elderly People

- 3) Was bedeutet soziale Isolation für Sie? Wie schätzen Sie anhand Ihrer Erfahrung die Relevanz der Problematik sozialer Isolation bei alten Menschen ein?  
*What does social isolation mean to you? Based on your experience, how do you assess the relevance of the problem of social isolation among elderly people?*
- 4) Welche Faktoren beeinflussen Ihrer Meinung nach soziale Isolation und wie kann soziale Isolation gemildert werden?  
*What factors do you think influence social isolation and how can social isolation be alleviated?*
- 5) Sind Ihrer Einschätzung nach bestimmte Gruppen älterer Menschen häufiger oder stärker von sozialer Isolation betroffen? Welche Faktoren spielen hierbei eine Rolle?  
*In your opinion, are certain groups of older people more often or more strongly affected by social isolation? What factors play a role in this?*
- 6) Welche Auswirkungen hatte die Corona Pandemie auf die Problematik sozialer Isolation bei älteren Menschen?  
*What impact did the Corona pandemic have on the problem of social isolation among older people?*

### Social Activities at Places of Social Encounter

- 7) Welche Angebote bieten Sie für die Zielgruppe sozial isolierter älterer Menschen an? An welchen Orten finden diese Angebote statt?  
*What services do you offer for the target group of socially isolated older people? Where do these services take place?*
- 8) Inwiefern sollen diese Angebote dazu beitragen, soziale Isolation zu reduzieren bzw. vorzubeugen?  
*To what extent should these services contribute to reducing or preventing social isolation?*
- 9) Worauf achten Sie bei der Konzeption dieser Angebote? Inwiefern sind diese kosten- und barrierefrei?  
*What do you consider when designing these services? To what extent are they free of charge and barrier-free?*
- 10) Inwiefern ist die Zielgruppe bei der Konzeption dieser Angebote involviert?  
*To what extent is the target group involved in the conception of these offers?*

- 11) Wie erreichen Sie Ihre Zielgruppe mit Ihren Angeboten? Wen erreichen Sie nicht? Wie gehen Sie damit um?  
*How do you reach your target group with your offers? Who are you not reaching? How do you deal with this?*
- 12) Nehmen Sie Barrieren wahr, die bestimmte Personen davon abhalten oder es diesen Personen erschweren, an diesen Angeboten teilzunehmen? Wie gehen Sie damit um?  
*Do you perceive barriers that prevent or make it difficult for certain people to participate in these services? How do you deal with them?*
- 13) Welche Rollen nehmen die ehrenamtlichen Mitarbeiter\*innen und Betreuer\*innen während der Angebote ein?  
*What are the roles of the volunteers and facilitators during the services?*
- 14) Kommt es während der Angebote zu Konflikten oder Spannungen zwischen verschiedenen Nutzungsgruppen und deren Bedürfnissen?  
*Are there conflicts or tensions between different user groups and their needs during the activities?*

#### **Closure**

- 15) Wo sehen Sie noch Versorgungslücken oder Potential für das Entwickeln neuer Angebote? Welche neuen Angebote braucht es und welche Ressourcen sind dafür notwendig?  
*Where do you still see gaps in provision or potential for developing new services? What new services are needed and what resources are required?*
- 16) Inwiefern sehen Sie auch andere Stakeholder in der Verantwortung (bsp. Angehörige, Kommune, andere Anbieter, etc.)? Wie kann das von Ihnen bestehende Angebot durch diese ergänzt werden?  
*To what extent do you see other stakeholders as responsible (e.g. relatives, municipality, other providers, etc.)? How can your existing offer be complemented by them?*

## Appendix C: Interview Guide Participants

### Preliminary Information on the Interview:

- Information about the person and the Master's thesis
- Procedure, recording and anonymisation of the interview

### Personal Background

- 1) Können Sie sich zunächst einmal vorstellen? (Alter, Wohnort, berufliche Tätigkeit, etc.)  
*Would you first of all introduce yourself? (age, place of residence, occupation, etc.)*
- 2) Können Sie mir etwas zu Ihrer persönlichen Situation erzählen? (Wohnsituation, Familie, Verbundenheit zum Wohnort, Gesundheitszustand, Mobilität, etc.)  
*Can you tell me something about your personal situation? (living situation, family, connection to the place of residence, state of health, mobility, etc.)*

### Social Activities at Places of Social Encounter

- 3) Welche (Gruppen-)Angebote nehmen Sie wahr? Wo finden diese statt?  
*Which (group) activities do you take part in? Where do they take place?*
- 4) Wie häufig nehmen Sie an diesen teil? Wie gelangen Sie dorthin (zu Fuß/ÖPNV/Auto/etc.)?  
*How often do you attend them? How do you get there (by foot/public transport/car/etc.)?*
- 5) Wie haben Sie von den Angeboten erfahren? Wie kam es zu der Entscheidung, dorthin zu gehen? Was ist Ihre Motivation, diese aufzusuchen?  
*How did you find out about the offers? How did the decision to go there come about? What is your motivation for going there?*
- 6) Haben Sie vor der Entscheidung bzw. während des Aufenthalts vor Ort Schwierigkeiten oder Herausforderungen erlebt? Hatten Sie Bedenken? Wenn ja, wie sind Sie damit umgegangen?  
*Did you experience any difficulties or challenges before making the decision or during your stay on site? Did you have any concerns? If so, how did you deal with them?*

### Social Isolation and Feelings of Loneliness

- 7) Wie häufig haben Sie Kontakt mit anderen Personen, z.B. Familie oder Freund\*innen?  
(Wenn Sie nicht alleine wohnen: Welche dieser Personen zählen zu Ihrem Haushalt?)  
*How often do you have contact with other people, e.g. family or friends?  
(If you do not live alone: Which of these people are part of your household?)*
- 8) Welche sind Ihre engsten sozialen Kontakte? Mit wem würden Sie persönliche Angelegenheiten besprechen, wen würden Sie im Falle einer Notsituation kontaktieren?  
*What are your closest social contacts? With whom would you discuss personal matters, whom would you contact in case of an emergency situation?*
- 9) Wie vernetzt fühlen Sie sich innerhalb Ihrer Wohngegend? Engagieren Sie sich innerhalb Ihrer Nachbarschaft/Gemeinde?  
*How connected do you feel within your neighbourhood? Are you involved within activities of your neighbourhood/community?*

- 10) Wie zufrieden sind Sie mit Ihrer aktuellen Anzahl an sozialen Kontakten? Haben bestimmte Umstände oder Ereignisse Ihre Situation beeinflusst (z.B. Corona, persönliche Erlebnisse)

*How satisfied are you with your current number of social contacts? Have certain circumstances or events influenced your situation (e.g. Corona, personal experiences)?*

- 11) Fühlen Sie sich manchmal einsam? Wenn ja, in welchen Situationen?

*Do you sometimes feel lonely? If so, in which situations?*

- 12) Inwiefern versuchen Sie, diesem Gefühl entgegenzuwirken? Welche Orte suchen Sie auf?

*In what way do you try to counteract this feeling? What places do you go to?*

### **Impact of Social Activities**

- 13) Inwiefern haben die verschiedenen (Gruppen-)Angebote, an denen Sie teilnehmen, Einfluss auf Ihr Empfinden der sozialen Verbundenheit?

*To what extent do the different (group) activities you participate in influence your sense of social connectedness?*

- 14) Mit wem haben Sie vor Ort Kontakt? Haben Sie neue Menschen kennengelernt? Inwiefern haben Sie mit diesen Menschen auch in anderen Kontexten Kontakt? Welchen Einfluss hat die Teilnahme auf bestehende Kontakte?

*Who do you have contact with on site? Have you met new people? To what extent do you have contact with these people in other contexts? What influence does the participation have on existing contacts?*

- 15) Welche Bedeutung haben die Angebote für Sie? Inwiefern haben diese Ihren Bezug zu Ihrer Wohngegend verändert?

*What is the significance of the offers for you? To what extent have they changed your relationship to your neighbourhood?*

### **Closure**

- 16) Wie würden Sie die bestehenden Angebote abschließend bewerten? Haben Sie Verbesserungsvorschläge, Anregungen, etc.?

*How would you evaluate the existing offers? Do you have any suggestions for improvement?*

- 17) Möchten Sie noch etwas ergänzen, das noch nicht gesagt wurde?

*Is there anything else you would like to add that has not yet been said?*