The changing role of the day centre for older people in addressing loneliness: a participatory action research study

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Abstract

Amid global interest in a ‘loneliness epidemic’ narrative, a fixation on the health consequences of loneliness in old age and the effectiveness of interventions in reducing the experience has emerged. Despite this, a lack of appreciation and chronic defunding of day centres, services that may serve the very purpose of addressing loneliness, has also ensued. Instead, controlled and standardised interventions have been favoured. With increases in ageism and loneliness reported since the onset of the COVID-19 pandemic however, the suitability of such interventions and the context of loneliness itself may have changed. To investigate the potentially significant contribution day centres may play in addressing loneliness, this study will present an intimate and detailed understanding of their role.

In collaboration with an adult day centre in the North-East of England, a Participatory Action Research (PAR) study commenced in September 2020 in an attempt to understand the nature of the day centre in the lives of older people, and their experiences of loneliness in this context. Led by the voices of seventeen older co-researchers, telephone questionnaires, semi-structured interviews, focus groups, walking methods, photovoice and life story work were carried out, alternating between face-to-face and telephone contact across a sixteen-month period.

A story of the collective emerged that demonstrates both the value of a PAR approach to loneliness-based research with older adults and the methodological adaptations needed to better empower older people to participate as co-researchers. This led to a reconceptualisation of loneliness that challenges the individual pathology narrative inherent within existing theorisations, to look beyond medicalisation and toward a more contextual, and inherently relational, understanding that allows for the negotiation of loneliness. The community loneliness experience and framework, respectively, capture the nature of the feeling of loneliness, and how it manifests in one’s community through the configuration of social capital and social ties, social and spatial conditions and processes. In moving towards a contextualised understanding of loneliness, this thesis calls for the reframing of day centres as sites for relational practice, and the need for social work practitioners to assume a more central role in identifying and addressing loneliness experienced by older people.

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Declaration

I confirm that no part of the material presented in this thesis has been previously submitted for a degree in this or any other university. In all cases, where it is relevant, material from the work of other has been acknowledged appropriately. The contents of this thesis are produced solely for the qualification of Doctor of Philosophy at Durham University and consist of the author's original contributions with appropriate recognition of any references indicated throughout.

Statement of Copyright

Signed: 

Date: 30/03/23

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Preface

I had wanted to explore this topic since my practice placement in adult social care, when I began working with an older woman, whose life, and engagement with social services, was dictated entirely by the loneliness she felt. She had repeatedly been let down by the professional and personal relationships in her life, but this all changed following her admission to a local day centre. This service became the centre of her social world and enriched her life in ways that were not initially clear to me but were to her. I sought to understand these intricacies through research, but the impact of the pandemic changed the context, capacity and nature of this research aim. Whilst this research coincided with the permanent closure of the Greater Walker Community Trust, it is not a story of failure. It is a story of hope and a reminder of what is possible when services truly reflect the needs and wishes of their communities. Of course, their time as a day centre came to an end during this participatory action research journey, and we muddled through a very challenging phase of reflection and consolidation. Rather than a story of change and service expansion, this thesis is the story of GWCT and what it meant to their community, many of whom are no longer with us. These people mattered. Their loneliness mattered. Their stories mattered.

This thesis is dedicated to the Greater Walker Community Trust.

Loneliness and the day centre

‘We must stop talking about loneliness as a clearly defined entity; it is fluid and spills over into other areas of health and wellbeing. It mutates even across the biography of a single person. It can be fleeting or chronic. It can be linked to isolation as well as sociability. And despite differences in what is needed or valued, the search for meaningful connection is universal.’

(Bound Alberti, 2019: 238)

1.1 Research focus

Loneliness is often termed a public health crisis or epidemic (Department for Digital Culture, Media and Sport, 2018) experienced subjectively as a perceived lack of desired social relations (Weiss, 1973; Peplau & Perlman, 1982; de Jong Gierveld, 1987; Andersson, 1998). Its public health crisis label is attributed largely to its status as a negative and distressing experience which places individuals at greater risk of developing illnesses such as cardiovascular disease, depression, dementia, and stroke (Victor et al., 2000; Courtin & Knapp, 2015; Cotterell et al., 2018). So much so that United Kingdom (UK) government called for an increase in academic research investigating loneliness and effective interventions through ‘a connected society: a strategy for tackling loneliness’, their first major contribution to the national conversation on loneliness (DCMS, 2018) and which incidentally aided the conception of this research idea. At this time, despite placing onus on local authorities to ‘commission services and provide holistic health approaches through…provisioning community space’ (DCMS, 2018: 15), day centres for older people were not included in the list of possible services to endorse, and nor are they today. While day centres have a range of meaningful roles in the lives of individuals and care systems, including enhancing older adults’ social contacts and quality of life (Orellana et al., 2020a), austerity measures resulted in a 41% drop-in adult day centres between 2010 and 2018 in England with 428 centres estimated to have been closed in this period (ITV News, 2018). COVID-19 and the rising cost of living crisis has only intensified the decommissioning of services and closures due to lack of funding, as services and local authorities have been forced to review and restructure available resources (Giebel et al., 2021; Green et al., 2021). While national data on

day centres is limited, there is a worrying trend emerging as other local authorities in England have been forced to decommission day centres, especially those less specialised services (Derbyshire Live, 2022). Newcastle City Council in particular was forced to reduce spending by up to £283 million in 2020 (NCC, 2018) and intends to cut £3.24m from adult social care services by remodelling care assessments (Local Democracy Reporting Service, 2022).

It was during this challenging period I first laid the foundations of this thesis. Witnessing first-hand the impact loneliness had on the lives of lonely older people whilst working in social care, and how central a role the day centre could play in their lives, I assumed this research, born out of the expressed wishes of day centre members, could simply demonstrate the effectiveness of day centres in reducing the loneliness of older clients and therefore make a case for their status as an intervention. With a Participatory Action Research (PAR) design though, a collaborative and transformative journey ensued to explore and capture the understandings and experiences of my co-researchers to advance well beyond my anticipated learnings. Through a combination of participatory, critical, and creative methodologies, this thesis examines the role of the day centre and loneliness in old age according to the lived experiences of older adults. Bringing new perspectives and insights on the topic that expand well beyond my initial preconceptions, this thesis follows *our* PAR journey through my words to recall and examine the significant learnings, reflections and action(s) that came as a result.

The Coronavirus disease (COVID-19) pandemic, while unforeseen at the commencement of this project in September 2019, irrevocably changed the course of this research and the lives of my co-researchers. From January 31st, 2020, when the first case of COVID-19 was confirmed in the UK (Rothan & Byrareddy, 2020), the World Health Organization (WHO) announced a Public Health Emergency of International Concern. The UK implemented a 'lockdown' commencing 23rd March 2020 wherein a considerable reduction (and in some cases a complete absence) of physical social contact was recorded. People over the age of 70 were considered high-risk of becoming critically ill due to COVID-19's long incubation period, ease of transmission, high mortality rate, and lack of pharmacological interventions (at the time) and were subsequently asked to self-isolate, preventing them from accessing any community services, including day centres (Rothan & Byrareddy, 2020; Shereen et al., 2020). While the acute phase of lockdown gradually loosened in line with

decreasing cases of COVID-19, periods of physical social distancing were intermittently enforced with new waves of transmission, shaping the trajectory of this research.

1.2 Collaborative partner

Prior to the outbreak of COVID-19, the collaborative partner, Greater Walker Community Trust (GWCT) ran a non-specialist day centre for older women and men living in the east end of Newcastle-upon-Tyne. They aimed to provide care and support to vulnerable adults; and address social isolation, loneliness and poverty arising from unemployment and low skills in their local area. On a Monday, the women's group provided a relaxed atmosphere to chat with friends whilst the men's group on a Tuesday and Friday involved more formalised support and engagement with staff, with day services stretched across the whole day (10am – 3pm) and transport provided for clients. On a Wednesday and Thursday, GWCT also ran outreach groups for older people living in local sheltered housing, bringing activities to their homes as well as a supported shopping trip that included a café visit. This support, and their limited access to funds often received attention from local news outlets (appendix 1). Unfortunately, from the commencement of the project, the day centre ceased to provide these services, in line with government advice and restrictions. Instead, they worked to re-design their services and delivered provisions to the homes of their attendees and other community members in need of support. To continue delivering a form of social support, staff members made telephone contact with each attendee twice a week. It was thought these modifications would be temporary, with findings from this study able to inform any necessary long-term changes. However, the realities of the pandemic and chronic under-funding and under-appreciation of the day centre service, as will later be reflected upon, meant GWCT had to formally and permanently close down in September 2021, changing the nature of this research but more importantly the lives of those involved in it. It is for this reason GWCT remains un-anonymised in this thesis, as co-researchers and the manager sought the commemoration of the service.

1.3 Loneliness studies and related epistemology

The research area of loneliness, while rich and multi-disciplinary, is largely quantitative (Cattan & White, 1998; Findlay, 2003; Cattan et al., 2005; Dickens et al.,

2011; Hagan et al., 2014; Cohen-Mansfield & Perach, 2015), relying on variations of loneliness scales (de Jong-Gierveld, 1987; DCMS, 2018) that offer limited response options. While qualitative research is also available, literature focussed on loneliness from the perspective of older persons themselves is sparse and even less so in relation to loneliness and day centres. To my knowledge, very few loneliness studies have applied a PAR approach. The application here to old age and the context of the day centre service is entirely novel. The study detailed here was designed to address the context of increased economic uncertainty, disconnection and ageism in which loneliness now exists for older people. Particular attention will be paid to the potential loneliness that has occurred as a result, generating nuanced insight into a community's experience and response to public emergencies such as COVID-19.

This study will also offer a timely investigation into the changing function of the day centre as a service model, providing a new basis for governments and policy makers to shape the role day centres might assume in a reimagined future, where loneliness is instead addressed through what we value. Despite their longstanding presence in the adult social care landscape in England, the national data on day centres remains extremely limited. Developing a deeper understanding of older individuals' experiences of loneliness during and before the pandemic will support other day centre services to navigate their future role in the field of loneliness and to consider whether identifying as an intervention is meaningful. Fundamentally, rather than studying older persons as participants, this project will work collaboratively with the GWCT community to develop new understandings by listening to the voices of older people and challenging existing frameworks as outlined in chapter two. To do so, it is first necessary to define and detail those terms that will be continually referenced throughout this thesis, of which all have been agreed with the research team, the process of which will be discussed in the third chapter.

1.3.1 Older people

The term 'older people' is defined differently depending on context. In a global context for example, the WHO defined an older adult as 'a person whose age has passed the median life expectancy at birth' (WHO, 2015: 230). In a gerontological context however, older people are often divided into three subgroups in recognition of the diversity that exists within such a wide age group: young old, middle old, oldest-old (von Humboldt & Leal, 2014). That said, for the purpose of this study, the

term ‘older people’ and ‘older persons’ will be used intermittently to encompass a range of young, middle and oldest-old persons, as was the expressed wish of the collaborative partner. The term may reference any age from 50 upwards therefore, which falls within the remit of the UK Department of Work and Pensions’ (2017) definition of ‘older’, although I acknowledge in the UK context especially, 65 years of age is still associated with access to State Pension despite no longer being the official retirement age (ONS, 2019). Older people who attend day centres will be referred to as attendees or members rather than service users, again as preferred by the members themselves.

1.3.2 Loneliness

Loneliness refers to the subjective need for secure and meaningful social relations (Weiss, 1973) and has a range of associated theoretical frameworks as will be discussed in more detail in chapters two and seven. Though interconnected, the terms loneliness and social isolation are distinct. Social isolation refers to the objective state of being without social contact and is not necessarily a negative experience, while loneliness more often results in feelings of distress and detachment. Different dimensions of loneliness exist, namely, emotional loneliness which refers to a lack of an attachment figure, social loneliness which occurs as a result of the absence of an acceptable social network that provides belonging (Weiss, 1973), collective loneliness which refers to the lack of connection to a social group (Hawkley et al., 2012; Cacioppo et al., 2015) and existential loneliness which refers to the feeling of broader separation and emptiness related to the nature of existence (Larsson et al., 2017; Bolmsjö et al., 2019). This study recognises and engages with these dimensions to an extent, but ultimately seeks to advance and challenge these boundaries, where appropriate, to meaningfully capture co-researcher’s experiences of loneliness in whatever manner they deem most appropriate.

1.3.3 Day centre

The term ‘day centre’ traditionally refers to an organisation that provides a combination of recreational and health-based services, differing in size, funding, purpose, and target clientele (Orellana et al., 2020a). The term falls within the context of Day Care services, which in the UK, remains aptly defined by Tester

(2001) as a service that 'offers communal care, with paid or voluntary care givers present in a setting outside the user's own home… for at least 4 hours during the day and return home on the same day' (p. 37). Transport to and from the service is not expected but often internally arranged, and any service exceeding 4 hours requires food provision to be offered to attendees (Tester, 2001). While they have maintained a role in social care since the establishment of the National Assistance Act 1948 (HM Government, 1948), day services vary significantly in their admission criteria and ownership (Green et al., 2021). The collaborative partner of this project identifies as a generalist day centre, as it offers support to community-dwelling older adults rather than specialising, for example in the care of people with dementia or palliative care. The day centre is comprised of a manager, an individual employed to provide organisation to manage a day centre's day-to-day operation, and paid staff and unpaid volunteers who work directly with clients during a day centre's working hours.

1.4 Aims and research questions

This study aims to explore older persons' experiences of loneliness and the role of the day centre as expressed and guided by those with lived experience of the phenomenon. Undertaken in the context of COVID-19, our choices and actions were inevitably shaped and reshaped by the ever-changing circumstances. While this had significant implications for the methodology of the study, the research aims remained less interchangeable and were instead agreed upon at the commencement of the project with the involvement of co-researchers, and smaller adjustments were made as necessary. That said, I would also note that these choices and actions were inevitably shaped by a largely white heteronormative perspective, the consequences of which will be reflected upon in chapter seven.

The first research question asks **how do older women and men understand and experience 'loneliness' in the context of day centres?**

Through this question I have explored day centre members understandings and experiences of loneliness to conceptualise a novel term, community loneliness, that better situates their very personal histories and emotions into a more specific social and political context, a process that has significant implications for an ageing society.

The separation of men from women was requested by clients and carers to reflect the gendered services provided by the day centre and their respective chosen performances of gender. Making space to 'understand' what it means to experience loneliness was also important as pre-existing definitions appeared to set boundaries around co-researchers' feelings and risked reinforcing ageist stereotypes and/or assumed a solely negative framing of the experience. Instead, by questioning how loneliness was being understood and experienced by this group of people, we hoped to expand the narrative beyond what is already known, toward a more nuanced and inclusive definition.

My second research question focuses on **how do older women and men consider the role of day centres in their lives?**

Through this question I have embraced the changing context of the pandemic and the subjectivity of the human experience generally, to consider what role the day centre assumes in the lives of its members and the nature of this relationship. This question has a specific set of objectives to highlight the differences between experiences and develop conceptualisations that extend beyond the realm of service development. These include, **to explore differences between older women and men's experiences of day centre services** and **to develop recommendations for policy regarding how to combat loneliness experienced by older persons.**

The final research question originally queried **how can day centres best shape their service provision to address experiences of loneliness?** This drew heavily on my existing relationship with the collaborative partner and assumed that the action element of the PAR would be catered toward service enhancement. With the onset of COVID-19 however, this changed to **how can the day centre enhance services to support recruitment and retention of day centre clientele?** This came from a position of concern for the day centre's longevity in the post-COVID world as a significant number of members had passed away and the service was unable to enrol new clients while the day service was shut. However, as we collectively came to accept the fate of the day centre, we returned once more to the initial question to focus more on commemorating members' time there, whilst still

drawing out and analysing those aspects of the service that worked to bring connected meaning into their lives and address feelings of loneliness.

1.5 Overview and structure of thesis

This thesis is organised into eight chapters that cover three different phases of the research journey. These phases shape the different sections of the thesis. The first three chapters introduce and lay the foundations for the study, outlining what is already known and how we know it, research gaps and justification for the methodological approach taken. These sections were heavily influenced by the setting up of the research and reflect a period of challenging uncertainty and consideration, where the future of the day centre was unclear, as was the future of the pandemic. The next phase was instead a period of ongoing change, in government guidelines, the reconfiguration of day centre services and changes in research methods. The sections presented here reflect such processes and include the key findings of the research which were collated during this phase of action. The final phase is comprised of two sections on the analysis and discussion, and a consolidation of the research process and identification of implications for future practice, policy and research. These sections were shaped by the clarity and acceptance present in this phase, as the fate of the day centre became clearer. Co-researchers were given the space to consolidate their feelings and collectively draw conclusions from our journey.

The chapters of this thesis are structured to reflect our collective story of PAR not chronologically but cyclically, guided by our reflections and actions to detail our learnings. The seventeen co-researchers who participated in this study did so in a range of different ways, for different periods of time and ultimately had very different research experiences over the sixteen-month period of fieldwork. To acknowledge and embrace this complexity, the findings presented and discussed in this thesis are largely done so with a collectivist lens, with individual stories or subgroups of members drawn upon where necessary. Each chapter's content and significance will now be outlined.

This *Introductory Chapter* has provided a brief rationale behind the thesis, an overview of the changing context and the research gap which prompted its creation. The aims, objectives and research questions of the study have also been outlined,

with included definitions explained. The remainder of this thesis is structured as follows:

Chapter Two provides more detail of the background context of the study (Noone & Yang, 2022) and also sets out the theoretical perspectives underpinning the research. By outlining the existing literature and debates relevant to the separate areas of loneliness research, critical social gerontology, and day centres, this chapter exposes the limits to our understanding, providing a background context for co-researchers' experiences to be understood and examined in later chapters. It also interlinks Schatzki's (1996; 2011) framing of site and social practices with other dominant theoretical frameworks, for the first time, to introduce my own theoretical position. Presenting a narrative review of the areas of the research to be explored, the chapter details what is already known about the research topic, and the ways in which such research has been carried out. Importantly, it lays out an argument for the appropriateness of a PAR approach to understanding loneliness in old age (to be explicitly discussed in chapter three) and outlines the need to bring together otherwise separate areas of research.

Chapter Three offers a discussion of the study's methodological approach, its epistemological framework, and the methods used. By first justifying the need for a participatory approach and introducing critical realism, I outline those factors (physical conditions, materiality, and temporality) key to my epistemological positioning, and the participatory paradigm in which this research sits. Interwoven in the details behind methodological decisions and commitments – including ethical principles, ethos, reflexivity, power, and cyclical processes- are points of reflection, which consider the particular ethical and practical challenges present in those individual methodological decisions and developments. Each of the employed and adapted methods are similarly discussed, as is the collaborative analysis undertaken, bringing together an otherwise fragmented collective story. This chapter demonstrates the novel PAR approach employed to the study of loneliness in old age in the context of day centre services, the details of which have major implications for engaging older people in participatory research and expanding those research practices typically used in the areas of loneliness and ageing. The unusual progress of this PAR study is also significant for advancing overall knowledge of

PAR with hard-to-reach groups and/or during challenging periods, which is discussed in further detail in chapter seven.

Chapter Four presents the first of three findings chapters, on 'community loneliness' and the site of the day centre. Drawing on data from across the project, this chapter focusses on the personal experiences of loneliness as reported by co-researchers. Schatzki's conceptualisations of social practices and the site guide the presentation of these findings. The chapter outlines what loneliness is to my co-researchers, and how the day centre worked to address these feelings. This chapter introduces and details the three components of an entirely novel dimension of loneliness, which challenges the individualistic boundaries of existing conceptualisations and outlines the way in which the site recognises and responds to the experience. Introducing the experience of community loneliness, I outline three separate components of i) the failed promise of the good life, ii) a lack of understanding, and iii) destructively risk-averse behaviour to illustrate what the experience *feels* like. Each of these aspects are bound together by an overall sense of disconnect as the needs of community members were not felt to be heard or valued. Exploring this further, the chapter then considers the dynamic nature of the experience, outlining those practices where loneliness is felt more intensely. Finally, the relational approach of the site is considered in light of its ability to respond to community loneliness, composed of three steps: (i) to compassionately identify an individual's preferences and histories; (ii) to understand these preferences with the input of clients; and (iii) to enact these practices continuously.

Chapter Five presents the second finding, the relational practice of negotiation to address feelings of loneliness. The presentation of negotiation as a response to loneliness is a radical and novel shift away from individualised interventions and instead posits the response to loneliness in a relational, community-based approach wherein the process is anticipated to be non-linear and continuous. The chapter firstly outlines the stages comprising negotiation as i) connection, ii) reflection, and iii) iteration. Negotiation is then considered in light of social capital where instances of successful and unsuccessful negotiations are explored. The concept of social capital is reflected upon to consider the components of an (un)successful negotiation process, indicating that those members with less social capital were more dependent on staff to support negotiation processes. The role of the day centre in establishing networks of negotiation is then considered and categorised into i) person-led, not

person centred, ii) demonstrating care and iii) encouraging participation. Finally, the site of the day centre is characterised into distinguishable aspects of the nurturing, relational environment designed to i) minimise toxic conditions, ii) teach pro-social behaviour, iii) monitor and limit problem behaviour and iv) foster flexibility. This chapter introduces the relational practice of negotiation to the context of the day centre and loneliness in old age for the first time, detailing an innovative perspective of the role of the day centre in addressing loneliness.

Chapter Six presents the novel conceptualisation of the community loneliness framework, which draws together previous findings to detail how community services might similarly address loneliness. Building on the concepts aforementioned, this chapter outlines a framework to identify and contextualise the role of the day centre in relation to community loneliness and negotiation practices. Developed in collaboration with co-researchers, three contextual factors that shape the experience of community loneliness are reviewed in relation to i) the configuration of social ties and social capital, ii) social and spatial conditions and iii) processes. A further three types of social ties are identified as i) strong ii) weak and iii) aversive, outlining the extent of misconceptions and social pressures surrounding the quantity and quality of ties. Social and spatial conditions are then considered in light of gendered gossiping practices and table hierarchies, evidencing the value of reclaiming and reconstituting meaningful social practices while still allowing for unpredictability. Finally, processes are explored to consider aspects of change, the neoliberal agenda, and their interwoven relationship, highlighting the non-linear nature of progress. Combining these contextual factors, the community loneliness framework is presented as a reason for and opportunity to address the experience of community loneliness.

Each of the findings are then revisited in *Chapter Seven*, which provides an analytical discussion of the different contributions offered by this thesis, organised into theoretical, practical, and methodological sections. First the theoretical implications of community loneliness are discussed in relation to existing conceptualisations, emphasising in particular the limits of individualised models through a challenge to their medicalisation, pathologisation and individualised responsibility. The empirical contribution looks more closely at the type of data collected to outline its distinction and importance for loneliness theory and interventions, reflecting on the promise of social prescribing, and the continuous

impact of austerity. The final methodological contributions look more closely at the journey of PAR as a whole to detail the major learnings for future gerontological PAR studies, suiting methods to the individual, rethinking ownership and striving for whole-person participation. By analysing each of these contributions with reference to existing literature and policy, this chapter provides the foundation for the research, policy and practice recommendations outlined in the following chapter.

Finally, *Chapter Eight* brings the thesis to a close firstly through a summary of the research, followed by reflections on the findings. Answers to the research questions are then explicitly stated before detailing the study's strengths and limitations. Returning once more to the practical and ethical challenges posed by this research, the chapter then outlines a range of policy, practice and future research recommendations before reflecting on the PAR journey as a whole and considering its impact on the lives of my co-researchers.

Loneliness in the context of ageing and ageism: theories and responses

‘Because it is a real phenomenon, loneliness can be described but not really defined.’

(Stokes, 1987: 59)

In this chapter I will review the literature of loneliness in the context of old age, firstly by outlining the definitions and their impact, and the contributing risk factors before considering the ways in which this topic area is framed in the literature, pertaining to i) disciplinary concerns, ii) resource distribution, iii) policy concerns and iv) theoretical approaches. I will then present my own theoretical approach before considering its relevance to the context of ageism and the lives of older people. Responses to loneliness will then be discussed, firstly in relation to social policy, neoliberalism, and the nature of loneliness interventions before explicitly considering the day centre literature, including attendees’ perceptions, and the relevance of social prescribing and the COVID-19 pandemic. This chapter offers a narrative review of the literature to outline the necessary direction and background context for my co-researchers’ experiences to be understood and examined in later chapters.

2.1 Definitions and their consequences

Loneliness is a long-recognised phenomenon, with its frequented use recorded from the nineteenth century onwards (Bound Alberti, 2019). It has only been empirically investigated however, over the past five decades (Ernst & Cacioppo, 1999; Stein & Tuval-Mashiach, 2015), pioneered by Robert Weiss’s (1973) seminal work which distinguished the concept from social isolation. Weiss (1973) termed the experience ‘perceived social isolation’ to reference the subjective need for secure and meaningful social relations. This was and still is an important distinction to make, as while social isolation is characterised as an objective measure related to quantity and frequency of social contacts, loneliness is seen as a subjective phenomenon linked with people’s perceptions about the quality of their relationships (Perlman & Peplau, 1984). Empirical research often lacks definitional clarity in this objective vs subjective divide (Moyle et al., 2011; Morgan & Burholt, 2020a) and while formal

definitions of loneliness vary significantly, the distinction between social and emotional components are widely accepted to articulate our human need for connection (Badcock et al., 2023). Indeed, the social and emotional dimensions of loneliness are the most widely used in the literature, with the former related to a lack of broader network of social relations, and the later to a lack of an intimate, close, or emotional relationship (Weiss, 1973).

As highlighted by Morgan and Burholt (2020a), much of the early work on loneliness had its origins in positivism, and subsequently sought to observe, measure and quantify the experience through the use of proxies like unmet social needs, network function and the frequency of social contact. Even with those less well-known loneliness dimensions, such as the collective, and existential dimensions, there remains a hyper-focus on the individual. Indeed, collective loneliness relates to the lack of connection to a network or group social identity, emphasising an individuals need for connection with a group (Cacioppo et al., 2015), and existential loneliness encompasses a broader separation related to the nature of existence (Larsson et al., 2019). While practical for categorising subjective feelings, these distinctions, along with the social and emotional dimensions, share an individualised perspective of loneliness. As such, we understand that loneliness compromises quality of life and is associated with increased health service use (Geller et al., 1999; Victor et al., 2006) but we know little about how it *feels* to be lonely as both an individual and collective group and why our embodied feelings might differ so significantly as we age.

Loneliness is understood to be detrimental to an individual's physical and mental wellbeing and is linked with illnesses such as coronary heart disease, stroke, Alzheimer's disease and is understood to be as damaging to health as smoking 15 cigarettes a day, a statistic often used in public and policy domains to instigate an emotional response (Age UK Oxfordshire, 2011; Holt-Lunstad et al., 2015; DCMS, 2018). Loneliness is also understood to contribute to alcohol abuse (Åkerlind & Hörnquist, 1992) and increased suicide risk (Calati et al., 2019). In later life especially, loneliness is also an independent risk factor for depression, associated with early mortality for those with severe depression (Holwerda et al., 2016; Courtin & Knapp, 2017). Much of this understanding comes from cross-sectional empirical studies that treat loneliness as a state at a single point in time (Morgan & Burholt,

2020a) and feeds into framings of loneliness that over-problematise the experience and evade the essence of the feeling (Malli et al., 2023).

Age is a social construction, and understandings of what constitutes 'old age' depends on the individual; at what stage they are at in their own lives, their cultural beliefs, and values (Giles & Reid, 2005; Levy & Macdonald, 2016). How older adults view ageing, however, has huge implications on their quality of life, health and mental wellbeing, and these impact feelings of loneliness (Wurm et al., 2007; Levy, 2009; Levy et al., 2015). Those who acknowledge and believe in ageist stereotypes for example, are understood to feel as though they have no control over what they term age-related health problems, resulting in a lack of willingness to engage in preventative health services or behaviours, placing them at increased risk of loneliness (Victor & Bowling, 2012; Sargent-Cox & Anstey, 2015). Those who internalise stereotypes of ageing are also more likely to have poorer memory function and to experience anxiety, suicidal ideation, and post-traumatic stress disorder (Horton et al., 2008; Levy et al., 2014). Conversely, those who engage in positive views of ageing, normally integrated in bigger social networks, report higher engagement in social activity which subsequently increases their sense of responsibility and belonging (Stevens, 1993; Ranzijn et al., 1998). Productive engagement is an identified protective factor against loneliness (Gardiner et al., 2016), suggesting that 'positive' ageing is interlinked with loneliness prevention. In the field of loneliness research though, age is treated as a risk factor for loneliness (Centre for Ageing Better, 2017), with many factors associated with ageing understood to perpetuate the experience of loneliness (Hwang et al., 2019).

2.2 Contributing risk factors

By 2050 one in five people are forecast to be over 60 and one in three by 2150 (Thomopoulou et al., 2010). These significantly changing demographics mean that the adverse effects of loneliness, which are more likely to have severely negative consequences in old age (Holwerda et al., 2016; Courtin & Knapp, 2017), will continue to have huge implications for future generations. Despite this pressing need, our approach to study loneliness in old age has changed little over the past two decades, as has our assumed correlation between old age and increased risk of loneliness as older people are termed high risk as a result of poor health, widowhood, and being more likely to live alone (Victor & Bowling, 2012). Indeed,

50% of individuals aged over 60 are at risk of social isolation and one-third are anticipated to experience some degree of loneliness later in life (Fakoya et al., 2020), but there is distortion in this narrative across the wider literature.

While the NHS (2022) website reports that older people are 'especially vulnerable to loneliness', quantitative research instead attributes higher concern for loneliness amongst younger adults, with reductions in anxieties thought to increase with age (Hagan et al., 2020). Dahlberg, Agahi and Lennartsson (2018) also found that there was no increase in loneliness among older people over the period 1992–2014 and it was instead a continuous problem. More recently, the 'tackling loneliness evidence review' report (DCMS, 2022a) identified younger people (aged 16-24) as the loneliest age group and called for more longitudinal research to study loneliness across the life course. When we consider those factors contributing toward loneliness then, age alone is not a sufficient determinant unless we are also to take into consideration the wider contextual factors. For example, the DCMS (2022a) data was collected during the pandemic during which time younger people experienced more drastic changes to their everyday life and means of connection. It is therefore necessary to examine age and loneliness in association with relevant social factors and circumstances. Low socioeconomic status for example, a status shared across my older co-researcher group, encompasses a range of socio-demographic factors such as education and income and is associated with the experience of loneliness (Dahlberg et al., 2018), partly due to fewer possibilities for social participation and smaller social networks among people with low levels of income and education. Poverty is instead defined as lacking 'the resources to [...] participate in the activities and have the living conditions and amenities which are customary' (Townsend, 1979: 31). Very little research has explicitly explored the association between loneliness and poverty, with the latter measured as a median of income.

The measure of poverty, defined on the basis of personal or household income, fails to reflect the complexity of material conditions, particularly in old age (Myck et al., 2021). Rather, proxy measures of educational attainment, housing tenure and income have been used to highlight an association between loneliness and educational level, with lower educational levels being associated with higher prevalence of loneliness (de Jong Gierveld et al., 2015) and housing tenure being a significant predictor of loneliness, with loneliness scores higher in rented compared to owner occupiers (14% vs. 8%) (Victor et al., 2005). Indeed, those with poor

academic attainment and those renting have both more recently been identified as having higher reported loneliness scores (DCMS, 2022a). Previous research has similarly suggested that the extent of welfare state regime provision plays an important indirect role in the prevalence of loneliness in old age (de Jong Gierveld, 1998; Pinquart & Sörensen, 2001). The association between loneliness and poverty is complex and can be attributed to a number of interrelated factors that shape the formation and maintenance of social networks, but ultimately stress the need for deeper understanding on loneliness that better encapsulates the realities of being lonely, old and living in a deprived area.

Interlinked with these socioeconomic factors, is the influence of an older person's cultural context at a societal level (Lykes & Kemmelmeier, 2014). Rokach et al.'s (2004) cross-cultural comparison study for example, compared older people's experiences of loneliness in North America to those in Portugal, where cultures differed socially, religiously, economically, and geographically, demonstrating that Canadian participants utilised solitude to better cope with the unpleasantness of loneliness. de Jong Gierveld et al.'s (2015) multivariate analyses of older immigrants in Canada compared to native-born older adults also demonstrates the importance of cultural background in relation to loneliness as immigrants who differed in native language and culture were reported to have significantly higher loneliness scores, demonstrating the need for loneliness policies to speak not just to an individual's needs but that of their community and culture(s).

Gender is also an important factor to consider, but unlike socio-economic status and cultural context, has a less clear relationship with loneliness. Evidence regarding the influence of gender is ambiguous (Andersson, 1998; Victor et al., 2000). Pinquart and Sörenson (2001) for example, argue that loneliness is more common amongst women as a result of their longer life expectancy leaving them more vulnerable to widowhood and/or restricted mobility. Steptoe et al.'s (2013) study found loneliness to be more common in women and was also associated with older age, less education, and lower wealth and marital status. Widowhood itself is acknowledged to be a significant risk factor in predicting loneliness however, as older adults depend more closely on their social networks during times of loss, a process anticipated to be explored in this research (Carr et al., 2018). That said, Cooney and Dunne (2001) argue that divorce and widowhood in old age impacts men more than women (in relation to their social lives) as men are less willing to

invest in friendships outside of their intimate relationship. Beal (2006) noted that women report higher levels of loneliness compared with men. Victor and Yang (2012) though, suggest that women are simply more likely to report loneliness than men while Yang (2017) concludes that gender alone is not a sufficient condition for loneliness. Indeed, Maes and colleague's (2019) meta-analyses found that gender differences in loneliness do not appear in old age, with men only being lonelier than females during childhood, adolescence, and young adulthood. Ultimately, the literature does not suggest that loneliness scores for older people are influenced by gender but indicates there are significant differences in the way older men and women experience loneliness, which is important if a contextual and embodied understanding of loneliness in old age is to be achieved.

That said, it is understood that gender-related inequalities, similarly to socioeconomic disadvantage, develop across the life course to incorporate social networks and health status which ultimately determine differences of socioeconomic status and wellbeing (Backes et al., 2006). Ko et al.'s (2019) study found gender differences in the health status, physical and mental health, cognitive function, community service needs and quality of life of older people. A variety of other studies have been conducted on the impact of gender and age; including gender differences in the physical activity and quality of life of older adults with osteoarthritis (Seung-Youn, 2017), on cardiovascular health in Germany (Kendel & Sieverding, 2006), gender differences in the relationships between types of living arrangements and psychological distress and quality of life (Henning-Smith, 2016), and the association of living alone with hospitalisation (Ennis et al., 2014).

While the relationship between loneliness and gender is ambiguous, the nature of these studies, along with those pertaining to socioeconomic status and cultural contexts, share a lack of direct involvement of older men and women beyond the role of research participants. As such they highlight the need for research that is better guided by the realities of lonely older men and women, rather than the prevalence of the issue or the separation of their lives into hierarchies of risk factors. While far fewer studies have focussed on the experiences of older men, we must also not assume that the experiences of lonely older women are sufficiently accounted for and reflected in existing policy and interventions. A more contextual and embedded understanding of loneliness in old age might allow the relationship between gender and loneliness especially, to move beyond prevalence and toward

an understanding of loneliness that better interlinks with and represents the ageing process for both men and women.

2.3 Framings of loneliness

How we choose to frame loneliness has major implications for the research questions we ask, the voices we listen to and the interventions we develop as a result. Most significantly, there appears a distinction in the literature between the framing of loneliness in relation to i) disciplinary concerns, ii) resource distribution iii) policy concerns and iv) theoretical frameworks, which each have notable implications for the lives of the older people they intend to improve.

2.3.1 *Disciplinary concerns*

The loneliness literature encompasses a variety of different disciplines, each of which have different concerns and approaches but share a problematised and individualised narrative. While psychologists generally consider feelings of loneliness and social isolation to be the result of an individual's own perception of social connection (Perlman & Peplau, 1984), the approach is acknowledged to incite blame and even omit the role of social contexts in the experience (de Jong Gierveld, 1998; Victor et al., 2009). Sociologists instead focus more on the structural conditions of loneliness, especially the environments and resources of lonely people (Bantry-White et al., 2018) but consequently overlook the multi-dimensional relationship between social isolation and loneliness (Cornwell & Waite, 2009). The events that trigger loneliness are acknowledged to disrupt the structure of everyday life however, through communication, social interaction, meaning and conflicting interests (Schirmer & Michailakis, 2016). In this sense, loneliness can be recognised as a social problem (Yang, 2019). This is not to discredit the psychological and physiological health issues associated with loneliness but acknowledges its status as a serious social problem (*Ibid,* 2019).

Across the boundaries of psychology, sociology and public health, gender, age, living arrangement, marital status, health conditions and social relations have all been investigated as both protective and risk factors for loneliness experienced by older people (Andersson, 1998; Victor et al., 2000; Cacioppo et al., 2010; Prieto-Flores et al., 2011) as a means to isolate the *problem* and identify a solution, whether that be related to issues of self-perception or societal structures. They have

consequently emphasised the importance of living with someone (O'Súilleabháin et al., 2019) and understanding their interpretations of the cause of loneliness (Morgan & Burholt, 2020b) amongst other factors. While much of the current literature on loneliness has emerged from research with older people, associations between age and loneliness have major discrepancies, with some positive (Cohen-Mansfield et al., 2016), negative (Losada-Baltar et al., 2020), and u-shaped with peaks in younger and older adulthood (Pinquart & Sörensen, 2001; Victor & Yang, 2012). Although these findings can be attributed to differences in populations, samples and times, such inconsistencies across these studies raise questions about how loneliness is best framed and subsequently studied.

2.3.2 *Resource distribution*

The framing of loneliness in relation to resource distribution is of increasing importance given the ongoing cost of living crisis in the UK. Empirical research has shown that socioeconomic status across the life course influences an older person's ability to both optimise and diversify their social networks, resulting in greater risk of loneliness in later life (Savikko et al., 2005; Fokkema et al., 2012; de Jong Gierveld et al., 2015). The life course approach considers inequalities in later life the result of the disadvantages an individual has experienced over the life course rather than exclusively in old age (Centre for Ageing Better, 2017), and while meaningful, allows little space for the recognition of older people's autonomy. The intersectional approach instead looks to how groups of different people's experiences of disadvantage overlap particularly in relation to age, gender, and race (Centre for Ageing Better, 2017). This is not to say, however, that disadvantage always results in susceptibility to experience loneliness. Boneham and Sixsmith's (2006) study, for example, found that the majority of women aged 55-78 years living in a socially disadvantaged community in the north of England were able to manage their own health and that of other people in their social networks and the wider community, challenging ideas of a lack of agency on the part of socially disadvantaged groups.

With 16% of pensioners in the UK living in poverty (Bagnall & Harris, 2021), and ageing in deprived neighbourhoods known to increase the risks of feeling lonely, unsafe and dissatisfied (Scharf et al., 2004; Patsios, 2006), it is perhaps unsurprising that locally integrated and community focused network types are more prevalent in affluent areas. Indeed, those with private or self-contained networks (e.g., an

absence of local kin or reliance on neighbours) are more likely to be socially isolated than those who are in locally integrated or community focused network types (Wenger et al., 1996), and local environments play a key role in shaping exposure to many stresses (Carpiano, 2006). Loneliness in areas of high deprivation thus relates to a lack of local amenities, resulting in fewer opportunities for social contact and negatively impacting the formation of social connections (Scharf et al., 2004), suggesting a need for (re)investment in social infrastructure. Indeed, aspects of social organisation, such as neighbourhood social cohesion, have been proposed as important mediators of associations between neighbourhood deprivation and mental health (Fone et al., 2007).

The stark inequalities in how people experience later life (Centre for Ageing Better, 2017) are of increasing importance if we are to understand the subjective nature of loneliness in old age. Indeed, around three in four adults reported feeling very or somewhat worried about the rising costs of living in the recent Census with 77% aged 50 to 69 and 70% aged 70 and above, of whom also reported worse on measures of wellbeing, including loneliness (ONS, 2022a). The close correlation that exists between loneliness and low income is thought to occur due to the barriers created by poverty, that can hinder the formation and maintenance of social relationships both through increased stress levels and lack of access to resources that might enable someone to socialise (Walker, 2020). In addition, the relationship between loneliness and poverty is interdependent and the experience of loneliness can be worse for those without access to social resources to buffer its negative effects. Older people from lower socio-economic backgrounds for example, are more likely to experience poorer health outcomes compared to people from a higher socio-economic background, with education being the main indicator (Rahman et al., 2016). Socially disadvantaged older people also perceive greater barriers to accessing healthcare services than those who are more affluent (Hoebel et al., 2017). The result, therefore, is that older people from lower socio-economic backgrounds are understood to be more vulnerable to developing complex health problems, which are predictors for loneliness (DCMS, 2022a). Whilst meaningful for contextualising the relationship between disadvantage and loneliness, the framing of loneliness in relation to resource distribution appears limited in its ability to speak to the embodied nature of the experience or explore the role of loneliness responses and the day centre as anything more than a resource.

2.3.3. *Policy concerns*

Loneliness, along with social isolation are growing public health concerns in our ageing society (Fakoya et al., 2020), and policy in particular appears to have shaped and reinforced the problem narrative of the experience, with loneliness used as a concept to indicate an older person's quality of life in relation to their social world (Victor et al., 2009). Prior to the outbreak of COVID-19, the UK government had identified loneliness as a significant public health issue, describing it as an epidemic in its own right (Jeste et al., 2020). Alongside this are policy concerns for our ageing society (ONS, 2022b) in which ideals of ageing well in age-friendly communities are the goal (Buffel, 2015, 2018) and loneliness is the associated risk.

The problem with engaging with ageing only as a risk factor to loneliness, however, is that population ageing, the general trend across the world whereby the average age of the human population is increasing, is not a static or linear process (Carney & Nash, 2020). It has instead been constantly changing since it gained international recognition in the 2000s. The problem is not the age of the population itself, but how age is used to structure social, political, and economic life (Carney & Gray, 2015), suggesting that the relationship between ageing and loneliness is more complex than existing research would suggest. In modern Western life, older people are rarely seen as the keepers of tradition or wisdom (Schachter-Shalomi & Miller, 1995), so their role in society is often overlooked. Indeed, the cultural emphasis on progress and constant orientation to the future, ultimately leads to social value being attributed only to those capable of future contribution (Davie & Vincent, 1998).

Such realities exist in a very specific policy context, and this matters significantly for how loneliness in old age is framed in the UK. The UK government for example, began implementing a program of cuts to public services and welfare in 2010 that has subsequently impacted the most vulnerable groups of people in our society, including our older population. These disproportionate measures have implemented schemes such as bedroom tax and the introduction of Universal Credit (UC) in the name of austerity, bringing with them continuous cuts to social services and the NHS (McGrath et al., 2016). The roll out of UC started in 2017 in Newcastle-upon-Tyne, the location of this research which was already characterised by high levels of socioeconomic deprivation (Cheetham et al., 2019). Indeed, a qualitative study carried out by Cheetham et al. (2019) found that claimants experienced

increased debt, rent arrears and food poverty as a result of the UC claims process. Health inequalities, disability and premature mortality were also found to be considerably higher in North East England than the average for England and Wales (Cheetham et al., 2019). Consequently, one and a half million older people in the UK now have some unmet need for care, equating to one in seven of our entire older population (Guardian, 2019). McGrath et al.'s (2016) report on the psychological impact of austerity found that austerity policies have damaging psychological costs. One of the five 'austerity ailments' identified by McGrath et al. (2016) was isolation and loneliness; deprived areas were hit the hardest and experienced reduced resources especially in relation to social support and community living. Given that the number of older people (>50) experiencing loneliness is set to reach two million by 2025/6, compared to around 1.4 million in 2016/7 – a 49% increase in 10 years (Age UK, 2018), the consequences of disproportionate funding cuts will continue to have an incessant impact on those deemed at greatest risk of the consequences of loneliness. The decision to provide quick fix social care exclusively to those with the most severe needs has created immense long-term problems for lonely older people. Without support like community integration, those in need are set to suffer more and develop far more serious and complex levels of need (McGrath et al., 2016). While older people have been identified as the most vulnerable to these financial challenges (Watkins et al., 2017), the social policy we need to support them are instead working to compound these challenges.

Questions concerning the readiness of society, the adequacy of health and social care systems as well as the sustainability of local community remain pervasive in social policy (Walsh et al., 2015) and are heavily influenced by the framing of old age as a problem for policy makers to contend with (McDonald & Mair, 2010). Demographic ageing evokes a burden discourse which sees older people as a financial challenge that will devastate the economy, with challenges such as falls, estimated to cost the NHS more than £2.3 billion per year attributed to people aged over 65 (NICE, 2013). These policy pressures are characteristic of an ageing society but must be understood within the wider context and realities of austerity measures and the challenges of ageing in a post-COVID world as policymakers focus remains on the implications of demographic ageing for struggling public fiscal systems (Walsh et al., 2015).

2.3.4 *Theoretical approaches*

There are a range of different theoretical approaches present in the literature, which each have different implications for the way loneliness and older adults themselves are positioned in research contexts. For example, within the constructionist approach, the social problem of loneliness among older people is the result of claims-making activities, guided by underlying moralities, causalities, and solutions, by different individuals (Spector & Kitsuse, 1987). Systems theory similarly acknowledges how social problems are framed differently within different social systems (Luhman, 2012, 2013). The combination framework, as proposed by Schirmer and Michailakis (2016) considers the image of loneliness the product of particular communicative contexts, while a biographical disruption and identity framework views loneliness and experienced losses as a biographical disruption (Morgan & Burholt, 2020a).

One of the most prominent theoretical frameworks in the study of social gerontology is the life course perspective, which stresses the importance of context and meaning on human development and describes how early life experiences shape outcomes in older age. There is a recognition therefore, that challenging experiences accumulate over time, resulting in polarisation in old age and thus the ability to overcome disadvantage declines (Scharf, 2020). This is not to suggest, however, that the perspective is entirely dependent on chronological age. Rather, there is an acknowledgement that chronological age takes attention away from the dominating ageist discourse, thus calling for a rights-based approach to change public perceptions of what it means to age. Pivotal to the life course approach, is the recognition of the impact different social contexts have on shaping the life course, in both a positive sense (e.g., allowing individuals to have shared experiences and make their own decisions) while also acknowledging the impact of inequality and role of interdependencies in shaping one's life (Settersten et al., 2020).

The life course perspective also draws on arguments from age stratification theory however, which is guilty of over-emphasising the role of age status in the distribution of economic and social rewards and retaining the functionalist assumptions that themselves could be considered ageist (Phillipson, 2013). Life course theorists also face criticism that they over focus on events at a macro level without taking into account the social and psychological factors operating throughout the lives of older people (Bengtson, 2016; Rowe & Cosco, 2016), though the

approach is still useful to consider macro issues like transport policies in relation to ageing and supporting independence (Musselwhite, 2018). The perspective represents a convergence of thinking in sociology and psychology about processes at both macro and micro social levels of analysis and for both populations and individuals over time (Scharf, 2020).

In viewing COVID-19 through a life course lens, it is easier to identify risks, vulnerabilities, and inequalities (Settersten et al., 2020). For example, when assessing the risk of individuals developing a severe response to COVID-19, a life course approach urges analyses beyond chronological age as a proxy for risks. Experiences can vary greatly between individuals of the same age, so the approach encourages a focus on lifetime exposures to the specific risk factors instead (Settersten et al., 2020). However, the perspective consequently overlooks the consideration of smaller processes like social relations and social practices, which is an underlying concern I have for the approach's application to loneliness. While recent research has demonstrated the importance of examining older adults' experiences of loneliness within a life course perspective for developing personalised interventions (Victor et al., 2022), there remains limited critical consideration of the diverse social relations comprising their lives in this framing, which has major implications for the type of intervention(s) that would subsequently be deemed appropriate. The life course approach therefore informs my methodological design and analysis in making sense of older adults' experiences of loneliness during COVID-19 but to an extent.

2.4 My theoretical approach

Traditional social gerontology, a subdiscipline of gerontology focussed on the importance of the social worlds of older adults with an emphasis on their supported participation, is grounded in Townsend's (1981) philosophy of the family and the importance of its role in an older person's life. It acknowledges the subjectivity of the ageing process, and the importance of highlighting and exploring this. From this perspective, the biographical experience of an older person is recognised to have a huge impact on their ageing identities. Similarly to the identified contributors and impacts of loneliness, social gerontology has a hyper focus on the quality of life for older people. While appropriate for Western ideology in the 1980s, Townsend's (1981) work neglects to acknowledge the meaningful relationships fostered through

other means including community, professionals, and neighbours and naturally has limited critical consideration of older adults' access to resources. While social gerontology has progressed in many respects since the 1980s, the role of the family remains an over utilised point of reference when constructing the social worlds of older people, hence why loneliness literature often reinforces a narrative of dependency.

2.4.1 *Critical social gerontology*

Critical social gerontology is still concerned with research on improving the quality of life of older people but is also dedicated to 'grappling with inequality and oppression while searching for explanations that expose not only the complexities of the challenges that older people face but also the possibilities that empowering them could offer' (Donnelly & Torres, 2022: 8) with reference to the physiological, psychological, sociological, and political aspects of ageing (Chambers, 2004). It is critical of social gerontology's uncritical position on poverty in old age and institutional ageism and highlights the dangers of developing research questions that draw from popular culture of old age (Doheny & Jones, 2021). It is committed to challenging discrimination in society, especially the ageism that arose in response to the 'blaming' of older people for the welfare crises of the late twentieth century (Phillipson, 1998; Chambers, 2004). The tenants of critical social gerontology I draw mostly from is the Marxist critiques of capitalism (Phillipson, 1982) and also feminist developments of the political economic perspective that critiqued women's experience of retirement to better the positions of women and ethnic minorities in the labour market (Doheny & Jones, 2021). A critical approach is preferable both to acknowledge multiple forms of social connection and to draw into focus those factors deemed important to those older people involved. Neugarten and Hagestad's (1976) critical work on the life course for example, rejected the ability of chronological criteria to measure experience and instead urged researchers to examine age with a cultural awareness. In doing so, they questioned the effectiveness (and appropriateness) of social welfare that protects only a percentage of the population (Estes & DiCarlo, 2016).

2.4.2 *Feminist social gerontology*

Given the male-centred bias present in gerontological theorising and policy decision making (Formosa, 2005), and in order to uphold this thesis' premise of promoting social justice and challenging inequality, a feminist lens is also necessary 'to empower older women through assisting them in developing new roles, in identifying their abilities and strengths, and in utilising their knowledge' (Garner, 2014: 7). Depicting the lives of older women more accurately is essential if a social consciousness about the inequalities experienced by older women is to be nurtured (Calasanti, 2004; Garner, 2014). As feminist gerontology is grounded in feminist theory and critical gerontology, the focus remains on intersecting oppressions across the life course as well as power relations (Hooyman et al., 2002). Feminist gerontologists stress the value in analysing ageing from the perspective of women's life experiences, not just because they are women, but because this analysis reveals the power dynamics that contour the ageing experience (*Ibid*, 2002). Feminist schools of thought also consider human activity entwined with the character of the human body, so recognise the need to acknowledge and understand embodied feelings (Schatzki, 2001). It is therefore a conceptual base upon which to critique society's treatment of older adults, document their embodied diversity and promote social change, commitments that are in line with the nature of participatory action research as will be discussed later. Feminist gerontological research should thus be change-oriented, responsive, and inclusive.

2.4.3 *A relational approach*

The relational approach in sociology emphasises the importance of social relations as the 'mediators between agency and social structure' (Donati, 2018: 431), embracing the dynamic nature and capacity of contexts along with those social relations comprising them, distinct from substantialist approaches (Emirbayer, 1997). In doing so, the approach perceives older people and their societal role as being constructed through interactive processes that are highly dependent on human relationships and social interaction as well as the wider context (Gergen, 2009). The approach is also interwoven with the notion of relational welfare in which relational bonds are considered the necessary starting point for promoting health and wellbeing (Cottam, 2018).

2.4.4 *The need for a social practice turn*

The work of Theodore Schatzki has been significantly influential with regards to making sense of this thesis, but also providing the direction and nature of my own epistemological and ontological position, which will be discussed in more detail in the next chapter. The leader of the 'practice turn' in contemporary social theory (Schatzki et al., 2001), Schatzki's 'Site Ontology' offers a very different way of examining the relationship between human activity and the social. Rather than distinguishing between micro and macro levels as is necessary in other schools of gerontology, Schatzki asserts that there is just one level of social reality in which social phenomena are situated within intertwined practices. This distinction is pivotal to how I view and approach loneliness, it is not a macro phenomenon but a web of intermingled practices (Schatzki, 2011) because all social phenomena are ultimately rooted in practices (Schatzki, 1996). The need for a social practice turn brings together the areas of critical social gerontology, feminist gerontology and the relational approach to understand the subjectivity of loneliness through a contemporary criticism of individualism (Schatzki, 2001). Through centralising the role of social practices as 'embodied, materially mediated arrays of human activity centrally organised around shared practical understanding' (Schatzki, 2001: 11), a critical position of social gerontology that draws on feminism and a relational approach becomes possible and necessary to work meaningfully with older adults.

2.4.5 *A critical relational feminist gerontology within a social practice turn*

My own theoretical approach draws from these otherwise distinct schools of thought to capture a critical relational feminist gerontology within a social practice turn. This approach exercises a critical lens to dismantle forms of oppression while searching for ways to empower older adults to co-construct understandings. It centralises the role of social relations and their dynamic nature whilst critically considering the gendered power dynamics inherent within. While social relations are centralised in this approach, phenomena including loneliness are understood through a web of intermingled social practices (Schatzki, 2011). In this approach, community and specifically the day centre is seen as a dynamic context that can be reproduced through social relations and practices. It is not just the interaction between older people and the day centre that is of interest, but the ways the day centre and community relate to produce or negotiate loneliness in dynamic ways.

This theoretical position sits in opposition to the biomedical narrative that has been reinforced by the emergency conditions of the pandemic, which originally constructed ageing as a process of decline framed within the dominance of medical and health care interventions (Estes & Binney, 1989), and in which loneliness is seen as an unfortunate part of this decline. With the resurgence of disease-based models strengthened through narratives of frailty and vulnerability (Grenier, 2020), the biomedical decisions that took place in contemporary conditions of austerity and the context of market-based care continue to influence the unequal outcomes faced by older adults including rates of infection, experiences of isolation and mortality (Bambra et al., 2021). As the governance of the pandemic has deposited many of its uncertainties and risks into the presentation of older people as being inherently 'isolated, helpless, and needy' and consequently lonely (Phinney & Affleck, 2020), what is needed instead is the detachment of being old from necessarily being lonely and isolated. Rather, a critical relational feminist gerontology perspective allows for the examination of such issues as part of a wider contextual understanding that acknowledges the configuration of different social relations and social practices through which age is lived and loneliness is experienced. It is through this lens that interventions, or *responses* will be better placed to work with the diverse and biographical experience of ageing, as part of a collective long-term pursuit of belonging, safety and community.

2.5 Ageism

A critical relational feminist gerontology within a social practice turn is especially relevant for this thesis because of the ageist society in which we now live and subsequently carry out research. Ageism is a term coined by Robert Butler in 1969 and refers to 'the subjective experience implied in the popular notion of the generation gap... a deep-seated uneasiness on the part of the young and middle-aged—a personal revulsion to and distaste for growing old, disease, and disability' (p. 243). The impacts of ageism have been highlighted at great length by academics, the result of which frames older people as a marginalised group (McGrath et al., 2017; Hopf et al., 2022). Stereotyping within ageism shapes expectations of older people, whether intended to be positive or negative, resulting in prejudice and discrimination (Trentham & Neysmith, 2018). The term 'successful ageing' that is widely used in policy, for example, implies that those who do not meet its definition

are unsuccessful or a failure, while the term ‘frail’ assumes a master identity for the person (Richardson et al., 2011). The devalued status of old age is prevalent in popular discourse, which is understood to directly feed into the portrayal of dependency and otherness in the context of old age and ultimately impact societal expectations of how older people should spend their time (Levy et al., 2014; Njelesani et al., 2015; Trentham & Neysmith, 2018). The COVID-19 pandemic especially has greatly impacted how older persons are treated and has brought with it a resurgence of ageist attitudes across social media (Meisner, 2021).

Older people are an extremely heterogeneous group, differing in cultural backgrounds, life experiences, genetics, and health (Ayalon et al., 2020; Fingerman & Trevino, 2020) and as a process, ageing is highly diverse and context dependent. Categorising older people into chronological age-based groups in the context of COVID-19 homogenised the ageing experience, and so ignored this wide range of personal diversities (Gullette, 2017; Meisner, 2021). The narrative surrounding older adults during COVID-19, was ageist both at an individual and societal level, as their assumed vulnerability was contrary to evidence that identified the presence of underlying health conditions as a more robust risk factor of COVID-19, irrespective of age (Garg et al., 2020; Montero-Odasso et al., 2020). From the perspective of stereotype embodiment theory, these increasingly prevalent negative age stereotypes are internalised, influencing older persons’ beliefs about their own ageing, and eventually impacting their health detrimentally (Levy, 2009). These stereotypes also impact society in terms of economic and social health care costs (Levy et al., 2020), and demonstrate the need for research such as this thesis to acknowledge and dismantle such forms of oppression.

2.5.1 *Older adults as active participants*

In embracing a critical relational lens, the different roles assumed by my older co-researchers are important to highlight. In doing so, it is possible to challenge the ageist narrative of ageing as a process of deterioration and reduced productivity and contribution while still exploring their impact on experiences of loneliness. With worldwide population ageing people are also naturally living for longer with long-term health conditions, leaving many older people in need of (in)formal care and support. There are an estimated 6.5 million adult carers in the UK, a figure projected to increase to 9 million by 2037 (Greenwood et al., 2019). Numbers of older carers (>65

years) within the current figure are increasing at a far quicker rate than other age groups. Currently there are approximately 1.3 million older carers and whilst total carer numbers have risen by 11% since 2001, numbers of older carers rose by 35% over the same period (Carers UK, 2015). While the huge number of older carers is evidence of older adults' innovation and dedication, the UK government's Carers action plan 2018–2020 identifies carers as being 'susceptible to loneliness' (Department of Health and Social Care, 2018: s 4.14) and so negates their active status in this narrative. Indeed, data from the Office for National Statistics (2018) indicates carers are 37% more likely to report loneliness than those without caring responsibilities while Greenwood et al.'s (2019) study reported that older carers described negatively changed relationships as a result of their caring role and distinguished between loneliness outside and within relationships.

In social gerontology, loneliness is framed as an enduring problem for older carers, and also one that is gendered (Willis et al., 2020) and often negates the value of assuming the role. As most carers are women (Greenwood & Smith, 2015; Milligan & Morbey, 2016), older men are more likely to be reliant on their wife or (often female) partner for maintaining social networks and are therefore at higher risk of social isolation and loneliness when widowed (Davidson, 2004; Ruxton, 2006). Older male carers are still present however and are understood to seek and benefit from carers' support groups while also maintaining autonomy (Willis et al., 2020). Without a critical lens though, the active and meaningful role older adults can play risks becoming lost to the problematised narrative of loneliness. This is similar to the role of older volunteers.

While the biomedical model views ageing as a process of decline, there is a wealth of literature that challenges this discourse and highlights that even while experiencing normal modifications in vision and muscle strength for example, older adults can live active lives and engage in a wide range of activities should they wish (Cheng et al., 2021). Volunteering is one such type of productive engagement (*Ibid,* 2021), that has an array of known benefits but is often only considered as a form of intervention itself. Existing literature demonstrates that volunteering improves wellbeing and decreases depression in older adults (Kenaley et al., 2018). Volunteering is also thought to moderate the negative effects of loneliness for those older people who have become widowed. In particular, the social aspect of volunteering is especially beneficial for protecting against loneliness among older

adults as meaningful social relationships are a key contributor to wellbeing (Carr et al., 2018). Indeed, Carr et al.'s (2018) study identified that higher intensity volunteering may be a particularly important pathway for alleviating loneliness among older adults who have recently become widowed. Numerous gerontological studies have also distinguished productive engagement from other activities, not just acknowledging it as an indicator of successful ageing, but also its importance in the welfare of family and society (Hinterlong et al., 2007).

While volunteering clearly has an array of health benefits for older people, the gendered nature of the role and how it relates to the lives and connections of older adults are blurred in existing literature, creating a discourse that positions volunteering and the act of caring as the intervention or response rather than the starting point of research.

2.6 Responses to loneliness

There is limited research on how older people themselves manage loneliness, despite the fervently individualised tone of social policy, and is a topic area interlinked with a variety of different structural, functional, and socio-demographic factors influencing older people's lives (Hawkley & Kocherginsky, 2018) as well as different loneliness trajectories (Morgan & Burholt, 2020b). These trajectories include loneliness as a constant feature of the life course, as a new experience, loneliness that is perceived to be increasing (degenerating), loneliness perceived to be decreasing and those who never experience loneliness (Victor et al., 2009). In embracing a critical relational feminist gerontological lens within a social practice turn, the literature on loneliness interventions will be explored within the scope of *responses* to loneliness in order to contextualise the topic area and expand the narrative away from a hyper-focus on interventions, starting first with social policy.

2.6.1 *Social policy*

Looking closely at the UK context, in which this research sits, the DCMS's (2022b) Loneliness Annual Report outlined the continuation of their work around the three objectives of reducing stigma, driving a lasting shift to ensure relationships and loneliness are considered in policymaking and improving the evidence base on loneliness. They also proposed the launch of the new Tackling Loneliness Hub, an 'online portal where organisations can easily share insights and ideas about

loneliness, best practice approaches and connect with others to take action in partnership' (DCMS, 2022b) but still neglect to look closely at the social and economic circumstance of the limitations posed by existing policies.

Active Ageing for example, is a competency-based framework that is readily referred to and is concerned with viewing older people as active participants of society, rather than passive consumers (Van Malderen et al., 2016; Carney & Nash, 2020). As it inherently focusses on those active and still living in the community (Cloos et al., 2010; Van Malderen et al., 2016), it emphasises the role and status of participation, which activates those involved to strengthen social identity, responsibility, self-respect and when implemented successfully, result in empowerment (Knight et al., 2010; Baur & Abma, 2011; Van Malderen et al., 2016). The framework, however, offers both a useful reference for exploring individual experiences of loneliness, and a platform for drawing out critiques of ageing policies. Those older people unable to participate are inherently seen as failures (Formosa, 2019), similarly to those unable to achieve 'successful ageing' status as the Active Ageing model promotes individual responsibility for one's own welfare. In one sense, it encourages older people to remain independent and exercise their agency through volunteer opportunities or informal caring roles. Ultimately, however, the framework is not representative of an unequal society meaning that active or successful ageing can never be a universal experience (Carney & Nash, 2020) and reliance on successful ageing, a movement which forged the foundations for Active Ageing, inevitably leaves some older people doomed to fail (Bülow & Söderqvist, 2014).

Ageing in Place is also a prominent social policy stream in Western countries through which the continuation of older people, and their carers, residing in their homes and local neighbourhoods is promoted and care in institutional settings is ideally avoided (Means, 2007; Hillcoat- Nallétamby, 2014). Ageing in Place refers to the process of growing older while remaining independent in your own home and receiving any necessary care and support in situ (Phillips et al., 2010). There are many factors that facilitate this process, including personal characteristics such as resilience; and environmental factors, such as transport and safety (Grimmer et al., 2015). The process also has economic benefits compared to institutional care (Chappell et al., 2004), hence why it has been a long-term policy of successive governments. It is understood to be beneficial for quality of life, more cost-effective

for public funds and effectively addresses the increased demand for support for those aged over 80 (Tinker, 1997; Tinker et al., 1999; Means, 2007).

Remaining in one's own home is an active decision that promotes personal values, including enhanced privacy, independence, freedom, self-reliance, and a reduction in demands on others for those seeking to remain living alone (de Vaus & Qu, 2015). There is need therefore, for community services to support older individuals to remain living independently in the community. Of course, experiences of Ageing in Place are not always positive. Across academia and public discourses, concerns around the safety and capability of older adults who live alone still dominate the wider narrative (Iliffe et al., 1992; Kharicha et al., 2007), which feeds into a risk discourse for services like day centres. Here, it is thought they might induce feelings of loss and social isolation by advertising the existence of another community (Hillcoat-Nallétamby, 2014). Such a view acknowledges the role of attendees as active recipients however, and the value they place on day centres as their function as a location of enablement is implied (Orellana, 2018).

Welfare-institutional characteristics at an individual level (Nyqvist et al., 2019) are also important for understanding the nature and impact of social policy in responding to loneliness. Countries with strong norms of familial responsibility for example, are understood to induce a higher expectation of support compared with more individualistically oriented countries for example, thus increasing the risk of loneliness (*Ibid*, 2019). Nyqvist, Nygård and Scharf's (2019) comparative study of welfare regimes found that older people in the Nordic regime, characterised as being more socially enabling but also individualistic, are less dependent on individual resources for loneliness compared to regimes where loneliness is to a greater extent conditioned by family and other social ties. State involvement in social welfare in the Nordic regime was found to promote social integration thus making older people less dependent on social resources for any experiences of loneliness. The UK, however, is characterised by lesser state involvement and a higher reliance on the market. In particular, an increasing reliance on private-funded pensions and limited means-tested public social benefits (Clasen, 2005; Nyqvist et al., 2019), a combination that has resulted in high levels of inequality and poverty amongst the older population (Fritzell et al., 2012). Furthermore, the less socially enabling welfare state threatens a higher prevalence of loneliness amongst older persons (Nyqvist et al., 2019).

In particular, the adoption of the personalisation agenda in the UK which sought to implement person-centred support planning and individual funding mechanisms, was implemented in the context of substantial social care funding contractions in England, thus resulting in a substantial reduction in the numbers of older people entitled to publicly funded social care (Ismail et al., 2014). Another consequence has been cuts in the commissioning of services such as day care from non-governmental organisations (NGOs) and community groups (Orellana et al., 2020b). While social care policy was thought to support people to age in place, these conditions existed with the backdrop of an increasing number of older people living alone, placing them at increased risk of social isolation and exclusion (Kempton & Tomlin, 2014). Under the Care Act 2014, those eligible for publicly funded social care are entitled to exercise choice and control over their care and support, with an intended outcome that this will better meet their needs and preferences, and to sustain their independence and social participation. While such is the intention, it is thought that local authorities' prioritisation of making financial savings have overshadowed the individual choices that the policy of personalisation and the Care Act 2014 were intended to enable (Needham, 2014; Orellana et al., 2020b).

To an extent, the subjective experience of loneliness, which demands reference to the individual themselves and their values, needs and expressed wishes (Age UK & Campaign to End Loneliness, 2015), is reflected in the Care Act 2014, which establishes the 'wellbeing principle' that places onus on local authorities to promote wellbeing. Here, wellbeing is identified as including social wellbeing and personal and family relationships. By definition therefore, promotion of wellbeing must include action to address loneliness due to the recognised links between loneliness and poor physical and mental health, as previously discussed (Campaign to End Loneliness, 2015). Indeed, the 'wellbeing principle' is intended to place individual needs and expressed wishes at the centre of the care and support system. Action addressing loneliness is recognised within this statutory context as a form of primary prevention and identifies community activities as an example of an appropriate action (Campaign to End Loneliness, 2015). The Care Act 2014 does address the subjectivity of loneliness then, at least at the assessment stage but fails to carry this through to their subsequent social prescriptions. Despite Age UK & Campaign to End Loneliness' (2015) identification that action should primarily be driven by local authorities, actual change for lonely older people has yet to be

implemented, likely due to a shift in political priorities post- COVID-19 and the rising cost of living crisis, but also social restrictions that have arisen from the framing of these issues.

2.6.2 *Neoliberalism*

The underlying theme present in the social policies aforementioned is that of neoliberalism. Policies of individualism have become increasingly prevalent since the formation of the welfare state in the 1940s and have gradually developed a culture of individualised responsibility wherein those with resources are expected to provide for themselves while those without depend more heavily upon minimal state support (Powell & Taylor, 2016). Neoliberalism is oriented towards eroding the public sector though and has little consideration for the privatisation of public space or the marketisation of health and social care (Ashe, 2018), impacting the youngest and oldest in our society (Powell & Taylor, 2016). With a gradual change in population structure, Western countries have witnessed a shift towards differentiation of the individual life course more generally (Stephens & Breheny, 2018). The age of 'organised loneliness', as termed by the Care Collective (2020), has enabled hyper-individualism to dominate the caring discourse in the UK. Of course, issues of care are not limited to close relationships, they also take shape in our environments and life practices. Individually directed goals are thought to play a bigger role in shaping the expectations of appropriate life course trajectories over traditional family and gender roles (Blaikie, 1999) and people are expected to assume responsibility for their social, physical and financial wellbeing if they are to achieve their individual goals (Stephens & Breheny, 2018). This process of individualisation exists within the neoliberal economic ideology that continues to dominate the twenty-first century (Bell & Green, 2016), but its impact goes far beyond the economic market by influencing how we understand the role of the individual in society by romanticising independence, hard work and individual responsibility for outcomes. Older people with poor health or low income are seen within these discourses, therefore, as suffering the consequences of their own choices rather than experiencing the result of social and structural inequities. Responsibility for outcomes in later life is thus shifted, from the state to the individual (Stephens & Breheny, 2018).

Dismantling these challenges is no small feat. While the Care Manifesto's (2020) call for 'caring communities' demands an end to neoliberalism in order to

expand people's capacities to care, the impact of COVID-19 has instead been worsened through cuts to the social infrastructure underpinning communities, i.e., the places that shape the way people interact have been disproportionately impacted in many areas (Guardian, 2018). The combination of austerity, COVID-19 and the rising cost of living crisis has also drastically rationed support of all kinds, the impact of which may be especially severe for isolated old men who may, in any event, according to Beach and Bamford (2014), be less likely to seek support when needed. Indeed, since writing this thesis, I have witnessed first-hand the realities of such limitations, with the permanent closure of the collaborative partner resulting in a more divided community. The 'spatialisation' of COVID-19 further outlines how those from low-income neighbourhoods, and those from minority ethnic communities have been disproportionately impacted by the pandemic (Bambra et al., 2021). To work meaningfully with such communities demands appreciation of these realities therefore, and the centralisation of their particular needs and wishes (Phillipson et al., 2021).

With family structures generally changing, older people can expect a decreasing number of children and increasing distances between family members due to migration, with emerging policies choosing to emphasise independence, individual responsibility, and the societal participation of older people (Silverstein & Giarrusso, 2012; Honigh-de Vlaming et al., 2013). For older men especially this risks the challenging of their social identity where self-esteem might be drawn from personal power (Munro, 2004). To challenge the individualism that demonises dependence present and valued today, the normality of interdependence and rights-based access to societal resources is needed (Aronson, 2002). While conceptually similar to the disability movement (Morris, 1993), links with those advocating for older people's empowerment remain weak (Oldman, 2002). Instead, what prevails, is the focus on intervening and even curing social problems like loneliness.

2.6.3 *Loneliness interventions*

There is limited research evidence for effective strategies to alleviate loneliness despite the prevalence of loneliness interventions in developed countries (Victor et al., 2018). Loneliness interventions can largely fall into four main categories, however: signposting, individual support, group, and health promotion interventions. Systematic reviews of outcome studies (Cattan & White, 1998; Findlay, 2003; Cattan

et al., 2005; Dickens et al., 2011; Hagan et al., 2014; Cohen-Mansfield & Perach, 2015) have also produced contradictory findings. Group interventions that are participatory in nature and focus on social interaction are understood to alleviate feelings of loneliness by promoting social networking and supporting the development of friendships (Dickens et al., 2011; Cohen-Mansfield & Perach, 2015; Chan et al., 2017). Such interventions are also thought to counteract those aspects of physical and mental decline typically associated with loneliness (Stenholm et al., 2016). Further, inclusion with group activities is understood to motivate individuals to overcome some of the barriers to social participation, including avoidance of social interactions (Goll et al., 2015). Lee et al.'s (2019) study suggests that loneliness and associated wellbeing may be improved via increasing an individual's wisdom which includes ability to regulate emotions, self-reflect, tolerate opposing viewpoints, and be decisive. Indeed, Jeste, Lee and Cacioppo's (2020) research found that loneliness was strongly but inversely associated with levels of wisdom even after controlling for other variables. Such research, however, is associated with group activities where individuals are required to interact and engage collaboratively, suggesting that group interventions are particularly effective at reducing experiences of loneliness.

Cattan et al. (2005) found interventions targeted at specific groups in group settings showed some evidence of effectiveness with schemes enabling older people to participate in the planning, developing and delivery of activities the most effective. Yet Cohen-Mansfield and Perach (2015) found that group interventions were less effective than one-to-one interventions. Gardiner et al.'s (2016) criticism of such reviews for their narrow scope, however, outlines a need for researchers' innovation to deliver more holistic qualitative approaches. Furthermore, the individuality of the experience of loneliness ultimately causes difficulty in the delivery of standardised interventions (Fakoya et al., 2020). Fakoya et al.'s (2020) scoping review stresses this lack of one-size-fits-all approach to addressing loneliness and recommends that future research should be aimed at discerning what intervention works for whom, in what context and how. My systematic literature review on community-based responses to loneliness similarly recommends individualised aspects of interventions should be developed only after all relevant contextual factors are accounted for at a community level (Noone & Yang, 2022).

The emerging role of technology in loneliness interventions is also important to consider when reflecting on the future trajectory of loneliness interventions if we are to take a more contextual approach. Zamir et al.'s (2018) collaborative action research study, for example found that video-calls were able to reduce loneliness and social isolation within care environments for older people. Indeed, technological interventions have been developed to reduce loneliness experienced by older people living with dementia through internet use (Chang, 2004; Cotton et al., 2013) and through telephone befriending projects (Cattan et al., 2011; Mountain et al., 2014). It is thought that video calls especially might be effective in reducing loneliness by expanding an older person's social circle or by increasing frequency of contact with existing acquaintances (Weiss, 1973; Valtorta & Hanratty, 2012). Zamir et al.'s (2018) video call intervention study noted how social engagement theory and attachment theory point to the importance of seeing people's faces during communication exchange, as well as body language in maintaining social bonds and subsequently reducing loneliness. Wilson and colleagues (2020) qualitative exploratory study also demonstrates that social connection was a clear outcome of social technology use. Furthermore, Skype use by adults aged over 50 has been effective in treating depression over the long-term (Choi et al., 2014), and is thus suggestive of application to loneliness interventions. While such research is encouraging and increasingly relevant in the aftermath of the pandemic, there is a risk that internet use (particularly social media and emailing) might increase feelings of loneliness given their lack of personal connectivity compared to face-to-face interaction, however (Zamir et al., 2018). Noone et al.'s (2020) rapid review also found very uncertain evidence on the effectiveness of video call interventions to reduce loneliness in older adults, with the evidence regarding the effectiveness of video calls for outcomes of symptoms of depression also uncertain. Our understanding of the relationship between loneliness and internet use is thus limited and disproportionately focussed on the role of video calls with older people. This is likely due to the impact of the pandemic and restrictions in types of study possible. It also excludes the experience of digitally excluded older adults, limiting our comparative understanding.

Regarding cost effectiveness, which is all too often the deciding factor in the endorsement of interventions, McDaid et al.'s (2017) systematic review found that while befriending initiatives and social activity-based interventions reported both cost

effectiveness and cost ineffectiveness, signposting services were found to be potentially cost effective. These were based on the categorisation of (i) befriending schemes (including both face-to-face and telephone), (ii) participation in social and healthy lifestyle activities, and (iii) signposting/ navigation services. A very limited amount of research has focussed on older men's experiences of loneliness and their coping practices, but a recent study of older men living alone in England stresses the importance of targeted individual support for lonely older men (Willis & Vickery, 2022). Indeed, the structure of social activity-based interventions for older people is particularly important when focussing on older men's experiences. Despite an agreement that community activity is crucial to an effective intervention, provider organisations still find it challenging to engage older men in non-gender specific social activity services (Milligan et al., 2015). Milligan et al.'s (2015) study into the effectiveness of Men's Shed's initiatives found that for older men, it is the provision of an activity often of a type that resonates with the male-based occupations or social activities that they engaged with during their working lives, that is important. Indeed, Ratcliffe et al.'s (2022) findings that being 'insufficiently masculine' can result in loneliness is pertinent in the context of gendered services such as Men's Sheds programmes. An updated understanding is needed however, to consider these findings in the wake of COIVD-19 and the growing cost of living crisis.

2.6.4 *The day centre*

While the literature on loneliness interventions presents a varied and context-specific narrative, one significantly overlooked form of community-based intervention is that of day centres. Orellana et al.'s (2020a) scoping review of day centre literature identified that the last detailed study of day care in the UK was published in 1989, despite their evident success as a means to support older people to remain independent in the community for longer (Tester, 1989). Described as outdated service models, their closures are justified by austerity-based changing policy as they are not seen to address individual needs sufficiently (Leadbetter, 2004; Tyson et al., 2010; Barnes, 2011; Needham, 2014). Such claims were made, however, without reference to the older people expressing a wish to access them (Bartlett, 2009; Wood, 2010; Miller et al., 2014; Needham, 2014). Indeed, the policy shift can be seen as an embodiment of policy makers imposing their own values on

understandings of quality of life, resulting in enforced personalisation which is irrespective of individual wishes (Roulstone & Morgan, 2009; Barnes, 2011).

Today, day centres remain exempt from lists of preventative services commissioned by some local authorities in England (Miller et al., 2014). The literature suggests this is due to staff identifying day centres as failing to meet personalisation standards (Brookes et al., 2013). As aforementioned however, Government's fixation with the personalisation agenda neglects to recognise the municipal aspects of improving an older person's quality of life. The literature clearly indicates that the health and daily living needs of attendees are met by day centres provision of social and preventative services (Boen et al., 2010; Schmitt et al., 2010; Kuzuya et al., 2012; Iecovich & Biderman, 2013; Fawcett, 2014; Marhánková, 2014; Kelly, 2017) which subsequently supports older adults to remain independent in the community for longer (Schmitt et al., 2010; Kuzuya et al., 2012; Kelly et al., 2016) but very few studies explore an explicit link between day centre attendance and experiences of loneliness, and those that have, demonstrate an unclear picture given the positioning of day centres as interventions. Hagan's (2015) doctoral thesis for example, on the impact of day centre reablement programmes on loneliness experienced by older people, found little significant overall change in terms of loneliness for the majority of participants. Hagan (2015) did find some significant reductions in loneliness for those attending a day centre programme for the first time, and a reduction in emotional loneliness for those widowed, divorced or separated or those living with their children. There is no assumption that participating in a day centre programme will directly reduce loneliness therefore, but the wider benefits of attendance are indicative of helping to address loneliness (Hagan, 2015). The ability to remain in the community provides older persons opportunity to 'age in place' for example rather than in residential care, promoting their mental and social wellbeing (Davey, 2006; Ron, 2007). In addition, day centres are able to promote independence and autonomy for older people who require regular support to continue living independently, thus enabling older people to be active participants in society (Clarke et al., 2003; Close, 2017). Newcastle City Council (NCC), the local authority in which the collaborative partner of this study is situated, commission the services of five-day centres; of which three are specialist (for people with physical disabilities, dementia and learning disabilities) and two generalists (for the use of all older people) (NCC, 2023). The collaborative partner has remained exempt from this

list. This contrasts with the day services available through neighbouring local authorities such as Gateshead Council who note they have ‘a number of day centres across Gateshead that are open to people aged 65 years and over’ (Gateshead Council, 2023).

Day centres are also understood to provide carers of attendees a short respite thus enabling their employment (Schmitt et al., 2010; Fawcett, 2014) and improve attendees self-esteem and sense of control (Ron, 2007). Given that reasons for attendance are associated with prior social isolation, poor wellbeing, retirement and widowhood (Fulbright, 2010; Marhánková, 2014; McHugh et al., 2015) and such attendance is understood to improve the mental health, quality of life, resilience and life satisfaction of attendees, (Aday et al., 2006; Dabelko-Schoeny & King, 2010; Fulbright, 2010; Fawcett, 2014), the literature indicates that day centres have a potentially significant role to play in addressing loneliness. Examining the type of social environment they sustain, for example, might go some way to understand the nature of this role. Day centres are understood to promote nurturing relationships (Wills, 2012) and nurturing environments are known to promote human wellbeing (Biglan et al., 2012), but precisely how this relates to loneliness in old age is unknown. It is also important to acknowledge that since their creation, day centres have undergone significant modifications to suit the changing needs of their clientele, which differs from other interventions that are more static in the nature of their service delivery. At their core, day centres are driven by a genuine wish to support people at a community level, but their well-meaning intentions exist within a very different and often hostile wider environment.

2.6.5 *Perceptions of responses to loneliness*

Perceptions of day centres by attendees, while an under-researched area, are generally negative (Orellana et al., 2020a) and thought to be attributed to their association with welfare contributing to increased stigma around the service (Tester, 1989; Ingvaldsen & Balandin, 2011). This is despite day centre attender’s characteristics being understood to be indicative of relative deprivation, but not necessarily, with a variety of self-funders and local authority means tested reported (Orellana et al., 2020a). Orellana’s (2018) doctoral research on attender’s characteristics found that negative preconceptions were mainly in the older aged participants and positive ones among those aged 83 years or younger, but ignorance

and knowledge of day centres were at similar levels across age groups. For the older old especially, day centre attendance is associated with declaring oneself 'deficient' in some way (Titmuss, 1968; Lymbery & Postle, 2015), but existing research appears unwilling to explore and de-construct this narrative. It also raises a question of expectation of how attendees and service users more generally should demonstrate the value they place in an intervention.

Embedded in the literature on loneliness interventions, sits an argument for the benefits of gratitude as a means to improve life satisfaction (Emmons & McCullough, 2003), which speaks to the individualistic nature of loneliness interventions more generally as it is assumed older people ought to feel grateful if their interventions are to be effective. Gratitude is a positive emotional response to the recognition that someone has brought benefits into a person's life (McCullough et al., 2001). The social and psychosocial benefits of gratitude are well documented (Emmons & Mishra, 2011) but more recent research has evidenced its protective and predictive role, with links made between loneliness and gratitude (O'Connell et al., 2016). Bartlett and Arpin (2019) found that loneliness acted as a mechanism for gratitude's differential impact on subjective wellbeing, likely due to gratitude being associated with the maintenance of high-quality relationships and encouraging relationship formation (Algoe et al., 2008). O'Connell et al. (2016) found the negative association between gratitude and physical health impairment to be significantly mediated by loneliness. This is consistent with Burcat (2010), Feng (2011) and Caputo's (2015) research, who each found loneliness and gratitude to be negatively correlated. While exploring ways to promote gratitude, through methods which convey genuineness and respect, is clearly important when identifying and designing loneliness interventions, there are also risks when using gratitude as a key virtue or moral quality in the context of this study.

Gratitude is defined as 'the quality of being thankful; readiness to show appreciation for and to return kindness' (Gratitude, 2020). As we broadly understand loneliness to be a discrepancy between desired and actual social relationships resulting in a distressing emotional experience (Russell et al., 1980; Hawkley & Cacioppo, 2010), the notion of expecting community members to demonstrate a readiness for gratitude is ethically flawed, especially in the context of COVID-19. McCullough, Emmons and Tsang (2002) conceptualise gratitude as both a trait and a state; first as a broad predisposition to appreciate the world in a positive light then

at an individual level as feeling grateful and appreciative of a positive outcome (Emmons & McCullough, 2003; Emmons, 2007; Wood et al., 2010; Boggiss et al., 2020). Its meaning is directly linked therefore to the term appreciation as gratitude instigates appreciation for others (O'Connell et al., 2018). Appreciation as a notion holds less expectation than gratitude however and focusses more on the enjoyment of someone or something's good qualities rather than a readiness to demonstrate the response. Adler (2002) defined appreciation as acknowledging the value and meaning of something and subsequently feeling a positive emotional connection to it. In this respect, gratitude is appreciation with more depth. Appreciation is understood to promote more satisfying relationships, positive affect, and improved coping with stress (Schneider, 2001; Adler, 2002) and is thought to facilitate and enhance subjective wellbeing. The academic interest in appreciation, along with gratitude, should be approached with caution however, as the assumption older adults could or should demonstrate gratitude as a result of attendance is deeply problematic, especially given the long-term impact of over a decade of austerity cuts which have disproportionately affected deprived areas (Guardian, 2020).

2.6.6 *The future of the day centre*

With day centres not formally identified as loneliness interventions, and ethical concerns for the narrative of gratitude in this context, it remains unclear how day centres could or should best be framed in this research area. This is a challenge best understood in the context and realities of the care market, which continue to shape and restrict the everyday practices found in day centres. For example, the policy of personalisation, the marketisation of social care and incessant budget cuts continue to impact, shape, and restrict day centres for older people (Orellana et al., 2020a). Between 2010–2011 and 2013–2014, day centre places in England dropped by 66.9% (178,700 to 59,125) (Age UK, 2015). These numbers refer to older people using local authority-provided or commissioned services; the numbers of people self-funding their day centre attendance nationally remain unknown (Orellana et al., 2020a). There is also a lack of recent data on the number of day centre places in England post-COVID-19.

Analysis of the implementation of the personalisation agenda has critiqued day centres' inadequately transparent resource allocation systems, lack of financial resources required for successful implementation, their unsuitability and

ineffectiveness for different groups of people along with a failure to acknowledge the varying circumstances of different groups of people (Roulstone & Morgan, 2009; Needham, 2012; Lymbery & Postle, 2015). Given the lack of national data on day centres and lack of in-depth understanding of their services (Manthorpe & Moriarty, 2014) however, this hyper-focus on their limitations is misleading. For example, debates related to the lack of choice in day centres (Lymbery & Postle, 2015) do not account for the influence of the marketisation of social care on shaping this (lack of) choice. Nor does it account for the time consumed by services repeatedly identifying and applying for appropriate funding (Lunt et al., 2020). Indeed, Orellana et al.'s (2020a) scoping review found that building-based day centres, while commonplace, were massively under-researched as whole services. Day centre outcomes have also largely been overlooked beyond those of attendees, restricting our understanding of the nature of the place day centres occupy in the English care market which is otherwise known to prioritise prevention, early intervention, carer support and assistance to remain independent (Orellana et al., 2020a).

In-depth understanding of the role day centres play in the lives of older people is needed if the criticisms of day centres (Roulstone & Morgan, 2009; Needham, 2012; Lymbery & Postle, 2015) are to be meaningfully challenged. This understanding should also reflect the realities of the care market to ensure evidence is not guided by an eagerness to shift the responsibility away from local authorities (Miller et al., 2014) but sensitive to the challenges that day centres have faced over recent decades. Updated and contextual evidence is needed now to mark a path forward for day centres, as an array of new loneliness-based initiatives such as social prescribing risk changing the landscape of community services for better or worse.

2.6.7 *Social prescribing*

The term social prescribing refers to the process of connecting people with health problems to practical, social, and emotional support within their community (National Voices, 2020). This varies greatly and might include help or advice with employment, housing or benefits, or encouragement to engage in a social activity. GPs, or other health professionals thus refer people for non-medical support. The service was initially developed for older adults, allowing them to meet with a 'link worker' whose role is to understand what matters to the person who has been referred, work with

them to develop an action plan, and help them to identify and access appropriate local activities and sources of support (*Ibid*, 2020). National Voices (2020) report on the process of rolling out social prescribing found NHS England to have made a significant commitment to ensure the service is widely available across the country, including the recruitment of over 1,000 specialist link workers during 2020/21, with more intended in the near future.

During the COVID-19 pandemic, the importance of social prescribing came into sharp relief as the Voluntary, Community and Social Enterprise (VCSE) sector assumed responsibility for local responses. Many schemes for example, reoriented their services to support those shielding, moved to online or telephone delivery of existing services, and intervened where existing community services were no longer able to operate (National Voices, 2020). Others such as 'Care View', used satellite technology to tackle social isolation and loneliness in urban areas, with the help of professional local volunteers who registered on the app when they thought people may be experiencing social isolation. While social prescribing is a promising healthcare intervention that can enhance health and wellbeing via social connection mechanisms (Wakefield et al., 2022), and is being applied more widely for different health behaviours, the evidence base for its effectiveness in reducing loneliness is weak (Costa et al., 2021), but its growing popularity across health and social care in England cannot be overlooked, especially when we consider the extent to which society has changed since the pandemic.

2.6.8 *The COVID-19 pandemic*

While social and political tensions were rife long before the COVID-19 pandemic, a marked shift is apparent in the literature since then as the public discourse at this time sought to misrepresent and devalue the lives of older people. The pre-existing ageist discourse evolved during this period to consider older adults as vulnerable and helpless to COVID-19, excusing their high mortality rates as inevitable (Fraser et al., 2020). Such ageism is embodied by the hashtag #BoomerRemover which received considerable attention and endorsement across social media sites during the pandemic (*Ibid*, 2020). Of course, this ageist discourse is not exclusive to the UK, and this is significant when thinking about wider social attitudes towards old age. Public authorities in France failed to report mortality figures for older adults in nursing homes, suggesting their deaths were insignificant, and a Canadian city requested all

adults over the age of 70 sign up for the ‘vulnerable person registry’ which resulted in many older people experiencing public scorn or criticism when leaving their homes to exercise (Fraser et al., 2020; Meagher, 2020).

The nature of this discrimination is deep-seated. In the context of emergencies more generally for example, the needs of older persons globally are simply not met, despite being at increased risk of experiencing problems relating to their mobility and cognition as well as social and economic issues (Hoffman, 2009). The culmination of these factors means that an older person’s ability to respond to and function during emergency situations is negatively impacted (Aldrich & Benson, 2008; Hoffman, 2009). Biological factors associated with decreased immune system activity also place older persons at higher risk of infection (O’Sullivan & Bourgoin, 2010) and secondary bronchial infections (Flemming & Elliot, 2005). Indeed, the WHO (2020) acknowledged from the outset that older people were at risk for severe disease of COVID-19. However, with amendments to the Care Act 2014, made under the Coronavirus Act 2020, the duty of local authorities to meet a person’s eligible needs for care and support was significantly weakened, unless there risked a breach of the person’s rights under the European Convention on Human Rights which itself has been critiqued for having limited application to the lives of older people (Community Care, 2020). Despite criticisms from the British Association of Social Workers (BASW) for the delay this would cause to action, the Coronavirus Act was in effect until 25 March 2022, spanning the duration of this research project.

While COVID-19 exposed the already pervasive ageism present in modern society, it has arguably also given rise to new forms of prejudice, such as ‘caremongering’, a social movement driven by social media to help individuals affected by COVID-19 (Vervaecke & Mersner, 2021). The movement illustrates the manifestation and implications of compassionate ageism using stereotype embodiment theory. It recognises that stereotypes can be a mix of perceptions rather than being exclusively positive or negative. In this instance, research demonstrates that older people are typically stereotyped as warm and likeable, but consequently incompetent and dependent (Cuddy & Fiske, 2002). The COVID-19 pandemic has intensified experiences and examples of age discrimination and catalysed discussions motivating society to think more critically about the various forms and subtleties of ageism. As a result, there is a need for more contextualised and

modernised understanding of ageism and how it relates to other experiences in old age, including loneliness.

Perhaps unsurprisingly, Chapman, Longlands and Hunter's (2020) report on the potential impact of COVID-19 on the third sector in the North of England, found that the pandemic had a disproportionate impact on those communities with the highest levels of inequality and deprivation. With the implementation of a nationwide 'lockdown', a period of enforced isolation, so too came an increase in depressive symptoms in adults across Great Britain (ONS, 2020). The ONS (2020) reported that one in five adults (19.2%) were likely to be experiencing some form of depression during the coronavirus pandemic in June 2020; this had almost doubled from around 1 in 10 (9.7%) before the pandemic (July 2019 to March 2020). 84.9% of adults also reported feeling stressed or anxious during this period (ONS, 2020). Brooks et al.'s (2020) rapid review identified five main stressors contributing to these scores: its duration, fears of infection, frustration and boredom, inadequate supplies, and inadequate information- suggesting that the psychological impact is wide ranging, substantial, and long lasting.

Older people with pre-existing vulnerabilities including digital exclusion and economic precarity were at greater risk of fatality during the lockdown period. Both urban and rural counties with larger older populations were found to be more vulnerable to COVID-19 infections, which were then more rapidly exacerbated over time in urban areas. This underscores the importance of early action in achieving effective intervention and prevention (Choi & Yang, 2020), but also that race and ethnicity were identified as major risk factors for COVID-19 in old age with structural racism understood to magnify age-related risks for black and Latinx persons (Garcia et al., 2020).

With the implementation of lockdown restrictions, so too came anxiety related to infection and illness, the economic situation, and social isolation due to precautionary measures (Armitage & Nellums, 2020). Negative changes in mental health as a result of lockdown were also reported beyond the UK (González-Sanguino et al., 2020), as was wellbeing (Zacher & Rudolph, 2021). Indeed, the pandemic had substantial adverse effects on older adults' emotional wellbeing and loneliness globally (Macdonald & Hülür, 2021). Macdonald and Hülür's (2021) study examining how the pandemic affected Swiss older adults' loneliness found only one functional feature of social relationships (satisfaction with communication during the

pandemic) buffered adverse effects of the major stressful event. It is also notable that most of the reported adverse effects were interlinked with the limitations on people's freedoms, while voluntary quarantine was associated with less distress and fewer long-term complications (*Ibid*, 2021). Poor information from public health authorities in particular was identified as a stressor during the lockdown period (Brooks et al., 2020).

Outlining how public policy can help globally, in Aotearoa New Zealand, Walker (2020) stressed the need to prioritise those already lonely. Walker also made clear that the COVID-19 induced lockdown was the 'same storm, different boats', highlighting once more how the pandemic's adverse effects on loneliness were experienced in a far worse manner than by those from low-income backgrounds (Walker, 2020: 23). During the Level 4 lockdown in New Zealand for example, those with more comfortable living arrangements and access to resources including food and internet, were reported to have felt the impact of loneliness less than those who did not (*Ibid*, 2020).

The outbreak of COVID-19 has and will continue to impact responses to loneliness. Whilst its long-term impact is yet to be understood, there remains an emphasis on reshaping the role of community; calling on neighbours of older persons to run errands on their behalf, urging older individuals to remain in contact with loved ones virtually and asking the media to deliver messages in a less ageist manner (Campaign to End Loneliness, 2020), suggesting a capacity for change and a willingness to re-think how we frame approaches to loneliness. These modifications were driven by a desire to minimise the fear amongst older people that had been growing (Age UK Scotland, 2020; Campaign to End Loneliness, 2020). The relationship between loneliness and fear is under-researched, though it is suggested they are inter-dependent with one able to exacerbate the individual's experience of the other (Jakobsson & Rahm Hallberg, 2005). Precisely how these factors interact remains unknown, especially in the lives of older people, which vary significantly.

2.7 Conclusion

The narrative review of the literature presented here has highlighted the extent of existing understandings and their implications for society. By introducing my theoretical perspective of a critical relational feminist gerontology within a social

practice turn, this chapter also exposes the limitations of these understandings and the subsequent gaps in knowledge. Addressing these gaps is necessary to better engage with the complex reality of this research area in a post-COVID-19 world and understand why my co-researchers might express different or similar experiences. Perhaps more importantly, this chapter demonstrates a need to carry out research in a different way, where the lived experiences of older people are genuinely listened to, valued and acted upon. The following chapter on methodology presents this study's participatory action research design, my epistemological and ontological positioning and the methods chosen.

Methodology: PAR in a pandemic

This chapter provides an overview of the methodology applied for this thesis and includes reflective discussion of the practical, ethical, and conceptual challenges faced. Building on the previous literature review which outlines the background context to the research and relevant theoretical perspectives, I will first detail my epistemological position and consequential journey to PAR before discussing the nature of the approach in more detail, including its relevance to gerontological loneliness research. Reflecting on the practical methodological decisions made, I present a background to my co-researchers, reflecting on the recruitment process and the notion of 'sampling' in PAR. I will then explain the different methods employed, with consideration of the continuous impact of the COVID-19 pandemic before presenting co-researcher as a form of ethics, drawing on a range of ethical and research governance approvals and considerations, including the issues of consent and positionality that shaped this research. Finally, I will discuss the (collaborative) data analysis carried out and its role across the different phases of research.

3.1 Rationale for a participatory approach

To justify the participatory approach taken and provide a foundation for my own epistemological position, I will first detail the areas of critical social gerontology, social work and the marginalisation of older people that have helped shape my stance. I consider myself a critical social gerontologist, a subfield of gerontology concerned with the sociology of ageing and the critical perspective. Drawing on traditions dedicated to improving the quality of life of older people, I consider positivistic approaches to be limited for understanding social aspects of ageing and loneliness. Non-experimental ways are needed to examine, interpret, and enrich knowledge about the topic of loneliness in old age. I draw on critical theory to the extent I believe knowledge should be emancipatory if the hierarchies present in gerontology are to be appropriately challenged. Biomedicalisation is one such prevalent hierarchy, which is effectively used to reinforce the 'problem' of old age narrative by emphasising the potential physical challenges that older people may experience. The burden narratives in public discourse that emerge as a result

overshadow individual biographies and obscure processes of discrimination (Phillipson, 1998; Chambers, 2004). I am critical, not dismissive of the biomedicalisation of ageing as its prevalence has created a dominant discourse that has overlooked some key areas in the field of ageing and wellbeing, especially in relation to the experience of loneliness.

Social gerontology's origins can also be traced back to social work, having evolved from the relationship between direct practice with older people, the organisations serving them and policy advocates (Estes & DiCarlo, 2016). As a qualified social worker, my position is inevitably formed by this tradition. Issues of social justice, agency and autonomy, inclusion and equality are key to critical gerontology and enable gerontological social workers new ways of approaching practice that better align with the values of the profession (Donnelly & Torres, 2022). Consequently, I am conscious of the relevance and reality of the social care system in England, where this research has been carried out. Its reliance on family members, inadequate supply of care workers and limited availability of health and social care services generally has shaped the tradition of social work with older people to become one of critical and undervalued practice (Donnelly & Torres, 2022). Indeed, gerontological social work remains marginalised internationally, with an ever-increasing threat of its dissolution as a specialist area of social work in England (Milne et al., 2014).

With regards to research, older people are a marginalised group, and their experiential knowledge and lived experience too often become silenced or devalued (Seppänen & Ray, 2022). By devaluing experiential knowledge, we silence those older people who experience abuse, discrimination or oppression and lose the valuable knowledge they have to offer and consequently limit much-needed opportunities for practice enhancement. By excluding the lived experiences of discrimination, such as ageism and racism, their narratives are erased from scholarly debates and policy relevant to social work and personal social services, as well as in research on old age generally (Torres, 2019). This goes against the principles of social work which aim to instigate change through 'reflecting on structural sources of oppression and/or privilege, on the basis of criteria such as race, class, language, religion, gender, disability, culture and sexual orientation' (International Federation of Social Workers, 2014).

In acknowledgement of the realities of the traditions that have shaped me as a researcher, I looked for an approach to research that could critically engage with such discourse while still enhance the lives of older adults. Participatory action research (PAR) is an approach to research which endeavours to work with communities through collaboration to establish understanding and action (McIntyre, 2007). The communities involved are expected to maintain agency throughout by being involved at all stages of the research process including identifying and defining research questions, selecting appropriate methodology, carrying out the research, writing up and disseminating findings with a view to use such findings as the basis for social action (Blair & Minkler, 2009). It was this idealised commitment to people that first drew me to PAR. As an orientation, its underlying ethos and values about who has the right to create knowledge were attuned to the same social work values of promoting human rights, social change, development, social cohesion and the empowerment and liberation of people (IFSW, 2014) that I had recently committed to during my social work training. While I was initially cautious of the burden of the PAR ideal, the celebration of everyday experience as a source of knowledge and the belief that to understand something is to change it were unanimous with my own epistemology.

The intention when I chose to apply a PAR orientation, was that practical knowing could be revered in gerontological loneliness research. I consider knowledge to be dynamic, emergent and unpredictable, but in light of my critical gerontological social work positioning I also recognise the confines of ageist societies, which seek to erase the experiences of older people beyond that which is measurable. COVID-19, while relentlessly challenging, highlighted the dynamic nature of knowledge for older adults especially. Indeed, ‘there are no fixed answers because answers become obsolete in a constantly changing present’ (McNiff, 2013: 29). PAR is interlinked to the values present within transformative, critical, and participatory paradigms given its focus on identifying and challenging social injustice through social transformative means (Kemmis et al., 2014). While PAR is an accepted approach to critical gerontology (Ziegler & Scharf, 2013), given the focus on involving people in the production of knowledge, it is not an approach too often employed. Theoretical frameworks informed by the paradigmatic location of the researcher and subsequent chosen methodology are considered important aspects to address if the orientation is to become more widespread.

This thesis intertwines multiple narratives through co-production, to tell a collective, non-linear story about a group of individuals, heavily focussed on the experiences of loneliness. The suitability for PAR and loneliness is not one well reflected in the literature, at least for projects working with older adults. That said, I think the potential suitability has always been apparent if we read between the lines of what is already known. For example, it is widely understood that loneliness is a subjective experience, meaning no two experiences are the same (de Jong Gierveld, 1987; Andersson, 1998), though it is most often defined as perceived social isolation and extremely unpleasant in nature (Weiss, 1973). Addressing power differences is essential for researching loneliness because of the discrepancies in experiences. Engaging in survey questions focussed only on ideals related to perceived social contact risks an exasperation of feelings of loneliness and also reinforces hierarchical forms of knowledge production. If we consider power in relation to silence amongst marginalised groups though (Freire, 1970; Rich, 1979; Maguire, 2001), it is notable that PAR emphasises that listening to co-researchers is to empower them. Listening to and reflecting on these voices from the ground up is a potentially empowering strategy providing that personal experience is embraced as a source of legitimate knowledge (Maguire, 2001).

3.2 Epistemological positioning

To justify my own epistemological position, I must first recognise the changing physical and material conditions caused by the pandemic that have had a significant impact on older people's lives, especially those I have worked with. I commenced this project assuming a broadly social constructionist perspective, a theory of knowledge which offers a perspective that people negotiate their identities everyday through social, cultural, and individual processes (Stephens & Breheny, 2018). As an outsider, I was drawn to the importance of language in shaping people's lives, with discourses such as 'lonely', 'vulnerable', 'old man' or 'old woman' and their implications being easily observable (*Ibid*, 2018). With the commencement of fieldwork and the worsening of the pandemic however, the need to acknowledge materiality as assuming a significant role (beyond a mere component of social constructionism) became more necessary, as did the need to acknowledge those unobservable but real events shaping the social world. It was at this point I started to side with critical realism as a position that 'does not wholly answer to empirical

surveying or hermeneutical examination' (Archer et al., 2016) as a way to acknowledge the existence of an external world that cannot be known without being perceived, highlighting that the construction of knowledge is socially dependent on the consciousness of social beings and is emergent in nature (Archer, 1988). The physical conditions of co-researchers continued to change radically however, as did the physical site of the day centre. Meaningful materials became increasingly important as the day centre sought to reconstitute resources, delivering emergency food to their locality. During this time, I found Bhaskar's (1983) position on temporality to be particularly limiting, as 'social structures are to be earthed in space and situated in time and space/time is to be seen/scene as a flow' (p. 93). This was contrary to the realities of my co-researchers, whose engagement in research along with their experiences of loneliness and connection remained in flux rather than in flow.

Committed to the ethos of participatory research, my epistemological position was also drawn toward critical realism as an opportunity to embrace different ways of knowing and attempt to dismantle those social structures working to marginalise older people. That said, my critical realist position is critical of Bhaskar's (1989) distinction between the intrinsic actions of people and those structures able to transform and reproduce social activities. Instead, where depth ontology makes a distinction between the 'empirical', the 'actual' and the 'real', *flat* ontology holds that phenomena is instead laid out on one level of reality (Schatzki, 2016). By embracing Schatzki's flat ontology with a critical realist lens, I can acknowledge and identify contextual constraints while negating a distinction between micro and macro levels to ultimately achieve social transformation.

Dissociated entirely from empiricism, critical realism accepts the ontological difference between physical and social reality while embracing and acknowledging societies capacity for change (Archer, 1988), mirroring the ethos of participatory research and social work. Flat ontology depicts 'social life as a complex and developing mosaic of continuity and change' (Schatzki, 2016: 40). My conceptualisation of temporality and materiality are drawn more from the work of Schatzki than critical realism, therefore. By embracing the material dimension of society as a 'relatively hard form that shapes social life' (*Ibid*, 2016: 32) there is capacity for materiality to continually evolve while still acknowledging the role of the physical and the social. With this lens, social phenomena, such as loneliness, are

‘slices’ of a mass of linked practices and arrangements. As such, an equally flexible and community-led methodology is needed if the site of the social, that is constantly changing through time, is to be meaningfully understood.

3.3 PAR and its application in gerontological loneliness research

PAR employs a collaborative partnership approach which ensures that communities have as active a role in each phase of research as they wish (Israel et al., 2008). By outlining the power profile from the beginning of research, it is hoped that PAR evokes a ‘constant reflexive dimension’ which will inform the whole research process right through to its dissemination (Arcidiacono et al., 2017). The dialogic framework PAR embodies enables participants involved to become active co-researchers (Schiau et al., 2018). Consequently, PAR is an empowering process for those involved, as they develop a sense of control and involvement in the frequent decision making (Zimmerman, 2000; Blair & Minkler, 2009; Ritch & Brennan, 2010). Simultaneously, PAR has the ability to enhance the impact of qualitative research which itself seeks to embrace the richness of human experience with an emphasis on building rapport, through its co-impact process (Willig, 2013; Wright-Bevans & Richards; 2020). The term co-impact refers to the dynamic process of social and economic change made possible through PAR (Banks et al., 2017). It is also a co-learning process in which co-researchers develop new skills and concurrently share their expertise, enhancing researchers’ knowledge claims and awareness. Fundamentally, PAR goes beyond the typical participant-researcher relationship and achieves actual change through a unified long-term commitment to social justice (Israel et al., 2008; Schiau et al., 2018). Precisely how this is achieved depends on the approach taken. Maurer and Githens (2010), for example, define three major approaches to action research; Conventional, which claims value-free interventions and is common to internal organisational research; Dialogical, concerned with finding space between different social groups; and Critical, operating from a political, value-led approach to problem-solving. PAR is also alluring for researchers investigating sensitive topics because the approach promises a tangible and positive outcome that will make the ‘pain’ worthwhile (Klocker, 2015).

While it is hoped that PAR be ‘participatory, collaborative and cooperative, equitable, critical, reflexive, emancipatory, liberating, transformative, capacity building, empowering, and inclusive of interconnected research and action’

(Benjamin-Thomas et al., 2018: 1), it can also be considered a 'Cinderella area' of research (Hampshire et al., 2005). This is in reference to the alternative underpinnings of the approach, which are themselves complex and wide-ranging. For example, Lewin (1946) first coined the term 'Action Research' to acknowledge that the host community should establish the projects guidelines which then saw a new emphasis placed on the role of the community in research but ultimately concerned itself with testing and generating theory for academic means. Lewin still influenced other influential work in the same era however, which sought to engage in research that captured the voice of local people, detailing their concerns without the involvement of a professional (Kindon et al., 2007). Freire (1970) then took this further in Brazil by developing community-based research processes to encourage people's participation in the production of knowledge and social change. Yet, in these instances the research's aims were still being constructed, driven and achieved by researchers. Fals-Borda (2006) helped to reshape this by reidentifying the 'researched' as 'co-researchers' involved with the project from its initial creation to its dissemination. Indeed, Fals-Borda helped to finetune a crucial essence of PAR; academics must relinquish control. That said, Fals-Borda's (2006) understanding remains focussed on PAR researchers being part of a movement for change hence his use of the acronym P(A)R to highlight how researchers should be pushing more for participation than action which will occur naturally (Fals-Borda, 2006; Kindon et al., 2007).

3.3.1 *Ethical principles*

PAR is a negotiated process developed between people who have agreed to work together to solve a particular issue, so its progress inherently reflects an ethical commitment to creating conditions for social change to be used by the community for their own purposes (Lewin; 1946; Freire, 1970; Fals-Borda, 1979; Martín-Baró, 1994). With PAR's capacity to maintain a better balance of power between academics and participants, however, so too comes the challenge of negotiating and renegotiating this power, along with challenges of building relationships, achieving change and reflecting on positionality. As PAR is not a uniform practice, I also anticipated unforeseen complexities that would emerge in line with the progress of the thesis. Indeed, there are layers of risk and emotion in PAR that continue to emerge and demand addressing. Particularly, there is risk that the concept of

participation is presented as a set of techniques rather than a commitment to working with communities, which may result in the reproduction, rather than the challenging of, unequal power relations (Kesby, 2005). Framing PAR as an ethical praxis of care (Cahill, 2007) offers some way of addressing these ethical challenges as the emphasis shifts from simply not doing harm (Gilligan, 1982), to emphasising relationships and the responsibilities involved in working with communities to create safe spaces. Taking a 'slow ethics' approach also enables lead and co-researchers to stop, reflect and reconsider actions to take into account the people and circumstances as well as consideration of ethical values and principles (Banks, 2021).

3.3.2 *The cyclical process*

The iterative cycles of action and reflection that have gradually become foundational to PAR's core elements also make it unique from other forms of research (Fals-Borda, 2006) as it inherently rejects linear progression (Abma et al., 2017). While PAR renounces linearity with good reason, adaptations to Lewin's action-research cycle rarely, if ever, offer a non-sequential framework. As an alternative method of social enquiry, PAR employs a collaborative partnership approach to ensure that communities have as active a role in each phase of research as they wish (Israel et al., 2008). Unlike other approaches to social inquiry, PAR recognises the importance of experts by experience and values the process of research as much as the results generated (Kindon et al., 2007). The values of empowerment, supportive relationships, social change, and learning as an ongoing process are considered foundational to PAR (Nelson et al., 1998). Many researchers use such values as an orientation to carry out a meaningful PAR project, though it is acknowledged there is little guidance to do so (Littman et al., 2021). In such instances, value clarification processes might be made and recorded as a collective to influence the subsequent cycles, and yet the individuals forming these values remain absent as they are not individually represented, as was a methodological challenge of this thesis.

Despite the acknowledgement that in practice, cycles of PAR are expected to be messy and non-linear as part of the journey from which change can emerge (Bendien et al., 2022), this mess is typically written out of published PAR accounts because it is not seen to be a formal part of the research cycle (Cook, 2009). In doing so the role of mess, and co-researchers' individual reflections on and during it,

risk being unincorporated and even entirely absent from the process. This is despite PAR researchers being expected and encouraged to embrace the messiness as part of the process (James et al., 2008). It appears there is little consensus on how to formally do this, though researchers such as James and colleagues' (2008) have recommended practical steps to keep PAR researchers on track, including building the synergistic process of the PAR team. Such processes are not innately supported by the PAR cycle however, despite it being key to the participatory element of the research. The cyclical process is concerned with moving toward change through structured or unstructured means, but this change is limited to action or learning being sought, limiting its capacity for change (Kemmis et al., 2014).

The cyclical process is imbued with creativity and new avenues for connection are possible with each iteration (Drummon & Themessl-Huber, 2007). The cycle of look, act and reflect seeks to create a connected knowing, ideally through transformative learning, but requires a researcher's skill to guide the way (Abma et al., 2019). While problems are considered necessary to enable researchers to rework and reshape the project accordingly, at each stage of the process, the relations between problems and solutions enfold and subsequently require the researchers to 'continuously become the friend of the problem' (Drummon & Themessl-Huber, 2007: 440). This was notably more challenging in the context of loneliness research given increased reluctance to assume positions of responsibility, though critical reflexivity went some way to resolving this.

3.3.3 *Power*

Power is a major issue in PAR, as the challenge to root participation in an emancipatory framework and challenge the oppression faced by older people in the context of an ageing society, is needed to create suitable conditions for older people's meaningful participation. This is in opposition to current ageing and loneliness policy frameworks presenting the participation of older persons as unproblematic and without barriers, which is a distorted and prejudiced view (King & Calasanti, 2006; Minkler & Holstein, 2008). For example, previous PAR with older adults have reported significant difficulty in recruiting and retaining participants (Blair & Minkler, 2009). This is both in relation to continued interest in participation and also practicalities like illness, loss and death of co-researchers. An emancipatory framework has been used with success in previous PAR studies working alongside

older persons though, in which genuine participation has been achieved (Raymond & Grenier, 2015). However, Benjamin-Thomas et al.'s (2018) critical interpretive synthesis identified the physical environment within PAR to be potentially problematic for the social participation of older adults. This is due to an accumulation of institutional factors, problematised policies, socio-political dimensions of age-friendliness and sociocultural forces (Benjamin-Thomas et al., 2018). Indeed, language barriers and available activities and services are understood to negatively impact positive ageing for older people (Fang et al., 2016).

3.3.4 *PAR and gerontological loneliness research*

Barriers relating to epistemological issues and power issues present serious challenges to PAR, making it all the more important for researchers to recognise the approach's complexity and diversity, which should be constantly reshaped and negotiated within specific contexts (Cargo & Mercer, 2008; Benjamin-Thomas et al., 2018). Within the context of ageing and loneliness, PAR has the ability to address major issues relating to power and control, providing older persons with the opportunity to detail their experiences of loneliness and how they propose to address it. Simultaneously, however, PAR also risks being constrained by broader ageist beliefs and practices given the complex prevalence of ageism (Benjamin-Thomas et al., 2018). The challenges and barriers for enabling older adults to become co-researchers that relate to ageism, classism (and other forms of discrimination) as well as practical issues like access and understanding are real and demand serious consideration.

To ensure PAR was best placed to explore loneliness as a research topic, I relied on Heron and Reason's (2001) practice of co-operative inquiry, of which reconceptualisation offered an extended epistemology integrating experiential, presentational, propositional, and practical ways of knowing to detach completely from experimental science. Reason (1988) identifies this to mean that participants be fully involved in creative thinking and active in open negotiations, though I would argue 'full' involvement need be whatever the older person deems most appropriate. It is important and relevant for the exploratory study of loneliness though because loneliness is an embodied and highly subjective experience (Noone & McKenna-Plumley, 2022), so benefits from the full range of human capacities and sensibilities that are acknowledged as viable instruments of inquiry in this context. With practical

knowing emphasised over the other forms, the inquiry method is both informative and transformative, characteristics well suited to the subjective feeling of loneliness that is closely related to aspects of one's social world such as social integration (Stevens & Westerhof, 2006), social support (Menec et al., 2020), and perceptions of social threat (Cacioppo & Hawkley, 2009).

Achieving the participation of older people in PAR is not a straightforward process. Tensions around authority and trust are major issues to address, especially if 'paradoxes of participation' are to be avoided (Ospina et al., 2004). The term warns of the danger of assuming all members are willing and able to engage in the inquiry process (Ospina et al., 2004; Arieli et al., 2009). The paradox of participation reinforces the gaps in power and resources that the action research was meant to address (Arieli et al., 2009). For example, there is a risk older people especially might feel neither qualified nor interested in assuming the role of co-researchers thus creating an imbalance in power dynamics. This was a reality for this project, as members initially felt cautious of assuming co-researcher roles. As PAR sits within the participatory paradigm where research is understood to be a problem-solving process however, it criticises detached and objective knowledge (Reason & Bradbury, 2001) and instead recognises knowledge as being transformative through systems of oppression (Freire, 1970). PAR thus anticipates hesitation, complications and disagreements and looks to the communities themselves to address such issues. Facilitating the necessary space for this, where members feel valued and heard, is thus crucial. While such qualities were already intrinsic to the nature of the collaborative partner, the pandemic meant this space was not physically accessible. Instead, efforts were made to reconstruct this space remotely by following pre-existing patterns of communication and operating as a nuanced extension of the day centre.

3.3.5 *Reflexivity*

Critical reflexivity involves 'careful interrogation of the grounds upon which taken-for-granted, or normative claims about knowledge are generated and accepted, along with the situated perspectives from which knowledge claims are produced' (Leblanc & Kinsella, 2016: 73). Critical gerontology though, is concerned with the ageing process, occurring within various social structures and systems, as well as the influence of socioeconomic and political factors (Freixas et al., 2012). Critical

reflexivity thus offers an opportunity for critical gerontologists to engage with older people, uncovering their values and assumptions while also challenging power dynamics in professional relationships (Badwall, 2016). In particular, applying critical reflexivity is a valuable way to challenge ageism as it encourages professionals to recognise and challenge assumptions, values and beliefs around the ageing process (Ray, 2008; Flores-Sandoval & Kinsella, 2020), hence why I assumed a critical relational feminist gerontological position within a social practice turn.

Indeed, PAR appeared well placed to critically engage with the realities and frameworks surrounding social gerontology, especially Active Ageing, which I identified as an area of concern in the previous chapter. Active Ageing, a competency-based framework that attempts to highlight the capabilities and wishes of older people living in the community (Bowling, 2008; Cloos et al., 2010; Van Malderen et al., 2016), remains widespread. However, if applied without careful consideration, Active Ageing frameworks work to problematise and individualise loneliness in old age, hence the decision to create the 'safe and connected' scheme where postal workers call on lonely older people as part of their usual delivery rounds (DCMS, 2018: 67), rather than developing meaningful community-based services older people can access. When used in the context of PAR however, Active Ageing frameworks have been adapted by those with lived experience to create personal meaning and change. Van Malderen et al.'s (2016) PAR study in a residential care home in Belgium for example, referred to the framework throughout the project to activate residents to monitor and acknowledge their actions and ideas, resulting in the adaptation of the residential home to better meet the residents' expressed wishes. Such work gave me hope that this PAR research could similarly critique and reimagine relevant policies to better speak to the realities of older adults, but also exposed a naivety in my approach and a subsequent need for enhanced critical reflexivity throughout the process. To honour this identified need, the following writing in this chapter will assume a more reflective approach to writing.

3.4 Recruitment and background of co-researchers

The concept of this project emerged following the completion of a set of interviews at GWCT in 2018/19 as part of my MSW dissertation. This work explored whether loneliness was an issue of concern for clients of GWCT and what they felt they got out of attending the centre. We found that clients valued the centre's capacity to

support social connectedness, generate opportunities to engage in activities and sustain a relaxed atmosphere. Activities were particularly valued in instances where they were already familiar to clients, in their youth or early adulthood for example. It was clear however, that loneliness was a point of concern for clients, some of their carers and staff of the centre. This emerged not just as individual experiences of loneliness, but concern and awareness of the loneliness of others in their close circles. The research proposal for this thesis was thus based in the reality of the collective but was ultimately articulated by me, as an outsider, a dynamic I was sensitive to throughout this journey.

As the PAR cycle commenced, the process of recruitment began which I intended to be informal. Working in collaboration with GWCT meant being a part of the day centre, seeing its members in person regularly in their shared space and proceeding with research decisions as a collective. At the time, I assumed this would mean I would have a hybrid volunteer-researcher role, so that recruitment could be a more familiar and relaxed process but as fieldwork commenced during the lockdown period, face-to-face contact (even that of a doorstep visit) was prohibited, at least initially. The formal recruitment process I had hoped to avoid instead became the only viable option following a series of discussions with the manager. Members were thus introduced to and recruited to the project through the invitation to complete a questionnaire (appendix 4). The questionnaire was simple but focussed on enticing clients to join the project and recording initial aspirations and interests rather than actual data collection. It was initially intended that I would deliver this to each of their homes, then staff and I would support them to complete the document over the phone. Several members raised concern or disinterest however, at the prospect of filling in a questionnaire themselves and anxiety at the thought of a stranger dropping this off.

For the men especially, whilst they had informed me of their competent writing skills, it soon transpired that using a pen beyond writing a signature was too challenging and they did not wish to be reminded of this difficulty. Thus, we adjusted the method to become a telephone questionnaire instead, though some members still required (distanced) face-to-face contact to complete it as they were hard of hearing. These instances were carried out during pre-arranged shopping delivery visits with the centre. This manner of ‘doing and redoing' was very much the precedent for the rest of the project as members, clients especially, tended to only

express whether they could or would do something when it was already happening. While messy and at times frustrating for me, this process did enable co-researchers to guide and shape the nature and trajectory of the research. It also meant that the recruitment process became less formal, as members felt comfortable enough to challenge and adapt the process.

From my perspective, the questionnaire acted as a form of research initiation, where members were introduced to the research and their potential role(s) within it. Importantly, members were given space and time to chat with Jen and staff about the project and their involvement in it. This meant they could ask questions and raise concerns with a safe and familiar person before talking to me to continue the conversation. The impact of the pandemic brought into sharp relief how important and rare safe spaces were for older adults, and so centralising Jen's role became a necessity despite the limitations that arose as a result. Members were approached through the day centre manager to promote familiarity first as a general announcement during routine telephone conversations with subsequent information guides (appendix 3) then sent to everyone, administered by me. Those who expressed interest via telephone were asked if they would feel comfortable receiving a phone call from me. Following 10 phone calls, 8 members initially agreed. Those who declined were given my contact number in the event they changed their mind. Those who agreed were invited to sign consent forms (appendix 4) at the next in-person opportunity.

A small number of clients spoke with Jen about the project and decided afterward not to participate but sought updates on progress and clients with significant hearing difficulties were entirely dependent on the manager whose time was already stretched, and the possibility of physically forming a collective where members could collaboratively discuss recruitment was simply impossible. Had we had a clearer sense of the impact COVID-19 would continue to have on society and the day centre as a service, I would have dedicated more time to the recruitment process to better mitigate these challenges. Volunteering with their food delivery service for example, may have enabled clients to informally get to know me better and me them, so I could adapt approaches and methods accordingly. That said, these actions were not possible at the time given my commitments to the agreements made with the service.

The process of recruitment was far more challenging than I had anticipated. Having assumed in-person opportunities for relaxed conversation and relationship building would have been rife, the alternative telephone-based questionnaire seemed a million miles from where we should have been. I was conscious of how formalised it made the recruitment process, which was intended to be relaxed and embedded in the ethos of the day centre itself. This formality appeared to translate into a sense of expectation and is why I believe some members declined their involvement. While we were able to subtly alter the methods to suit the needs of clients, the sense of formality was a difficult one to shift and demanded a significant period of rapport building in the weeks following recruitment.

3.4.1 *Background information on co-researchers*

At the request of attendees, the centre co-ordinated one women-only group and two men-only groups per week. The women's group provided a relaxed atmosphere to chat with friends while the men's group involved more formalised support and engagement with staff. No attempt was made to obtain an equal number of men and women, as all members were considered eligible. Overall, 4 carers, 9 clients, 1 volunteer, and 3 staff (> 50 years old) comprised the research team. The majority of members were widowed, lived alone and had children in their lives.

Age, previous occupation and time at the centre varied significantly as seen in the table of co-researcher's attributes (appendix 5), highlighting the heterogeneity of older people as a demographic group. Rather than a sampling technique per se, we drew on those methods that were already in use by the centre, and therefore meant something to its members. As the findings of the research were intended to benefit the centre itself and only members of GWCT were asked to participate, purposive sampling was used to ensure only attendees known to be willing to engage in research of any form were approached (Mason, 2002). This judgement was based on initial discussions with all attendees and the centre staff, where levels of interest were gaged. Convenience sampling was also technically employed as recruitment happened during pre-arranged wellness calls and/or visits, as had been recommended by staff. Opportunity sampling was also incorporated to an extent, as only those members who felt well enough to engage in conversation consented their involvement. It was initially intended that during a later stage, the project would extend to include other local day centres but due to the ongoing complexities of the

pandemic and eventual closure of the day centre, this was neither feasible nor appropriate. I would note however, that sampling could have also included those older community members using the food delivery service to enhance the number of responses. Co-researchers were clear with me though, that the research had firstly to be about the day centre and what it meant to them, and worried that including the voices of other older people who had no intention of using it would take away from this focus, a position I later agreed with.

3.5 Methods

In line with my commitment to PAR, the methods chosen for this thesis were done so in collaboration with members and their expressed wishes and consequently resulted in a range of methods being selected. By embracing Schatzki's flat ontology with a critical realist lens and therefore negating a distinction between micro and macro levels of phenomena, I consider research methods not as a technique to evidence social reality but as a means to develop the 'mosaic of continuity and change' central to social life (Schatzki, 2016: 40) and as such, take any form that is best suited to an individual or group's needs. My own position of critical relational feminist gerontology within a social practice turn also highlighted that employing fewer methods with more co-researchers would have instead worked to restrict the views of older adults and mould them in such a way that would suit my research needs rather than theirs. In challenging and dismantling this oppressive practice therefore, a multitude of methods were needed to ensure all co-researchers felt able to participate in a way that truly empowered their voices.

We consequently employed five different methods (not including the telephone questionnaires that were used as form of research rapport building) within this position to tell a collective story comprised of different authors at different times. As such, we considered semi-structured interviews as a dialogue for uncovering those practices and arrangements that were important to co-researchers understanding of the day centre and feelings of loneliness. In challenging those more conventional social science approaches where the outside researcher sets the agenda, decides on the questions to be asked and implements the interview for later analysis (Kindon et al., 2007), dialogue invoked a more explorative but still hands-on approach where shared learning, shared knowledge and flexibility were possible for the collective.

Life story work consequently built upon these findings to construct a dialogue of co-researcher's perceptions of the external world (Archer, 1988) and provided opportunity to imagine and realise a better future. Walking was similarly seen as a dialogue of perceptions, but for a potential client rather than a member embedded in the service. These perceptions were especially important in integrating the experiences of this potential client into the wider project, as he had joined at a later stage following staff's recommendations during their food delivery service. We thus saw photovoice not just as an extension of this walk, but a means to translate these perceptions for other co-researchers and retell these stories through a dialogue that distinguished between physical and social realities. Focus groups were a more literal dialogue for the collective wherein the groups consciousness shaped the construction of knowledge (Archer, 1988). In line with the dialogical approach to action research which emphasises the need to find space between different social groups (Maurer & Githens, 2010), choosing an array of methods was less about their individual ability to capture truth and more about their shared capacity to harness and sustain a dialogue between the collective that was genuinely person-led. The methods chosen thus work together because they are each dialogue focussed and through their narrative, actualise the value I place in older people choosing their own methods. The intention with this study was to follow an iterative process of data collection with, and reflection by, the group, so that analysis could be interwoven with the process of data collection. To an extent, this worked but as with most things in PAR, it became a lot more complicated in practice. It is best understood and presented in three phases.

3.5.1 *Phase one*

Once co-researchers agreed to take part in the research, we oriented initial conversations around 'the centre and me' which involved an introductory conversation on the telephone and follow up dialogue with those interested in sharing more. Co-researchers were encouraged to express their relationships with the centre, how and why they used it and what they felt they got out of it. Naturally these conversations went beyond this remit to incorporate general conversation and rapport building. The 'atmosphere' of the centre was referred to by each co-researcher in some capacity as the main reason for continued use and enjoyment, particularly in relation to warmth. This warmth was described in relation to friendship

building, either with clients or staff and it being a ‘meaningful’ relationship. Details relating to occupation (for the men), confidence and autonomy were also identified as important. As was agreed when the project started, these initial findings were shared anonymously with the members, though they did want to know whether the experience related to the men or women. Members never explicitly asked who said what, as was the agreement. There was a level of analysis in these instances of information sharing, as members would consider why certain similarities arose, such as the men being more focussed on previous professions and then they contextualised these findings further with their personal experiences.

Following the completion of the telephone questionnaires (in month 1 of 14), in which face-to-face and individual contact was recommended by members, introductory visits were facilitated in accordance with government guidelines. The day centre manager and I attended each doorstep, briefly introduced the project, answered initial questions and gave members information guides to keep (appendix 3). Naturally these conversations also involved generic conversation and rapport building, often including a reintroduction of myself (having volunteered at the day centre years earlier). New restrictions were implemented the following day however, preventing any further face-to-face contact for the initial period. Six telephone questionnaires were completed by me, and two by the manager at the request of attendees. Despite the formality of this process, the questionnaire proved a valuable opportunity for attendees to ask questions freely and begin to start considering what they might wish to get out of the project though responses were varied and limited in their scope, likely due to the stage of the research. Initial questionnaire results demonstrated a limited interest in research, a general distrust of virtual engagement and a unanimous need for connection. While more insightful than originally anticipated, the questionnaire results were still more limited than would have been achieved through an initial focus group or world café, though I do acknowledge that my concerns at this time were embedded in the misconceptions I initially held regarding hierarchies of research methods. The organic reflections and comparisons were lost, but we did have the opportunity to ensure even the quietest of members had their views and wishes recorded and acted upon.

Semi-structured interviews

Semi-structured face-to-face interviews took place firstly between months 2 - 5 and once again between months 8-14 with each of the members, initially as ‘a chat about the centre’ was requested and later to explore key research areas and develop the story of the centre. I found this method enabled co-researchers to speak for themselves, in a more intimate capacity than might have been possible at the day centre environment and express their views while also respecting their individual preferences (BASW, 2021). It allowed for the collection of opinions of a higher quality than quantitative research (Matthews & Ross, 2010), and gave members the necessary space to elaborate on their experiences where they saw fit. Those ‘structured’ questions were initially developed from questionnaire responses where members indicated the topic areas they were interested in and were later drawn from other emerging findings. The flexibility inherent in interviews was a particular strength, as points of clarification and elaboration were more easily achieved, thus resulting in more detailed and arguably more reliable data (Matthews & Ross, 2010), though I would note this flexibility often resulted in the discussion of topics well beyond the research area. Occasionally, I felt as though members simply wanted to chat rather than discuss research so I checked-in with co-researchers at the start of each interview and made the time to ‘just chat’ where necessary. These conversations were not recorded. The similarity in questions at the early stage helped to build a clearer picture of the next steps, as it became obvious which methods were preferable to whom. While specific questions were asked here, the structure also allowed for the adjustment of conversation according to answers given, allowing for a more relaxed and natural collection of data (Matthews & Ross, 2010). Reflections were made before, during and after each interview and documented in my fieldwork diary. Where possible, I also encouraged the reflections of members, embedding ‘thinking time’ in our conversations and suggesting they made a note of anything they wanted to include the next time we spoke. This worked particularly well with the carers, who were able to prepare topic areas of interest ahead of our conversations, although it seemed more like a chore for male clients, whom I then advised it not to be necessary.

The majority of interviews took place in the homes of co-researchers, either in the doorways, outside the property or near an open window indoors as restrictions had eased slightly from the start of the project. Where interviews took place outdoors or near an open window, caution was taken to consider limits to confidentiality. Often

this meant we only discussed non-sensitive topics in such instances, or members advised their neighbours already knew everything, so it was not a concern. Masks and face-shields were worn, as agreed by the day centre staff. Interviews ranged from 15 minutes to an hour and a half, depending how long co-researchers wanted to chat for. Interviews were audio recorded via a Voice Notes application to capture co-researcher's exact words and to allow for accurate analysis (Johnson & Rowlands, 2012). Conducting the interviews face-to-face also allowed for exchange of non-verbal communication and body language, enabling me to better demonstrate respect and genuine interest in the individual (Thompson et al., 2017), thus upholding and promoting dignity (BASW, 2021).

Interviews formed the majority of data collection for this thesis, I think because their format felt the most natural to co-researchers. While telephone interviews were necessary and still meaningful, I was struck by just how much richer face-to-face interviews were for supporting co-researchers' reflections and allowing me to gauge how comfortable they felt. It was of course more challenging in those instances where masks and face shields were worn. To help put members at ease, I removed the mask in full briefly before entering the property and explained why I would be wearing a mask in doors. Seeing my face, at least initially, helped to bring some familiarity into the space though I would consider mask wearing a barrier especially for those more critical members who did not see the point of the research and relied on my smiles and nodding to further conversations. Importantly, being in an interview environment allowed me to respond flexibly to the interviewee, allowing them to guide as to what they were and were not willing to discuss while simultaneously showing understanding and empathy (Thompson et al., 2017) though this was notably exaggerated with bigger gesticulations to compensate for the covered face.

3.5.2 *Phase two*

The next phase of the research included life story work, walking methods and photovoice, as well as the focus groups and further interviews. Methods were more formally structured than the previous phase but still maintained an inherent flexibility. While it was intended (and frequently attempted) to include more face-to-face methods and analysis, the context was ever changing, and members engagement also wavered. Data was transcribed verbatim, uploaded onto NVivo 12 then condensed into an anonymous overview, along with fieldnote observations. This was

done weekly to ensure the next encounters were guided by previous findings. For those interested in what others had to say, dialogue included interpretive analysis of the data. Some members wished only to reflect on what they had said and shared, rather than that of other co-researchers, and others disengaged entirely from thinking about what had previously been said. Given the restrictions in place at the time, many of the co-researchers' experiences during phase two were focussed on the realities of lockdown. Concerns relating to a lack of or change to companionship, differences in friendships and changes to activities were the most frequently raised issues. It was here we also thought about the changing of space and place. All co-researchers reflected on the difficulty of lockdown in some capacity, though some also shared 'positive' aspects they hoped to keep. These were relative to friends or family members having more time to see them.

Action, here was focussed on reopening and repopulating the day centre. The impending closure was yet to be decided, so co-researchers were determined to help the centre thrive once more. We returned to our reflective conversations of the past (during the first few years of the day centre opening), and the focus shifted to how we could better recreate this. Practically, these were ideas such as creating an online presence, recruiting from certain sheltered accommodations, and retaining members where possible. These action points came from collaborative analysis however, as dialogue was redistributed to members so they could consider how to actualise the 'dream' phase of inquiry (Reed, 2010). Embedding analysis in this way, thus encouraged the direction of action and reinforced the co-researcher role for members. It also generated very meaningful ideas that would have otherwise been left unheard as initial responses consisted almost entirely of '*I don't mind(s)*'.

Life story work

Following weekly telephone conversations with attendees where the format remained largely exploratory to follow the pace and direction set by co-researchers, I became increasingly aware that topics remained fixed on the past with minimal reflections on the future. It was the comfort zone for reflection, as it was prior to the chaos of COVID-19 and helped to support members morale. To work with this preference, and the expressed desire to tell me about '*how it used to be*', life story work (LSW) was selected and adapted as a method but applied differently to suit the interests and abilities of individuals between months 5-7. While life stories are

typically used in dementia care, to shine a light on an older person's qualities, values and accomplishments to inform care plans (Novy, 2018), they had been used previously to varying degrees at the day centre at the request of clients. Given the changing context of the pandemic and the problematised narrative surrounding loneliness that I am critical of, I was eager to translate this familiarity and emulate the belief that people are not their problems; that a problem story is just one out of many possible stories we might choose to represent one's life (*Ibid*, 2018). I was moved to see how well some members responded to this method. When positive, we employed a process of collaborative inquiry to uncover and describe the life events, experiences and relationships that they felt contributed to their preferred sense of identity (Epston & White, 1990), which was in line with the epistemological underpinnings of the research. But when less successful, conversations became noticeably forced and fixated on the result of a practical story which made the process uncomfortably formal. That said, the lifespan approach of LSW still enabled a focus on the individual from a retrospective perspective, or socially situated storytelling (Thorne & Nam, 2007), which I noticed created enough distance between the co-researcher and their personal experience to consider those more sensitive subject areas.

As LSW is understood to improve care outcomes by enhancing relationships between care staff and care recipients (Gibson & Carson, 2010; McKeown et al., 2010), I anticipated that the method would enhance my rapport with co-researchers but not to the extent it did. LSW offered an opportunity to reimagine the relationship-building phase of the PAR project, which was otherwise lost to the restrictions surrounding face-to-face contact. Distinguishable from reminiscence work, LSW utilises a broader range of materials and does not *just* focus on memories but also sustains an outlook to the future and co-researchers plans for it (McKeown et al., 2010; Gridley et al., 2016). The intention of applying LSW at this stage was to encourage co-researchers to regain their sense of self by capturing their story while also allowing me to develop a new appreciation for their life that included their strengths, interests and hopes for the future (Life Story Network, 2020).

To enhance those aspects of LSW that seek to promote choice and control, Co-operative Inquiry (CI) was drawn upon to understand what actions we might be striving toward as both individuals and a collective. Attribution theory and the reformulated learned helplessness theory suggest that wellbeing arises from how

people interpret the events of their lives (Wood et al., 2010). It was crucial therefore, that co-researchers were encouraged to interpret their past experiences in a supportive manner, as was realised by the strengths-based framework of CI. As a collaborative approach which first considers what is working well as a foundation for change (Reed, 2010), co-researchers were first introduced to their 'discovery phase' to identify specific elements of their life that they valued. Often this was focussed on time with family and friends but always included mention of the day centre service. The following 'dream phase' then explored the dimensions of their valued experiences with reference to the support that enabled these to happen. Suggestions of effective practice and/or action were then discussed in the 'design phase' (Reed, 2010), with the initial intention that these changes could be employed at the centre. These phases were explored differently with each co-researcher, with some taking a full hour each week to consider each phase, while others eagerly discussed each phase during one conversation.

With a focus on co-constructing narratives about their positive experiences, CI provided a meaningful direction within LSW not to solve problems but to understand and appreciate individual experiences to encourage co-researchers to explore ways of addressing the challenges inherent in loneliness (Stowell, 2013). This was essential for addressing the hierarchical power dynamic dominant in social research (Hung et al., 2018) and gave clients especially an enhanced sense of agency that was being challenged by wider society at the time. This dialogue was dependent, at least at this stage, on my role as a mediator however, placing a strain on community members' capacity to become individual agents of change. While CI has been criticised as failing to address negative problems by over-emphasising positivity (Reason & Bradbury, 2001), it is not that it inherently ignores problems (Bushe, 2011) but appreciates those negative experiences and reframes them constructively to explore opportunities of improvement (Hung et al., 2018). This was an aspect crucial to exploring loneliness experienced by older people as it limited the risk of exasperating feelings of loneliness or any associated negative emotions.

The application of LSW with CI in the study of social gerontology appears to be novel, though applications have been made in slightly different capacities. Wood's (2019) thesis on LSW for example, with an age inclusive dementia service identified LSW as a means of bringing people together in a collaborative manner. Here, LSW took on different meanings for all involved, ranging from helping someone to live well

to informing future care. While flexibility was highlighted as a necessary characteristic of those orchestrating the LSW to ensure the end result was representative of the individuals themselves, the incorporation of a PAR, CI or Appreciative Inquiry (AI) approach was not attempted. AI has been successfully and more widely employed in PAR studies though and is understood to be a useful method of undertaking action research (Stowell, 2013). Lenette's (2017) participatory research with refugee women drew on digital storytelling as a research method, subsequently giving participants the opportunity to shape the research process and content in ways that were beneficial to them, thus facilitating a sense of agency. To my knowledge, the particular combination of LSW, CI and PAR is unique to this thesis.

I never intended for LSW to become the method it transformed into. Having understood it as the formal creation of personal stories, it initially appeared limited to me in what it could offer the overall project. I was however, pleasantly surprised to stand corrected and extremely grateful for the intimate knowledge it gave me of each co-researcher and the much-needed rapport building it enabled. Importantly, this method also centralised the importance of storytelling as a process and challenged me to identify and rethink the misconceptions I held about storytelling. The literature did indicate meaning in the method however, as for example, Koch et al. (2010) found that those centenarians involved in their study chose to present a positive picture of ageing, drawing on lifestyle and environment to portray aspects of successful ageing and counteract negative stereotypes and they also reported feeling valued as a result of the 'personalised' attention received throughout the process (Koch et al., 2010). It still appeared a process that was distinct from participatory practice, however, and it was not until I commenced LSW and reflected on its value that I considered the participatory capacity of storytelling as an oral everyday practice that challenges hierarchical ideas of art and knowledge maintained by universities (Reason & Heinemeyer, 2016). As a consequence of this change in thinking, I began to seriously consider storytelling's capacity not just as a method of data collection but a method of collaborative data analysis.

Walking as a little bit of a method

After LSW was carried out with co-researchers, it became clearer which methods were suitable and preferable to whom. Those methods that involved movement or

the development of a new skill were not highly favoured given the context of the pandemic, but for one older man who was a prospective client, it was precisely what he wanted to do during month 7. A keen walker and local resident, Paul was very interested in the prospect of walking as a method. Walking together is understood to be a corporeal and sensory engagement that involves reflection on ways of knowing and understanding in biographical research, and shared narratives of belonging and participation (O'Neill & Stenning, 2014). Particularly when applying walking with participatory and biographical research, which we did, the activity can open the shared space of an imaginary domain (Cornell, 1995) to generate shared narratives about belonging and citizenship (O'Neill, 2018).

Walking as a research methodology has a long history in ethnography and anthropology (Ingold & Lee-Vergunst, 2008; Pink, 2008; Edensor, 2010; Irving, 2010; Radley et al., 2010) but has had limited application in sociology (O'Neill & Stenning, 2014; O'Neill, 2018), especially social gerontology likely because of the physicality of the method. Indeed, I was conscious of the biases I held when commencing the method. Inspired by Paul's willingness to try however, and literally guided by him, I felt able to immerse myself in his social reality which advanced our overall dialogue, well beyond our previous telephone conversations. I felt able to demonstrate my active listening and understanding (O'Neill, 2018) which are foundational for PAR and were meaningful to Paul as he shared his stories with me. In particular, the sensory nature of the method enabled inter-subjective understandings that were ideal, and I think necessary for Paul especially to develop insights into his experiences of loneliness. This experience made me eager for more walking methods. I was amazed by how immersive it was to listen and walk with Paul, building up his story as we went. Had practicalities permitted, I would have encouraged more co-researchers to try the method, particularly to enable 'converse wayfinding' wherein time and place are weaved together to make the past, present and future accessible (Ingold & Lee-Vergunst, 2008).

Similarly to O'Neill's project with migrant women in the North-East of England, we chose to employ walking methods to generate a space of shared narratives about belonging, initiate engagement and map out the local community. It fell within the 'go-along' interview category therefore, a type of in-depth qualitative interviewing method that involves the researcher accompanying a co-researcher around their own environment. It was particularly helpful to consider experiences of loneliness in

relation to place and space, as this topic had previously been dismissed by Paul. As the route was mapped out by Paul himself, the points of interest where we stopped to chat were personal and worked to construct a narrative that he felt best represented him and his life. As a prospective member, Paul hoped to use this information and process to introduce himself to the other men and begin integrating with the group, so chose to include light-hearted locations like the spot where his favourite band shot their album cover, the Quayside, an old factory in which he previously worked and a street that was once popular in his community (appendix 6). Despite my best efforts, expanding this method to include other co-researchers was simply impossible as they only wished to leave their homes for medical appointments at the time. I subsequently felt torn in how I relayed this method back to them, to prevent them from feeling excluded. Balance was needed to celebrate this method without taking away from the experience of other co-researchers and I feel this was managed to an extent as we used aspects of the photovoice method to combine Paul's love and skill of photography with a practical way to recreate the walk with the other clients (appendix 6).

Photovoice

Photovoice is often applied as a PAR method, but typically in the form of daily or regular individual photographs of one's life to develop an overall reality. By taking the images themselves, the person using the camera will inevitably focus on those issues of greatest concern (Baker & Wang, 2006). Grounded theoretically in the work of Freire (1970), the intention is for photovoice to be applied as a method suitable for individuals across a range of social and economic backgrounds, and this is particularly practical in the context of gerontological research and investigations into subjective experiences. As Baker and Wang (2006) highlighted in their photovoice study with older adults, the method helps researchers and participants to develop the necessary questions, hypotheses, and areas for further investigation. It was this aspect of the method that was applied in this project, though I note that had more co-researchers been interested in photography, photovoice would have been applied more broadly and perhaps more traditionally, too. The reality though, was that photography and the practice of taking photographs was the passion of only one man in the project. Other members acknowledged their enjoyment of viewing pictures, but not taking them. Rather than demand co-researchers all take their own

photographs, I took the time to talk with Paul about his photography interests. It soon transpired that his photography habits and skills were interlaced with walking, and he enjoyed sharing these images with others.

Paul was a confident computer-user and sent a selection of Google images, along with a suggested route via email prior to our walk (appendix 7). The photos were of the Byker/Walker area from the 1940s/50s and were used as comparison points to photograph on the day (appendix 6). Naturally, the route and some images were relevant to Paul's own life (e.g., where his mother was born, where he grew up and the location of previous occupations) but Paul was sure that even the most personal of places would hold some relevance to other members of the community, just with different memories attached. Indeed, he was right, and this became more apparent when the photographs and map were shared with the other men during follow up interviews and focus groups. Mentally following the route (aided by the photographs) the men included additional memories and facts to enrich the overall story. They were impressed by the comparison photos and moved by the extent of change in the area. This helped immensely to talk in more detail about concepts of connection with space and place and ultimately loneliness without jeopardising their morale as they were left feeling positive and engaged about '*the walk*'. For the men especially, there was something about a physical photograph being the focus point of a conversation that shifted a lot of the discomfort that had been there previously when discussing topics like loneliness and connection. I was touched also by how willing they were to interlink their own narratives with these photos. In the instances where photographs were used with the women, particularly when we were constructing the story, the way they engaged with images was noticeably different. They took ownership of the narratives in the story straight away, informing me of where they thought the image was taken and providing background information of those pictured. There was no interweaving of their narratives, but a redistribution of their own stories instead which placed themselves at the centre.

Focus group

Group data collection was anticipated to be a major method of data collection in the project given the close relationship co-researchers had with one another, and the collaborative nature of the research. Given the realities of the COVID-19 pandemic however, carrying out such methods was a logistical nightmare. Many focus groups

were arranged and cancelled due to illnesses and changing restrictions. We were, however, able to carry out one client focus group following the walk and four with staff and volunteers. The method was chosen by the men in attendance because they genuinely wanted to see each other and hear about the walk. It was also helpful for exploring opinions and concerns and generating rich data and valuable insights (Lune & Berg, 2017; Barbour, 2018). Given the layout and nature of GWCT, I had assumed a replication of table discussions would be highly sought after and easily conducted. Without the assurance and familiarity of the day centre space itself however, members and the women especially were unwilling to collectively meet somewhere new. I suppose this was mostly due to fear of infection and practical issues, but also speaks to the complexities involved in creating safe spaces for older people. I do acknowledge however, that it was not ideal for those with hearing and/or communication difficulties and I had to be careful not to reproduce those oppressive practices I was committed to deconstructing. Where relevant, I offered follow up discussions for those unable to attend, or those who sought further clarification.

3.5.3 *Phase three*

The third phase of conversations were based around relationships and defining loneliness. As many had expressed interest in learning about other methods, and adaptability was built into the process, I encouraged co-researchers to think outside the box with how they wanted to tell their story. Practically, this provided an additional useful source of information about the value of using methods that are familiar to particular groups of older people and the opportunities/barriers to adopting methods with which they are less familiar. The concept of storytelling though, was one we repeatedly returned to. Whilst at least one member of the group shared they could no longer read, others were understanding that this method needed to be not just a story to be read, but a story to be experienced. Analysis thus became a story. A process of retelling and embellishing a story of the collective that my co-researchers knew inside and out. The accounts of individuals were mulled over in weekly or fortnightly dialogue to construct an account of what it was like to be a member of this day centre. To do this, aspects of thematic narrative analysis were drawn on and interlaced with the storytelling method to analyse the data collaboratively while also creating a tangible story for members to hold and

experience. Although not a research method per se, positioning co-researchers as a form of ethics was central to this process and the success of each of these phases.

3.6 Co-researchers as a form of ethics

Older people are all too often seen as improper researchers, who either produce less credible research or require the rigid leadership and guidance of academic researchers to produce proper scientific knowledge. This is often seen in the categorisation of practice-research and/or service user-focused practice research which still demands a methodology based on 'traditional academic standards and using well-known methodological approaches' (Uggerhøj et al., 2018: 192). The politics of knowledge production is however mediated through the methodological design of research projects (Ho et al., 2018), emphasising the importance of reflection and an approach that meaningfully challenges existing hierarchies. While a growing amount of empirical research has been carried out with older co-researchers over the past decade (Backhouse et al., 2016), the degree of their involvement has varied significantly. The majority of which has been based around seeking feedback from older people (Murray & Crummett, 2010; Phillips et al., 2010; Bindels et al., 2014) with few offered sustained engagement throughout the research process (Barnes et al., 2012; Woelders & Abma, 2019). Furthermore, the nature of their involvement is seldom based around commitments to the process and more often problematically routed in issues of professionalism (Bendien et al., 2022).

Engaging older people in this research as co-researchers was a form of ethics in itself. The term 'co-researcher' bears significant weight and meaning to me as both the lead researcher and an outsider, perhaps more so during the act of writing up this thesis. By using the term co-researchers, I reinforce to myself and those reading, my commitment(s) made to the values and ethics of PAR. Members were not just participants but active collaborators who shaped the trajectory of the project. This is particularly pertinent given the unfortunate ending to this research which witnessed the closure of the day centre. It was essential that this did not take away from the roles members held in the research and what they each took from the experience in turn.

The term 'co-researcher' can be intimidating and even alienating, as members themselves initially informed me, but viewing the term as an ethos and form of ethics instead shifts the focus from an individual assuming a role, to questions of conduct,

the honouring of some practices over others and a commitment to the values and ethics of the role, similarly to that of participatory research. In participatory research, decision-making and distribution of power are key issues to preventing epistemic injustice (Fricker, 2007; Groot & Abma, 2018). To challenge the typical hierarchies and authorities often found in research, we sought to work from a more egalitarian partnership model based on mutual, caring relationships (Groot & Abma, 2018) wherein the role of co-researcher was given to anyone involved in the project, regardless of their level of involvement. Drawing on Kuriloff et al.'s (2011) call for the development of an 'ethical stance' for researchers, in which each decision is recognised as an ethical decision that could potentially impact the lives of all involved, this model required a levelling of positionality, in relation to relationships, to better address those power issues inherent in the social injustices at the heart of participatory research (Kemmis et al., 2014). Importantly, this was a dynamic process of continual recalibration, revisiting and retraining our ethics where necessary (Banks et al., 2013).

The commitments made to the values and ethics of the co-researcher role were initiated by some practical ethical considerations, e.g., before commencing research, each co-researcher received a Durham University approved information guide (appendix 3). The sheet explained the aims and objectives of the study, the reasons they had been asked to participate, their role as a co-researcher (including their right to withdraw themselves and their data) and contact details in case of any further questions. I purchased a low-cost mobile phone for the sole purpose of receiving calls from co-researchers during set hours, to both ensure I was contactable at the times I promised to be, and that I did not distribute my personal phone number into the wider community. Informed consent was obtained verbally and was renewed with each interaction. For those interactions able to be carried out face-to-face, written consent was obtained from co-researchers and stored in a locked compartment in my home. In line with the UK General Data Protection Regulation (UK GDPR) (HM Government, 2018), consent forms (appendix 4) were read aloud, and check-in questions were posed throughout to ensure content had been heard and understood.

Due to the sensitive and personal nature of the subject topic, there was no expectation for co-researchers to share personal experiences of loneliness, or other emotive topics like loss or poor physical health in order to participate in the research,

and this was reinforced at the information guide and data collection stages. As decided by co-researchers themselves, the research instead commenced with an exploratory conversation about ‘the centre and me’ where they were invited to reflect on their experience of the day centre and tell the story of their time here, helping to create a more equal power dynamic from the outset (Robertson & Hale, 2011). Practically, this also shifted the focus from the individual co-researcher to the development of a collective identity where individual stories were honoured.

Where research could be face-to-face, I was consciously receptive and sensitive to members tone of voice and body language to ensure I could gauge and record their experiences beyond the written word (Legard et al., 2003). This also allowed for co-researchers to guide the conversation and only address sensitive topics if they felt comfortable. In circumstances where members appeared visibly uncomfortable for example, I steered the conversation away from the topic at hand and included a humorous anecdote (as was in line with the ethos of the day centre). For those interactions via telephone however, picking up on members discomfort was far more difficult, and raised a number of more complex ethical concerns.

Like other professionals attempting to explore sensitive topics remotely for the first time, I relied more heavily on my listening skills (which incidentally proved more arduous than face-to-face contact) to build a clearer picture of the co-researcher and their experiences. This went some way to determining how comfortable they felt, but also evoked new challenges related to ensuring their comfort. To minimise this as best I could, I included a 10-15 minute conversation at the beginning of each research call that was not recorded and was based solely on how members felt that day, tapping into the ethos of the co-researcher. This was practically useful and often resulted in members rescheduling or opting for a generic conversation instead of a ‘research chat’. This was also interlinked with the mental and physical health of co-researchers who often had medical appointments, had recently received bad news about a loved one or simply did not wish to participate at that time. We allowed for these life events as best as possible. Although this was time-consuming, I believe it resulted in increased engagement with and ownership of the research, as they were reminded that their time was theirs, and not mine to take at my own convenience. This flexibility was challenging but ultimately necessary given the ever-changing context.

After initial concern that the term co-researcher did more harm than good, I am pleased we instead committed to the term as a form of ethics. On reflection, it was far easier to enable flexibility when the focus was on maintaining values rather than questioning who was exercising what role. When I stopped driving the narrative of 'would you like to do this or take charge of this?' and shifted toward 'what is important to you here?' I felt that members became more comfortable and trusting of my role as the lead researcher and I simultaneously got to know them better.

3.6.1 *Confidentiality*

Co-researchers were ensured that all work carried out during the project would be transcribed, anonymised and stored securely on One Drive for Business. Pseudonyms were chosen by co-researchers themselves and employed, though it was agreed and requested that the day centre itself would remain identifiable. They were also made aware that the findings were to be submitted to Durham University as part of my PhD. I would note however, that this meant that many members assumed their involvement in the research was a favour to me, or at least helped me in some way. That their information would be treated confidentially appeared to mean little to them, though one member acknowledged that having personal information available to them on request was a positive. What was important, was the sharing of stories and experiences anonymously between members. They wanted to hear how each of the others were doing, how their experiences aligned or differed from their own, without explicitly knowing who said what.

3.6.2 *Positionality*

I consider myself a dynamic researcher and inside facilitator concerned with the position and use of power and different ways of knowing. Coming from a dynamic position was complex, least because I continued to be an outsider in nearly all aspects of the research area(s), but also because I recognised that I was not the expert in knowledge creation. While this practically made space for the experts by experience, it also challenged my role as the lead researcher. It was a dynamic position in that sometimes I was learning with, sometimes alone, sometimes using research skills, sometimes social work practitioner skills, sometimes as an observer or as a young woman. This fluidity was not discrete as I was able to draw on and assume more than one position in any given interaction, multiple times. That said, I

also recognise that some positions had more weight and influence because I more consciously
applied them and reflected before, during and after action.

I chose to draw on critical feminist gerontology so as to focus more closely on power relations and the intersection of oppressions across the life course, following research conversations with clients of the women's day and carers to ensure more inclusive, creative approaches to understanding the experiences of older women, rather than reproducing the status quo, as gerontological research so often does (Hooyman et al., 2002). Both critical gerontology and life course frameworks stress the value of promoting women's life experiences and outline the power dynamics that contour the ageing experience (Calasanti, 2004; Garner, 2014). This was enabled by PAR, which has the potential to actualise the overall goal of creating a society that values caring relationships and an equitable old age.

3.7 (Collaborative) data analysis

The intention with PAR was to conduct data analysis that was collaborative and in line with the ethos of the approach. As the raw data was largely comprised of verbatim transcripts of dialogue which included photographs and fieldnotes, interpreting the qualitative data was challenging due to the broad range of responses and methods employed (Ritchie et al., 2013; Lester et al., 2020). This was anticipated however, and analysis was incorporated into the research from the earliest stages to manage the complexity (Lester et al., 2020). Content analysis began during the recording of telephone interviews for example, as background details were gathered from each co-researcher and appropriate notes taken. The verbatim transcribing of the interviews from the recordings then took place during which I became familiar with the data and began generating broad codes. Of course, this aspect of analysis was not collaborative, and instead depended upon me.

At this stage, I was informed heavily by dialogical narrative analysis (DNA) as a means to acknowledge co-researcher's representations of their lives and understand how these stories shaped their past, present and future experiences (Frank, 2012). I was especially drawn to the prospect of speaking *with* and not *about* co-researchers as a means to enhance their involvement in the analysis process. Following reflection however, I returned once more to the ethos of the research and my co-researchers and our shared desire to understand the personal experiences of

older people by listening to, and acting on, their voices to achieve change (Woelders & Abma, 2019). I felt torn by DNA's understanding of co-construction whereby the focus is on unravelling how multiple voices might express themselves within any single voice (Frank, 2012) given my flat ontological position. That said, there were aspects of DNA that continued to influence my approach to analysis, especially the notion that a 'dialogical analyst freely admits that the collection could be assembled and sorted in multiple ways, yielding different analyses' (Frank, 2012: 44). It is for this reason I hesitate to remove the brackets from my collaborative analysis title here, as I acknowledge my analytical position is not the last word and nor do I wish to deny those aspects of the process that were ultimately my decision and action(s). I feel it is reflective of the reality that collaborative analysis was the ideal as much as it was challenging and often not possible.

The practice of storytelling that was already underway in the dialogue of methods became a more practical option for developing themes and making sense of the collected data. Perhaps more importantly though, it was used as a tool to encourage beliefs of self-mastery and problem solving, which the process of recalling personal stories is understood to do for older adults, along with improving mood and supporting ego integrity (Bhar, 2014). As a practice, storytelling can enable older adults to feel recognised, affirmed, empowered, and accomplished and may even assist in building resilience (Webster et al., 2010; Mager, 2019). With the promise of storytelling, however, so too came the increased risk of bias, which is itself dependent on the personal interpretations made by those carrying out the analysis. I engaged in a formal reflective practice to deepen reflection and reinforce my awareness of my role as the researcher and interpreter (Gockel & Deng, 2016). I also referred to reflexive bracketing to help clarify my personal value system and better recognise feelings that could indicate a lack of neutrality (Ahern, 1999). That said, I recognise that I had no control or auditable influence over co-researchers own interpretations, and the pulling together of these interpretations ultimately came down to me.

In line with the reconceptualised cyclical process of PAR, the collaborative data analysis process did not follow a rigid or even pre-organised process. This is not to say that I did not *try* to plan the analysis. I intended, like most of the project, to involve and support the participation of co-researchers throughout the research process. I really believed that some of the older men and women would participate

and learn new skills they could apply elsewhere. The COVID-19 pandemic however, meant that this collaborative vision (at least in the way I had previously imagined) was not possible. Instead, I took the time to return to reason once more with those values I had committed to. Rather than starting with the problem, or the 'unknown', I reviewed the conversations and learning thus far to highlight the strengths and interests of co-researchers that were already there. Given the context of the pandemic and the anxieties and uncertainty shared by my older co-researchers, we thought more holistically about 'doing' the research. While the research questions and aims were also penned (as required by regulations) prior to commencing the project, modifications were made and encouraged after this time to ensure, for example, they better reflected the wishes and interests of clients. This was a challenging process however, as there was limited guidance in the literature on how best to engage older co-researchers in collaborative data analysis. Indeed, the literature on participatory data analysis is typically dominated by discussion of costs and other barriers (James & Buffel, 2022). In terms of methodological rigour, the literature focuses on power differentials between the researcher and participants and other challenges in demonstrating validity of findings in qualitative research, rather than practical proposals for the involvement of older people in data analysis.

3.7.1 *Thematic narrative analysis*

The choice of a narrative methodology enabled co-researchers to tell their story and was also a chance to provide them with the opportunity to 'narrativize particular experiences in their lives where there had been a breach between the ideal and real self' (Riessman 1993: 3). Riessman's (1993) narrative methodology appeared particularly well-suited to understanding experiences of loneliness given its capacity to facilitate understanding of the undeclared which attempts to address some of the sensitivity associated with talking about loneliness (Fraser & Jarldorn, 2015). Narrative enquiry also enables co-researchers to tell their own stories of their experiences and provides an approach to understanding how people create meaning in their lives by reflecting on the way they construct their narrative. This method is particularly useful for understanding major events and the effect these have on the individual but was adapted to go beyond the identification of individual narratives to identify a collective narrative, which could then be analysed in relation to the themes embedded in the story. Riessman (1993) described four types of analyses for

narrative enquiry and for this study we used thematic analysis which involved categorising the processes involved in the individual experiences of loneliness. Identification of the collective story entailed identifying and sequencing common themes and small themes into an overarching narrative while still honouring and incorporating each individual narrative, a process particularly well suited to capturing the experiences of older people who took enjoyment from telling past stories (Hsu & McCormack, 2012).

Formally, this analysis involved five stages: (1) immersion in the data; (2) identification of narratives and small stories; (3) identification of themes; (4) emotional sequencing (engaging with the meaning and emotions of co-researchers); and (5) identification of the collective story (Riessman, 1993) but these were referred to as different phases of research to members. Cortazzi's (2001) three structural categories (event, experience, evaluation) were also used to identify narratives from the verbatim transcripts. The event structure related either to loneliness or the day centre practices including descriptions such as time and place. Experiences then incorporated co-researchers' particular feelings and/or meanings while the evaluation articulated the narrator's viewpoint and reasoning, which sometimes included my own fieldwork reflections. Once identified, narratives were separated from the main transcripts to conduct a thematic analysis.

Identifying themes within the narratives involved coding and categorising recurrent topics within the individual transcript. The coding process involved reading a segment of narrative and assigning a category which was repeated as all the narratives were analysed. The categories were placed into separate thematic sections and the themes were then linked between the transcripts. While I was responsible for cleaning the data and offering initial analysis, corroboration of themes was achieved through collaborative reflections with members. The collective story was structured in terms of time, place, person and context, and based on small story narratives again with emotional sequencing.

As was the case with Fang et al.'s (2018) participatory research, storytelling was facilitated by the sharing of photographs (which had been collected from a selection of clients) and improved the rapport with those more reserved members. As an outsider who was not present at the time of the photographs (typically during holidays or parties) co-researchers enjoyed filling in the context of the images, often with comical anecdotes. The active agency involved in choosing which photographs

should be included in the final version of the storybook, similarly to Fang et al. (2018), involved a process of in-depth thinking about why the image would be relevant to the topic or finding. Self-realisation also supported the creation of new insights which went beyond the story.

Storytelling, as an oral, communal activity was restructured not just as a participatory practice but a tool for collaborative analysis. Understood to challenge hierarchical ideas of art and knowledge, storytelling's goal is to retell stories and never assume completion of an account. It was this idea of 'living on' that initiated the concept of a story book, as a carer noted that while the day centre's closure was devastating, she still wished for all the good times and all the laughter to live on. This was perhaps even more pertinent in the context of the pandemic, where members had repeatedly seen how easily the lives of older people could be forgotten about. In telling and sharing the story, it was also hoped their collective experience would be passed on to future generations so they could know about the 'magic' of the day centre. While storytelling allowed collaborative analysis to take place in the context of a pandemic, it also ensured the process felt personalised as members could literally see or hear their experiences in the retelling of the story (Koch et al., 2010). It was a tool for analysis that was more inherently in-line with the values and ethics of PAR as it actively sought to place value on the experiences collected.

3.8 Conclusion

This chapter has described the rationale for the methodological approach applied and the research methods used in this thesis. As a PAR approach employed in the context of loneliness-based gerontological research, the novelty of the methodology was reflected upon, and a case has been made to evidence its value in addressing existing research gaps. The theoretical underpinning(s) of the project were discussed to justify why and how methods were built around those individuals comprising the collective, along with the collaborative model of analysis that evolved as a result. Ethical considerations were also reviewed as a means to outline both the complexities and necessities of conducting PAR in a pandemic, marking a shift toward research methodologies that can better cope with challenging contexts while still carrying out meaningful collaborative research. This concludes the preliminary foundation phase of this thesis, as the background to the study, the current evidence from the literature, and the approach employed have each been explored. The

following three chapters will present the findings from the research, organised chronologically to reflect the different phases of learning and action undertaken.

Community loneliness and the day centre as a site for a relational approach

This chapter draws on data from across the course of the project to present the first of three findings' chapters and is organised into two parts; firstly, on the experience of 'community loneliness', I offer an initial definition before outlining those separate components comprising it, emphasising the role of social practices in understanding the nature of the experience. I then consider how this loneliness is reshaped in the community through a relational approach. Here, the day centre is presented as a site of social practices to enable the identification of and reflection on those aspects comprising it.

4.1 The experience of community loneliness

Community loneliness is a novel term presented here as a dynamic feeling, experienced within a community setting wherein perceptions and expectations of desired social relations are collectively shaped by the social factors effecting the given community. Embracing the reality of what it means to be lonely in old age and building on the conceptualisation of loneliness as a collective state of being and emotion cluster (Bound Alberti, 2019), the experience is comprised of interconnected components that individually speak to those social practices where loneliness is felt more intensely and together, demonstrate an overall sense of disconnect in one's community as the needs of community members are not felt to be heard or valued. These are i) the failed promise of the good life, ii) a lack of understanding, and iii) destructively risk-averse behaviour that will each be discussed respectively.

The term community is used to articulate not just a physical space or a treatment setting, but a position from which the phenomenon of loneliness has been explored, articulated, and responded to (Somerville, 2016). It is distinct from a Social-Ecological model of loneliness, which views community only as an aspect of an individual's experience, typically focussing on resources and social and living spaces. Community here, is instead a practice with an ultimate goal of seeking 'ways in which to live with ourselves and others in love and peace' (Peck, 1988: 163). It is bigger than the boundary of the day centre which is instead conceptualised as a

‘site’, a space which hosts a nexus of interconnected and embedded social practices (Schatzki, 2001; Nicolini, 2011).

By embracing Schatzki’s (2001, 2016: 32) framing of site, ‘a mass of linked practices and arrangements that is spread out across the globe and constantly changing through time’, we draw a distinction between this space and the formal intervention settings typically employed by loneliness services as we think more figuratively about community space and the practice of community. It encompasses both the physical space of the day centre and the more figurative site which incorporates the context of ‘human coexistence’, a place where social life inherently occurs (Schatzki, 2001). The day centre thus transcends its physical space during the pandemic, when it was both temporarily and permanently closed. Schatzki’s work shapes the way we examine the day centre as a site where community loneliness is experienced therefore, as rather than attempting to measure or monitor the centres effectiveness in reducing loneliness, we chose to learn about those practices and arrangements at this site that co-researchers felt were impactful to their feelings of loneliness, whether positive or negative. This made space for consideration of the approaches taken by day centre staff *as responses* to loneliness and interwove the identity of its members with the site. Indeed, identity is interdependent with the site, meaning those actors involved contribute to the identity and significance of the site, sharing responsibility for their own involvement. While the site of the day centre is comprised of orders and practices which account for the rearrangement or reorganisation of phenomena, the phenomenon here is loneliness which is an aspect of this mass and is therefore comprised of a range of practices which themselves vary in density, continuity and ‘spatial-temporal spread’ (Schatzki, 2016). It is for this reason community loneliness is presented as dynamic and is examined within the context of the site. It is sometimes shared, sometimes individual, sometimes bearable, sometimes unendurable but it is always demanding of meaningful understanding.

4.1.1 *The failed promise of the good life*

The first aspect of community loneliness and the initial thread binding the experiences of co-researchers together was their shared sense of loss in relation to the promise of the good life. The term ‘good life’ relates to the heteronormative ideals of family life, domesticity, and old age (Roseneil et al., 2020; Wilkinson, 2022). Old

age, or the third age, was something widely discussed and reflected upon by co-researchers throughout the project. It was presented as a failed promise, a lost hope that living one's life in line with neoliberal standards would result in a third age of safety and security. By this I mean that members worked and supported their families throughout their lives and subsequently hoped they would be suitably taken care of in old age, either by their family or the state. It was clear that co-researchers, and especially those who identified as carers, took pride in the lives they had lived but felt dissatisfied by their lives in old age. The various occupations they assumed and personal sacrifices they took were meant to be worthwhile, amounting to a secure and peaceful retirement. Instead, their shared sense of loss created an insidious unease that became a deep distrust in the wake of COVID-19.

The ageism prevalent in Western societies has long been reinforced by public discourse (Hand et al., 2019). These messages were heard and reproduced by my co-researchers, throughout their lives, though it was not something they considered to be problematic until old age. The devalued status of old age prevalent in popular discourse is understood to directly feed into the portrayal of dependency and otherness in the context of old age and ultimately impact societal expectations of how older people should spend their time (Levy et al., 2014; Njelesani et al., 2015; Trentham & Neysmith, 2018). Findings suggest that these messages devalued co-researchers perceived position in society as they were made to feel unworthy of support and incapable of personal growth. Increases in ageism during the COVID-19 pandemic (Fraser et al., 2020; Vervaecke & Mersner, 2021) worsened the sense of distrust therefore and meant co-researchers felt angry and let down by their community.

Moira, a carer felt angered by the media's representation of intergenerational struggles, which she found painted older people as undeserving of the pensions they received. Rather than improving conditions for young people, Moira felt that these messages worsened the divide between the generations and left her distrusting of their motives and actions.

> *They keep complaining about the old age pensioners and they keep saying about their pensions and the youngsters won't get as much but we worked, we did jobs that the kids wouldn't do today.* (**Moira**, carer)

Having worked most of her adult life and often juggled multiple jobs to earn enough for her family, Moira stressed how undervalued she felt by society, and particularly by younger people. Old age was something she found was complained about, pitted against or underappreciated, never celebrated. Rather than directing her anger, along with that of her co-researchers, toward those generating such messages, Moira highlighted that it was the '*kids*' who were at fault because they were incapable of doing the work she had been subjected to. The emotional distance between her and those of a younger generation was widened as a result, and another aspect of community severed. Indeed, at the time of this conversation Moira pointed out to me those young people in Morrisons café that were likely to blame, as they had the time and resources to go for a cup of tea on a Tuesday afternoon.

> *I used to do a full-time job, come in for 17:30/ 17:45, get the tea on for the kids and be out again for 18:00 and I used to work until 22:00… I've done cleaning for one pound an hour which is ridiculous… I said a few years ago by the time we get to 80 there'll be nothing left for us and there isn't, there isn't.* (**Moira**, carer)

Shaking her head at the comparisons drawn, Moira reflected on the hardships she faced in adulthood and underlined how underappreciated she was made to feel by society, despite her dedication and work ethic. In particular, she implies that she is worthy of support, feeding into the very narrative and systems responsible for her situation. In old age, Moira felt as though there was '*nothing left*' with so few services remaining in her community. She also suggests that the status of old age itself assumes a delayed position in receiving services. This is reflective of wider age discrimination issues which, while often ambiguous in a policy context, are widely acknowledged to undermine equal participation in services and society generally (Hopf et al., 2022). Moira's experience mirrors that of her co-researchers who echoed a similar sense of being left behind.

Whilst Moira's experience of frustration at the realities of old age fostered an anger and distrust within her and consequently restricted her opportunities for connection, not all co-researchers were so vocal with their complaints. For carers such as Winifred for example, the cruelty and inhumanity of old age in a capitalist state were all consuming, but there was no way of actively changing the reality she knew. Winifred had cared for her husband throughout his dementia journey, and she

took pride in being his sole carer. She loved him deeply and considered him a good man, distinct from her previous husband who abandoned her, and their children. As she had been awarded a '*second chance at happiness'* with him, she felt that she *owed* him her unwavering support. Winifred was consequently reluctant to accept any support with her caring role, because she felt it was an insult to his good nature and their love for one another. This deep-rooted message of gendered dependency was present across her life, having seen key female figures bear the responsibility of caring without complaint.

Winifred first accessed the day centre service in 2017. During the settling in period she got to know the staff and clients there more closely, she then came to feel more comfortable and familiar with the group. She stressed that this was not due to the services offered here, but the way in which she felt part of something '*like a family*'. Practically, this meant Winifred became more willing to listen to the advice of staff, but it also meant that it was them she turned to in instances of concern.

> *It just got that me husband got too much and that was when Jen talked to us, and she said you know that I couldn't do it anymore and that was when he went into [name of care home].* (**Winifred**, carer)

After three years at the service, Winifred's husbands' dementia became progressively worse, and he began presenting with challenging and abusive behaviour toward her. Staff witnessed his violent outbursts during the group holidays and while able to offer immediate but temporary support at the time, Winifred confided in the manager that things had '*got too much*'. The decision making that followed involved numerous practitioners, assessments and care plans but ultimately resulted in one viable option of institutional care. No longer feeling safe in her own home, Winifred reluctantly agreed to move her husband into residential care. This was an incredibly difficult and emotional process for Winifred, and she relied on the continued support and reassurance from day centre staff. So much so that she asked the centre's staff (rather than a social worker or any of her children) to assist her husband to move into the residential home on her behalf as she did not feel she could do this herself. While staff too found it an emotionally challenging process, they felt it was their duty to help Winifred and her husband.

Winifred's story is one of betrayal, by the state and their saturated but undiverse care market and by the professionals in her life that remained fixed in the confines of their job roles. The meaningful support she did receive from the day centre was almost entirely unpaid and beyond their service capacity. Without them, Winifred stressed to me that she would never have considered accepting support of any kind and would have likely been killed by her husband albeit unintentionally. The promise of the good life as she knew it made her feel responsible for her husband's decline and subsequent violent behaviour, hence why she waited for staff to enquire about her wellbeing before even acknowledging she needed help. Even when staff were able to help, Winifred was left with an immense and intense guilt at what *she* had done. No formal attention was paid to the limited opportunities of support she had, nor that residential care was the only viable option available. Perhaps most unfortunately, Winifred's guilt was compounded by COVID-19, during which time her husband passed away following infection during the UK care home scandal, having been prohibited from visiting him.

The promise of the good life created feelings of distrust and unease amongst co-researchers, as older adults were disenchanted by the realities facing them, and the limited opportunities they had in return. For carers especially this facet of loss and yearning for what should have been were entrenched in feelings of guilt and shame, as practices such as caring and social comparison were themselves shaped by wider, unattainable narratives about the third age. In many respects it appears as the first crack in community to form the experience of loneliness and outlines those social practices (e.g., gendered caring, media consumption, social comparison and even working) where loneliness resides and manifests in a collective yearning for a better life and an anger at the unjust realities of old age.

4.1.2 *A lack of understanding*

The second facet of the community loneliness experience present in the findings is the collective yearning to be understood and seen not just as an older person, but someone with interests, skills, hopes and dreams who belongs in their community. Naturally, precisely how an older person wanted to be understood depended entirely on the individual, but the social practices referred to speak to an absence of understanding of this nature. Importantly, this is distinct from the practice of having and forming friendships as findings related to both strong and weak social ties

(Granovetter, 1973). Captured eloquently by Winifred, being understood, and having friendships were very different aspects of connection and this meant that often friends alone were not enough to satisfy ones needs.

> *Loneliness is when people don't understand. When they don't understand how you feel. We've got different ways of coping… Loneliness, for all you have lots of friends, and I know it's true, you can still be very lonely. You still need somebody to talk to who's out the circle, somebody who understands and that's very hard to find.* (**Winifred**, carer)

Close with her children and having access to a rich network of friendships, Winifred was one of the most objectively connected co-researchers but still, loneliness prevailed in her life. Her focus on seeking understanding and feeling understood beyond *'the circle'* speaks to a desire for more than human co-existence. In particular, she outlines that loneliness was present in her valued relationships perhaps due to the role she assumed in them. Winifred sought opportunity to build different connections where she was not just a mother, a grandmother, or a widower, but a caring person who had experienced so much of life and still had a wicked sense of humour. A rearrangement of practices was needed therefore, to enable this type of understanding.

A paradox is apparent however, as while she yearns to be understood, Winifred recognises that others in her community also seek this level of understanding but are unable to achieve it. Interlaced with the promise of the good life, a lack of understanding is rooted in a desire for a connected and caring community where older people are seen as their authentic selves rather than a parent, grandparent, or 'old' neighbour. Older people have been failed by the state in this regard, as they are given no space in which to practice these different identities. The mystery surrounding understanding is thus presented as a necessary complication, leaving older people unsatisfied with social practices that might be otherwise meaningful. The practice of talking for example, was identified as an important enabler in the pathway to feeling understood but appeared to vary significantly between clients.

> *Since the wife died, I haven't been able to talk to anyone… I had the budgie, the telly, me music and that was it.* (**Cedar**, client)

Cedar's sense of being unable '*to talk to anyone*' did not relate to isolation. He had a close relationship with his children who lived locally and spoke with him often. The talking he was doing however, was not the talking he sought. In comparing his opportunities to connect with his budgie, television, and music, Cedar outlines that he was not being understood in the forms of engagement available to him. His fears, hopes and wishes were entirely absent from these interactions and compounded the loneliness he felt. The mystery and simplicity of this need resulted in a deficit, because being understood appeared an ultimately unachievable goal that depended upon Cedar taking meaningful action.

A lack of understanding was embedded in a sense of fear and confusion and for some co-researchers being able to self-identify as a lonely person made this process even more complicated. The 'loneliness label' was often used unintentionally but destructively to distance co-researchers further from one another as the assumption was that in order to be worthy of feeling understood, one's loneliness had to be worse than another's. William, for example, was very open about feeling lonely throughout his life, but his descriptions of these experiences were always used in a way to evidence why no one would ever understand him.

> *I was a loner and lived in a big house a lonely life … I was a lonely man.* (**William,** client)

In William's instance, and describing his life before the day centre, he painted an image of aloneness that distinguished the type of life he led from those in his community. In describing his '*big house'* William did not refer to his privileged real estate but the sensation of being alone in a space that he did not wish to be empty. Knowing how to fill this house with meaning was complicated because William desired the understanding of other '*loner's*' as they were the only people, he felt would understand his experience and intentions with connection. Experiencing a lack of understanding was thus interlinked with how co-researchers viewed themselves and their community. Believing that no one in their community could ever understand them, or not knowing how to feel understood, created an uncomfortable and complicated emotional distance between people.

This thread of community loneliness represents the importance of being seen and feeling understood by a multitude of connections and the difficulty of achieving this

when faced with the realities of old age. Inherently, it highlights how older people are rarely awarded this opportunity. Indeed, the ‘understanding paradox’ in which community members sought to feel understood by their community while having a comprehensive understanding of that same community, worked to exacerbate feelings of loneliness. Beyond the day centre environment, it was entirely unclear to members how they might achieve this level of understanding and is also indicative of a wider level of disconnect between community members.

4.1.3 *Destructively risk averse behaviour*

Interlinked with ageism, age-related problems and COVID-19, the final component of community loneliness outlines a complex dependency on risk averse behaviour and marginalisation. While experiences of ageism and age discrimination have long been reported globally (Kelly et al., 2019), the worsening of such issues here appear to have manifested into a hyperfocus on the ability to keep older people safe. Formally relating to the act of keeping older people safe from harm, in a critical social gerontological context, safety is a term often used in conjunction with vulnerability and wellbeing. Safety also encompasses the networks (including families, communities, and local services) of older people, drawing on their strengths, as well as that of the individual and is considered the product of meaningful connection (Sherwood-Johnson et al., 2022). The ‘threat’ of old age, however, was constant not just in terms of the negative social conditions of getting older, but also societal and familial pressures to stay safe. Here, it emerged as the practicing of destructively risk-averse behaviour.

For carers, safety was conceptualised as a pressurised goal that remained just out of reach. In amongst the relentless pressure of caring for loved ones and thinking about their safety, carers also faced concerns for their own wellbeing as reminders to ‘look after yourself’ or ‘be careful’ were unsolicitedly thrust upon them in everyday life without any offer of practical support. As a social practice, safety was cultivated by members at the day centre site to recreate a sense of agreeableness. For example, the day centre attempted to embrace and safeguard the friendliness of members with a zero-tolerance policy for hostility. There was recognition amongst members that they each deserved to access a space that was calm and without misery, because they viewed old age (a view cultivated and sustained by popular discourse) as being full of that already.

> *You feel safe… the atmosphere is always brilliant, you never walk into an argument or anything, it's just lovely*. (**Helen**, carer)

Helen's emphasis here on there never being arguments '*or anything'* underscores the extent of amicable calmness where agreeableness was enacted and expected by all participating members. Evidencing this further, Helen chose to drop her husband off herself twice a week and stop to have a '*cuppa and a natter'* to check in with staff, volunteers, and the other clients before going to enjoy the only time she had away from her caring responsibilities. This was despite the transport service available through the centre, which could have relieved Helen of this task entirely. Indeed, Helen and her husband Denis were always the first clients to arrive at the men's day and typically brought with them sweet treats or seasonal gifts, to offer to other clients. While Helen's experience speaks in some capacity to the relational practices of the day centre, it also highlights that conversely, other spaces were without safety. Indeed, Helen was clear to articulate that it was not just Denis who felt safe, though we can assume he was included in her reflection, but that '*you*' feel safe. As a carer entirely responsible for the safety of her husband (e.g., while he slept, when he left the house and during acts of personal care) the practice of safety was never one she felt the benefits of until attending the day centre.

With the outbreak of the COVID-19 pandemic and temporary closure of the day centre, so too came an increase in issues of populism, misinformation and ageism that surfaced and interacted to attempt to suppress older people's interests in public discourse (Fraser et al., 2020). With COVID-19 deaths twice as high in the most deprived neighbourhoods of England as in the most affluent (Bambra et al., 2021), the pandemic exacerbated the age-related and ageist issues that were already directly affecting the social practices of my co-researchers. The safety practiced and experienced by Helen and Denis was interlaced with a pervasive and aberrant narrative of old age. Stereotyping, hostility to and discrimination against older people that were long used to advance populist politics in Western societies, got significant traction in the UK where the soaring numbers of care home deaths were justified by statements such as 'they've had their time' along with seeing older people as vaccine resisters and the spreaders of misinformation (Fraser et al., 2020). This narrative, which was heard by my co-researchers, was used to describe older people

in major news outlets and was largely based on older people being a homogenous at-risk group whose isolation was equated with safety and wellbeing (BACP, 2021). Ultimately, the public discourse amassed to misrepresent and devalue older people which, along with the failure to report mortality figures for older adults in nursing homes, contributed to a growing sense of unease.

> *It's what you see on the television, these people forget you know that they'll get old themselves and God help them because some of the things they are saying it's just terrible. You know, should we live past a certain age? Would they say that to their parents?* (**Moira**, carer)

The media's coverage of the pandemic and old age generally was thought to be purposefully divisive by carers such as Moira. Questions related to her worth as a human being were being discussed idly on talk shows without any consideration of the impact such reflections might have. These messages were loud, and because they were broadcast nationally, were felt to be endorsed by wider society. The anger exuded by Moira in response to this discourse outlines her need to be seen, respected, and heard as an older woman and as someone who could offer advice on the realities and hardships of old age rather than someone simply wasting resources. It also underscores that safety, rather than being nurtured and practiced relationally as it was in the day centre site, was being reconstituted to further marginalise older people. Despite feeling enraged, Moira's response was to disconnect from the narrative by avoiding certain television channels or social spaces such as high-street shopping centres (where interviews of this nature were being televised), to avoid the risk entirely.

Such dangerous societal attitudes were of course unravelling during periods of government enforced isolation and social distancing. Most of my co-researchers lived alone and qualified as clinically vulnerable so were advised to stop all physical contact with anyone outside of their own home. The enforced periods of lockdown also resulted in a significant number of social support services being closed down, severely restricted or reformulated (Giebel et al., 2021). The already tumultuous circumstances facing co-researchers were worsened therefore, and complicated by these changes, amounting to a collective sense of fear of the outside. Many felt confused and distrusting of those local services that had closed down without

explanation and scared that people they knew held the same damaging misconceptions as articulated by Moira. Safety became something they *owed* to others in this sense, to demonstrate they were doing all they could to remain well and out of the limited number of beds in hospital. This fear led to many members questioning the validity of news sources, as well as the information they heard in their own social networks.

> *Some were really scared just to step out the door. That was absolute madness, they really scared people- you know you're gonna die, you're gonna die, propaganda machine! Jen says ITV are just as bad- it's a powerful tool, yanno.* (**Paul**, prospective client)

For Paul, fear of COVID-19 amounted to an anger toward news outlets that ultimately made him distrustful of their content. His particular focus on reports of death and dying emphasise the extent and nature of his fear. Paul was seen weekly by staff through their food delivery service, during which time they briefly stopped to chat. In these instances, staff would attempt to build a relationship with Paul in the hope they could further support him and the loneliness he was experiencing. Despite previously being an independent and active man, Paul did not leave the house in any capacity during the lockdown and saw the threat of dying from COVID-19 as an individual but also collective concern. Whilst Paul had not actually spoken with others, he stressed that people were '*really scared'*, marking this as a justification for his own reluctance to leave the house. Paul's risk-aversiveness thus demonstrates both an awareness of (or willingness to interpret) the community's needs and a learned behaviour to eliminate these risks before attempting any consideration for his social needs. His repeated phrasing of '*you're gonna die, you're gonna die'* also echoes the threat of safety felt by Moira as Paul positioned this statement as a caveat to taking risks by leaving the house in any capacity.

The reconstitution of safety, while related to issues of threat, also appears in the context of increased age discrimination, isolation, and fear to be characterised by the shrinking of members social worlds as a means to manage their anxieties surrounding safety. Duggan and colleagues (2008) shrinking world theory is typically associated with older adults living with dementia who experience a shrinkage of their social worlds following diagnosis that ultimately results in a loss of independence,

control, and general reduction in wellbeing. While relevant, the difference here is that co-researchers were consciously seeking to shrink their worlds as a way to better manage their fears. Often this had very negative consequences beyond feeling lonely as they felt conflicted and even guilty by their decisions to limit social engagement. The practice of shrinking one's world also appeared to have temporal consequences, as staff and volunteers noted that clients and carers appeared visibly older following periods of isolation, with clients themselves attributing their significant physical and/or mental health deterioration with feeling older. Due to the ageist messages that had long been circulating in the lives of my co-researchers, the option of shrinking one's world did not only feel necessary, but natural too because of their misperceptions of old age.

> *The rest of the week I just plod on and do what I've got to do and when I've done me little jobs in the house, I watch telly and do me knitting.* (**Rosebud**, client)

For Rosebud, her once full social calendar filled with various group memberships and meet-ups stopped in its entirety during the pandemic. While some group closures were beyond her control, her remaining attitude and reluctance to do anything beyond plodding on were done so consciously and continuously. Responsible for completing *'little jobs'* in her house, Rosebud found these practices helped her to '*just plod on'*, an approach to life entirely different from her vibrant and confident self, prior to the pandemic. Without risks of any kind the aim was to stay alive, rather than to live. These defeatist reflections, while reflective of community loneliness' nature, also speak to the difficulty of breaking the cycle and the complexities surrounding the guilt and pressure to remain safe. Rosebud advised that she lived this way because '*it's the way it is*', and if she did not, she could risk the wellbeing of those in her community. This complex and destructive message had been sustained and enhanced by the ageist pandemic narrative.

It did not appear an entirely linear process of shrinking one's world, however, as the complicated feelings of guilt and fear also appeared interlinked with a longing for connection and human touch. For Ronnie, regulations on physical touch strained her relationship with her son and even caused her to feel guilty for wanting touch.

> *Normally he would have got a hold of us and thrown us in the air, you know! And he was standing there, and I thought come and give us a hug! But he says no.* (**Ronnie**, client)

Ronnie, who describes her son as the '*light of her life'*, could not understand why he refused to hug her during the pandemic. While he continued to attend work (and unjustly risk his life, as she saw it), she was forced to remain at home and '*stay safe*'. Ronnie felt that leaving her home and seeing people face-to-face would not just be a risk to her health but would also mean disobeying the wishes of her family and would therefore mean disappointing them. These changes were significant to Ronnie's life, and impacted her relationships with other friends and family, as she was forced to think critically (and often detrimentally) about what interactions constituted as essential or not. The loss of a hug from her son was especially challenging for Ronnie as the practice of being '*squeezed and lifted up'* brought a meaning to her life that could not be replicated, as only her son hugged her in this way. It was not just that this practice was taken away, but that it became forbidden and risk-laden, intensifying the loneliness Ronnie felt.

Shrinking world behaviour was not exclusive to the clients, but also apparent for the manager who was tasked with assessing and reassessing their ability to reopen the day centre safely during the pandemic. Despite understanding and monitoring the needs of her community, the messages of risk-management and the vulnerability of older people were all-consuming. Members and staff begged to be able to return to the day centre, but the necessary guidance and sureties that members would be safe was entirely absent, and therefore insufficient. The conditions surrounding support and recognition of day centres appeared to deteriorate to become more hostile as official advice was heavily focussed on individualised responsibility, with day centre managers urged to assess their individual risks. Such assessments were influenced by managers own understandings of public health measures and risks, which themselves fluctuated.

> *The numbers are increasing in Newcastle so right at this minute I'm not getting over-excited. We've done 16 month, what's another couple of weeks. And they were upset with that. The answer is I don't know, but if the increase continues then I'm doubtful.*

> *Everything is just so uncertain with this COVID, and you want to make sure you're doing the best for the clients and the staff and the Government's not always very clear on what they're trying to say.* (**Jen**, manager)

Despite the re-opening of the retail and restaurant industries, the safety of clients could still not be guaranteed and was therefore not willing to be risked by Jen. She felt the weight of over 12 months of public messages outlining that her members were at increased risk of death, and that remaining at home was the best way of managing this risk. The disparity between day centre reopening guidance proved challenging for co-researchers and staff who were keen to get back to the centre regardless of the cost, though they each respected that Jen would only reopen when the possibility of no further closure could be assured. Jen felt a pressure though, to '*make sure'* she was *'doing the best for the clients and the staff*', and this inevitably meant issues of risk and safety took precedent. With echoes of the relational nature of the day centre site, the prevalence of these different shrinking worlds left little room for risk.

Concerned with issues of safety and entangled in the pervasive and damaging impact of ageism and age-related problems that had only been worsened by the COVID-19 pandemic, the final component of the community loneliness experience, demonstrates the destructive practice of risk-aversiveness that has resulted in the shrinking of co-researchers' worlds which in turn, has limited opportunities for connection and restricted civic spirit as self-interest was encouraged to take precedent over care for and interest in others.

4.2 The dynamic nature of community loneliness

While the individual facets of the experience of community loneliness have been identified, it is now time to draw on the dynamic thread binding these aspects together and highlight the unusual nature of this dimension of loneliness. Firstly, this builds upon the framing of community as a practice to remind us that in the fight to live with others in love and peace (Peck, 1988), loneliness must be embraced and understood, not eradicated. Loneliness is therefore always in a state of constant change. This is not to say that each community member was consistently lonely, nor did we attempt to monitor or chart heightened intensity. Rather, the deep-rooted

presence of community loneliness in each facet of co-researchers lives, whilst able to fluctuate significantly, was always present in some capacity in the community. This was felt in trusted relationships, in conversations with strangers, in the spaces occupied daily and reproduced through the practicing of life practices, each working to compound loneliness and often worsen its negative consequences. As such, the fluid understanding presented here challenges the measurement of loneliness as a static experience. Instead, we acknowledge that feelings of loneliness will vary depending on context, who one chooses to interact with and how, and so cannot be a fixed sense.

Indeed, fieldwork which spanned over the course of a year relied on the continuous contact between myself and my co-researchers, enabling prolonged access to co-researchers experience and general state of mind. Practically this meant I had weekly or fortnightly contact with each of them, depending on their availability and wellbeing. Over this course of time, feelings of loneliness and reflections on loneliness appeared to change continuously depending on the context. Clients such as Annie for example, initially reflected that the loneliness of lockdown often made her feel '*down and out*'.

> *Me, I sit here and say this isn't a life. I'm just sitting there watching the telly, nothing else to do. You know your [local newspaper]? You get your puzzles to do. I'm sitting doing them all the time. That's all I do.* (**Annie**, client)

Loneliness for Annie was embedded in the mundane activities she practiced. They helped to pass the time but did not constitute a life as she knew it. These practices and the feelings of loneliness they produced, were shaped by COVID-19 restrictions. Previously an active and cheerful person with a rich social life, Annie had a range of activities she completed and until recently drove her own car. In the confines of lockdown, she began to associate her puzzles with repetition and even entrapment. In later conversations however, reflections turned instead to the relationships she had with her children and grandchildren who visited her regularly. These were nourishing and important connections that were sometimes sufficient for her to not feel lonely in their presence, but upon returning to the practice of her puzzles, the same negative feelings would return.

The dynamic nature of community loneliness also appears to have a collective element to it in the sense that awareness of other people's loneliness mattered and even risked worsening negative feelings as members feared they were just another person who felt lonely and needed support. For clients such as Paul for example, an awareness that '*some have become quite desperate*' and that these issues, including loneliness, were having a disastrous impact on the local community, were a fluctuating but continuous concern impacting his life. They appeared to depend heavily on his exposure to news outlets and social connections but had a continuous influence on his feelings of loneliness. Concern for the collective was also felt by the manager, who was overwhelmingly conscious of the challenges facing members, and her role in protecting them.

> *In the beginning there was a lot of fear around it. You know, people were saying 'can you still get it if you're staying in the house'. I said as long as we haven't got people coming in and out we're very safe …I think a few of them, well there's three or four of the men that had medical problems and were very frustrated that the doctor wouldn't come out and see them. And I said it's as much to protect you as it is to protect others.* (**Jen**, manager)

Jen's reflections here relay both the extent of fear and confusion from clients and the type of calm and level response offered in return. Jen had outlined that she had felt lonely at various points over the course of the pandemic, and these feelings were shaped by discussions she was having with clients. She was also tasked with creating and sustaining a collective, and this placed a pressure on her to deliver meaningful connection to each and every member. Jen's collective use of '*we*' and nod to the need to '*protect others*' is telling of the community dynamic sustaining these interactions and how each conversation was itself a practice of community. Despite the frequency of these conversations, Jen sometimes felt lonelier as a result. There were also times where these conversations were just as meaningful to Jen as they were to clients. There was a fluidity to her feelings, therefore, and rarely a guarantee that doing specific activities would help.

The weekly or twice weekly phone call from Jen was largely informal in nature, typically consisting of a catch up and check in, but appeared to evolve into a meaningful activity for clients.

> *I feel supported by the regular telephone phone calls twice a week… just knowing that there's someone out there who actually cares.* (**Cedar**, client)

For Cedar, the continuity and relational nature of the contact translated into the genuineness of staff's care for him. On the surface, this appears to demonstrate the value of consistent communication in community loneliness. Considering that so much of Cedar's life changed for the worse during the pandemic however, as deterioration in his health left him feeling '*like a prisoner*' in his own home, more can be understood here. Cedar felt isolated by the change and uncertainty of the pandemic and found solace in the care of staff. His surety in the availability of these phone calls allowed him to better manage his feelings of fear because two parts of his week were welcomingly predictable. Cedar's individual feelings of loneliness were rooted in the loss of his wife, and the sense of being '*left behind*' as everyone else moved on with their lives but extended to other practices in his life. Surrounded by formal types of care and support, Cedar felt as though no one (beyond his immediate family) genuinely cared for him and this meant loneliness often emerged in his daily practices.

Following a decline in Cedar's mental health and limited by the COVID-19 restrictions, Jen and staff became concerned for his wellbeing and encouraged Cedar to share his feelings with his GP who had been monitoring his health ahead of major surgery. From here, a referral was made to a local telephone befriending service that offered conversational support over the course of 10 weeks (2 x 40 min per week). Cedar himself described this as very helpful but ultimately did not 'fix' the loneliness he felt as, similarly to Jen, the connection present at the time of these interactions did not guarantee that other practices in his life, such as watching his television or engaging with his budgie, would also be without loneliness.

The dynamic nature of the community loneliness experience can also be considered in relation to the different approaches enacted by staff, which changed drastically depending on the client and their expressed wishes. Changing needs and circumstances, along with fluctuating feelings of loneliness, meant that staff had to continuously rethink and adapt communication techniques to engage clients. Each interaction and exchange had to be thought out and was adapted to suit a client's particular needs. When seeking to engage a client who lived alone with rapidly

deteriorating hearing and sight and who spent most of her day sat by the window with nothing to do, Jen recalled all she knew about her interests and aspirations.

> *I got her some large print books …and I got some word searches and blew them up, took them down for her. It's sort of kept her going but it's not a lot, d'you know what I mean?* (**Jen**, manager)

Jen was noticeably disappointed when recalling this story to me, as she felt her actions were insufficient. Yet, these were activities that had initially been proposed by the client herself and while '*not a lot'*, reinstated some meaning into the time she spent at home, as she also used the practices to shape any future conversations she had with her carers and family members, which reproduced the feelings of connection that had originally been produced by the practice. Importantly, it was an action taken with care in mind, and this translated effectively to the client. She advised me that the books and word searches were '*wonderful'* simply because Jen had cared enough to do it.

The dedication and creativity of staffs' attempts at engaging clients over the course of the pandemic was notable, especially as the challenges facing members became more complex. They also reflect just how dynamic community loneliness is, as no two scenarios were the same. Cedar for example, shared with staff his frustration following a postal worker's refusal to distribute mail individually. Rooted in ageist assumptions, the practice of collecting one's mail became entrenched with loneliness as being a disabled and fiercely independent man, Cedar was offended by assumptions that he lived in a care home. He found it an insult to his autonomy, an echo of societies attitudes towards older people and raised it as a complaint during telephone contact with the centre.

> *They came with a whole load of mail and just dumped it on the lounge table and walked out the door … It should be the postman that delivers it. We've all got letter boxes. It's not a care home. It's a sheltered accommodation. They are treating it like a care home… I've even wrote to [local MP] about it.* (**Cedar**, client)

In sharing his frustrations, and reflecting on his desire to take action, staff directed Cedar to the warden of the accommodation and his local MP, urging him to voice his experience. Staff were clear that Cedar was right to be angry, and that postal workers were wrong to treat sheltered accommodation like a residential care home, as they were distinct environments with major differences in the freedoms of their residents. The processes of listening, affirming and occasionally encouraging the action of clients were key here but demonstrate how the experience of members varied significantly, as some treasured practices were the epitome of loneliness to others. Staff were tasked with challenging the ageism exacerbated by the pandemic and validating members' changing feelings of loneliness and, where possible, dismantling and reconstituting these practices.

The community loneliness experience was dynamic both in terms of the frequency and the nature of the feeling, as co-researchers often fluctuated between different components and intensities of the experience, but such variations did not take away from the overall impact of the feeling. Its dynamic nature highlights the role social practices can play both in intensifying the feeling and relieving it. In particular, findings demonstrate how the experience of community loneliness can be reshaped by a relational approach.

4.3 The capacity of a relational approach to (re)shape community loneliness

While individual expressions of community loneliness varied significantly, the undertone of feeling insignificant was often present, as though the needs of the community did not matter enough to instigate any meaningful change. Pivotal to the site of the day centre though, was a relational approach wherein such change was not just possible but necessary. By attending the centre, feelings of loneliness were shaped, modified, and redefined by relational practices. For clients, such practices appeared more closely linked to the theme of familialism, as the relational approach employed by staff was received and understood as a loving, familial practice. This practice was organised in such a way that demonstrated feelings of respect and genuine care however, as the manager was seen as the '*mother*', even by members older than her, and other clients considered '*siblings*'. Jen's name was brought up affectionately by all co-researchers, and always in relation to members feeling seen and valued.

> *Jen used to be the mother of the family. And the rest of them are all the siblings. I know they're older than Jen but … she is to me. She is my sort of second mother or stepmother or whatever.* (**Kyle**, client)

Kyle's recognition of Jen as his '*second mother*' speaks both to his positive response to relational practices, and his desire to be understood and valued as a person in this way. It is not that Kyle had no strong ties to his own family, quite the contrary. While he had limited friendships outside his inner family circle, he was extremely close to his parents (prior to their death) and siblings and considered them the most important people in his life, making his familial framing of the day centre even more significant. He also generally struggled to 'open up' during our conversations and rarely offered personal comments. Kyle had a prolonged experience of institutionalised care, where support was overwhelmingly medicalised and often transactional. He felt and recognised the distinction between the two environments, outlining how the day centre was more '*normal*' with its organic and relational nature, and yet also more meaningful.

Comprised of practices and material arrangements (Schatzki, 2002), the site of the day centre enabled the 'hanging together of human lives' (Schatzki, 2016: 32) through a relational approach that sought to support and enhance the social life unfolding there. Being a voluntary organisation meant they had no formal obligation or commitment to their local authority so rather than seeking to meet social or economic targets (with specified numbers of clients), the focus remained firmly on its members and acting with compassion toward them. In practice this appeared to mean that a relational approach was employed to: compassionately identify an individual's preferences and histories; understand these preferences with the input of clients; and enact these personalised practices continuously. This arrangement of practices was not however, intentionally organised but governed by the social rules and understandings of the site (Schatzki, 2016) and reflected upon during our period of data collection.

4.3.1 *Identifying*

The first interactions between staff and members of the day centre were considered an essential first step in realising a relational approach. When learning an individual's preferences for example, compassion, humility, and inclusiveness were employed. Whilst compassion is often presented as a political devise to promote quick fixes (Dewar & Nolan, 2013), it is presented here as a genuine want, to get to know clients and their carers. The empathetic approach to supporting and relieving concerns meant a trusting relationship between members was possible. Indeed, commencing their time at the service with an open conversation meant that clients could share what they deemed most necessary or appropriate. Importantly, this also gave staff the time to learn about their past, their familial setup (including next of kin) and any challenges they were presently facing, commencing a ritual of practice that could later be drawn upon.

While practically tasked with identifying and inputting 'the individual' into a community service, the process was far from mechanical in practice. Invited to recall their first days at the centre for example, co-researchers relayed the value they placed in the humanness of the social interactions. The descriptions shared each related to an overwhelming sense of friendliness, with cooperation and honesty emanating from staff. The physical site appeared important to enabling this as the hall of the day centre, where staff and clients congregated, was the first space accessed by members. Rather than getting lost through a building, or entering an empty room, members were immediately presented with the centre staff and other clients who were engaging with one another.

> *I was greeted by very warm hospitality and a cup of coffee by Jen, I'll never forget. Two of us sitting down there, complete strangers, come from a different part of the city all together but nobody said what are you doing here or anything.* (**Major Tom**, client)

In sharing this memory, Major Tom's voice became lighter, and his smile grew until he let out a small laugh, emphasising the '*warm hospitality*' he described so well. Their sharing of a hot drink, whilst a modest social practice, bore more weight both as a form of peace offering in friendship building and as an act of service that indicated despite being the day centre manager, menial tasks were shared equally, with all staff and volunteers equally responsible. Having a cup of coffee together

symbolised to Major Tom that building a relationship in this space was important and meaningful. Jen's relational approach to 'identifying' Major Tom meant that rather than feeling like a tick box exercise, the interaction was meaningful and even evolved into a new, shared social practice they both participated in. Identifying the individual, their preferences and personal histories figuratively and literally, made space to sustain relational practice as the older person, and all their hidden complexities, took centre stage from the outset.

4.3.2 *Understanding*

The next step in building a relational approach from identifying the individual, was working with them to develop a compassionate understanding of their needs and preferences in relation to the service design, directly challenging the 'understanding paradox' inherent in the community loneliness experience. The manner in which members felt understood is significant and indicates that those relational practices involved in sustaining it were themselves complex.

> *It was men and women; the men would sit in the conservatory and all the women would just sit in a circle and nobody was making conversation. There was no music, no entertainment, no interaction.* (**Helen,** carer)

Helen's comparison here, between other local day centre services and GWCT outlines the challenges she and her husband faced with other services. This information was essential to developing an understanding of what Helen and Denis sought to get from this day centre and what practices were meaningful to the couple. In outlining the separated '*conservatory*' space situated at the back of a building, Helen suggested that clients were hidden away from the rest of the service and public onlookers. Their requisite to '*just sit*' was to Helen an attack on their freedoms and indicated that control was more important than choice, as clients were not free to move about. In listening to Helen's experience and marking those failed practices of previous centres, staff were able to develop an understanding of her wishes for GWCT and offer reassurance that the service would do better.

> *This one it's like a home from home … so it's lifting me just a little bit and I just feel happier knowing I can enjoy myself and not worry about him you know, and you feel safe.* (**Helen,** carer)

Helen's subsequent comparison with GWCT being a '*home from home*' speaks volumes for how understood she was made to feel by the service, compared to her previous experience. Being a matriarch who took pride in running her own home as a welcoming and peaceful environment, her home was *the* space for their family to come together and spend time with one another, where conflicts were resolved, and friends came to seek refuge. Extending the label of '*home*' to GWCT was no small feat therefore and demonstrates how understood she and Denis were made to feel. While other day centres were deemed lifeless, Helen felt that GWCT took the time to invest in the sparks of life (e.g., *entertainment, interaction, music*), just as she did. Ultimately this amounted to a sense of surety that she typically only had from her own home.

4.3.3 *Enacting the personalised practice*

Having worked to identify and understand the individual, the final aspect of building a relational approach appeared instead concerned with enacting the personalised practice. This meant that staff had to respect those boundaries set by clients (e.g., those related to risk-aversiveness) while practically responding to the understanding developed to ensure members felt a part of the service. Findings include smaller changes such as the introduction of a new menu, activity, or nicknames along with more collective approaches such as hosting health and wellbeing sessions to better manage anxiety. Following the terrorist attacks of 2007 in the UK for example, the manager and staff became increasingly concerned for client's mounting fear and prejudice. Knowing those individuals comprising the service intimately, and listening to their expressions of fear or anger, they decided to respond.

> *When we had the terrorist attacks everyone was a bit… so I rang the Islamic Diversity Centre (IDC). The look on everyone's faces when they walked in! So, I said they've come along today to chat to you and answer questions. They wouldn't ask questions, so I thought right I'll start the ball rolling with 'you know when you get home at night? Do you keep your headscarf on?' She goes 'oh no! I come in the front*

> *door, most of it comes off there, I go upstairs, put my onesie on, make myself a cuppa and I watch Corrie.' Well, that broke the ice straight away! Then they brought along henna. Then they started to bring their children in with them, it was really lovely.* (**Jen**, manager)

It is firstly notable that Jen anticipated and responded to the initial prejudice and concern from clients, who had not directly asked for an audience with the IDC, and even expressed a refusal to meet with them. That she trusted members would eventually welcome the guests was telling of how embedded she was in the context and the level of understanding she had with clients. Rather than recognising their prejudiced views as reason to reduce contact beyond the community setting, Jen along with other staff drew on their intimate understanding of members to consider where these attitudes were originating from.

Upon noticing the unwillingness and discomfort of clients at the event itself, Jen chose to lead the conversation with a question, of which the subsequent breaking of the ice was completely dependent. The question itself was pertinent, although not pre-scripted, it was something Jen sensed others wished to ask. The phrasing and topic chosen were drawn from those relational practices embedded in GWCT. Importantly, it *was* enough to persuade clients to welcome the group, all of whom eventually felt comfortable enough to bring their own children with them and engage more closely with clients through henna tattoo practices.

Enacting relational practice was important not just for members' sense of connection and belonging to the service, but also practically essential for the effectiveness of the service in addressing community loneliness. The relational practices and principles foundational to GWCT meant that similarly to one's family or friendship group, connections were not time-restricted like other services, but lifelong. Staff's nicknames for members, their knowledge and awareness of each person's unique history and current dilemmas all came from a genuine want to know *more than* the individual. This closeness proved a vital resource during the pandemic, when contact was limited to telephone calls and/or door-step visits (for those requiring the food delivery service). Staff and members were able to recall these practices and perform them in new contexts which reconstituted, as best as possible, their relational approach in an ever-changing and difficult context. Though exactly how this was enacted will be discussed in the coming chapters.

4. 4 Conclusion

The findings presented here have introduced the concept of community loneliness through the identification of and reflection on its three primary components. The failed promise of the good life, along with a lack of understanding and destructively risk-averse behaviour (which are all interlaced) demonstrate a process of escalation experienced by members of a community that exposes those everyday practices where loneliness is (re)produced and able to be negotiated. Distinguishable from other conceptual frameworks by its dynamic and collective nature, findings suggest that the site of the day centre was able to work *with* this fluidity to reshape loneliness in the community through a relational approach.

The relational practice of negotiation

Following on from the introduction of the community loneliness experience and the relational approach employed by the site of the day centre, this chapter will identify the explicit type of relational practice employed, introducing negotiation and its role in relation to community loneliness. Building on the concept of the site of the social as a mass of linked practices and arrangements (Schatzki, 2016), negotiation is presented here as a form of relational practice that works in contention with the social phenomenon of loneliness, which is itself comprised of practices and shaped by community. To do this, I will first detail the individual practices comprising negotiation and outline the stages involved in practicing them. Attention will be paid to the role of social capital to consider what social qualities and/or tendencies might make negotiation successful or unsuccessful. I will then reflect on the day centre's role in establishing networks of negotiation and what practices are necessary to them. The site of the day centre will then be explored through the lens of Biglan et al.'s (2012) nurturing environments framework to organise the different but interrelated components of the site.

5.1 Negotiating loneliness

The relational approach employed by GWCT was a foundational aspect of the service and our subsequent reconceptualisation of loneliness, as it positioned the service to be in contrast with the often medicalised and even transactional approach taken in old age care elsewhere. Despite branding themselves as a service designed for lonely and isolated older people, the centre did not consider distinctions between social (conceptualised as detachment from a desired social network or friends, who do not meet one's expectations for contact and support (Dahlberg & McKee, 2014)) and emotional loneliness (referring to the loss or absence of a specific close relationship or attachment figure (Luanaigh & Lawlor, 2008)) particularly helpful. The intention was never to measure the phenomena or cure it as an ailment therefore, but to learn, understand and support people to cope better with those aspects of the feeling they did not like. Precisely *how* they did this was less clear.

As previously discussed, the relational approach taken by the centre was highly valued by its members who felt that this, in some way, had an impact on the

loneliness they felt or did not feel in everyday practices. In striving to clarify and articulate exactly how this happened, and with an aversion to the measurement of loneliness in any capacity, the research team started from the position that recognised the value of relational practice. With no intention or expectation for clients to demonstrate a 'reduction' of loneliness, the relational approach taken by the service was thought to emphasise the role of building older people's capacity to connect through thoughtful and genuine reflective exchanges. Truths were established therefore, as an emphasis was placed on the social interactions between members and how they sometimes worked to reconstruct lonely practices into meaningfully connected ones. From here, we considered the practice of negotiation as a way to capture loneliness being addressed and even deconstructed without adhering to the language of 'reduction' or 'removal'.

The relational practice of negotiation is presented as a practice that was widely and *intuitively* employed at the day centre site. Negotiation offers a format in which people settle differences through compromise. Space is given to listen to one another's viewpoint. This means, rather than looking to fix a problem, negotiation offers an exploration of an issue, much like the conceptualisation of the day centre 'site'. This navigation requires individuals to look inward, express their feelings in whatever capacity they see fit and reach a conscientious compromise in response. Findings suggest that this does not necessarily result in a 'reduction' of loneliness per se but that the feeling is generally better managed or understood as a result.

Clients at GWCT were not expected or pressured to make friends by attending the centre then, nor were their carers expected to oversee the relationships being built at the site. Relationships were instead seen as the foundation of dialogue (hooks, 2001). Firstly, this meant some social expectations and their associated pressures were removed from interactions. Rather than presenting themselves as an intervention for reducing loneliness, GWCT offered a space for older people in a community to come together and 'be' rather than 'do' specified practices, echoing principles of community that request we be (i.e., reflect and know ourselves) before we do seek connection or form friendships (hooks, 2001). Simple social exchanges were thus celebrated and embraced by members for their simplicity. For example, Coral (a daughter and carer of a client) noted that because of the centre and the interactions Coral practiced, the relationship she had

with her mother was significantly enhanced. Coral described her as being '*different*' following her membership, for example.

> *It gave her something else, even if it was something else to moan about, someone else to moan about. It was something else to talk about. And for me, it helped give me something to talk about. About what she's been doing. What's happened. You know, what she's bought there, what she had for lunch. It gave you a different conversation.* (**Coral**, carer)

Coral shared that prior to the centre, she often felt guilty when in the presence of her mother, as she felt she was not doing enough for her. Conversations were noticeably forced, as Coral feared that not instigating conversation would result in her mother feeling lonely. The threat of loneliness impacted their relationship in this sense, Coral felt responsible for her mother's lack of social relations as her primary care giver and therefore responsible for the 'risk' of loneliness. When they became members of the GWCT community, the focus shifted away from risk management and loneliness prevention though, toward reflection and genuine identification of need.

For Coral, meaningful sustenance was added to their pre-existing relationship as both her and her mother became genuinely invested in the time they spent together once more. The renewed interest in conversing meaningfully with her daughter helped to reshape the nature of their engagement as rather than being a straightforward and surface level conversation, both Coral and her mother could discuss the centre, and the practices found within. Coral noted that while her mother did not befriend anyone at the centre initially, it still enabled her the opportunity to '*moan about*' others, adding intimacy and trust to their exchanges once more. Her mother did not complain to staff but waited until she next saw her daughter to confide in her, demonstrating and reinforcing the closeness of their bond. I would note that these complaints were trivial and not related to concerns for welfare or safety. The negotiation then, started with conversation practices that whilst unintentional, worked to sustain feelings of loneliness for both Coral and her mother. With the site of the day centre though, so too came practices that instead meaningfully shaped the interactions Coral's mother had. Interactions with other clients, staff and volunteers instigated a process of negotiation as Coral's mother witnessed and formed opinions on others social practices.

Negotiation is presented here as an alternative to deficit-based individualised models of loneliness. It interlinks with the experience of loneliness as a relational state which depends on an individual's subjective awareness of what it means to experience meaningful and rewarding relationships (Jylhä & Saarenheimo, 2010). Coral and her mother, for example, were able to strengthen their bond by stepping away from their risk-management style engagement to one of better understanding and possibility. GWCT did not set limits or expectations on the relationships cultivated (or not cultivated) at the centre but opened up space in which to consider how loneliness was being experienced. The social ties formed by Coral's mother were not exclusively good or bad therefore but had the *capacity* to evolve.

Rather than Coral and her mother being forced to decide who was to blame for their loneliness, as was the message sustained by other services employing an individualistic approach, GWCT appeared to embrace the experience's multidimensional (Yanguas et al., 2018) and relational nature (Jylhä & Saarenheimo, 2010) beyond the measurement of one's 'level' of loneliness by addressing relevant aspects of community loneliness. With the removal of blame, the focus shifted instead toward reflection and the meaning offered by interactions. The risk of failure was also better managed as Coral and her mother were not required to demonstrate their outcomes.

5.2 The stages of negotiation

Once negotiation was agreed upon as the meaningful practice sustained by the day centre site, conversations turned to understanding the arrangements of the entities comprising the practice. Findings indicate three distinct stages of the negotiation process that were intuitively applied: reflection, connection, and iteration. These were drawn primarily from co-researchers' reflections on how the day centre helped with their feelings of loneliness.

5.2.1 *Reflection*

Immersed in the nurturing environment fostered by the centre, the first aspect of the negotiation process is the ability to just be. It is the 'being' before 'doing' in the sense that members have the space, perhaps for the first time, to reflect and consider what it is they want, what it is they value and why they might want these things. Reflection

is the foundation of meaningful connection and iteration in this sense. For clients such as Kyle, this was characterised as soul-searching.

> *It just helps me with my… how can I put it…life, I suppose. Yeah, my progress in life... Jen doesn't push you saying you've got to do this or things like that.* (**Kyle**, client)

Identifying that the day centre was crucial to his '*progress in life*', Kyle stressed that negotiating his feelings relied not on being pushed to open up, but on being able to do so in his own time and at his own pace. This was a luxury that had not been awarded to Kyle in the context of institutional care but had a significant impact on his life and gave him clarity in his own personal journey. This is similar to other clients for whom reflection enabled opportunity to know what it is they might want from that day or particular interaction. In discussion with Annie for example, we considered whether the day centre was a place that was simply without loneliness, or whether clients had to do certain things to help consolidate their feelings. She thought on this and stressed that it was '*down to the person'* who ultimately needs to '*seize the opportunity that's been given to*' them. She was certain that clients needed to recognise the opportunities available to them before anything meaningful could take place. Annie went on to list the types of activities present at the day centre and that having such a variety meant there would be something for everyone. Annie advised that the choice of practice would depend on the person or the table or the day, but having the space to think this choice through and know what it is one wants to do was hugely impactful.

The practices identified by clients ranged from conversations and gossip to playing dominoes, smoking a cigarette outside and sharing a lighter, to '*show and tell*' following an event. They evolved in line with the centre and were amended to suit the preferences of clients. Having the space to reflect on these preferences was significant though and felt as though '*everything opened up in the world'* after reflection as put eloquently by William. Allowing time to *just be* gave clients the space to identify those practices they wished to engage with at the centre.

> *I enjoy playing pool and dominoes and quizzes. I'm quite good at quizzes cause of all the different subjects I did for GCSE's.* (**Major Tom**, client)

Reflecting on his favourite activities, Major Tom outlined quizzes in particular were a highlight as he had been academically successful in secondary school. Major Tom had not continued his education beyond the current equivalent of GCSE level, because he had to work for his family business and regretted this immensely. In old age, Major Tom found that there were very few opportunities to use or enhance his knowledge base. During the quizzes though, Major Tom would draw on his knowledge to engage with group conversations and debates. As he was always happy to elaborate on or enquire about facts, quiz time became a very meaningful negotiation practice for him. Negotiations that started there, were picked up on during quiz marking and conversations later in the day. Without reflection though, this practice was simply a quiz. What is pivotal to this first step of negotiation, is the need for time and space. The social practices comprising the centre, while well thought out by staff, became meaningful to negotiations only when clients' own meanings were added, and this reflective process took time.

It is also pertinent to note here that negotiations did not necessarily discuss the intricacies of loneliness in a particular stage, either exclusively or explicitly, though some occasionally did. They still appeared to negotiate feelings of loneliness in these instances however, as they were focussed on the social practices wherein loneliness was otherwise experienced. Taking Major Tom's knowledge base as an example, what was once a reminder of the opportunities he did not take and the practices he felt he could not involve himself in, later became a much-loved connected practice that embedded him within a group of peers.

5.2.2 *Connection*

Relationships, of all forms, were necessary for negotiations to take place. They were the springboard for deeper and often meaningful engagement, and without them negotiation was simply not possible. These relationships were in part constructed and/or enhanced by the site of the centre, depending on whether members already knew each other, through the matching of clients or introduction of specific activities. They were also determined by the expressed wishes and actions of clients and carers, who varied significantly in their approach to connection. Strength of social ties in these relationships appeared to vary significantly across client groups, though the women generally reported a higher quantity of close friends than the men,

especially those with a caring responsibility. For clients, relationships appeared a catalyst to developing novel or pre-existing social practices. In Rosebud's instance for example, the practice of negotiation became easier as her time at the centre wore on. So much so, that she found people and relationships eventually came to her.

> *I find that they come to me, actually. They start by saying hello and asking how long I've been at the centre, just various questions. And if I can, I answer them. It depends… if they happen to put a lady at the table I sit at, I always say to them you know 'welcome to the table' and I introduce them to the rest of the girls cause there's normally about 6 at each table. But I try to introduce them to them, you know. Sometimes they turn round and say 'can I sit beside you all the time now then?' And I say 'yeah if you want to'. But I mean, there's one lady that sits beside me all the time, so I don't think she would give her seat up for anybody cause she has sat with me for a long time now.* (**Rosebud,** client)

Before members invested in relationships and subsequent negotiations at the centre, Rosebud outlined that clients first required an adequate understanding of the service, the space and its members before feeling comfortable enough to connect. While clients with similar interests or life experiences were typically directed to her company by staff, especially those who were particularly shy, it was Rosebud who then attempted to satisfy their trivial concerns and instigate relationship building. To do so properly, Rosebud shared, required unrestricted time and occasionally more support from staff for those more reserved clients.

As one of the most long-standing members, Rosebud was the epitome of a client who had settled into the group. She had attained enough ownership over the space to feel like she had an informal role to ensure new clients were welcomed to the club. She had a refined process of initial introduction (where she herself was sought out), introductory conversation (with basic Q&As) and table integration (to establish where the new client would sit). Whilst she was inevitably involved in more negotiations than most clients, she had also taken to gatekeeping access to her own table, with a particular emphasis on the seat next to her, impacting the nature of negotiations she partook in. This is not to say that Rosebud's role was to lift members out of their feelings of loneliness, but rather to ignite a process of negotiation through relationship building by welcoming a new member to the space

with genuine interest and care. This was a role that was supported and embedded by the day centre, but was ultimately executed by the clients themselves, suggesting that while vital to negotiation, connection depended upon the willingness of clients to engage with one another.

5.2.3 *Iteration*

The final stage of the negotiation process was its iteration. Members were very clear on the importance of this point as each underscored that meaningful change was not instant, and growth of any form was expected to take time. As the centre operated as a facet of real life rather than an intervention, the realities of life were ever-present however, meaning loss, illness and death were commonplace, practically impacting opportunities for connection or reflection. Iteration appeared necessary to embrace this dynamic reality.

> *I've made so many friends … You know, I do keep in touch with them but there's quite a few who've passed on since then you know, they're always chopping and changing. Get new ones and get the older ones leaving or passing on. I lost a dear friend just last year, that I was very close to…she was a lovely old lady, but I'm gonna miss her.* (**Rosebud**, client)

As outlined by Rosebud here, she was able to forge a close bond with a client over the course of several years and yet her friend inevitably grew older and passed away. The loneliness she felt as a result was intense, as the friend she would typically seek to negotiate these feelings was no longer there and the practices they once shared were instead carried out exclusively by Rosebud. With space for reflection and connection however, Rosebud turned to other clients to build new relationships and engage in entirely new social practices together. These ongoing negotiations were not a replacement, but a space to direct and make sense of her changing feelings. As the final component in the process of negotiation then, iteration was necessary but also organic and occurred naturally in instances where members sought more. Co-researchers came to anticipate repeated social interactions with one another, because they themselves sought it, making the repetitive nature of negotiations widely embraced.

5.3 Negotiation and social capital

Thus far, findings have outlined some of the key elements comprising negotiation as a relational practice. Their commonality appears to be the absence of expectation, suggesting that genuine negotiation only takes place without a guarantee or pressure for success. That said, findings also draw a clear distinction between those negotiations that were successful and those that were unsuccessful, indicating that a lack of pressure did not always guarantee success. This does, however, speak to the real-life aspect of the day centre as failure and disagreements were not hidden, nor considered shameful parts of interaction, as articulated by Ronnie, '*obviously there's some that you don't get on so well with, but you do that in life anyway.*' The centre's decision to embrace this reality arguably added more meaning to those negotiations that were successful, but also to unsuccessful negotiations because clients were less inclined to feel as though they had failed anything. The primary distinction between successful and unsuccessful negotiation appears to be social capital. Broadly speaking, those members with less social capital appeared more dependent on staff's roles and less willing to engage with negotiation processes. Conversely, those with more social capital were less dependent on staff's involvement and more willing to enter into negotiation independently.

5.3.1 *Successful negotiation*

Firstly, and perhaps unsurprisingly, successful negotiations appeared more frequently in instances where members had formed a strong social tie with one another. Terms like 'friends', 'mates' and even 'ladies' and 'men' when used in certain affectionate contexts evidence such ties. These bonds were not limited to clients, and often included ties between clients and staff, especially for the men. In line with the relational approach employed, this meant that the clients and staff genuinely cared for one another and had vested interests in each other's wellbeing. Evidencing this, I turn first to a focus group with the day centre staff, during which the conversation turned to their most notable 'success' stories, which they identified as Major Tom.

> *When I first met him …he hadn't been out the house for over a year and he didn't feel comfortable getting on the minibus … we had a hell of a job so I said right, for the first couple of weeks I'll come and get you in the car but he said I don't*

> *think I can get into your car … the tactic I used was to start telling him a story at the front door, get him onto the step then I locked his door and gave him his keys, continued talking the whole time … and talked to him until he was sitting in the car and I said see you got in the car no bother!* (**Jen**, manager)
>
> *And then he ended up coming on holiday with us, didn't he?* (**Louise**, staff)
>
> *He went from a little bent over man to a man who stood up tall!* (**Sarah**, staff)
>
> *I've never seen anybody change in their personality so much. I mean, he was the life and soul of the holiday. He joined in with everything!* (**Jen**, manager)

The pride staff shared in Major Tom's transformation was visible in their smiles and nods to one another. He had first been referred to the service by his social worker following general concerns of isolation and loneliness. Upon their first meeting, Major Tom was extremely shy and nervous and unwilling to leave his house. Framing each step in the story as an individual negotiation, Jen's approach, while unusual for the service, ensured the necessary steps were taken to support his engagement. From here, negotiations were gradual and constant, but ultimately moved in the right direction. Having spent such a significant period alone and with diminished social capital though, Major Tom's ability (and willingness) to listen to others and reach compromise, however trivial, had weakened. He integrated into the community very slowly therefore, with continued support from staff.

Major Tom's first instance of negotiation was the decision to leave his house and attend the centre. Having been interested in attending, but intensely nervous about leaving the comfort and safety of his own home, the conversation began where he was most at ease. He had not practiced his social skills for at least five years, however, so was very nervous and unsure of engagement. In acknowledgement of this, Jen told Major Tom a story to encourage him to reorient his worries and attention. Major Tom's initial negotiation was thus implemented by Jen and demanded her continuous input, with some opportunities for him to enquire about or dispute the information.

Beyond this scenario for Major Tom, negotiations of loneliness primarily took place between himself and staff or volunteers, with some engagement with other clients, though these bonds appeared weak in nature. He required a significant

amount of time (6-12 months) to gradually settle in at the centre and resources such as an alternative form of transport and improvised storytelling to engage in successful negotiation. Context was also important here as Major Tom lacked confidence in his ability to form relationships and meaningfully access community spaces. Staff were accepting that it would take time though, and that meant Major Tom did not feel rushed or pressured into reaching milestones, though when he did, they were celebrated.

Each of the life practices where loneliness was felt for Major Tom; leaving the house, using transport independently, meeting new people, meal and drink times, activity picking, were individually and repeatedly negotiated with others. Gradually addressing and unpicking these feelings, often indirectly, meant loneliness became less present in those instances as they were replaced with familiarity and community, and so were subsequently more easily practiced beyond the day centre context. Having waited until Major Tom felt settled at GWCT, staff then worked to introduce him to the other men. Initial engagement again required significant input from staff and volunteers, to help shape the conversations. They were present around the table throughout this time, instigating group activities like playing dominoes or cards and initiating more in-depth conversations by bringing in a newspaper article or social dilemma. Such tactics were needed here as Major Tom typically, and unintentionally, dominated conversations, compounding both the loneliness he felt when he could not engage properly with others, and that of the other clients who felt unable to contribute to the discussion, restricting their ability to feel understood.

Major Tom was considered a success story, not because his loneliness was ‘cured’, indeed he marvelled at the ridiculousness of this notion with me, but because he learnt to become more socially engaged with others, aiding him to feel understood and seen as himself once more, rather than an old man in need of care. When Major Tom became more comfortable in the setting, he expressed that he needed more from the day centre than the two ‘men’s days’ they offered, as he still found other days in his week to be intensely lonely. Due to funding constraints and other service commitments, extending the service days was not possible at GWCT, but staff found other local day centres who were available, and referred him on. Major Tom was able to schedule a full week of day centre services (including GWCT) to better satisfy his social needs and expand his connections. His ability to

do so, having once been too nervous to even leave his home, was an important marker of how far successful negotiations had got him.

5.3.2 *Unsuccessful negotiation*

Whilst successful negotiations were prevalent at the centre, there was never any expectation that engagement and negotiations would or should always be positive. GWCT acknowledged the importance of not shying away from the reality of life, and this meant that interactions and negotiations did not always go to plan. Looking to those instances of unsuccessful negotiations then, it is notable that the experiences shared appeared to relate closely to impactful life events. In William's instance for example, following a major stroke, he found connection and relationship building far more complicated as his patience for others had diminished. Here, he outlines the struggle he faced and the impact his stroke had on his ability to connect.

> *Oh, aye yeah, they've changed a lot. Especially since I had my stroke. After that, I had a terrible struggle…Friendship. Just being able to talk to people. Make sure you're keeping at the same sort of level you are. If you can't… you're sort of wasting your time. Then just wash your hands of them. Because they're only gonna be interested in themselves* (**William**, client)

In acknowledgement of the change to his relationships, William shared that he was left with a different outlook on connection while his desire to build friendships did not change. This mismatch compounded his feelings of loneliness as his choices became increasingly limited. Importantly, his approach to engagement also became more closed off, limiting his ability to listen to others as he ultimately thought it better to be alone, than to be with someone only '*interested in themselves'*. Ironically, by doing so William also became less interested in the wellbeing or lives of others. While attempting to shield himself from the selfishness of others, he looked out solely for himself.

Rather than being relaxed about getting to know clients, William felt a pressure to not waste his time as he sought to be on the same level as someone first. He had a reluctance to just be and reflect before doing. This social pressure stemmed from William's '*rotten*' experience of physiotherapy after his stroke. He described this as being put '*through flipping hell*' as he was pushed to his physical

and mental limits. Upon returning to the centre, the flexibility and light-heartedness he had previously learnt to embrace, had gone. Negotiations thus became more dependent on the support and guidance from staff once more. The distrust William felt, while rooted in his negative experience of a stroke and subsequent rehabilitation, was directed at conversations in the centre.

Negotiations were unsuccessful for William during this time because he had no trust in clients' intentions or wellbeing. His only concern was safeguarding himself and his time against those unworthy of having it. This distrust ran so deep for William, that feelings of loneliness could not be negotiated and meant such instances instead became a source of loneliness. While staff were able to reorient William's viewpoint eventually, his experience offers valuable insight into the importance of considering an individual's approach to loneliness and connection in the negotiation process.

Skipper's approach to tactile traditions during the pandemic similarly indicates the significance of individual preferences. Skipper outlined how unsatisfying seeing his friends became during social distancing, and the anger he felt toward them as a result. He was clear that '*getting together*' was an important process for negotiating his loneliness, but the change in tradition left him feeling distanced from them. The handshake enacted between Skipper and his friends (including those at the centre) represented mutual respect and familiarity, and physically demonstrated the strength of their social ties to those present.

> *I'd shake hands with me mates and that. It's a tradition… They weren't doing that *gestures handshake*, they were doing that *gestures fist bump* and I just couldn't get my head round it. It makes me feel… different. It's what I've done for years when I see my friends.* (**Skipper**, volunteer)

The act of altering a handshake into a fist bump represented a practice shift from greeting a friend with warm openness to cautious engagement. Having spent several months alone, Skipper's social capital had reduced, meaning that making sense of this change and suitably adjusting practices was more of a challenging process. We considered this an unsuccessful negotiation therefore, as the loneliness he sought to negotiate was instead reinforced by the changed greeting ritual that happened without his involvement or consent. Similarly to William's experience, a social

practice that once fostered connectedness, through unsuccessful negotiation, instead became a source of loneliness for Skipper.

5.4 The day centre's role in establishing networks of negotiation

Here, I focus on the day centre's role in the process and consider how the relational practice of negotiation was actualised. While GWCT's approach to loneliness appeared dissimilar to other local community-based interventions, as they embraced the dynamic nature of the experience, co-researchers were clear that staff, and especially the manager, played a central part in making negotiation (or change, as they often termed it) happen. This is not to say that negotiations were all carefully planned out and implemented, but that intuitive knowing was exercised by staff and volunteers to support and enhance negotiations where possible. An array of relationships and services for social engagement were provided by the centre, and although pivotal to their success, was also daunting for new clients who had been isolated or out of practice. In response to this staff worked hard to cultivate a sense of safety practically and emotionally, through relational practice and were essential in monitoring and maintaining the necessary environment for negotiation to take place.

The approach taken by staff was captured eloquently during a focus group session on the centre's services. They were united in their approach, marking the steps they took to promote opportunities for connection but again stressed that this was not a rigid or necessarily planned out approach. Still, findings suggest these might be categorised as first being i) person-led, not person centred, ii) demonstrating care and later iii) encouraging participation.

> *If someone is just lonely and they want to be with other people, it's pretty quick and easy. Put them on the chatty table, see if they're alright there. If they're really withdrawn and that, we spend more time with them, chat to them and get other people involved with them.* (**Sarah**, staff)

> *Our long-time service users are really good at integrating people in to groups themselves. And that's probably the best solution but there were times where one of us has to be with that person all day, or they just look lost.* (**Jen**, manager)

> *We're always aware of whoever's looking lost.* (**Sarah**, staff)

Oh yeah, I can just walk into the room and you just zone in. It's very obvious. (**Jen**, manager)

Yeah, you can just spot them. You can see, a full table's having a conversation and one person is just not even engaging or anything, so you just make it your business to go and just sit with them and chat. (**Louise**, staff)

Yeah, draw them into a conversation. Sometimes they've just forgotten how to join in with a conversation. (**Jen**, manager)

5.4.1 *Person led, not person-centred*

The first step taken by staff in any instance was to listen to and be led by the client or carer themselves. Rather than putting the person 'at the centre' (as stipulated by the person-centred approach widely employed in aged care facilities) to guide their choices, time was taken to properly engage and follow the lead of the individual. Naturally this emerged in slightly different ways but for the carers especially, for whom safety was a crucial aspect of the service, their expectations and boundaries were voiced from the commencement of their time at the centre, and this meant something. This was echoed in their individual interviews with me where carers such as Helen determined she felt '*relieved and relaxed knowing he is being cared for and he's safe*' when describing what the service meant to her and her husband. This appeared to be cultivated by staff's transparency and genuineness but also knowing they were all well experienced in the care sector, with the manager having had over 50 years of experience. Their ability to '*spot*' and '*zone in*' on those clients needing more support emphasises the extent of this experience and was important for sustaining a sense of calm engagement. Staff knew they were well equipped to look out for everyone, and clients and carers understood this. Managing carers need for safety also meant that carers finally had time (both literally and emotionally) to negotiate their own feelings, and not just those of their loved ones.

Practically, GWCT offered surety that client's safety was paramount by being led by the needs and wishes of all its members. This included adapting the service to incorporate an internal transport system, delivering specialised care and support (as outlined and agreed by members themselves) and implementing personalised diet

plans (e.g., for clients with diabetes or coeliac disease). Establishing networks of negotiation appeared to depend heavily on this approach and required constant reasoning and reflection to suitably adjust and amend services to meet the changing needs of clients. Being person led and not person-centred meant that such reasoning was rethought and suitably adapted following significant events that happened in the site, such as personal loss or health problems and was ultimately led by the clients rather than the staff.

5.4.2 *Demonstrating care*

While the person-led approach was central to establishing networks of negotiation, staff's ability (and willingness) to visibly practice and therefore demonstrate care was also of importance, both in relation to consciously acting in someone's interests and clients bearing witness to such actions. Taking the initiative and responsibility to sit with the client not engaging with their table was instrumental to including everyone and ensured each client had opportunities to connect, even if just with staff. The act of '*just make it your business to go and just sit with them and chat'* was put forward by Louise as a simple and obvious task that had a profound impact on the dynamics of the site, especially the table in question. Those clients present became aware that they were excluding someone for example, and normally adjusted their social setup to host a more inclusive conversation. It also prompted other staff and volunteers to check in with the other tables or redistribute themselves throughout the space.

Staff's demonstrations of care were also meaningful to clients as a form of enacting values and understanding those social laws in place at the site. After witnessing the care displayed by staff there was a consolidation of what members felt they had learnt from their time spent at the club and an emphasis was placed on the opportunity to learn '*how to help people*'. Here, this related to other people's disabilities, diagnoses, interests, and feelings.

> *How to help people. How to help people when they can't manage themselves … It really helped me. It makes you feel good when you're doing something for somebody. (**Annie**, Client)*

As evidenced by Annie, the small acts of kindness she was able to share with other clients was pivotal to her ability to engage with the service and practically helped her to learn new skills that she took with her beyond the day centre environment. Annie learnt from watching staff and listening to other clients '*how to help people*', which had an influential impact both on the friendships she formed and the negotiations she entered into. Such instances, much like negotiation, were not static but flexible and ever-changing, depending on whose advice Annie sought and the types of activities being witnessed. This interchangeable atmosphere meant that demonstrations of care were rarely replicated exactly and depended entirely on the individual and their expressed needs but ultimately made for a richer learning experience. For Annie especially, witnessing staff's demonstrations of care helped to enhance a part of her personhood that had been compromised after retiring and losing some of her independence. By learning how to help people, Annie was able to assume a role in the day centre that blurred between the roles of client and volunteer but ultimately followed the precedent set by staff and helped her to *feel good*.

Alongside clients' perceptions of staff demonstrating care were clients' perceptions of one another receiving this care. The distinction between carer or cared for appeared to matter to members and depended on how a client presented and experienced that particular day. It also impacted client's self-perception, shaping the connections they sought and believed they were worthy of having.

> *You see people as you've never seen them before. People like us who are invalid, sick, just managing to walk about a little bit. There's a different atmosphere. If they're doing well-er than you, they seem to come and help you. They don't have to. But they did come and help.* (**William**, client)

William made the distinction that it was '*people like us*' who accessed the day centre, referring to people who, like himself, were disabled and in need of support. His choice of the term *invalid*, while clearly derogatory, is telling of William's own self-perception though he was clear, that receiving or giving care was fluid amongst clients, with those '*doing well-er*' wanting to help others. William held onto many ableist misconceptions of disability, but his views here speak to the value of community in demonstrating care, with members effectively looking out for one another. Having been made to feel an emotional and financial burden on his own

family, William had come to internalise negative beliefs about his abilities and worth. Witnessing staff and even clients care for one another however, meant that a '*different atmosphere*' was sustained here, an atmosphere in which disabled people could freely access support when needed, enabling more time and space to negotiate feelings of loneliness.

5.4.3 *Encouraging participation*

At GWCT, relationships were cultivated by all of its members: clients and carers, and staff and volunteers. Social practices were used to embed relationship-building into the very fabric of the service. Ensuring the participation of members in such practices was therefore a necessary part of the process. Findings suggest that encouraging participation itself required a combination of social practices. Bingo, for example, was a much-loved activity of the women's day. The three games they had across the day took place intermittently, with the women each taking the time in their week to save up petty cash especially. For those hard of hearing, or who struggled to keep up with the pace of the bingo calls, support was given either by staff, or other clients. A shared practice of care and ownership was enacted so that helpful tips and sharing of dabbers gradually worked to build bonds between the women. Indeed, when someone won a game of bingo, staff would encourage the whole table to celebrate with them. Each of the clients of the women's day specified that bingo was their favourite part of the service for these reasons.

While marketing themselves as a service for isolated older adults, close relationships were never expected nor required of clients. It appears this worked to limit the pressure clients felt to form bonds and meant that those relationships that did occur felt organic and authentic for members. It appears that the day centre worked to construct the necessary relationships for negotiation by formally arranging the availability of relationships through specific social practices. Employing Schatzki's (2002) conceptualisation of practices as organised activities, and orders as arrangements of entities, relationships were available in the context of practices but were not promised or formally monitored. While activities were selected and adapted to promote teamwork and engagement, co-ordinated seating arrangements then meant these engagements were repeated weekly (or twice weekly), increasing their intensity and consistency.

> *I was in a bad place as far as loneliness was concerned… but it was an experience to sit with people and socialise with people. People who were friendly and we had a laugh.* (**Cedar**, Client)

As Cedar outlines here, the presence of relationships and act of socialising with others was a key enabler in starting to think about negotiating the loneliness he felt, and day centre staff were pivotal to actualising this. During his short time at GWCT, Cedar was encouraged to join one of the smaller tables with three rather than five other men. Here, the social practices they engaged in were naturally more intimate and enclosed than other tables. While staff and volunteers initially intervened here to draw out similar interests between the men, they quickly established practices of their own. The man Cedar grew closest to in this environment was an artist, for example. Prior to Cedar joining, he would paint alone at the table, as the centre supplied the necessary equipment, but afterward he gradually started to share his artistic tips with Cedar and included him in the process. This was particularly powerful as being a visually impaired person, Cedar usually missed out on engaging with visual art opportunities as they were not made accessible to him. This relationship gave both men opportunity to redefine a social practice between them; one that was accessible and open for Cedar and his friend.

While the presence of relationships was orchestrated by staff to an extent through the organisation of specific activities, it was ultimately clients who decided to invest their time into relationships with others. This autonomy is particularly important to recognise both in terms of how the centre enabled negotiation and how negotiation takes place in a community setting.

5.5 The site of the day centre: a nurturing relational environment

In acknowledgement of the day centre's role in establishing networks of negotiation, we return once more to the concept of the site. The site of the day centre is presented here as a nurturing, relational environment that was sustained by the practicing of four distinct practices. While initially employed in a more fluid manner, analysis has outlined an intuitive order to these actions that ultimately enabled negotiations, of both types, to take place. Drawing on Biglan et al.'s (2012) framework and incorporating a relational approach, the nurturing, relational

environment of the day centre is outlined here to detail how the site fostered opportunities for successful negotiation.

5.5.1 *Minimise toxic conditions with care*

While Biglan et al. (2012) posit toxic events and conditions as social and biological, here I draw only on the framing of aversive social conditions to contextualise the nurturing and relational environment. Namely, the acknowledgement that aversive events cause stress and motivate people to avoid them. Most of the findings here relate to less severe forms of aversiveness (like teasing and family conflict), but later I reflect on those more profound instances of toxicity, such as the events during the COVID-19 pandemic.

Aversive social conditions are harmful (Biglan et al., 2012) and this awareness forged the basis for a much-needed safe and secure space to counter the harshness of neoliberal life and hyper-individualism. In acknowledging the pervasiveness and fluidity of community loneliness, the site of the day centre sought to expand members capacity to care through limiting the impact of toxic conditions. For clients, descriptions of safety (and their need for it) were embedded in the feelings they had upon accessing the day centre's site, and the subsequent hunger they had for it. As articulated by William,

> *Once you was in there, the atmosphere changed from what you'd been in before you got there. It was completely different and made you happy.* (**William**, client)

Contrasting between the centre and his home environment, which alternated largely between intense isolation or familial volatility, William viewed the centre as a place of refuge. Members ability to maintain this atmosphere, for example by having a zero-tolerance policy for aggression, meant that clients like William were more willing to connect with one another and negotiate their loneliness. The importance of (and pressure for) safety in enabling this was clear as the act of accessing GWCT required client's consideration of transport, mobility, health, and safety issues, all of which demanded significant attention and focus.

The yearning for safety also included managing anxieties. As a carer for her husband, Helen lived in a constant state of worry: about whether his health would

deteriorate, whether his behaviour would become challenging and whether she could continue in her caring role long-term. For Helen, negotiating her feelings of loneliness were embedded in these anxieties and managing some of them with day centre staff.

> *I could come away feeling relieved knowing I'm not worrying about Denis for those few hours and the staff are looking after him and if there was anything to go wrong, they would ring me. I'm just on the other end of the phone, which has happened before. Just relieved and relaxed knowing he is being cared for and he's safe.* (**Helen**, carer)

> *They are jovial and he can have a laugh he can say what he likes nobody takes offence it's just funny.* (**Helen**, carer)

I can recall the sense of calm Helen exuded when explaining this. The impact of the centre on her wellbeing was palpable in her smile, as she appeared physically relaxed. This was in complete contrast to the '*awful'* situation she had been in prior, caring for her husband 24/7. Their relationship became heavily based upon the carer, cared for dynamic, with the goal of managing risk, leaving little room for fun or friendship. In taking on the responsibility of these risks though, the day centre limited the toxicity of their impact and evoked enough safety for Helen and her husband Denis to enter into negotiations, both with one another and with other members.

5.5.2 *Teach prosocial behaviour (including self-regulatory behaviour)*

In recognition of the large numbers of members accessing the service having experienced prolonged social isolation, the nurturing environment actualised by GWCT actively worked to sustain opportunities for prosocial, self-regulated behaviour by making organic connection opportunities widely available and reinforcing members positive and proactive choices. The community loneliness conceptualisation posits that older adults have limited opportunities to connect organically, making prosocial and self-regulatory behaviour more difficult as individuals come to rely on others (usually professionals) to drive communication. Pro-sociality though, encompasses the recognition and desire to help others and be more tolerant of them (i.e., not unjustly criticising someone) and was vital to

actualising negotiation, but required the direction of staff. Emotional support and encouragement were needed to shape the organic opportunities for connection that emerged to ensure members were suitably guided to enacting prosocial behaviour. In Winifred's instance for example, learning how to make and keep friends was a valued practice that had been otherwise lost from her life. The centre's environment changed this, however.

> *There was four of us used to go and maybe have a little meal or something you know on a Tuesday when [husbands names] were at the centre and also sometimes on a Friday you know we'd go for a coffee and what not. I think I've had more friends there than I've had all my life.* (**Winifred**, carer)

While day centre services generally aim to provide carers respite, there was no formal expectation here that carers would engage with GWCT beyond their caring role. With the relieving of caring responsibilities and encouragement from staff however, new practices evolved to relearn prosocial behaviours that had otherwise been lost. Social practices were not just brought into the site individually, but collaboratively developed with the histories and preferences of members. For example, Winifred's shared activity evolved gradually through staff and carers teachings to become a much loved and highly valued practice. The result of such learnings appeared to have a long-lasting impact and can be seen in instances such as Moira's decision to attend a holiday with the centre following the death of her husband.

> *Even after he died, I went on holiday with them, and they were really good and I think that's a good thing because they do keep in contact with everybody.* (**Moira,** carer)

Holidays were initially a practice developed exclusively for clients and their carers, and while it was unusual that Moira decided to attend following her husband's death, she was welcomed by members. Together, a new and dynamic role emerged for Moira, in which she could reap the benefits of the pro-social and self-regulatory behaviour she had learnt. This was perhaps even more significant given that she could no longer access her other care networks because of her husband's passing. The carer's groups to whom she also belonged advised that after three months

following the death of the spouse, carers were no longer eligible for support. At the centre though, Moira's membership in any capacity was welcomed. Prior to the centre's closure she had even advised me of her intention to attend the service as a client. For both Moira and Winifred, the centre's ability to teach behaviours that had otherwise been lost to the confines of their demanding caring roles, was immensely valuable to their overall wellbeing and their ability to negotiate loneliness meaningfully.

5.5.3 *Monitor behaviour with care*

While we would hesitate to adopt the term 'problem behaviour' as stipulated by Biglan et al. (2012), the careful setting of limits with fair consequences was a process widely respected by members. Practically adding safety to the environment ensured the services adaptability to new clients with more complex needs. These limits were interchangeable and re-evaluated depending on the circumstances and expressed needs of members. For example, Coral's mother regularly uses alcohol, a practice Coral considers risky and one that requires constant supervision. Having had previously negative experiences of services marginalising her mother because of her drinking habits though, Coral emphasised the significance of GWCT working in partnership *with* them.

> *It's the rapport I've got with Jen and the team because they know about me mams alcoholism and … they just phone us when they need and like sort of let us know if she's asked for money and things like that so to me it's sort of a trust aspect to it. The staff and the way they run things and they let you know if they're concerned about anything, so I feel happy me mam going there and I feel like she's safe there and they know how to deal with her.* (**Coral,** carer)

The centre's approach to working with her mother offered Coral reassurance that they knew '*how to deal with her*' by first accepting that she would continue to use alcohol and would instead seek to monitor the behaviour. Setting boundaries meant she could do so in a more controlled way and still attend the centre safely. Of course, this trust accumulated and wavered over time depending on Coral's mother's health and behaviour, with some short instances of exclusion reported during more challenging periods. Overall, though, both Coral and her mother valued the

boundaries set and monitored by staff, as it ensured safety without jeopardising Coral's mothers' integrity or autonomy.

For other members, boundary setting was more closely linked to the distinction between the centre and more institutionalised environments.

> *I used to have chats with Jen about my problems…Jen doesn't push you saying you've got to do this or things like that.* (**Kyle**, client)

Having had experience of institutionalised care, Kyle emphasised the importance of getting to know one another, without over-stepping the boundaries he was comfortable with. He recognised these boundaries were more appropriately set at GWCT having previously been '*forced*' to do or say things during his time in mental health hospitals to demonstrate his progress. The chats he was able to have with Jen, whilst still practical opportunities to monitor his mental health, were ultimately determined by Kyle and whether he wished to open up at that time.

5.5.4 *Foster (psychological) flexibility*

The final aspect of the day centre site relates to being clear about one's values and mindful of one's thoughts and feelings, and subsequently acting in the service of these, even when thoughts and feelings discourage taking valued action (Kashdan & Rottenberg, 2010). It relates more closely to the relational aspect of the service, wherein people are encouraged to make their values explicit and act in the service of them (Flay & Allred, 2010). This helped to reduce negative attitudes towards others, making negotiation more accessible as behaviours were reflected upon in light of progressing one's values. Clients of the women's day placed more onus on relationships and care-based practices in this context. Self-referential humour, which relates to self-reflexive 'banter' that pokes fun at the joke teller rather than listener, was often employed by staff and clients here. The humour style was used to re-enact and solidify relationships while attempting to foster flexibility.

> *We've got enough seriousness in 'we life…you've got to have a laugh. There wasn't a moment went by that we didn't have a laugh about something.* (**Rosebud**, client)

Rosebud's justification for wanting a space in which they were able to laugh and joke, speaks again to the warmth of GWCT, but also the solemness she attributed to old age. While '*seriousness*' was found in formal care services and life generally, laughter was encouraged in the centre and was echoed in many of their practices (e.g., their light-hearted newsletter (appendix 8)). Faced with what Rosebud termed the hardships of old age, the compassionate relationships formed here were instead humorous and often freeing in nature. Rosebud's experience was also mirrored by Ronnie's.

> *We try and think of where we've done something stupid… anything that caused laughter rather than misery.* (**Ronnie**, client)

Ronnie's description again outlines an informal approach to engagement that by-passed discussion of real-life issues and instead let humour take centre stage. When recounting this to me, she emphasised how this was something she herself policed on her table. Often, she would have to distract other clients or crack a joke herself to initiate the right type of negotiations to manage the '*misery*' facing them. Fostering flexibility of this nature was a vital final component to actualising the nurturing, relational environment of the centre and highlights how foundational relational practice was to its success.

5.6 Conclusion

This chapter has outlined the findings underpinning the relational practice of negotiation. A practice co-constructed with co-researchers at the day centre, negotiation is a novel concept that offers more nuanced understanding of the community loneliness experience and how it is responded to in a day centre setting. Embedded in the relational approach, negotiation here is presented as a product of GWCT's relational, nurturing environment in which commitment to genuine care remains at its core. As such, it emphasises the role of 'community' in addressing community loneliness through negotiation.

The community loneliness framework

Building on the two previous chapters' findings, here I bring together our findings on community loneliness and the relational practice of negotiation to outline a conceptual framework for community loneliness. Community loneliness as an experience posits loneliness as a multifaceted and dynamic feeling that is shaped by the social practices present in one's social life. The relational practice of negotiation as sustained by the day centre site conversely offers such space to renegotiate and reshape, rather than reduce, feelings of loneliness with other community members. A community loneliness framework then, consolidates these realities to outline precisely how this day centre understood and addressed loneliness and what this means for their wider social realities. While these findings had long been present at the service, they were not consciously organised in the manner presented here but retrospectively organised to reflect precisely why the service was so valued by its members. Community is considered here as a state and loneliness as a feeling, meaning their unification is a conscious coupling of complex experiences constructed and shaped by similar arrangements of practices, each of which have the capacity to restrict and shape opportunities to identify and respond to social needs. Here, these are categorised as the configuration of social ties and social capital, social and spatial conditions, and wider processes. They will each be considered to explore those social practices found within, focussing on i) the way loneliness is found in these particular social practices and ii) the way the centre site reconfigures these practices as best as possible to allow for negotiation and iii) how members then take these practices beyond the setting to enhance their own lives.

6.1 The configuration of social capital and social ties

Drawing on Granovetter's (1973) recognition of the importance of weak ties, findings here demonstrate both the relevance and importance of social capital and different social ties in practicing negotiation and thereby experiencing community loneliness. The configuration of these concepts, while distinct, share the same thread of relationality and as such demonstrate an aspect of the framework that speaks to the bonds we make and how we make them.

6.1.1 *Social capital*

While social capital has previously been explored in relation to the practice of negotiation (as being contingent on its success), here we consider how social capital itself was meaningly configured by co-researchers and what this means for the framework. Firstly, confidence appeared drastically important to how members felt able to connect and even attend the service. Kyle outlined the ways in which his life was lacking when he first found the centre, following a challenging period with his mental health. Upon entering the day centre then, his confidence in social settings and willingness to even attempt connection had diminished significantly. This meant his ability to connect with others in any capacity, including negotiation, was similarly lessened.

> *Ever since my problems started up, I sort of lost all my confidence, as one would … I met more friends and things like that, it made me more confident.* (**Kyle,** client)

Understanding how Kyle's confidence in relationships had been impacted in the wider community was vital to enhancing his social capital and therefore the meaningful negotiations he could enter into. After spending more time at the service, and implementing regular opportunities for connection, Kyle's confidence grew significantly as he was able to practice communication skills in a nurturing environment until he formed new friendships, consisting of mainly weak ties. As Kyle's social capital was enhanced following attendance, he felt able to form new bonds with other community members outside of the day centre, reshaping his experience of community loneliness positively. This pattern of progress was similar to that of Major Tom, who sought to enhance his confidence in social settings by attending the centre and hoped such skills would translate into his everyday practices.

> *I've been trying to make more contact with the in-laws and their friends.* (**Major Tom,** client)

Having reconfigured those social practices that had once been the cause of his feelings of loneliness, Major Tom took his learning and experiences to social settings beyond the safety of the day centre, to those social ties in his life he considered

underdeveloped. Major Tom's story in particular outlines the stages involved in building social capital present in the framework, through the reconfiguration of social practices.

> *I worked as an apprentice butcher; we had our own shop by the time I was 27…on the third best street in [location of shop], we just started away in there. We were pork butchers.* (**Major Tom**, client)

In recalling his youth and the personal histories he shared with the centre upon accessing the service, Major Tom painted a picture of a young, tight-knit family who lived locally. Their shared and highly valued identity as pork butchers created a bond as well as a culture of connection that shaped his expectation of constant companionship and masculinity more generally. Given the success of the family business and his close ties with family members, the need to form bonds outside of the family was deemed unnecessary for much of his young and adult life. As Major Tom was not required to be front facing in this role and did not engage much with customers, his social capital did not develop in the way his brothers had.

> *I came out of college at 16 and there was me brother working really hard on the Fish Quay, and he had his own friends. He was a really good socialite, known to all the taxi drivers even now ... He might have been lonely in the barracks, that would've been a different type of loneliness though, like living on a knife edge.* (**Major Tom**, client)

Major Tom's first consideration of loneliness was shrouded in these histories but were also heavily based on the idolisation of his brother having not '*really'* been lonely. The crushing expectation Major Tom felt as an adolescent continued to shape his social practices in old age as his connections never quite felt enough. Thus, a simple conversation or bond were rarely enough to satisfy Major Tom in the day centre context, as he sought a recognition and appreciation that he himself could not offer to his relations. He held onto an unattainable goal of becoming a '*really good socialite*' like his brother, rather than working on those characteristics or skills that could have meaningfully enhanced his social capital. Instead of engaging with other clients for example, Major Tom would often give a sermon style address to his table

that focussed on what he had achieved in his life, causing many clients to disengage from him completely.

> *It's like an untreated boil, it'll just get worse if you don't do something about it. You've got to sanitise it to some description cause at least it can't get worse than it already is.* (**Major Tom**, client)

The '*untreated boil*' of loneliness is presented by Major Tom as a threatening and consistent presence that caused him immense physical discomfort. In understanding the pervasiveness of loneliness in his life, and the physical toll it took, staff at the day centre were able to think more expansively about this '*boil*'. Staff worked to reconstitute these practices where possible through negotiations sustained by their nurturing, relational environment, guiding his conversation style into something more inclusive that eventually enabled him to form a relationship with his relatives once more as he learnt to ask more questions.

Understanding members configurations of social capital prior to their involvement with the service was a necessary first step to reconstituting the social practices comprising them. Interlinked with this process though, were a range of different social ties, indicating the value in sustaining opportunities to form a *range* of bonds. Findings outline a distinction between strong, weak, and aversive types of bonds, with each understood in terms of the social practices inherent within, how the centre attempted to reconfigure these and how individuals then went on to practice these in their lives beyond the centre.

6.1.2 *Strong social ties*

While strong social ties are typically presented as the antithesis of loneliness, or at least the main resource to address the feeling, findings outline some of the misconceptions surrounding close ties. Forming '*close friends*' for example, was a term used amongst all co-researchers as an initial reason for attending, suggesting both a societal expectation that one must have close friends in order to not be lonely and that having close friends would then be enough to satisfy any lonely feelings one might have. The centre too perpetuated some of these practices, encouraging and celebrating close bonds between clients. To reconfigure these practices to allow for

negotiations though, the centre attempted to match clients to tables where they thought close ties would be more likely to develop, but still reminded clients that friendship building was not a necessary part of the service. How clients then chose to take these practices into their lives beyond the centre appeared to be determined by those practices that had been praised or reinforced by staff. Being able to '*keep in touch'* was a pressure for example, as staff prompted members to maintain their connections, especially during lockdown periods. Indeed, social success appeared to be measured against the quantity of one's friends, at least for clients of the women's day.

> *I've made a lot of friends at the centre... I mean, I've been going, must have been 19 or 20 year so I've seen a lot, sort of, pass on you know but I've made a lot of friends. Most of them I try to keep in touch with sometimes, or they ring me.* (**Rosebud,** client)

In discussion with Rosebud here, there appeared a sense that in order to demonstrate how successful the service had been to her life, she needed to detail the numerous friends she had made as evidence to me. That said, clients such as Rosebud had clearly taken on board the centre's constructive approach to friendship, that embraced change and loss with minimal apprehension. Her ability to cope with an intense amount of loss is also distinctive from her approach prior to attending, during which time the fear of losing those she loved kept her from forming new bonds entirely.

6.1.3 *Weak social ties*

Misconceptions were also prevalent in findings related to weak ties, as members did not initially believe them to have any role in addressing loneliness. For some of the carers especially, weak ties were thought to worsen feelings of loneliness as they were a reminder of one's inability to achieve the tie they sought (or were meant to seek). In the day centre site though, weak ties were commonplace as members literally lacked the ability to intimately befriend every single person there. The practices of greeting clients on other tables and engaging with short-stay volunteers meant that members were exposed to a fast-paced and dynamic atmosphere, distinct from the wider community, which many detailed as *slow* and *dull*.

Interestingly, the importance of weak ties was more evident in the accounts from the men who appeared to value occasional chatter or friendly smiles over intimate conversations or close friendship. This changed in the context of the pandemic, however, as clients such as Rosebud developed a new appreciation for amicable engagement with strangers, as such instances became surprisingly meaningful. Having outlined that she felt disenchanted sitting inside watching television during the daytime, Jen encouraged Rosebud to relocate on warmer days to sit at her front door facing the street, a practice that soon became a vital part of her day.

> *I've been sat at the front door for the last few days with the nice weather and it's amazing at the amount of people that say hello to me as they're passing. Just a remark about the weather, you know but it's lovely.* (**Rosebud**, client)

Smiles, nods, and hellos from passersby were socially gratifying for Rosebud who lived alone, though she was clear that they '*say hello to me*', rather than vice versa and thus reinforced her social status as someone worth talking to. Living on a main road, this even amounted to the special sounding of car horns and waves from local bus drivers which she took great delight in informing me. These attitudes were not commonplace prior to the pandemic however, and while reconstituted very meaningfully in the midst of lockdown, such practices became more intermittent toward the end of the project and instead demonstrated a *lack* of connection. While outlining the value of weak ties generally, Rosebud's experience also highlights that weak ties, along with other types, are a component, not a product of connection and therefore have the capacity to intensify or relieve feelings of community loneliness.

6.1.4 *Aversive social ties*

The final tie presented here is an aversive type, encompassing those more negative and even confrontational social connections. Societal expectations generally portray aversive ties as a form of detrimental connection. Indeed, for some of the clients this was initially an embarrassing topic to discuss, as though breathing life into such experiences might take away from the quality of their strong or weak ties. At the day centre site though, such instances were deemed relevant and listened to. Rather than being a hidden aspect of one's social world, they became, for the men

especially, a talking point or clarification process. This extract from a visit with William for example, outlines that despite his intense feelings of loneliness and desire for connection as he detailed to me just moments before, he was not willing to lower his social standards, and this mattered for how he viewed connection generally. William became visibly upset and angry following a neighbour's interruption into our conversation. He was irritated by the intensity of the man who behaved like a '*little puppy*' by eagerly following him around seeking what he deemed meaningless conversation.

> *A man comes over expectantly to William, instigating conversation to which he replies *'excuse me, do you mind? We're having a conversation over here. See you later!'* William then advises me with a disapproving tone *'he could be a tremendous friend, but he wants to be around you all the time, like a little puppy that follows you'.* (**William**, client – fieldwork diary notes)

The aversive bond William had forged with his neighbour had complex origins in the misconceptions surrounding their sheltered housing, which promised friendship and connection for some, and nothing more than practical security to others. While managing these differences was testing, their tie can still be viewed as a practical connection that forged the basis for other more meaningful interactions. Using their exchanges as a talking point for example, meant William was clearer with himself and others about the type of connection he valued and the type he did not. Even the other man, who had effectively been rejected by William, was able to use the interaction as a talking point and source of complaint to other people, as I witnessed. For William, the interaction provided a topic for discussion that he was genuinely engaged with, as he sought to complain about this man to those he trusted. This was a trait he had developed from the centre where he detailed his clear boundaries for those members who were confrontational with him as being a rule that one must '*wash your hands of them because they're not gonna be really interested'*. The role of aversive ties was perhaps more complex than other types, therefore, but still had the capacity for instigating meaningful connection, even if indirectly. This capacity clearly depended more heavily on input and guidance from staff and volunteers but speaks to the potential for recognising and integrating more complex forms of interaction and connection.

6.2 Social and spatial conditions

While relationships emphasise the adaptation of practices, the next aspect of the community loneliness framework to be outlined, relating to the social and spatial conditions speaks to the arrangement or order of practices. Here the focus appears on the gendering of these arrangements, as the separate men and women's day services curated very different conditions for engagement. The gendered practices of gossiping and table hierarchy will each be considered as social practices for negotiation and accumulation of social capital, before outlining other arrangements of practices which were impactful to negotiating community loneliness, such as group holidays.

6.2.1 *Gossiping practices*

The practices of gossiping are entrenched in ageist and sexist connotations. Indeed, when asked what the women did with their time at the centre, it was the men who were quick to tell me, in a disapproving manner, that they gossiped. The nurturing, relational environment of the day centre though, meant that such prejudices were challenged by staff. At the centre, talk was recognised as a form of communication that provided group cohesion and entertainment (Watson, 2012; Torres, 2019) and group membership (Gluckman, 1963). This meant that rather than conforming to the vilification of gossiping practices, those who wanted to were able and even encouraged to do so. A complex image emerges however, as although the site of the centre was able to embrace and enhance gossiping practices which enriched connection and negotiation opportunities, the external influence of the men's opinions and formal carers still created a pressure and judgement to the condition of the practice.

> *Seeing me friends again … the ones that sit at the same table with me you know we have a good laugh when we play bingo and have a raffle you know … having a good old natter.* (**Rosebud,** client)

The opportunity to '*natter*' was one rarely achieved with Rosebud's formal carers, who were themselves stretched for time in her presence. It was effectively seen as a

luxury or added commodity to an otherwise essential service. At the centre though, conversation was arranged in such a way that recognised the value of the practice, as clients were given the necessary time and freedom to chat, which often enabled negotiation. For the women and Rosebud's table in particular, gossip, which was usually interlinked with close relational ties, was comprised of the individual practices clients had brought with them to the centre. The '*good old natter*' that Rosebud found so socially nourishing was enabled by clients bringing their opinions and personal experiences to the table and willingly sharing and reflecting on their stories.

For the women, gossip also appeared to enable the accumulation of social capital which ultimately shaped opportunities to negotiate feelings of loneliness. When reflecting on this concept with a client, Annie was immediately drawn to a disagreement she had recently had with her daughter. She relayed the gossip to me but was clear that she had also said it directly to her daughter too. In Annie's instance this meant sharing a sense of distain at being forced to spend time with her daughter's mother-in-law; '*Well I thought, she's got plenty company. I've just got nobody to like come and see us, there's only our* [*names of children*].' Annie felt envious of the woman's friendships, but also frustrated at her daughter's assumption she would be grateful to visit her. The comparisons between herself and the mother-in-law demonstrate a yearning for friendship, but also point to the practical application of gossip, as Annie was able to use this practice to communicate her needs to me and also to day centre staff, with whom she also shared the story. Variations of the details in this story also emerged depending on who Annie shared it with, which is also significant as it highlights that the more gossiping practices she engaged in, the more social capital she was able to accumulate.

Living with early-onset dementia meant that Annie's independence, which she valued immensely, had been drastically reduced under the guise of managing risk. She had recently sold her car and been forced to rely more heavily on support from her children. She went on to describe these disparities further and shared '*if* [*daughter*] *had her way, I'd be living with her*'. Annie was clear that, although she was grateful for her family, she missed the friends she used to have and how those relationships made her feel. During the pandemic, Annie craved the gossiping practices she loved at the centre because at home, with only her family to talk to, she was seen only as a mother or grandmother. At the centre however, these social

and spatial conditions changed and meant that she was *Annie*, with a caring heart and wicked sense of humour, once more.

That said, during COVID-19, gossiping practices were used more frequently (and freely), to express and make sense of feelings of loneliness, as well as to connect with other members in a different way. The social conditions changed significantly, as such conversations took place one-to-one in members own homes, rather than around a table in the centre. I noticed this reconfiguration of the practice meant that clients spoke more openly about any criticisms or complaints they had. In Rosebud's instance for example, gossiping related more closely to social comparison where she took comfort in the apparent differences between herself and her peers. Rosebud considered these comparisons pivotal to her sense of independence, which in turn made her feel more distanced from loneliness, at least outwardly.

> *I mean, there's a cupboard full of stuff there but some of them, they sit there and expect the carers* (staff) *to run after them on hand and foot, instead of getting up themselves, they expect them to get them what they want. And I'll sit and think to meself, yanno there's now't stopping her from getting up and going to the cupboard herself. Now, I couldn't do that with them. This is part of being independent. Sometimes I'm too independent but yanno.* (**Rosebud**, client)

Having experienced major setbacks in her own independence during the pandemic, Rosebud was particularly concerned by perceptions of need. She did not wish to be seen as someone who took more support than they were deemed to require. She attributed unnecessary support with vulnerability and greed and thought this left people more susceptible to problems like loneliness. Yet Rosebud shared this story with an invested and sustained interest in her peers. She gossiped, not to slander her friends, but to demonstrate their bond and her interest in their wellbeing. She outlined what she felt were dangerous tendencies, both to express concern for their welfare and to reassure herself, and me, that she was doing okay and was even '*too independent*' at times. Rosebud's use of negotiation attempted to reproduce the bond she had with other clients and the sense of belonging to the group that she missed (Watson, 2012). It was in this space that Rosebud felt most independent and secure.

Gossip, then was used by the women as a tool for negotiation and during the pandemic, to feel more connected to the space they once shared. The ability and freedom to gossip and natter was enabled by the relational space of the centre, which was in direct contrast to those external approaches that saw such engagement of this nature as unnecessary. I was able to draw on this space through stories and familiarity with members, but it was not possible to recreate the conditions entirely. Therefore, although the reconstituted gossiping practices incorporated much of the day centre's approaches, it was dependent on the social and spatial conditions sustained by the day centre.

6.2.2 *Table hierarchies*

While the majority of women engaged in gossiping practices as a means to connect and negotiate feelings of community loneliness, this was entirely absent from the men's experiences. Findings instead outline an alternative collective practice that took place to ultimately achieve the same aims in an entirely different way. Over the course of the project, each of the men individually detailed the social and spatial conditions central to 'table hierarchy' which literally related to the unsaid politics of sitting at a particular table at the day centre and being invited to sit beside particular individuals. Importantly, this was not something implemented or monitored by staff, but evolved from clients' own social practices. I would note that these were not entirely positive practices, as some originated from patriarchal ideologies embedded in working men's clubs, that purposefully excluded women. That said, the site of the day centre sought to reconfigure the problematic aspects of such practices, calling out any sexist language or exclusionary behaviour to ensure the social conditions were in line with the ethos of the centre.

For the clients, the reconfigured table hierarchy practices were very meaningful for connecting with other men, the availability of such was itself a social condition. For William this meant '*they don't say what some people do. Like get away, I don't want you to say this to me. But most of them just say come on sit down and we have a chat about different things*.' William valued the sense of belonging he attained just from sitting at a particular table each week. More specifically, he valued the sincerity of the men he sat with as he was not made to feel unwelcome. Loneliness was rarely, if ever, discussed explicitly at the tables, however. Major Tom

outlined that it was a private matter '*especially for the men and their mental torments... they keep it to themselves out of sheer human pride*'. Still, the conditions of the practice can be considered vital to negotiation, as their unwillingness to discuss loneliness was shared and ultimately embraced. The very concept of table hierarchy was itself a negotiation. Clients were required to get to know one another and staff before finding common interests. From here, clients trialled out how well they suited the table and type of conversation. Once accepted, clients like William felt as though they had 'earned' the right to sit there as the seating plan was effectively monitored by the clients, not staff.

Helen, a carer to her husband Denis, also observed these processes and noted how Denis '*was over the moon'* to be on *'this big table with eight men, and they just put the worlds to right he was just so happy you know*'. The conditions of this practice made Denis' acceptance on this particular table meaningful and even gradually allowed him to take ownership of the practice by purposely being the first client to attend the service each morning and bringing a selection of snacks with him, which he shared only with his own table.

Exactly why these table hierarchies were so meaningful appeared to be linked to the men's similarities in life practices, which the community loneliness framework allows closer consideration of. Very few of the men knew one another prior to attending the centre, but over the course of their lives had acquired similar life experiences given their similar age, ethnicity, and social class. Typically, these related to previous occupations and interests. As expressed by Major Tom for example, '*when you get a group of men, some have worked in the shipyard, some have worked in buildings, and they'll just exchange their experiences you know. It's really good*.' Negotiation practices for the men were thus anchored in personal histories that were themselves shaped by the same social conditions. Explicit conversations around how they felt were uncomfortable, but reflections on past difficulties were distant enough to allow for richer negotiations.

During the pandemic and away from the physical space of the day centre, table hierarchies re-emerged when reflecting during (often difficult) conversations about loneliness.

> *It's about pressing the right buttons isn't it… I'd like to think about how to get rid of loneliness. Obviously, it's a big task … someone said it's harder to receive than to give.* (**Major Tom**, client)

Here, Major Tom refers both to the difficulty of talking about loneliness with the other men, and the value of giving rather than receiving support in this context. The centre's table hierarchies naturally involved '*giving*' as the men were typically responsible for the conversation and/or activities at their tables. Here, '*buttons*' of social engagement were pressed, initiating the possibility (but not the expectation) of social connection between clients. At the centre, these individual practices were brought together in gendered conditions that encouraged the negotiation of one's social standing, away from simply being an '*old man*' in receipt of a service, to a man who had experienced significant life events and feelings and who was still worthy of respect.

6.2.3 *Other social and spatial conditions*

In recognition of the extensive range of social and spatial conditions that can emerge in sites such as the day centre, the practical limitations of specific living environments and the contrasting advantages of the centre also emerged in the data. Importantly, it is notable that none of my co-researchers thought their housing conditions supported or enhanced social connection in any way. Even those in sheltered accommodation, which typically boasts 'communal living areas' designed for group activities, reported difficulties engaging meaningfully with other residents, prior and during the pandemic. Conversely, the day centre was described as emitting openness and warmth from the very start of the service. As captured by Major Tom, accessing the space with ease was pivotal to his overall experience and engagement.

> *It's really arriving into it, having a cup of tea or coffee. It just feels so welcoming.* (**Major Tom**, client)

Here, emphasis was placed on the transition into the day centre site which felt '*welcoming*'. For Major Tom, this meant immediately arriving into a friendly space, rather than knocking on a door and waiting to be let in, or roaming through corridors

to access the correct room. The day centre instead was entirely level access with two automatic doors that opened into a large, well-lit and warm hall. Staff, volunteers, and other clients were sat or stood around, taking up the entirety of this big space. Importantly, the automatic doors had audible sensors to alert those in the hall that someone was entering. This meant that upon accessing the service, Major Tom was presented with alert faces and immediate greetings. The immediate offer of tea or coffee following this affirmed this welcoming practice.

The conditions pivotal here also appeared important as to how clients and carers then felt they could socially behave in this space. In conversation about client's roles in the day centre service, Rosebud was quick to outline that connection and successful negotiation were dependent on the client's approach to them. They needed to be open-minded and willing to engage for it to truly have an impact.

> *It's just a case of mixing with people, you know. Get chatting to somebody, you know and it just backfires from there. So… I think you've got to want to do it, you know. I don't know how to put this. You've got to think to yourself 'I need some friends'. You just get chatting to people. You know, this is what happened to me. Just chatting to people. This is how I met my best friend.* (**Rosebud**, client)

Rosebud attributed her skill of chatting and conscious desire for connection to her success at forming a '*best friend'* relationship. Enabling Rosebud's headspace of comfortably conversing with others though, depended upon the welcoming and supportive conditions sustained by the centre, as described by Major Tom. These conditions were not exclusive to the women and men's days, but were also apparent in the holiday services available. Prior to the pandemic, the centre co-ordinated an annual holiday for members with the holiday destinations recommended and chosen by clients following a democratic vote, though they remained in the UK for transport and financial reasons. Each holiday was different, travelling to a new location in new accommodation with new activities on offer. Despite such intense change in spatial conditions, staff reported continuous if not enhanced engagement from clients and carers.

> *It's when you hear them laughing and carrying on. And on trips out on the holidays we always end up with everybody, they always want to come with us too, it's not about the work or anything, it's not about the money!* (**Louise**, staff)

As Louise outlined, the '*laughing and carrying on'* she witnessed from clients on the holiday trips was significant and demonstrated to her that they found the experience meaningful. To acknowledge that they finally had the space and confidence to have fun without any input from staff was very reassuring and was, as she told me, the reason she did the job. It is also telling of how the 'site' of the day centre was reconstituted beyond the physical space to maintain a particular set of social conditions in a range of locations. Where possible, the much-loved conditions were replicated in the holiday destinations to provide familiarity, with meal and tea breaks timed in accordance with the day centres usual timetable. Some of the favoured activities (e.g., 'play your cards right' and bingo) were also available.

In the context of COVID-19, however, reconstituting these conditions became increasingly challenging. Initially, telephone contact was sufficient as a short-term fix to help clients feel connected to staff and one another. Indeed, many had already experienced missing out on day services due to illness or other personal circumstances and had happily depended upon telephone contact as an intermediate service. As the pandemic progressed however, and the reopening of the service became more uncertain, arranging these conditions in a meaningful way became even more challenging, impacting the wellbeing of clients.

> *It was very up and down; you could ring for three or four weeks, and they'd be very upbeat and then the next time you rang you could just hear it in their voice. They weren't…as cheerful. (**Jen**, manager)*

Reflecting on the services adaptability during the pandemic, Jen outlines here the unpredictability of clients and their general decline in engagement as time progressed. Those essential conditions once pivotal to the centre and client's engagement, became more distanced each week due to the fluctuating restrictions and lack of face-to-face contact. The amount of time clients had to talk with Jen was limited to approximately one hour per week via telephone for example, thus restricting opportunities for connection to be dynamic or spontaneous. Although the

social and spatial conditions of the day centre were reconstituted where possible to challenge the hostility of other community and home environments, restrictions during COVID-19 ultimately prevented them from being implemented in the same, meaningful way.

6.3 Processes

The final aspect of the framework presents the findings related to the role of processes and the importance of deconstructing those practices that are working to compound feelings of loneliness. As such, findings here underscore the importance of change as a process and the active role day centres can play in deconstructing the neoliberal agenda. Prior to the pandemic, negotiation appeared to incorporate and embrace change, especially for the women of the centre, including both the clients and carers. They were all longstanding members (5> years with the service) and saw the centre as an extension of real life, within which hardships were inevitable but more bearable. They were strong-willed and practical women who had each faced various challenges and trauma, including poverty and loss. They had curated social practices to cope with these difficulties and brought these with them into the centre. Sat around tables, either literally at the centre for the clients or at the nearby café for the carers, these hardships were exchanged with anecdotes and quick wit. Loss and pain were acknowledged as inevitable facets of life, as was loneliness and the importance of connection.

> *Well, as you get older you lose a lot of friends, you know. So, they're a different group of people. But there's still some. About four of us that was there when I started. And we all stick together. But we mix with the others n'all. But lately, we're losing them but don't seem to be replacing them, you know?* (**Ronnie**, client)

For Ronnie, life at the centre was not an escape, but a somewhat concentrated facet of real life in which life events happened more frequently and intensely. She made friends that she later lost and even clashed with some clients, but ultimately had a sisterhood-type bond with a core few. Providing members were replaced regularly enough to prevent the table becoming empty, this was a sufficient process. This dynamic and fluid context was in complete contrast to the uncharacteristically one-dimensional services available at the centre during the pandemic.

Ronnie valued both close (those friends sticking together) and weak (‘*the others*’) social ties as well as the act of ‘*mixing*’ and before the pandemic, was able to maintain an amicable balance between these bonds and her preferences. Such a process developed in line with her time spent at the centre having initially had a settling in period where she gradually increased her length of stay until she attended the full day. As she became more familiar with members, some relationships evolved while others stayed static in their informality. With those more meaningful ties, Ronnie was able to negotiate her feelings of loneliness. This negotiation process was continuous as social ties became stronger or weaker, as members passed away and as new ones came. Loneliness in this space was repeatedly renegotiated. Sometimes experienced, sometimes addressed, other times reproduced, these negotiations seemed to sustain a strength in Ronnie though and made her feel overall as if she could ‘*manage*’ with life.

As the pandemic progressed, and restrictions continued to fluctuate, I noticed a gradual but distinct shift in this ability to manage. Ronnie’s final reflection in the project that ‘*lately, we’re losing them but don’t seem to be replacing them*’ signifies such a shift in attitude. Once a positive and proactive person, over the course of 12 months, Ronnie’s outlook had gradually but noticeably worsened. The experience and threat of loss were felt everywhere. In relationships with family, on the news, and across the care sector, creating a force of change and uncertainty that compounded feelings of loneliness. Although change itself was a process pivotal to negotiations at the centre, dismantling these practices remotely and without the relational space of the day centre was to a greater extent more complicated, and appeared instead to intensify the threat of risk and the subsequent need to manage it.

> *I miss them … I was really bad for going anywhere with my daughter- she came everyday and that was it... I did sometimes meet somebody when I went to the laundry room.* (**Ronnie**, client)

Unable to attend the day centre in June 2021, and with reduced home care support attributed to COVID-19 demands, Ronnie became increasingly isolated from her peers. Despite living in sheltered accommodation, all communal spaces were closed with no alternative space offered, meaning the only time she saw another resident was while doing laundry, a task she forced herself to do independently to ensure an

opportunity for conversation. The negotiation upon which Ronnie relied was contorted therefore, preventing life practices (which themselves were increasing in complexity and frequency) from being brought together into a shared space to be discussed. So much so that Ronnie stopped going out with her daughter, her only source of contact. Such activities became meaningless and not worth the risk, so she remained at home where she felt the loss of her friends more profoundly. It is not that this turn of events resulted in loneliness, but that loneliness was felt more intensely through Ronnie's life practices because she was no longer able to negotiate these feelings in the way she wanted to. The static nature of Ronnie's life during the pandemic emulated many of those external factors driving and limiting her ability to connect meaningfully with others and negotiate any emerging feelings of loneliness.

Considering the limitations of this static context, I refer back to Rosebud, a longstanding client of the centre, for whom meanings and experiences of loneliness fluctuated throughout her life. She had long periods of isolation in her youth due to prolonged stays in hospital which later impacted her education and informal opportunities for connection. In late adulthood, Rosebud experienced intense periods of grief which she felt were the epitome of loneliness. Loneliness was a continuous presence in Rosebud's life, and while she was typically well equipped at dealing with it by attending the centre and engaging with her local church, there were instances where it was felt more intensely than others, though understanding the nature of these practices was not a straightforward process. Pivotal to her ability to deal with the experience, was recognising the feeling as loneliness, and not boredom or fear. However, this process of recognition became increasingly difficult without the day centre, wherein relational practices enabled the identification and acknowledgment of such feelings. During the pandemic for example, Rosebud came to depend on her carer to recognise when she felt lonely.

> *Sometimes people can tell by the expression on my face that I'm lonely. I mean, one of me carers she came in the other day, I wasn't very chatty. And she says to us 'what's the matter, you're not yourself today?' and I says, 'oh it's just things are going through me mind all the time'.* (**Rosebud,** client)

A self-described '*very chatty*' person, Rosebud felt out of sorts with herself and her carer, whose company she valued immensely. So much so, that Rosebud reflected that had her carer not enquired, she would not have realised it was loneliness she felt. The difference in her expression and manner were however picked up by her carer, with whom she was well acquainted. The carer's prompt ignited the process of negotiation between the two, as Rosebud was encouraged to reflect on how she was feeling. From there, she began to describe the sensation and discuss with her carer why she felt that way. As the carer's next visit had been cancelled, she was able to stay for a longer period with Rosebud in this instance.

Although Rosebud had a close relationship with this particular carer, she also acknowledged that such a bond was not commonplace, and she was very fortunate. Rosebud received personal and social care from one local agency. She typically had agency workers (different carers each week) attend to her personal needs, then another more consistent carer would come to take her shopping. This latter visit was the only social engagement Rosebud received in a face-to-face format during lockdown, and because it was with a carer she knew well, it was invaluable. With the realities of marketisation however, the care agency became increasingly stretched and services were forced to reduce and even stop altogether during some periods. This meant that Rosebud's carer attended far less frequently and left Rosebud feeling as though her care package was not a right, but a luxury. Rosebud was required to demonstrate how deserving she was of support each week (e.g., did she feel lonely and weak or energised and engaged?), worsening the disconnection she felt with herself and her feelings. In effect then, the care market was working to sustain a sense of competition between clients, with those who were unsuccessful left feeling increasingly uncertain and as if they had somehow failed. This had a significant impact on Rosebud's opportunities for negotiation, as the time and space they needed for reflection became increasingly restricted and monitored.

Rosebud and Ronnie's stories, while concerning, also evidence the necessity of fluidity to this aspect of the framework, as progress was not necessarily linear. The pandemic worked to limit their ability to cope with change and further limitations of the day centre service simultaneously restricted the centre's ability to deconstruct such processes meaningfully. It also appears that time, and having a sufficient amount of it, was central to ensuring this. Not feeling rushed by an already late bus transport system or a carer hurrying to their next appointment but having the time to

stop and genuinely engage with one another. At the centre this related closely to the theme of flexibility and having the space for choice. For the carers especially, having an awareness that support was there and readily available should they need it was vital. Moira for example, recalled a holiday with the centre during which '*if you wanted to have an hour or two to yourself, they used to sit with the clients, and it just means you had time to yourself, so you weren't there 24/7 looking after them*.' As a carer to her husband living with dementia at the time, Moira cherished these opportunities for respite which did not separate her excessively from her husband. She still wished to holiday *with* him but also wanted access to time alone. The time she was given to reflect and look inward became a form of self-care, for Moira was finally given the necessary space to negotiate feelings like loneliness, as carers had an opportunity to informally catch up with one another, raise concerns and offer advice. Support and feelings of loneliness were in this sense unpacked, reflected upon and ideally dismantled amongst members. Moira personally used such space to ask for help, offer advice and connect with the other carers.

Processes also encompassed those neoliberal policies that, without the involvement of the day centre, appeared to shape the lives of my co-researchers into lives of mechanical repetition. In conversations with members about 'the definition of loneliness' for example, the broad theme of monotony was often drawn upon to explain what loneliness felt like. For example, Skipper reflected that during lockdown, loneliness came to feel like an endless repetition of meaningless days. Watching television, a practice he had previously enjoyed, instead became one that was boring and predictable as he knew precisely what would be on at what time, to the point that '*all the days were the same*'.

> *Endless days, endless nights in me flat. Everything the same, every day. There was no change. Everything just got on top of us. Same thing on a Monday, same thing on a Tuesday, a Wednesday, a Thursday. That was me life. The whole week. I lost all track of time. All the days were the same. I'm sick of watching the telly.* (**Skipper**, volunteer)

The monotony Skipper described here was the product of numerous different processes (e.g., employment, welfare, and housing) that worked to give him just enough sustenance to stay alive, but not enough to *live*. Rather than explicitly

missing or desiring social connection, Skipper's experience was one of tortuous repetition. Life for Skipper was always the same. The days were flat and he felt stuck in this feeling. Skipper had chronic mental health problems and in addition to taking medication was urged by professionals to talk more with others and get out the house regularly. This was causing him to worry he was not doing enough to achieve and maintain these goals. Much of his life was reduced to a social or medical prescription, which he alternated between continuously. Beyond this 'formal' care, the onus was on Skipper to do something different, and he was made to feel solely responsible. The structures designed to help Skipper instead worked to sustain his sense of entrapment. Being trapped in this exhaustive monotony amounted to loneliness for Skipper. The practices of watching television, listening to the radio, and going for a walk each became entrenched with loneliness as time wore on. It was only when Skipper reached crisis point that he felt any affirmative action was taken, which was a temporary detainment under the Mental Health Act.

An intensely risk-averse process was commonplace for Skipper, who turned to GWCT after being discharged. He restarted his volunteer role (it had paused initially during the start of the pandemic) where he then felt able to tap into those social connections he had initially made through the centre. Here, he was able to renegotiate some of the lonely feelings he had by dismantling those processes compounding them. He felt safe enough with staff to explain how he felt, without fearing a change to his medication, though any safeguarding concerns were, of course, raised where necessary. While he was working at a reduced capacity, staff supported Skipper to gradually make sense of the uncertainty he felt by listening, sharing their similar challenges and offering practical support.

For Skipper, loneliness was felt so much more intensely when life became repetitive and mechanical, with many of his fears reduced to a prescription. Those life practices he once valued as opportunities for respite evolved instead to enable loneliness and without the centre, where he spent his typical working week, only the mechanical services in his life remained. While he continued to access mental health support throughout this time, he noted that the nature of this support was heavily medicalised, risk averse and prescription driven and was therefore '*not enough*'.

The procedural and mechanical approach to life was a theme also raised by Winifred in discussions of what loneliness felt like. Winifred's reflections echoed the disconnect felt by Skipper but also the influential role weak ties can play in such

processes. Stressing the magnitude of loneliness, Winifred noted that advice from those who had not experienced it personally was meaningless because they had no idea how to deal with it.

> *You have to experience it naturally to realise what it's like. When we used to go out, for instance I was very upset about this, because me husband used to like to shake hands with people. We got on the bus, I got we tickets and of course Mark went to shake the bus drivers' hand when there was a screen, he didn't realise and of course he thingy-d (*broke*) the screen. Oh, and the bus driver wasn't happy like! I had to explain to him, I said eee! I'm very very sorry but me husband's got dementia, he doesn't know what he's doing. But he wasn't a nice man, the bus driver. There was a nice one that we used to know, that knew what Mark was like.* (**Winifred**, carer)

Winifred shared that this incident was not just a cause for feeling lonely, but the very nature of the feeling itself. She reflected how it was compounded by key social structures and life practices. Firstly, Winifred notes that the bus driver and passengers were all strangers and therefore lacked compassion or were at least unwilling to practice it. Winifred felt alone, despite being on an overcrowded bus with her husband. Rather than enquiring whether she or her husband were okay, or even acknowledging that it was not a problem, everyone chose to disengage and look away. While some passengers physically moved away to the top deck, others averted their eyes or declined to comment, fuelling a silence that left Winifred feeling entirely responsible for the incident, and trapped in a sense of shame.

For Winifred, loneliness was the amalgamation of processes working to individualise the responsibility she felt as a carer. For example, although she was tasked with reassuring her husband to keep him calm in this instance, no one attempted to reassure her. Rather, the social support and connection she needed in that instant, while visibly present, was not enacted. Each refusal to sympathise gradually added to the loneliness she felt. The bus itself, its driver and passengers were systems working in unison to penalise and shame Winifred. Had the driver been the '*nice one…that knew what Mark was like*' it could have been different, but there was no formal expectation for the driver to be understanding or to offer support, nor for the fellow passengers to engage in any way. Removed entirely from the day centre, negotiation of any form was not possible in this instance. Winifred

had no outlet whatsoever to engage in discussion or reflection. Instead, the unpleasant feelings she experienced were being compounded by external processes. Winifred later shared however, that she reflected on this encounter with a fellow carer from the centre, after she noticed Winifred looked upset and '*not herself*'. Here she was given the necessary space and time to renegotiate her feelings and receive comfort and reassurance that the incident was in fact not her fault.

The processes shaping Winifred's experiences appear similar to those influences in William's life that had worked to marginalise him. As a self-described '*loner*', William did not have any friendships beyond his late wife and estranged children. Having moved from Eastern Europe in late adulthood and having struggled to find permanent employment in the UK, William felt that he had never had the opportunity to integrate properly with his community because he had never felt truly settled, '*my life was going, nothing about it*'. Employment and opportunities to socialise were very limited as William faced racism in his local community. It was for this reason his social worker recommended he attend the centre, following concerns of loneliness and social isolation. Once there, he shared how valuable it was to be welcomed into a space he could settle into.

> *To go somewhere that we can settle down and go willingly … the only thing I wanted was to settle down and carry on.* (**William**, client)

In emphasising the value of being able to '*settle down*', William underscored how the nurturing, relational environment of the day centre was in direct contrast to his everyday life. Here, he was able to '*carry on'* in any manner he deemed appropriate and access the space '*willingly',* features of practices that had previously been inaccessible to him. The willingness of William to do this also highlights the need for staff to make this an appealing option for prospective members. While staff found they could usually persuade reluctant clients to attend (typically the first few sessions were free until clients made a formal decision), they also operated an open-door policy meaning that people were free to come and go as they pleased. Some members of the community dropped by at various times of the day for a drink with a particular client, a game of bingo or to carry out a formal meeting in the manager's office, for example. Indeed, social workers themselves were known to have carried out assessments and reviews with clients who felt most comfortable there.

Safeguarding meetings were also conducted there, when necessary, outside of the typical service hours.

The collection of various connections and engagement practices worked to dismantle undesirable processes to develop a coming together of local people who could '*settle down and carry on*' in the same dynamic space. Negotiations needed this variation practically for more opportunities to engage, but also for clients like William to achieve the sense of belonging they sought to truly '*settle*' there. Clients chose to attend the service and were not required to participate in any group activities or excursions if they did not wish, which is significant given typical trends in aged care services (e.g., Deprivation of Liberty Safeguards (2008)). Had the centre been a controlled and formally organised service only used by those who demonstrated need, such an achievement would not have been possible, as it would have been too far removed from the realities of co-researcher's communities. With choice and control embedded into the core of the service, such factors appeared to translate into the processes, along with the social ties and relations and social and spatial conditions supported by the day centre.

6.4 Conclusion

This chapter has presented the three factors the community loneliness framework comprises: the configuration of social ties and social relations; social and spatial conditions; and processes. Together, they enable the exploration of how community loneliness as an experience manifests for an individual, highlighting the ways in which loneliness is present in these practices, how this could or should be responded to, the day centre's ability to reconfigure these practices and how this might later be practiced in one's wider community. Importantly, it outlines the complex prevalence of loneliness in community settings and the need to understand practices beyond the intervention setting. The community loneliness framework is both a measure of the problem and an approach to managing it better, therefore. As eloquently put by my co-researchers, while '*they don't wanna talk about it, don't wanna admit it'* (**Skipper**), '*it makes a society strong when the tiny components are healthy'* (**Major Tom**).

Thesis contributions: A discussion

This chapter brings together the major findings of the thesis to explore their relevance in the complex and ever-changing care landscape. Each theoretical, empirical, and methodological contribution will be discussed in the context of existing literature, policy, and practice debates. Findings have outlined the day centre's capacity as a site for relational practice, most notably, the relational practice of negotiation as a method to understand and address loneliness in the community. The conceptualisation of community loneliness, as both an experience and a framework, significantly departs from and contributes both theoretically and empirically to existing literature, calling for a paradigm shift to conceptualise loneliness and those community approaches seeking to address it. Applying a PAR approach, this research has also worked collaboratively with older adults in an entirely new context, wherein engagement was largely remote and/or restricted, to conceptualise experiences of loneliness in the context of the day centre, outlining a distinct methodological contribution of disrupting, reimagining, and restructuring social connections in PAR.

7.1 A theoretical contribution

The first contribution of this thesis is in the theoretical implications for the study of loneliness. Returning once more to my theoretical position of a critical relational feminist gerontology, within a social practice turn, which sits in opposition to the biomedical narrative surrounding loneliness in old age, I highlight the need for theoretical understandings to firstly challenge forms of oppression and centralise the role and capacity of social relations. This assumes that a critical lens on the appropriateness of existing conceptualisations, is necessary to meaningfully reimagine their effectiveness, not in demonstrating the presence of loneliness, but in understanding how this experience exists in a wider context of social relations, practices and austerity measures and thereby, identify and deconstruct emerging forms of oppression.

While there is no consensus in the literature on the definition or conceptualisation of the experience of loneliness, three theoretical frameworks of the phenomenon are widely accepted: the social needs, the existential and the cognitive

perspectives. Weiss' (1973) conceptualisation of the social needs perspective posits loneliness as a result of the absence of desired relationships. This theory distinguishes between emotional, which is the result of a lack of close attachment to another person, and social loneliness, that involves the absence of a wider social network. Although not identified by Weiss (1973), the collective dimension of loneliness would also fit within the scope of this framework which refers to a person's loss of valued social identities or lack of connection to social groups (Dunbar, 2014; Cacioppo et al., 2015). The existential paradigm conceives loneliness as a feeling of broader separation that entails a lack of meaningful existence (Moustakas, 2016; Larsson et al., 2019). The cognitive perspective, or cognitive discrepancy theory, presents loneliness as a negative and involuntary experience that arises from the perceived discrepancy between desired and actual relationships, in a social or emotional capacity (Peplau & Perlman, 1982). Each of these conceptualisations offer meaningful frameworks and associated dimensions in which to measure and respond to an individual's feelings of loneliness, but as such assume a strictly individual perspective. The strictly individual perspective, present in existing conceptualisations of loneliness, is majorly constructed by a scholarship that sustains the medicalisation, responsibilisation and pathologisation of loneliness among older adults.

By depending on and reproducing solely individual perspectives of loneliness in old age, there is a danger that we reduce our understanding of the construct and our capacity to imagine ways of helping. Firstly, by the 'medicalisation' of loneliness, I am referring to the theories that focus on the mental and physical health consequences of loneliness, which are wide ranging and overwhelmingly negative (Holwerda et al., 2016; Courtin & Knapp, 2017; Calati et al., 2019), at the expense of consideration of the environmental and social conditions that contribute to its occurrence. The focus on the individual, inherent in this scholarship, then positions the responsibility of this distinctly medicalised problem on the individual themselves. The framing of loneliness as an individual pathology subsequently obscures the complicity of practitioners and policy makers in managing this challenge and so reinforces the failure narrative for those older adults who are unable to manage their feelings of loneliness.

The community loneliness framework is an alternative to the strictly individual perspective and considers loneliness as an intersubjective experience shaped by

multiple variables such as social ties and social capital, social and spatial conditions, and processes. This means that loneliness, while still being a feeling that is experienced by an individual, is seen in the context of and dependent upon a person's social relations, conditions, and processes. Any medical consequences of the experience thus form a part of this understanding but *do not dominate* the overall picture, and so push toward a culture of shared responsibility whereby the state's involvement (or lack of) can be challenged and improved with the participation of older people themselves.

7.1.1 *Medicalisation*

The scholarship that sustains the medicalisation of loneliness exists within a biomedical paradigm which is based on findings that demonstrate the link between loneliness and health problems. For example, Holt-Lunstad et al.'s (2015) widely cited meta-analytic review demonstrated loneliness and social isolation were associated with increased risk for early mortality. Loneliness has also been associated with higher rates of depression, anxiety, suicide, and post-traumatic stress disorder (Horton et al., 2008; Levy et al., 2014). These findings, while constructive in propelling loneliness into the political spotlight and justifying the appointment of the UK's first Minister for Loneliness in 2018, have also created a saturated discourse that now focusses, almost exclusively, on the health implications of loneliness.

It is not that I seek to disprove such associations, as I recognise the value of research such as Akhter-Khan et al.'s (2021) reported correlation between persistent loneliness and the onset of Alzheimer's Disease, but not for transient loneliness. The distinction of which suggests that different types of loneliness may have different outcomes and require the application of different types of interventions, a finding this research would support. The experience of community loneliness, however, highlights several limitations of the medicalisation narrative. Firstly, a medicalised perspective does not consider those wider societal and social conditions that contribute to loneliness. The need to be understood as *more than* an older person, as stipulated by the community loneliness experience, demonstrates the dangers of this narrative, as the type of understanding sought was determined by the social conditions surrounding the individual, not just the health consequences they were experiencing.

Examples of this were brought to light during the pandemic. The pressure to stay safe during lockdown, especially as a ‘clinically vulnerable’ older person, was experienced and reproduced in community spaces such as bus stops and supermarket queues and in messages from loved ones with good intentions. These collectively medical outlooks equated safety with health and risk with infection and recklessness, sustained by the narrative used to describe older people during the pandemic that was largely based on older people being a homogenous at-risk group whose isolation was equated with safety and wellbeing (BACP, 2021). These narratives continued to shape co-researchers’ feelings of loneliness and how they sought to be understood. The ‘clinically vulnerable’ label that was sustained by the biomedical model worsened this process and distanced older adults further from the identity by which they wished to be seen.

Displays of risk-aversive behaviour were similarly chastised during the pandemic and deemed socially detrimental and isolating. Risks are themselves shaped by findings from medicalised studies and perpetuate a narrative whereby the behaviours of older adults are considered exclusively against their exposure to risk and/or the worsening of their health conditions. With the prioritisation of health consequences, the narrative surrounding risk is almost entirely concerned with risk aversion. As demonstrated by the community loneliness experience, the feeling of risk-aversion was itself a lonely one and demands the critical consideration of an older adult’s environment and social conditions to contextualise this risk. The community loneliness framework (CLF) offers a way for this to be done by constructing a more contextualised understanding of an older person’s experience of loneliness. Rather than identifying the health consequences of the visceral sensations of feeling lonely and working solely to mitigate these, the CLF demands consideration of how risk is managed by an older person through reference to the social or spatial conditions of their social realities. For example, we might reflect on the factors shaping an older person’s experience of their local supermarket. Are they able to leave their home independently? What type of transport do they use in these instances and how does this shape their sense of confidence? Is support available in store? What does it feel like to ask for support here? These challenges or strengths can then shape the type of response sought. The physical or mental health problems they may or may not have do not dominate these discussions, so the focus instead

remains on the older person and how they might best negotiate loneliness in their lives.

The cognitive perspective posits that the subjective experience of loneliness is bound within the confines of a discrepancy between desired and actual social relations (Peplau & Perlman, 1982). Here, loneliness is again seen as an unanimously distressing experience responsible for a host of health conditions but also assumes that a reduction of loneliness can be achieved through neurobiological means (Lam et al., 2021). As loneliness has been found to be related to biological markers such as those associated with Alzheimer's disease, the subsequent recommended interventions are guided predominantly by the relationships between loneliness and altered structure and function in specific brain regions and networks (*Ibid,* 2021). The CLF indicates the limitations of such a framework. Without a critical lens, the focus on discrepancies identify the older person as a problem that needs to be solved and fails to appreciate the importance of an older person's social world and their engagement with it, leaving a huge part of the loneliness experience unaccounted for.

With a solely medicalised narrative of loneliness, focussing primarily on the negative health consequences of the experience at the expense of the individual and their social context, there is also a tendency to seek to measure and quantify the experience. Feelings of loneliness and social isolation may come to be seen exclusively as the result of an individual's own perception of social connection (Perlman & Peplau, 1984). With a significant amount of work focussed on the prevalence of loneliness, the risk factors associated with it in old age and its impact on health and wellbeing, little, if any, attention is given to how it truly *feels* to be lonely. Consequently, interventions focus heavily on the introduction of new connections, with little consideration for the conditions surrounding such interactions and their implications. Befriending services, for example, temporarily seek to give a lonely person a connection, and ideally a friend, but their significance lies not in their creation of connection but those instances where service users and befrienders share characteristics and therefore develop empathy, reciprocity and even autonomy (Fakoya et al., 2020). Indeed, our findings indicate that support in the context of loneliness interventions might depend heavily on an individual's social capital and social ties. For example, those co-researchers with less social capital were more dependent on staff and volunteers to enter into successful negotiations.

Social capital refers to the ties between individuals and the trust, mutual reciprocity, and support that these networks provide (Putnam, 2000). It comprises both behavioural and psychological components (Perkins & Long, 2002). Of the latter, the most widely studied is a 'psychological sense of community' (or the feeling that one belongs to a larger social system, (Sarason, 1974)). Both social capital and psychological sense of community are broadly positively associated with health and wellbeing (Perkins & Long, 2002; Vinson, 2004; Pretty et al., 2007; Ehsan et al., 2019). For instance, higher levels of social capital are associated with reduced loneliness in older adults (e.g., Coll-Planas et al., 2017; Gallardo-Peralta et al., 2018), while sense of community is predictive of wellbeing, satisfaction with life, and reduced loneliness (Prezza et al., 2001; Farrell et al., 2004). The link between increased social capital and reduced loneliness interlinks with findings from the CLF, that loneliness is itself shaped by social capital and social ties. This link can be explored further by the CLF however, to consider the nature and capacity of this relationship. The CLF indicates that social capital plays a pivotal role in guiding the nature and level of support a person may require upon accessing a service and given social capital's status as a shared property based on community activities and not of individuals alone (Putnam, 2000), can also interlink with the *dynamic* nature of loneliness.

The implication thus far is that we must revise our dependency on the medicalisation of loneliness to look beyond health conditions and toward those social and societal factors that might be shaping an older person's experience of loneliness and their ability to respond to it. In doing so, the interventions we might develop will not be exclusively concerned with the introduction of new, often contrived, social connections, or the ability to reduce or control a particular health problem, but responsive to the needs and experiences of individuals through community development. This is especially important in the wake of the COVID-19 pandemic, the impact of which cannot be overstated. With deaths as twice as high in the most deprived neighbourhoods of England as in the most affluent (Bambra et al., 2021), the care sector, as well as the local demographic, has changed considerably. Co-researchers have lost neighbours, relatives, and friends at various stages throughout the research. Infection rates were also (and remain) higher in the North-East of England as a deprived region (Bambra et al., 2021), meaning fear and risk of infection were persistent. The public health response for limiting the spread of

COVID-19 focused on physical distancing and self-isolation, preventing many people from having their pre-existing physical, emotional, and social needs met through social and health care systems. Simultaneously, support services were jeopardised, the NHS narrowed its focus to managing COVID-19 cases, resulting in limited accessibility for health-care appointments and procedures being delayed. Routine healthcare checks, non-urgent provider visits, and elective procedures were cancelled, putting older people at higher risk of worsening health deterioration (Graham, 2020). These changes thus continue to shape how co-researchers in this research and other older people, perceive services, relations and social practices and are reflective of the individualised responsibility or responsibilisation that they sustain.

7.1.2 *Responsibilisation*

The term ‘responsibilisation’ relates to the notion of being held responsible for the choices we make, and subsequently views idleness and inactivity as self-inflicted damage to one’s social life (King et al., 2021). Interlinked with this concept is resilience as a caveat to the responsibility placed upon us, as a means to cope with adversity (*Ibid*, 2021). Therefore, in the context of loneliness the onus is placed on the individual to self-manage their feelings or respond positively to an intervention. Compared with the medicalisation of loneliness, responsibilisation is far more subtle in its discourse but its implications can be just as damaging. Looking at the social needs’ perspective, for example, experiences of loneliness are seen as an individual’s failure to achieve the social connection they desire but how this manifests in conceptualisations and interventions is more nuanced. The conceptualisation of existential loneliness is interlinked with social needs, but also draws into focus the importance of one’s sense of self and sense of meaning, and how these shape the world around us.

The concept of existential loneliness, which typically relates to one’s sense of disconnection from the world, encompasses a lack of purpose and emotional distance from those surrounding them (Sundström et al., 2018). On the surface, this offers an objectively intimate consideration of one’s wider sense of disconnection and interlinks with those aspects of the community loneliness experience that speak to a yearning for more and a mourning of what could have been. In old age especially, this framework highlights those aspects of loneliness which expand

beyond social relations, allowing us to tailor interventions better to suit the particular needs and interests of lonely people. Men's Sheds programmes for example, which create a space for older men to meet and carry out constructive activities they had once enjoyed in their youth, are extremely meaningful. They are known to enhance service user's sense of belonging and purpose (Milligan et al., 2015; Reynolds et al., 2015; Nurmi et al., 2018), qualities that are extremely important in addressing loneliness. However, the social needs perspective, within which this is based, positions the social failures of an individual as the reason for their loneliness and so, while enabling the practicing of meaningful activities, still sustains a narrative of resilience and responsibility that obscures the complicity of the state and the wide range of feelings we might have when experiencing loneliness (Weiss, 1973; Ten Bruggencate et al., 2019). The CLF demonstrates how problematic this is, as these 'social failures' are often the consequence of wider social and spatial conditions, social ties and capital or processes, and do not sit solely on the shoulders of an individual. These feelings, which have deeper root causes, are thus responsive to wider considerations like those pertaining to one's culture, which is known to impact experiences of loneliness (Rokach et al., 2004; de Jong Gierveld et al., 2015). So, while it is possible to measure how existentially lonely one might feel and tailor an intervention to reflect these yearnings, such a position does nothing to identify and address why one might feel so intensely disconnected from the world around them. Interventions such as Men's Shed's also inherently reward demonstrations of resilience and praise those older men who have managed on their own for so long. They disassociate from the prospect of connection, at least at a branding level, so service users feel they are instead attending practical woodwork classes. As the CLF indicates, older adults' awareness of their personal growth and capacity for change is important to their ability to enter successful negotiations of loneliness beyond an intervention setting which may act to indicate their potentially limited impact in their wider community.

Drawing together the relational and feminist aspects of my own theoretical position, I would note that where the existential paradigm can be most enhanced by community loneliness, is in its positioning in the intersectional feminist tradition. Ethics of care considers ethics as relational, with morality seen as enabling effective engagement rather than as a constraint that limits our individual pursuits (Manzo & Brightbill, 2007). Feminist gerontology is equally concerned with power relations and

intersecting oppressions across the life course. Such a position is helpful in acknowledging the advantages and disadvantages that follow gender across the life course (Hooyman et al., 2002). For example, shifting the nature of responsibility and enabling a more holistic understanding of a person's existential feelings. I believe this could interlink well with our conceptualisation of community which draws on the work of Somerville (2016) to frame community as a dually subjective and objective state of being. This means that, rather than a term for a collective, it is an ideal, but also something that is real, comprising of different types of social bonds or capital, social or spatial conditions and processes or practices (Delanty, 2010). Drawing on Neal and Walters (2008) framing of conviviality and community making, community here is also the coming together of people through a particular set of groupings and practices, constituting a bond (Bourdieu, 1990). Community is therefore the context, the practice, and the aim guided most prominently by hooks' (2001) placement of the term when describing 'loving friendships' which 'provide us with the space to experience the joy of community in a relationship where we learn to process all our issues, to cope with differences and conflict while staying connected' (2001: 113-134).

What this means for loneliness interventions is tremendously hopeful. While Men's Sheds programmes have been rolled out internationally with varying adaptations and aspects to suit the preferences of their clientele, older women have instead been presented with, what seems like, endless variations of 'Knit and Natter' groups that are based largely on the promise of communication with a shared interest in knitting. Taking a critical stance upon society's response to ageing women, we might adapt and expand day centres, for example, to develop tailored services that genuinely and meaningfully reflect the interests, strengths, abilities, *and oppressions* of their older female clients.

There is a tension in this proposal that needs addressing, however. On the one hand, the community loneliness framework posits a dynamic nature to loneliness meaning an individual does not follow a marked trajectory of deterioration but can experience a range of feelings that are reproduced through social relations and practices. Loneliness has the capacity to be produced or negotiated in this dynamic context, therefore. On the other hand, the life course perspective proposes that early-life experiences shape outcomes in older age and thus perpetuates the belief that challenging experiences accumulate over time while the ability to overcome

disadvantage declines (Milne, 2020). The life course perspective is widely applied in gerontology and emphasises the lifelong process of human development but focusses too much on the 'consequences' of relationships (Bengtson et al., 2005). Community loneliness is instead a fluid state, and while some key life events are important to consider how one later experiences loneliness and life generally, older people have the capacity to change their trajectories. This is particularly important given that societal pressures remain fixed in restricting the lives of older adults. Therefore, the conceptualisation of community loneliness opens up space for change and growth in old age, beyond simply growing older. The transiency of loneliness has long been acknowledged in longitudinal cohort studies (Jylhä, 2004; Shiovitz-Ezra & Ayalon, 2010), but often serves as a comparison to chronic loneliness. Embracing the dynamic nature of loneliness, within and beyond the confines of the life course perspective, is helpful in thinking more flexibly about thresholds. It may be possible to address some of the well-documented stigma surrounding the feeling of loneliness (DCMS, 2022a) and challenge the assumption that, through self-sacrifice and hard work, the damaging effects of self-indulgence and dependency are counterposed (King et al., 2021).

In this study, we found that co-researchers experiences of loneliness were often associated with the wider structural issues that were shaping their everyday life. Messages of individualised responsibility were thrust upon them in different social practices, and this shaped their feelings of loneliness. In blurring the lines between responsibility and resilience, experiences such as loneliness are equated with a sense of personal failure and dependency, and so feed into the discourse dividing the deserving old from the undeserving, which also appears a fixed status, as you are deemed either in need of support or not (Bowling, 2008; Roulstone & Morgan, 2009). The relationality of the CLF was necessary therefore, to redistribute these responsibilities and repurpose these messages of resilience that reinforce the privacy (Kharicha et al., 2017) and associated dependence of loneliness in old age (Rokach & Sha'ked, 2013). An intersubjective and relational view of both ethical practice and of loneliness enabled the formation of meaningful relationships with co-researchers during the research, as did a positionality that extended the researcher status to encompass aspects of practitioner and community member roles (Naughton-Doe et al., 2022).

The ‘processes’ aspect of the CLF speaks to the question of what it means to age in a neoliberal society, a concern rooted in the assumption that older people are ultimately responsible for the loneliness they feel and their ability to address it (Powell & Taylor, 2016). Engaging with neoliberal deployments of resilience and responsibility, as supported by the CLF, are essential to understanding the consequences of neoliberalism (King et al., 2021) and therefore challenging this narrative. The CLF, however, posits that such an understanding, similar to that of loneliness, need not be static, because precisely how neoliberalised messages of individualism shape feelings of loneliness can change depending on the person. The elasticity embedded in the CLF differs from existing research which has a tendency to observe loneliness and any associated challenges in a static manner (Victor & Bowling, 2012; Bolmsjö et al., 2019; Victor et al., 2022). For clients especially, flare ups of chronic illnesses and/or newly acquired disabilities and the subsequent marginalisation they experienced as a result, such as being unable to leave the house independently for the first time following a drastic reduction in their state-funded home care services, were influential and interlinked with the pressure to remain resilient and not complain, but that could and did change often. With the CLF however, we threaded together a sense of the loss of one’s old self and issues of self-perception, with a challenge to widely acknowledged ageist stereotypes to reflect a complex but dynamic feeling, that explores some of the root causes without sustaining a narrative of blame. The focus thus shifts from simply advising an individual how they can meet their social needs to first validating these feelings and acknowledging them in their wider context to prevent older people from feeling solely responsible for them.

Responsibilisation of loneliness assumes people have the means to respond to their feelings of loneliness effectively, and those who lack this ability require specialised interventions to fix this problem. It is not that responsibilisation is solely individualistic however, as it has been acknowledged as inherently relational in nature given its implications for obligations towards others (Rose & Lentzos, 2017). This is an important distinction to make, as it is supported by the CLF which is rooted in a relational perspective and seeks not to remove all sense of responsibility from the individual, but more evenly share it and therefore acknowledge the role of state professionals in responding to loneliness. This draws on Von Heimburg and Ness’s (2021) call to develop a relational approach to welfare. Nurturing relationships (and

the ties and capital that are intrinsic to them) and embracing our dependency on the collective is essential if we are to actualise a whole-of-society approach (Von Heimburg & Ness, 2021). The redistribution of responsibility that is necessary must therefore be inherently relational and based on a relational epistemology that centralises the role of human relationships and social interaction in constructing public value (*Ibid,* 2021). This is further supported by the CLF which recognises the limits of individualistic solutions and challenges Theresa May's 2018 notion that 'loneliness is the sad reality of modern life' (DCMS, 2018). There are contextual factors shaping the loneliness older people experience in everyday life and addressing loneliness in the community is dependent upon this shared relational and societal responsibility (Von Heimburg & Ness, 2021).

7.1.3 *Pathologisation*

The pathologisation of loneliness is best considered as an amalgamation of both the medicalisation and individualisation of loneliness, to frame the experience as an individual pathology. In doing so, the failure narrative for those older adults unable to self-manage their loneliness, is once more sustained and the complicity of the state in creating and reinforcing these narratives is further obscured. This is interlinked with the cognitive perspective, or cognitive discrepancy theory, which presents loneliness as a negative and involuntary experience that arises from the perceived discrepancy between desired and actual relationships, in a social or emotional capacity (Peplau & Perlman, 1982). Without engagement in a relational approach, loneliness therefore becomes entirely depoliticised and synonymous with old age, not as a risk factor but an unavoidable, albeit unfortunate, part of growing older. Structural forms of oppression, that work to prevent social connection (Malli et al., 2023), are disregarded and the emphasis is instead placed on an individual's inability to obtain the relation they desire. Without consideration for social capital or the neoliberalisation of social care and austerity, the cognitive perspective ignores those social and contextual factors in place that might make accessing one's desired social relations more challenging. In the context of old age especially, the social factors associated with old age (e.g., loss, acquired disability and retirement) are disregarded, ultimately viewing older adults as being less productive and therefore less useful and of less value in a capitalist society.

This criticism has come into sharper relief since the outbreak of COVID-19 in the UK, during which time older people were categorised into a high-risk group and subsequently received stricter directives on social distancing. As the CLF presents, with increases in ageism and age-related problems, the framing of loneliness as an individual pathology of old age becomes entrenched with ageist messages and their consequences. While the long-term impact of this period of isolation on the future physical and emotional wellbeing of older adults is yet to be determined, those older adults who have experienced such a prolonged period of self-isolation risk detrimental changes to their mental and physical health. The treatment of older people as a monolithic and vulnerable group who required special concern and were heavily associated with residential and nursing care placements (Swinford et al., 2020) contributed to the burden discourse that was only worsened by the range of ageist narratives that circulated. These included age-discriminatory ventilator policies (Ault, 2020), public calls for self-sacrifice on behalf of the economy (Sonmez, 2020) and even a global discussion of the pandemic being a #BoomRemover on social media (Swinford et al., 2020), eradicating the empathy and humanity toward older adults that is necessary to understanding and addressing their feelings of loneliness.

Consider these increases in ageism with the impact on older adults themselves, as the CLF intends, and a trend emerges. Older people's sense of purpose was drastically impacted by COVID-19 as they sacrificed key milestones like birthdays and anniversaries to 'remain safe', at the cost of relationships (Age UK, 2021). Anxiety rates among people in later life specifically caused by the fear of being forgotten and losing confidence to go outside also soared (*Ibid*, 2021). Independent Age (2020) estimated that up to 98,000 older people were bereaved of a partner during the COVID-19 lockdown between 21 March and 4 July 2020, but this loss extended to include the loss of relationships, the loss of everyday activities and pleasures, and the loss of the freedoms people once had. The social worlds of older people became smaller, itself an aspect of the community loneliness experience, and consequently, loneliness was an inevitability, not as a relational awareness of the range of human emotions, but a justified pay-off to stay alive.

The cognitive perspective of loneliness and the associated biomedical paradigm shaping our understandings of ageism exist in tension with the values and practices intrinsic to the CLF, and this is promising if we are to move past the pervasive model of an individual pathology. Without challenging existing forms of

oppression and the ageism that is growing in our society, we feed into the narrative of the ‘vulnerable older person’ and thereby constrain the type of research undertaken and risk worsening experiences of loneliness (Downes et al., 2014). Existing conceptualisations contribute to this problem. The social needs perspective for example, distinguishes between social and emotional variations of loneliness (Hawkley & Cacioppo, 2010), but assumes these needs might be satisfied either through the introduction of a wider network of relationships and social identity, or a singular and meaningful friendship. The consequence of such a theoretical perspective can be seen in the distinctions made between one-to-one or group-based services, which assume a need to keep both forms of engagement separate from one another, inevitably narrowing the reach and flexibility of a given intervention setting. Their concern is to monitor and treat loneliness (Dahlberg & McKee, 2014), focussing on ways to maximize the transactional capacity of relationships. The role of communication for example, is often considered as a means to satisfy ones social (including social identity) or emotional needs. Work by Schirmer and Michailakis (2016) propose that loneliness should be studied as a result of difficulties in communication, social interaction, meaning and conflicting interests, supporting other claims that loneliness is ultimately a social problem (Yang, 2019). Those loneliness studies focussed on communication have led to the creation and justification of interventions such as friendship benches, which encourage lonely people to engage with one another in the community. Perhaps unsurprisingly, the evidence base for such an intervention is limited, especially with regards to its impact on feelings of loneliness.

Friendship benches represent an assumption that communication alone is sufficient to forming close relationships and that people are able to access, use and engage with others as a result. The benches do not consider those older people unable to leave the house independently, nor do they acknowledge that sitting and waiting for communication may itself be extremely uncomfortable and embarrassing, let alone impossible for those older people experiencing chronic loneliness and unwilling to leave the safety of their homes. By assuming that communication alone is enough, those social conditions essential to understanding and meaningfully responding to a person’s experience of loneliness are bypassed.

A community loneliness framework enables the recognition of loneliness as a ‘relational state’ that hinges on an individual's subjective awareness of what it means

to experience meaningful and rewarding relationships with others (Jylhä & Saarenheimo, 2010), but also seeks to capture those social factors and practices that are shaping and compounding the feeling of loneliness. The focus shifts, therefore, from simply creating opportunities for communication, to first identifying and understanding why loneliness is felt most intensely in certain practices and structures, then working to deconstruct and/or reconstitute such feelings. In such a framework, friendship benches would only be implemented in areas in close proximity to the target clientele and local amenities and might offer a warden or volunteer to monitor the space during certain hours to avoid bench users waiting for engagement. I would also hasten to add the benches would not be considered a stand-alone intervention, but an aspect of a wider, interconnected series of opportunities for social, emotional and collective engagement.

The pathologisation of loneliness, which is inherent in social and cognitive perspectives of loneliness, is interlaced with ageism in the context of old age, and therefore the biomedical models of ageing. If unchallenged this will continue to further stigmatise older adults. Interventions and responses to loneliness rooted in these theorisations will continue to require older adults to demonstrate their need or conform to the image of the 'vulnerable older person' in order to access support and thereby demonstrate an improvement over the course of their participation. The CLF outlines the extent of problems perpetuated by this approach, as feelings of loneliness are themselves the result of the social conditions and relations in which we live and are therefore shaped (positively or negatively) by a narrative of vulnerability and the expectation that loneliness can be cured. A feminist lens illuminates how ageist perceptions of older adults as passive and economic burdens can disproportionately impact older women to construct an unattainable goal (Marhánková, 2014). This raises the important question, as it has for domestic violence researchers (Downes et al., 2014), of the wider ethical responsibilities of loneliness researchers and especially those in gerontology. As the CLF asserts, research must challenge and reimagine the framing of the 'vulnerable older person', not reproduce it and its associated individual pathology.

7.2 An empirical contribution

The next contribution of this thesis to be discussed relates to its empirical data, highlighting how it is different to existing findings and why this particular set of data is

important for understanding and advancing both theory and interventions for loneliness in old age. Overall, it speaks to the need for policy and practice reform, and these are based on the action(s) co-researchers wished to see it happen. Often in this area of study, the voices of older adults, not as service users or participants but as their chosen identity, in an expression chosen by them, is missing. How we choose to document these voices, as researchers or practitioners or policy makers, has implications for the research we produce but also the stories we tell and therefore the social change we achieve. These distinctions, that will now be discussed respectively, demonstrate the value of the empirical investigation contributed by this thesis and indicate the direction future empirical research needs to take to advance this further.

7.2.1 *Data significance*

There are a number of factors that demonstrate the significance of the data in this thesis. Mostly, these pertain to the methodology of a PAR approach and the implications of taking such an approach to the study of loneliness in old age. At the same time, interlinked with this, is the theoretical position of a critical, relational feminist gerontology, within a social practice turn, which guides my research commitments and decisions. One of the most distinct qualities about this data, is the decision to abstain from measuring feelings of loneliness across the course of the project. The application of scales in the study of loneliness, across different age groups, is widespread, with the most widely used being the UCLA loneliness scale. This is a 20-item scale designed to measure subjective feelings of loneliness. The UCLA scale consists of statements such as ‘I lack companionship’, ‘I feel shut out and excluded by others’ and ‘I feel completely alone’ which are marked according to one’s ability to identify with the statement. While highly practical for giving a snap-shot image of the prevalence and scale of loneliness scores, my critical position has always questioned the appropriateness of such measures to capture the cluster of emotions inherent in loneliness, which might include nostalgia, anger, mourning, home sickness, all of which migrate across bodies and biographies and across material environments (Bound Alberti, 2019). I also suspected that the limited research on the effectiveness of day centres in reducing loneliness, demonstrated a problem in measurement because the complexity within day centres could not be sufficiently captured in this context (Hagan, 2015). This was a position my co-

researchers shared and were clear on. They wanted the research to be relational, to learn from one another and about themselves and make it known what the day centre meant to them. Loneliness scales were considered too restrictive to achieve these aims.

Despite our lack of loneliness measures, we were still able to capture feelings of loneliness, and identify those instances where it was felt more, or less intensely. From this, we were able to conceptualise the community loneliness experience as consisting of: the failed promise of the good life; a lack of understanding; and destructively risk adverse behaviour. None of these aspects would have been captured through a measurement tool. Rather, each of these items build upon existing data of what loneliness in old age consists of. In particular, we were able to identify the dynamic nature of the experience of loneliness and consider how different aspects of loneliness were interchangeable. Loneliness measures define and subsequently capture loneliness as a static state, as participants are asked how often they feel lonely, and then given time periods (for example, in the near future or in the past seven days) within which to isolate their experiences. Our data instead demonstrates that loneliness exists in an almost fluid state, as a human response that is shaped and reshaped by our social relations and conditions and the wider processes influencing our everyday life. In relation to the day centre, value was placed on *not* being stereotyped as a typical older person but being listened to and having their wishes actioned. Perceptions of ageing also only mattered when exploring topics like relationships, connection, and loneliness. Often the (lack of) confidence of co-researchers in negotiating their feelings was interlinked with their perceptions of feeling ‘too old’. In addressing this, it was helpful to acknowledge the inherent range of flexible responses that occurred within a short time frame. For example, no co-researcher ever felt they consistently accessed the day centre service because they felt lonely, and then always left feeling less lonely. Rather, there was flexibility in their range of feelings, and this was reflected in how they sought to be perceived and was expected and embraced by the service.

Central to this form of data, is the type of voices these dynamic experiences come from. In line with my commitment to dismantling forms of oppression and empowering the voices of older people, I was eager to collect data, not just from the clients of the day centre, but also the carers, the staff and the volunteers, in order to gain a richer perspective of the range of different roles older people can assume and

how they are perceived. In doing so, this challenged those reductive misconceptions that associated old age with psychological decline (Estes & Binney, 1989), social disengagement (Barron, 2021) and assumptions of dependency on family members, society, and the state (Skinner et al., 2015). While I recognise the voices included in this thesis generally display a heteronormative pattern with regards to the organisation of social practices in the day centre, our data also included reflections from older persons who did not conform to such norms. Collecting data on a one-to-one basis over a prolonged period, and engaging with the ethos of PAR, meant that I was able to gain the trust of my co-researchers, and this was reflected in our data. The explorative and wide-ranging scope of our discussions also meant that co-researchers could disclose any personal information they chose to. While this was naturally kept confidential in the wider project, such disclosures ensured that I was careful not to reintroduce any prejudices dominant in their lives, back into the day centre context, and instead be guided by more inclusive perspectives. This supported co-researchers' capacity to portray and identify themselves as a certain age, race, class or ethnicity. Our data thus better reflected a greater flexibility in the experience of feeling old, supporting recent research that reports a greater elasticity in the experience of ageing (Barron, 2021) and challenges the narrative of decline.

Setting the right context, whereby co-researchers felt supported, mattered significantly when it came to engaging and retaining older people in loneliness-based research and interventions. The data shows that co-researchers valued being understood and accepted for who they were, rather than being pigeon-holed into a prescribed category. They also valued their capacity to influence change within their day centre. The constant availability of support, and not being chastised for needing it, mattered immensely, and meant that some co-researchers could transition from their caring role to a client role when they felt it was appropriate. These findings speak to a need to alter the direction of traditional Active Ageing policies that seek to promote independence within a competency-based framework, without acknowledging the need to accept older people for who they are. Active Ageing is primarily concerned with viewing older people as active agents in their own lives and the lives of their communities (Carney & Nash, 2020) and while this intends to move away from viewing older people as passive, frail and dependent (Van Malderen et al., 2016), leaves behind those older people who fail to meet the high standards of interdependence and activity that Active Ageing outlines as being easily attainable

(Formosa, 2019). The voices of those older adults with mobility and/or cognitive disabilities are subsequently disregarded (Formosa & Cassar, 2019). Expanding the voices reflected in such policies, and their associated interventions, might go some way to expanding the narrative away from ageist assumptions, toward a more inclusive and committed policy. There might be extensions made for example, which detail a more inclusive definition of 'active' to include and celebrate different approaches to participation.

In centralising the voices of a range of different older people and not depending on measurement tools, this data includes consideration of the social practices comprising an older person's everyday life. Gerontological data typically presents an understanding of old age focussed on the impact on an older person's quality of life, overall health, and mental wellbeing (Wurm et al., 2007; Levy et al., 2015; Levy et al., 2020), or the (lack of) willingness to engage in preventative health services or behaviours (Sargent-Cox & Anstey, 2015). We focus heavily on the negative consequences of perceptions of ageing (Horton et al., 2008; Levy et al., 2014) and isolate the quantity of one's social networks to understand their experiences of connection (Stevens, 1993; Ranzijn et al., 1998). To date, no data has collated the social practices of older adults, to explore how social reality and the social phenomena within, are situated within intertwined practices (Schatzki, 1996, 2011). Rather than exploring experiences of loneliness as another problem or success of old age, our data on social practices outlines just how insidious and prevalent loneliness is but also how simple it might be to negotiate such feelings in these practices.

Without a distinction between micro and macro levels of social reality, this data tells a very different story of loneliness and how it can be experienced in old age. It is a web of intermingled practices (Schatzki, 2011), meaning issues of individualised responsibility are more easily identified and redistributed, medicalised narratives surrounding the topic area are more easily challenged, and an expansion of what we mean by a loneliness intervention is possible in which daily practices are valued and understood. This distinct way of examining the relationship between human activity and the social also has repercussions for the types of voices we could and should include in research as the focus shifts from participant group to practice type thereby inviting the perspectives of a diverse range of older adults with a range of different care and support needs, a shift that is long overdue in social gerontology.

7.2.2 *Impact on loneliness theory*

The data presented in this thesis has important implications for loneliness theory. There are a range of different theoretical perspectives on loneliness which exist, including a constructionist approach of social problems (Spector & Kitsuse, 1987), systems theory (Luhman, 2012, 2013), the framing of loneliness as a biographical disruption (Morgan & Burholt, 2020a) or the product of particular communicative contexts (Schirmer & Michailakis, 2016). Each of these frameworks have their value in conceptualising the experience of loneliness for a particular subgroup of people. What data from this thesis does differently however, is reflect the stories of older adults in a manner *they* decided would be most appropriate. This meant data was participatory in nature, came from a range of methods but remained in-depth and qualitative. Precisely why this is important for loneliness theory is best understood in light of the most prominent theoretical framework in the study of social gerontology, the life course perspective.

In emphasising the importance of context and meaning on human development and highlighting how advantage or disadvantage can accumulate in one's life (Scharf, 2020), the life course perspective views loneliness as an amalgamation of different risk factors across the lifetime of an individual and so highlights the need for personalised interventions, especially for older adults (Victor et al., 2022). While the life course perspective has faced valid criticisms of overlooking those smaller social and psychological factors that shape the lives of older people by over-focussing on macro level issues (Bengtson, 2016; Rowe & Cosco, 2016), our data indicates how this problem might best be addressed. In drawing on flat ontology to interweave micro and macro issues (Schatzki, 2016), our data suggests that focussing on social practices (and their arrangements), throughout one's life could engage better with the calls for a rights-based approach to change public perceptions of what it means to age. Schatzki (2016) conceives of the ordinary everyday activities that make up a person's life, the social practices, as varying in density, continuity and 'spatial-temporal spread'. This allows a detailed examination of the minutiae of a person's life in contrast to the life course perspective which tends to over emphasise the macro at the expense of the micro (Bengtson, 2016; Rowe & Cosco, 2016). Our data is able to highlight those social relations and conditions that influence a person's feelings of loneliness, irrespective

of their status as micro or macro issues. Data pertaining to the site of the day centre also outlines the importance of embracing its changing nature of the site of the social and therefore the data within and the context of 'human coexistence', a place where social life inherently occurs (Schatzki, 2001). It indicates how much *more* data can tell us about loneliness, and those theories conceptualising it, than might be achieved from a researcher-led method selection. Loneliness is an inherently complex and multi-dimensional experience yet most of the current research has largely failed to reflect this. Our data has attempted to capture the inherently dynamic complexity of loneliness that occurs in social contexts.

Our data outlined that the day centre was itself a site for a relational approach, in which feelings of loneliness were shaped, modified, and redefined by relational practices. This is significant for loneliness theory as it challenges the misconception that loneliness is a problem of the individual, separate from their wider social realities and relations. In centralising the role of relational practices (in identifying, understanding and enacting personalised practices for older people) we indicate how a relational approach can be meaningfully brought into theorisations of loneliness as a *response* to the experience. In centralising relational autonomy, issues of dependency, interdependence, and care relationships (Agich, 2003; Atkins, 2006; Holstein et al., 2011), a relational approach can identify and challenge oppressive systems while better centralising the voices of older adults. From here, professionals can meaningfully engage with these realities to better tailor loneliness responses to an individual's needs.

Existing loneliness theories are largely based on quantitative data, most typically gathered through surveys that investigate the influence of sociodemographic variables (Perlman & Peplau, 1984; Cattan & White, 1998; Victor et al., 2005; ONS, 2018). In such instances, an emphasis is placed on the frequency either of feeling lonely or connected to help conceptualise risk. Given its general focus on measurement, risk factors and outcomes, the lived experience of loneliness can be lacking, especially with regards to relationality. Indeed, relational data, if collected, is often only considered in light of its influence on feelings of loneliness. This suggests that loneliness theory may not yet recognise or incorporate the potential of a relational approach in understanding and responding to loneliness. Our data however, outlines that a relational approach may in fact be central to redirecting loneliness research away from risk factors and outcomes.

The identification of the relational practice of negotiation, in particular, offers a new way of conceptualising loneliness and responses, because the focus is no longer on limiting risk factors across sociodemographic variables, which in an uncontrolled environment is virtually impossible. Instead, we organically turn our focus to the capacity of relationships and the promise that they hold, as the foundation for dialogue (hooks, 2001). Not as transactional resources to source, but spaces to invest in, where we can learn more about ourselves and our feelings. As the data was so in-depth here, we could outline the format necessary for negotiation and reflect on the importance of compromise. Already we were disembarking from existing theories as the data guiding us centralised the voices of older adults as being actors capable of change. In challenging deficit-based individualised models of loneliness and embracing an individual's subjective awareness of what it means to experience meaningful and rewarding relationships (Jylhä & Saarenheimo, 2010), a new understanding was developed.

Framing negotiation as a relational approach to loneliness has major implications for theorisations, as it indicates a distinction in the interactions we choose to explore and those we do not. Our data evidences the value of every-day practices and conversations between individuals who have strong, weak or aversive ties. Each were meaningful to constructing a wider understanding and conceptualisation of how loneliness manifests and is negotiated and importantly, embraced the realities of failed negotiations, and how these too were part of the wider process. In listening to the recommendations from clients and carers, we also chose to focus on the often-disregarded interactions between staff and other members, wherein they observed relational practices happening beyond themselves and learnt to adapt their own practices with clients as a result. These interactions were naturally specific to the context of this study but were ultimately guided by the choices and interests of my co-researchers and so the data, more accurately, reflected their stories and realities.

Relational data is necessary for safeguarding the future of day centres as sites for relational practices. In the wake of chronic reductions of public funding to social care and the under appreciation for their potential in social care generally, a resurgence of interest in day centres for older people is likely, but without critical consideration there is a risk that any progress will be made in the wrong direction. Their capacity to provide care and support to specific groups of vulnerable older

adults is considered a valuable way to address some of the health problems prevalent in old age, through support that is based largely on socialisation (Orellana et al., 2020a). With a focus on specialised day centre services (e.g., for adults with learning disabilities or older people living with dementia) and the increased prevalence of social prescribing however, generalist day centre services are being disregarded by practitioners and policy makers (and subsequently de-funded) in favour of more specialised services, setting a dangerous precedent. While not yet explicitly interlinked with the loneliness narrative, global awareness of loneliness since the COVID-19 pandemic, and its negative health consequences in old age risks a merging of these trends to assume that loneliness can be addressed and even reduced by day centre attendance only when services are specialised. Yet, the greatest strengths of generalist services, such as GWCT, lie not in the type of activities available or even the group-based vs individual approach to communication, but in an inherent flexibility in their service that actualises relational practice(s) while still embracing the autonomy of its members, creating a space that can *practice* community. Rethinking day centre services through the creation and use of data, that reflects such complexities, promises a radical but timely shift. This would help to expand the current discourse to develop similar approaches, that focus, less on the type of activity being implemented, and more on the social conditions surrounding such practices.

7.2.3 *Impact on loneliness interventions*

The data gathered in this thesis has important implications for loneliness interventions and reimagining their future in the wider care sector. Especially at a time when social prescribing is gaining traction and influence in shaping the future of the loneliness intervention landscape. Social prescribing is a community-based, person-centred, holistic health coaching scheme, which supports individuals to better understand their needs and take action to improve their health and wellbeing (Drinkwater et al., 2019). It is based on principles of choice and control and is intended to improve public health and wellbeing, and enhance value for money (NHS England, 2023). While social prescribing is a very promising approach, in terms of recognising the value of community resources in addressing social problems like loneliness, it also sustains a medicalised narrative, where relationships risk becoming a transactional resource to cure social problems, reinforcing the ‘individual

failure' narrative reported in feminist literature (Wilkinson, 2022). Within such a context, day centres risk being repackaged as more formalised interventions (rather than generalist community services) to be a resource from which link workers could draw on. This is particularly problematic in the context of old age because of the biomedical construction of ageing that frames it as a process of decline, with acquired disabilities subsequently seen as a personal tragedy or failure (Estes & Binney, 1989).

Indeed, the speed of demographic change will continue to impact policy and planning as well as the adequacy of pensions and the quality of health and social care services, with 11 million people (18.6% of the total population) in the UK reported in the 2021 census as aged 65 or over, compared with 16.4% in 2011 (ONS, 2022b). It is also important to note that much of the evidence available on social prescribing is qualitative, from small scale studies, and focusses on progress and self-reported outcomes (Collins, 2020). Although there are benefits of the use of social prescribing in addressing loneliness which have been reported (Liebmann et al., 2022). A review by Vidovic, Reinhardt and Hammerton's (2021) highlights the need for guidelines to assess the impact of social prescribing at the community level. They also highlight that social isolation and community are concepts often conflated with other issues, stressing the need for conceptual clarity. The governance of the pandemic only increased this need further, with older people perceived as inherently 'isolated, helpless, and needy' (Phinney & Affleck, 2020) which had very real consequences of neglect and abandonment.

Our data appears to counter this argument and indicates just how much enjoyment and engagement is possible for older people experiencing loneliness and that health-related issues do not necessarily follow a process of decline, and instead, vary significantly depending on a range of factors. With the substantial rise in those aged 85 and over projected by 2035, such data is necessary if effective income and welfare policies are to be achieved (Phillipson, 2013) without simply reproducing ageism and its negative effects. The Royal Mail's 'Feet on the Street' campaign to tackle loneliness for example, is based on the premise that a large number of people aged over 65 live alone and would therefore be grateful for a wellbeing check as a way to feel less lonely. Funded by the Home Office, the trial, which was initiated by Liverpool City Council, consists of five pre-set questions for postal workers to ask lonely older people, the answers to which are logged and shared with the local

authority (Abacare, 2019). The intervention is quite literally based on the assumption that all older people are passive, dependent and eager for more social contacts. It also capitalises on those relational practices that were once inherent to postal workers role. With learnings from this thesis though, the postal scheme might operate less formally and offer an 'opt-in' basis as a foundational method to get communities more connected. There might also be the integration of specialised training on age discrimination and local amenities to better promote age positivity, challenge instances of ageism and refer older people on to local services.

The way services are delivered, the spaces they require and the conditions of the intervention each demand careful consideration to meaningfully develop an effective loneliness response. A culture shift is essential to safeguard against the biomedical narrative in social prescribing and age-based research that threatens the future of day centres, which rather than operating as a site for relational practice(s) and a space for older people to develop organic relationships, risks becoming a prescribed, time-limited solution in strictly specialised settings. To reduce the nurturing and relational environment, the enhancement of social capital, the relational practices offered by day centre services (as demonstrated by our data), to a prescription or to only one course of a day centre, we restrict its capacity to grow, to change, to evolve into the meaningful service it became at GWCT. We also restrict its ability to address the material realities of older people accessing these services, which our data outlines is central to contextualising experiences of loneliness.

Victor (2021) and colleagues (Victor et al., 2018; Victor & Pikhartova, 2020) have long illustrated how interventions for loneliness and isolation need to address their root social causes, most particularly, social inequality given decades long neoliberal austerity government attacks on welfare and health budgets. Since 2010, the Government has implemented a program of cuts to public services and welfare that has impacted the most vulnerable groups of people in our society. These disproportionate measures have implemented schemes such as bedroom tax and the introduction of Universal Credit in the name of austerity, bringing with them continuous cuts to social services and the NHS (McGrath et al., 2016). Consequently, one and a half million older people in the UK have some unmet need for care, equating to one in seven of our entire older population (Age UK, 2019). Yet these realities are rarely, if ever, reflected in the loneliness interventions available.

This is despite research such as McGrath et al.'s (2016) report on the psychological impact of austerity which identified loneliness and social isolation as one of the five 'austerity ailments' as deprived areas had been hit the hardest and experienced reduced resources, especially in relation to social support and community living. The decision to provide social care exclusively to those with the most severe needs, while providing a quick fix approach, created immense and lasting problems (McGrath et al., 2016), that have consequently resulted in far more serious and complex levels of need (Bottery, 2022).

As we found in this study, austerity measures and cuts to social services have had an extensive impact on co-researchers lives and their sense of loneliness and have contributed significantly to the permanent closure of the day centre itself. The social worlds accessible to older people are growing ever smaller and without the creation of accessible (financially and physically) spaces, like day centres, we risk over-simplifying and under-supporting lonely older people. These findings, in particular, highlight the need for social work practitioners, who have been largely lacking from the otherwise expansive attempt to address loneliness in the UK over the last decade, to take a more pivotal role in creating a connected society. While national initiatives, such as the Campaign to End Loneliness, and the appointment in government of a minister for loneliness (Birnstengel, 2020) have broken new ground in addressing loneliness, social work has remained largely exempt. The model of social work practice in the UK typically revolves around case management but does not incorporate any formal expectation to identify or address loneliness in service users, despite practitioners readily encountering those who feel lonely in their everyday practice (Berg-Weger & Morley, 2020). Given the sheer quantity of people they work with, it is thought that practitioners lack the time to talk meaningfully about loneliness with service users, despite social workers expectation to explore those age-related issues that shape service users' social problems. With the necessary training and guidance however, their sustained and specialised involvement could enhance the longevity of loneliness interventions, as well as their nature.

Loneliness interventions, that aim to address the sources and conditions of isolation-making social environments, are poised to benefit from this thesis' empirical contribution. Befriending services or 'telephone befriending services' for example, which refer to the 'relationship between two or more individuals which is initiated, supported, and monitored by an agency that has defined one or more parties as

likely to benefit' (Dean & Goodlad, 1998: 13). Befriending services generally intend to enhance social connectedness through increased connection to an individual's specific community, irrespective of their individual social circumstance. This is based on an assumption that loneliness can be alleviated through the introduction of social connection(s). As an initiative, it has received increased interest internationally due to its low-cost ability to increase older people's social networks (Moriarty & Manthorpe, 2017; Wiles et al., 2019). Particularly in Western societies, where the population of older people continues to grow rapidly and where it is important for them to stay healthy and remain living in the community, interventions that help older people to satisfy their social needs are deemed essential (Ten Bruggencate et al., 2019).

There is little consensus in the literature about whether befriending services reduce older peoples' experiences of loneliness, and if so, how (Wiles et al., 2019). While some quantitative systematic literature reviews have concluded one-to-one interventions may be less effective than either groups with activities or support (Cattan et al., 2005; Dickens et al., 2011), more recent qualitative reviews suggest befriending services can alleviate social isolation and associated loneliness (Cattan et al., 2011; Gardiner & Barnes, 2016; Poscia et al., 2018). A leading reason that the effectiveness of an intervention fails to be proven successful is that it does not match the social needs of the older individual (Findlay, 2003; Cattan et al., 2005; Cohen-Mansfield & Perach, 2015). This is due to the diversity of the population of older people and the diversity of their social needs (Ten Bruggencate et al., 2019). If a more contextual approach was to be applied to the intervention however, a different picture might emerge. Wiles et al.'s (2019) study for example, found that their befriending service was most successful when a match went beyond a transactional 'professional-client' relationship to resemble genuine friendship, underpinned by mutual interests and norms of reciprocity and reliability, factors only considered when the social conditions and realities of participants were considered. Findings from this thesis therefore make a case for the longer-term funding of loneliness intervention and prevention services, to ensure sufficient time is available to get to know the older person.

To understand loneliness in the context of ageing is not to assume all older people are lonely. We must detach being old from necessarily being lonely and instead examine these realities as part of a wider contextual understanding of the

configuration of an older person's social ties and social capital, their social and spatial conditions and the processes shaping their lives and experiences of loneliness. With long term policy support, the narrative of aloneness in old age could be expanded to a very diverse and biographical experience as part of a collective pursuit of belonging, safety, and community. If not, the politics of division, as we have seen during the rising cost-of-living crisis, will proceed to undermine the solidarity that is needed to oppose the neoliberal policies that are continuing to impact society (e.g., the differential public pronouncements on the 2010 Triple Lock and now limits to Universal Credit (BBC News, 2022)).

If we are to 'manage' population ageing, the major human experiences of older adults (including loneliness) must be considered in light of their ageing context, not as a product of old age, but a product of decades-long changes to society that include the marketisation of care, austerity measures and neoliberal policies. It is this perspective that forms the foundation of the community loneliness framework. It seeks to address the discrepancy between Governments commitment to combatting loneliness and promoting age friendly cities, and their conscious underfunding of libraries, community centres and transport systems. Change is needed now to hold such actions to account and allow community services the time and resources to heal. The empirical contribution of this thesis argues for this change through the longer-term funding of loneliness interventions.

7.3 A methodological contribution

As highlighted by Blair and Minkler (2009), within the field of social gerontology PAR remains an underdeveloped approach, especially with working class older people. There are a variety of reasons for this, including misconceptions that PAR as a task is too elaborate for older people to fulfil (Ray, 2007). While a growing amount of empirical research has been carried out with older co-researchers over the past decade (Backhouse et al., 2016), the degree of their involvement has varied significantly, the majority of which has been based around seeking feedback from older people (Murray & Crummett, 2010; Phillips et al., 2010; Bindels et al., 2014) with few invited to participate in the research process beyond the data collection (Barnes, 2005; Woelders & Abma, 2019). Furthermore, the nature of their involvement is seldom based around commitments to the process and more often problematically routed in issues of professionalism (Bendien et al., 2022). This

research however, outlines that such collaborative work is not just possible, but necessary, especially in the field of loneliness research, if genuinely person-led approaches are applied. The implications for such learnings seek to challenge the misconceptions we might have of engaging older adults in PAR through three major learnings.

7.3.1 *Suiting methods to the individual*

Researching loneliness in old age, with or without PAR, is naturally embedded in an array of ethical issues and misconceptions, not least because of the moral panic surrounding loneliness which assumes older adults are at-risk, simply because they are old. Ethical decision-making is therefore pivotal, as blanket assumptions of loneliness, similarly to blanket assumptions of victimhood in domestic violence cases, raise major ethical challenges (Downes et al., 2014). Without agency to participate for example, we found that co-researchers instead became *more* at risk of loneliness and its negative consequences as members either limited their contact and engagement with the wider team or withdrew their involvement entirely. Especially in instances where the term loneliness was used too early, for example by staff informally inviting members to join a 'project about loneliness', the prospect of participating became too daunting. As recently outlined by researchers (Naughton-Doe et al., 2022), there are distinct ethical issues that arise when engaging older people in research about loneliness, and while it is vital to acknowledge and collect evidence of the experiences of older people who are isolated and/or lonely, conducting such research inevitably risks perpetuating stereotypes of older people as lonely (Stephens et al., 2017). Anticipating and recognising those 'ethically important' moments, was however very meaningful (Naughton-Doe et al., 2022) to understanding how members were experiencing loneliness in their lives, but also indicative of how much agency they felt they had in the project. Othering practices, for example, were initially used by staff, volunteers, and carers to distance their experiences from those of clients, often choosing to elaborate with reference to clients' experiences of loneliness rather than their own. Such behaviour was markedly different as the project progressed though, as some developed more agency and gradually sought to talk more about their own experiences.

Starting first with discussions about 'them', narratives of loneliness were built largely from what others observed or heard about clients' experiences. Initial open

discussions on loneliness were typically entered into following discussions of how co-researchers were not lonely themselves 'but', before outlining exactly how loneliness might impact a person's life and the difficulty of putting oneself out there. Discussions surrounding 'the good life' were in part embedded in this context, as co-researchers first instinct was to construct a reality that had markers of good and bad practices and lonely and not lonely feelings, placing themselves in certain categories depending on specific social conditions. Much of these expectations were operationalised in a way for co-researchers to map out what they could say, what they could not and what they felt constituted as research but always appeared to be interlinked with issues of agency. For one member who entered the project with limited knowledge of me, our first interaction, on reflection, did not help to build agency. Quite the contrary, as my use of the terms 'data', 'research' and 'PAR', while individually explained appeared three steps too far. Restricted to telephone contact at the time, the member advised the day centre manager that they were simply not capable of such involvement. Despite the chronic loneliness they felt, and regular reminders they could opt-in to the project at any time, participation appeared far too big of a challenge, and this was important for me to acknowledge and reflect on.

Naughton-Doe and colleagues (2022) importantly outline the need to destigmatise research into ageing and loneliness and suggest that co-production might enable this if careful planning and additional resources are made available. Building on this, this study indicates that PAR has the potential to destigmatise research through its inherent commitment to social justice and the application of a person-led approach, to enable the development of methods to suit individuals. PAR recognises it is not enough to explore loneliness across the life course as a way of destigmatising the experience in old age (Tiilikainen & Seppanen, 2017) or tracing coping strategies, but to build methods around individuals to support their own practices of knowledge production. Methods were adjusted and applied based on co-researchers' own preferences and way(s) of knowing for example. This included adaptations to Life Story Work (LSW), which extended and minimised certain aspects of the process depending on members interests and engagement with it. Our use of walking methods also only applied to one member on one occasion, during which time aspects of photovoice were drawn on to enable engagement with other members and to embrace the skills of that co-researcher. These photographs then interlinked with a focus group that combined the methods to tell a bigger,

collective story. The need to destigmatise research into loneliness and ageing is even more pertinent in the wake of the pandemic which has amassed a collective trauma, where grief and mourning have existed beside loss of human contact and opportunity, future plans and anger, and genuine recovery demands an acknowledgement of this trauma (Unwin et al., 2022).

In practice then, the process of destigmatisation was interwoven with the methods chosen and developed, but first required that co-researchers built a sense of agency as upon starting the project they were not yet comfortable enough to voice their research choices and interests. LSW was employed to various degrees with each of the co-researchers to actualise this. For some, it was structured and formal, resulting in an LSW book of their own. For others it was a conversation starter of sorts, the application of which was distinct from other adaptations of the method. As previously discussed, life stories are typically used in dementia care, as a means to shine a light on personal qualities, values and accomplishments and inform care plans, but were adapted here to enhance their inherent narrative approach to identity and the belief that people are not their problems (Novy, 2018). In highlighting the range of possible stories co-researchers may have chosen to represent their lives (*Ibid*, 2018) the narrative conversations sustained involved a process of collaborative inquiry to uncover and more richly describe events, experiences and relationships that contributed to one's preferred sense of identity (Epston & White, 1990). In seeking to understand loneliness then, LSW was not employed to chart which periods of life were lonelier than others, but to construct a narrative understanding of the individual. Sometimes this involved in-depth discussions of holidays with families to outline what it meant to feel connected and content, a ritual of practice that carefully evolved over the course of one's life that became more complicated with age, though challenging times were identified and discussed only when deemed appropriate by the co-researcher.

Storytelling was an important aspect of LSW, and appeared to be supported by PAR, a facet well documented in the literature (Lucko, 2020), through its repeated iterations which gave co-researchers opportunities to tell counter-stories to the dominant and destructive discourses surrounding COVID-19. This interlinks with some existing research, such as Koch et al.'s (2010) which found that centenarians chose to present a positive picture of ageing, drawing on lifestyle and environment to portray aspects of successful ageing and counteract negative stereotypes. They also

reported feeling valued as a result of the personalised attention received throughout the process (Koch et al., 2010). This was similar to the experiences of older carers who initially sought to present a positive picture of ageing in comparison with their husbands, whom they cared for, but these stories changed significantly as our rapport progressed and eventually incorporated more vulnerable reflections of loneliness.

Given that the qualifiers for methodology in participatory practice research remain based upon meeting 'traditional academic standards and using well-known methodological approaches' (Uggerhøj et al., 2018: 192), these methodological findings are significant. PAR has the potential to destigmatise loneliness and ageing research through the power of stories and a willingness to build and adapt methods around co-researchers wishes and interests. The politics of knowledge production, which are often mediated through the methodological design of research projects (Ho et al., 2018) need not be overlooked. Instead, they can be reflected upon to uncover the hidden power dynamics (Mortari, 2015) and reconstructed to suit the needs of the research team as a whole.

7.3.2 *Rethinking ownership*

A 'Fordist' mode of production and neoliberalised research practice stress the need for standardisation, and the use of specific and strict research methods to ensure rigid systems and reliable data (Clarke, 1990). As such, the question of ownership beyond the researcher and/or research institute is inconceivable. This conventional line of academic production sits in complete contrast with PAR which has an inherent intention of extending co-ownership of the research to those involved (Kindon et al., 2007; Doyle & Timonen, 2010). The known advantages of involving older people as co-researchers include generating a sense of ownership to generate participation and advocacy (Buffel, 2015). Co-ownership is an aim of PAR therefore and is interlinked with the assuming of certain roles such as data collection and analysis (Doyle & Timonen, 2010; Gutman et al., 2014) and problem identification, problem solving and research presentation (Kong, 2016). As found in this project however, achieving co-ownership was far more complicated given the remote and often disconnected direction the research took during the pandemic, and even acted as a barrier to developing agency in instances where co-researchers were unwilling to assume responsibility. Instead, we embraced and enhanced a more social model of

ownership to better involve those individuals comprising the collective without implementing a set of demands on the nature of their participation. This meant that a sense of ownership was instead supported by members sustained involvement in the project with their suggestions and wishes readily incorporated, in relation to adaptations to methods for example. The implications for rethinking ownership in this way shifts the focus away from shared outputs, though these would still be possible and supported, and towards meaning being drawn from *each* interaction throughout the project, enhancing opportunities for empowerment and autonomy.

Empowerment in PAR is thought to come through participation in the research process, a focus on power dynamics and education, all of which stress a socio-political analysis to problems, shifting from an individual interpretation to a societal and ecological relationship (Dickson, 2000). Empowerment was broadened here though, to encompass a turn towards new constructions of knowing that led to transformation in practice (Cook, 2009) and consequently achieved a social ownership. In the wake of COVID-19 and the global prevalence of ageism, this was especially important and demanded a relational approach, from myself and staff, to support and encourage members to stay engaged with the project.

A relational approach draws on understandings of relational autonomy, which seek to acknowledge issues of dependency, interdependence, and care relationships (Agich, 2003; Atkins, 2006; Holstein et al., 2011). A relational approach to co-production with older adults adopts a similarly critical stance to identify and challenge the often-contradictory systems at play. Relational autonomy does not represent a single unified theory, but instead denotes a grouping of related theoretical approaches that incorporate a web of social and cultural contexts to understand individuals (Mackenzie & Stoljar, 2000) and the relational self. A relational perspective views autonomy not as freedom from constraint, but a process of identification in which an individuals' sense of self is developed and (re)confirmed in relation to daily interactions and experiences (Agich, 2003; Holstein et al., 2011), thus bringing societal conditions along with cultural prejudices into the forefront for critical consideration. Similarly, we were able to create a space for members to be more than participants, more than co-researchers, but active agents in change that might reconfirm their sense of self beyond a collective, an identified need in social gerontology (Buffel, 2018).

7.3.3 *Whole-person participation*

While some collaborative studies involve older people at various stages of the research process such as data analysis and data collection (Warren & Cook, 2005; Clough et al., 2006; Miller et al., 2006; Reed, 2006; Williamson et al., 2010; Ward et al., 2012), the consistent participation of older people as co-researchers throughout the duration of a research project is a rarity, and even less so if we consider what aspects of an older person are to be involved e.g., their experiences with loneliness, disability or caring. This is despite evidence such as Kharicha et al.'s (2021) qualitative study into older people's views on managing loneliness which stresses the importance of including the voices of older people themselves when developing policy and practice responses to loneliness and suggests that lonely older people should not be considered solely as recipients of interventions, but as meaningful contributors. What emerged as the project progressed and as we enhance the participation of members, was the need to expand on the boundaries of the term to ensure that issues related to power relations were suitably addressed. A shift in power relations was noticeably but understandably gradual and often challenging given the range of knowledge systems co-researchers drew from and developed. Discrepancies in social capital also meant some members felt more 'expert' than others, mimicking a deeply entrenched phenomenon relating to knowledge hierarchies (Gaventa & Cornwall, 2001).

The importance of embracing the whole person, rather than just the lonely or old aspects, became more pertinent following LSW with members. The complex personal histories co-researchers had, and were justifiably proud of, undeniably shaped the nature of their participation in the project, as different strengths and experiences were intermittently drawn upon. This appears distinct from the wider literature, however, at least in gerontology. While service user and carer participation remain high on the agenda in social care, the practice, information, and guidance around older people with high support needs is limited (SCIE, 2012). The identified barriers to participation remain highly practical, focussing on confidence, accessibility, transport, and training, paying little attention to the construction of knowledge forms or the nature of participation itself. We were able to include and make space for those aspects of self that were important to members, which consequently helped to shape the direction of the future research questions and sustain participation more generally. This was particularly important in the wake of

COVID-19 and increasing prevalence of ageism as the confidence and agency of members had significantly decreased. After identifying the topic of holidays as important to co-researchers for example, while initially unrelated to the research questions, space was given to members to share anything they deemed meaningful. Holidays thus became this 'old' but 'familiar' topic with which to hold onto, to imagine a better future and participate in change. While the pandemic had shrunk the worlds of co-researchers, holidays represented a time where risk and participation were embraced and so worked as a discussion topic to transfer some of these positive experiences into the research process. It also came to be of significance in contextualising experiences of loneliness, although not in the manner existing literature would suggest, for example, Pagan (2020) found that more intense participation in holiday trips reduced loneliness scores, especially where flexible services and opportunity for independence were also reported.

Participation of the whole person has specific implications for participatory research in gerontology, where older people are typically invited into 'participatory' projects to share their thoughts and experiences on a particular set of predefined topics. There is meaning, and necessity, in going beyond this type of participation, particularly in a post-COVD-19 world, as older co-researchers can more easily develop a sense of agency and recognition, improving the overall aims of the research. Ensuring lead researchers listen to and act upon suggestions by members appears important to achieving this and enhancing the project overall, as was the case with the inclusion of holidays. Of course, to expect whole person participation, time and space must be given from the research team to first *get to know* the whole person.

This contribution also has implications for those practitioners working with older people experiencing loneliness. In taking a PAR approach, we genuinely listened to and acted upon the wishes of older adults. Not in a standalone interview, but gradually over a period of time, through methods chosen by them. While the research focus remained largely on experiences of loneliness, measures were taken to prevent co-researchers from feeling as though only their loneliness mattered. Instead, they were given time to share their stories on their terms, making it easier to collectively identify personal strengths. These learnings are highly valuable for practitioners, especially those who rely on loneliness scales, to extend their dialogue

beyond the measure of the problem and work *with* older people to understand loneliness in their realities.

7.4 Conclusion

This chapter has outlined the three major theoretical, empirical, and methodological contributions of this thesis, drawing on the previous finding's chapters and literature presented. Together, these contributions speak to a need to reimagine the individual pathology narrative inherent in loneliness research and move toward a relational approach led by the voices and experiences of older people themselves. In particular, I have outlined the different ways in which the community loneliness experience and framework can enhance and even challenge existing conceptualisations upon which major social policy depends. Specific policy recommendations, along with those for research and practice will be detailed in the following chapter along with my concluding remarks.

Concluding thoughts

This final chapter will offer a concluding discussion. It will start with an overview of the thesis before reflecting on the main findings and will also offer comments based on extracts from my fieldwork diary. The research questions, as outlined in chapter one, will then each be answered in light of the findings before finally discussing the research's strengths and limitations. The implications of findings will be considered in relation to practitioners, policymakers and future research recommendations. I conclude this chapter by consolidating our journey of PAR, acknowledging those unforeseen and undesirable outcomes while highlighting our accomplishments and what meant for my co-researchers.

8.1 Thesis overview

This thesis has identified a number of gaps in the literature, through the development of new and meaningful knowledge that will enhance future practice, policy and research directions. The formation of the community loneliness framework challenges the individual pathology narrative, inherent within existing theorisations, to look beyond the medicalisation of loneliness, toward a contextual and inherently relational understanding that offers a way to develop more inclusive and targeted approaches to loneliness. Guided by distinct data that captures older adults' experiences of loneliness through social practices, the range of voices and experiences of older people have together reimagined how we might conceptualise loneliness interventions. This offers a better way of addressing the root causes of the experience of loneliness and has the potential to enhance initiatives such as social prescribing, so they can better reflect and engage with the realities of ageing today.

Our in-depth and collaborative understanding of what it means to be lonely in the context of day centre services, and what role the day centre takes in the lives of older adults, has introduced contemporary data to an otherwise limited research area. It has also demonstrated the value of engaging older people in participatory forms of research, celebrating the flexibility of PAR as an approach, while also detailing the challenging realities of conducting such research. The lessons learnt regarding this methodology will enhance both the fields of social gerontology, through encouraging and enhancing new forms of knowledge production, and

participatory research, through identifying innovative ways to sustain engagement with hard-to-reach groups. It also offers insight and direction for the current debates on the relevance of day centre services in the lives of older adults.

8.2 Reflections on findings

The overall aim of this research was to understand older people's experiences of loneliness, and the role of the day centre in their lives. I believe this thesis has achieved this aim and has also enhanced connected areas of research. Just as importantly, it has enriched the lives of my co-researchers as well as my own. Looking back on the start of this journey, I am moved by the extent and nature of this change, as it appeared, at times, to be an almost impossible task. My first entry into my fieldwork diary on 21st September 2020, after detailing that the '*threat of lockdown two was looming*' noted:

> *Since meeting a small number of day centre attendees last week I'm struck by their lack of self-belief, to the point where they questioned whether their opinion even mattered, let alone their participation and active involvement in the project. I'm increasingly concerned by the toll this is all taking on the manager, who appears to be working around the clock to help members.* (Fieldwork diary).

As detailed in this entry, the overall sentiment at the time was one of mounting fear and uncertainty. This was not an ideal starting point for an action-oriented participatory project. Although challenges were present throughout the research, and some limitations remained, its strengths are overwhelmingly relevant to the research area of loneliness. Findings have demonstrated a need to expand and enhance the boundaries of existing conceptualisations to assume, not just the perspective of the individual, but also their collective social realities and experiences. In doing so, it may be possible to develop interventions (or better, responses) that think less about monitoring and reducing loneliness for specific individuals (as if it is a medical pathology) and more about developing spaces in collaboration with lonely people where change and growth is made possible, but not expected.

With regards to critical social gerontology, findings evidence the renewed importance of understanding and addressing loneliness in old age and indicate that the nature of the experience may have changed significantly in recent years given

the impact of COVID-19 and the rising cost of living crisis (Bambra et al., 2021). These contextual factors demand a critical relational gerontological lens if older people are to be adequately supported and empowered. Such support must acknowledge and build upon the central role social relations and their dynamic contexts take in the lives of older people (Emirbayer, 1997; Donati, 2018) and consider how this may shape their everyday social practices (Schatzki, 1996, 2011). The significance of these findings interlinks with the (re)emerging, but already rich, subfield of gerontological feminist studies to expose the ways in which the wider area of gerontology detrimentally lacks such knowledge and approaches (Hooyman et al., 2002). Bridging these areas together, an ethics of care (Manzo & Brightbill, 2007) not only becomes possible, but is also necessary.

The area of participatory (action) research, while gaining more interest in recent years, has a limited focus on older people as co-researchers (Blair & Minkler, 2009). This study challenges such a precedent and demonstrates that PAR projects with older adults are not only possible, in challenging and changing circumstances such as a pandemic, but imperative if we are to truly understand how experiences shape the lives of older people and empower them to assume meaningful roles in research. This was something I reflected on back in July 2021.

> *I feel somewhat in awe after today. What struck me with the women the most I think was their approach. To life, to the centre, to loneliness. They had a real 'let's just crack on' approach. For them, the centre was a break from the harsh realities of home. The pills, aches and pains. It was almost a girl's night out, as they put it. Just having fun and joking with each other. Despite the informality of it all there was also a sense that they had achieved something by having had such a good time. For example, they were clear that other people hadn't been so fortunate. They all spoke of other women who would come to the centre, sit in silence and be miserable. It was what they made it, and that meant something. Yet now, they struggle to sleep because they have so much on their mind. They don't get a chance to laugh. Everything is serious. Despite the general deterioration of health and memory, a bit of that sparkle was still there in their eyes though, and I wondered if that was because of the research. I laughed with each of them today, really laughed. Even those initially unwilling eased up at the end.* (Fieldwork diary).

Whilst the explicit limitations of this study will be detailed in relation to specific research events, I would also note the general discomfort I felt, and often still feel, when well-meaning people enquire into my research topic, and what this speaks to. Older lonely people were considered very 'topical' because of the COVID-19 lockdowns, and people often inquired as to what I was going to do to help them. This was usually followed by the identification of an older family member they believed to be lonely. Their faces reflected a sense of sadness and guilt and were typically followed by references to lonely older people they had seen on the news at Christmas time and a statement on their willingness to 'befriend a lonely person'. In many ways, I think the sound of this research constructed an image of a very lonely and sad older person who was both desperate and deserving of support, and this was far from the reality. People figuratively distanced themselves from this lonely older person, as my co-researchers also did initially.

In this narrative, I was seen as the do-gooder, and I felt the weight of that expectation when I first commenced fieldwork. Although this practically shaped the ethical responsibility I felt to make things better for the older people I was working with, it also goes someway to explaining why I felt such a sense of failure when the day centre finally closed. The series of emotionally charged conversations I had with co-researchers about what would happen next were uncomfortable and reminded me of that familiar but unpleasant feeling I had in social work practice, of being at the mercy of systems that were ineffective. Their story, was of course, far from the lonely older person presented in conversations with strangers. They did not want their names advertised in newspapers for strangers to befriend them as an act of charity. Their stories were complex and powerful, as was their relationship with the day centre, and these stories needed to be told.

8.3 Answers to research questions

1. *How do older women and men understand and experience 'loneliness' in the context of day centres?*

While we conceptualised the term, 'community loneliness' to capture precisely how older men and women understand and experience loneliness in the context of day centres, I would also highlight that the stigma and shame surrounding the feeling

were instrumental in how it was understood. Loneliness was not simply an individual problem that was fixed by a day centre service. Rather, loneliness was felt, seen and reproduced in an array of life practices, that without sites like the day centre, worked to compound and pathologise feelings of loneliness. The day centre transcended the boundaries of an individualised loneliness intervention, to assume the role of the site, where the relational practice of negotiation was better sustained. It is difficult to extract clear gender differences between co-researchers beyond their obvious distinctions in activity preferences, though there was an apparent difference in older men and women's willingness to discuss and identify as lonely. The men, for example, were notably less willing and required more structured, less explorative, dialogue to cover these areas. The men took several weeks to even entertain the idea of the topic, while most of the women were happy to share and reflect on the experience from the outset, though more personal accounts took longer.

2. *How do older women and men consider the role of day centres in their lives?*

The day centre was seen by co-researchers, not as a service or intervention, (though many recognised the centres capacity to act as an intervention for those in crisis) but as an extension of family. As a promise of a safe place to meet others and receive support as and when they might need it. It was distinct, for all co-researchers, from other care services. It was a coveted life membership that had genuine capacity for change. While client's needs, preferences and even roles changed in the day centre space, the service was able to remain in flux with such life changes, which it embraced and even celebrated, where appropriate, hence why many members chose to host and celebrate their milestones at the day centre. Despite the wide range in co-researcher's routes to the service, e.g., through self-referral, personal recommendation, or social work referral, the day centre was always portrayed as a space without expectation because its focus appeared to be first on the collective group and their needs. The day centre assumed a central part of co-researchers lives and a variety of different social practices were brought to and developed from the site. For many, it was an extension of normal life, but with added boundaries and sureties that made most things easier. Older people could leave their homes and come together, participate in a range of activities, take risks, and develop connections, then safely return to their homes.

3. *How can the day centre enhance services to support recruitment and retention of day centre clientele?*

Recruitment of clients and volunteers was an ongoing challenge for the day centre. The shaping and adapting of services, along with co-developing new activities from the ground up, around the needs of clients and carers was immensely important. It was clear that clientele and their needs would always continue to change, so a suitably flexible approach was needed to embrace the pace of these changes. Regular meetings with members, both individually and with each service group, were proposed as a viable way of doing this. On reflection, it was also expressed that interlinking with other local services, or at least having an awareness of them for signposting purposes, was important as limitations to the speciality of day centre services were anticipated. Regarding recruitment, it was agreed that social workers could take a more central role in connecting potential clients to the services, irrespective of whether the day centre service was commissioned by the local authority. Concerns surrounding the perception of day centres was also acknowledged, along with the stigma of loneliness, more widely. Balance was recommended, between branding day centres as a loneliness intervention, but still acknowledging the central role day centres might play in addressing loneliness and thinking about the possibility of responses. The retention of clients was interlinked with the need for services to be open and genuine in their approach. Ideally this would be relational in nature, but not in the sense that relational practice would be commissioned.

8.4 Strengths and limitations

While the collaborative PAR approach for this thesis delivered a rich picture of the GWCT day centre, and the lived experiences of its members, I do acknowledge certain limitations of this research. Firstly, the size of the study meant generalisability was not possible, nor was comparison between findings with other day centres, which I believe would have been meaningful. That said, I believe its limitations were compensated to a degree by the overall quality of the data and the nature of the project as a whole. Not just in terms of the findings, which themselves are wide-ranging and in-depth, but the manner in which the research was conducted. In

applying a PAR approach, and thereby surrendering the need for neoliberalised research practices concerned with rigid systems and reliable data (Clarke, 1990), we were able to better align with the principles of critical social gerontology, including the social participation and self-determination of older people, and the protection and respect of their individual needs. The strengths and limitations of this study will now be considered in light of the following subsections: the scope the study, my co-researchers, the methodological approach taken, the conduct of the fieldwork and approaches to data analysis.

8.4.1 *Scope of the study*

This thesis offers an in-depth account of the experiences of a group of older people in the North-East of England, which included but was not limited to, feelings of loneliness and the role of the day centre. We curated a collective story both to detail these realities and to make sense of them in a research capacity. I acknowledge that the study's scope was limited by the exclusion of relevant professional's perspectives. Despite attempts in the final phase of the project to include these voices, practical logistics and delayed communication from practitioners prevented this from happening. The restrictions arising from the COVID-19 pandemic also drastically shaped and limited the research, most notably with regards to not inviting other day centres in the region to join the project, as was originally agreed. The number of co-researchers was also smaller than originally anticipated due to the challenges of the pandemic.

8.4.2 *Co-researchers*

Whilst I consider the range of in-depth profiles of co-researchers a great strength of the study, I also acknowledge that they are collectively small in number and do not reflect a diverse demographic. In particular, I am conscious that the majority of those included in the project identified themselves as White British, apart from one White Eastern European co-researcher. I am mindful that we are subsequently lacking in the experiences of older ethnic minority communities. That said, the demographic was representative of this particular day centre, so would have required purposive sampling from other day centres. The lack of diverse perspectives of older people is also a wider issue, as most loneliness data in the UK comes from a White British context. This stresses the importance of incorporating and celebrating a range of

cultural attitudes and practices into services (British Red Cross, 2019) and future research. I recognise that it is possible this study would have had a more diverse demography had the inclusion of other day centres, as originally intended, taken place but, due to contextual circumstances, this was not possible.

The perspectives of professionals, namely social workers and social prescribers are missing from the study due to a delay in receiving ethical approval, delays in responses from the professionals themselves and the continuous and worsening impact of the pandemic on my co-researchers. At this later stage in the project, while we had sought professional opinions to further the quality of findings and subsequent recommendations, the health of co-researchers declined quite significantly, and three members passed away. It was also at this point that the service decided to permanently close, tipping the scale in already challenging circumstances. The validity of findings remains, however, enhanced by the multiplicity of perspectives gathered.

I recognise also that those co-researchers involved are not entirely representative of the wider service, given the under-representation of older people with more chronic health problems for example. Had a larger proportion of members assumed a role in the project, there may have inevitably been better insights into the relationship between loneliness, chronic health problems and the role of the day centre. The intention with this study, however, was not to create a representative sample and such an aim was surrendered with the application of PAR. The impact of the pandemic also inevitably worsened the severity of many older people's health problems, making the prospect of participating in a research project less appealing. This was mitigated where possible, through adaptations to in-person and remote contact, but ultimately was the decision of the client themselves.

Issues of gatekeeping were apparent when engaging clients with live-in carers and also with other day centre mangers. These largely resulted from the ongoing challenges and narratives of the pandemic which discouraged those at-risk from engaging with any non-essential activities. Indeed, I would note that none of the older people in the project were initially excited by the prospect of the research, though this developed for most over time.

8.4.3 *Methodological approach and data collection*

Applying a PAR approach created a detailed, personal, and powerful story of the experiences of loneliness in old age in the context of day centres. As already stated, the application of this approach also meant that issues of rigour, sample size and generalisability had to be less of a priority. Instead, the focus remained on those individuals who comprised the project and their expressed wishes, actions, and reflections. Given the context of the pandemic, I believe this approach was necessary to engage older people safely and meaningfully in research that explored sensitive topics. This is not to say that measures were not implemented to support the overall quality of the research. Indeed, rapport building was foundational to developing trusting and practical relationships that supported better quality data, but also sustained a wider commitment to the ethos of the project. All non-exploratory research methods underwent scrutiny from either centre staff or other co-researchers to minimise the risk of wording bias. All forms of dialogue were also recorded and transcribed within one week of recording to eliminate interviewer recall bias. A fieldwork reflective diary was kept for the duration of the project and completed following interactions with members.

The range of methods we engaged with came about organically, as a result of the relationships forged, and is a testament to the abilities of older people as a research group, as well as the capacity of PAR as an approach to research. Although rigour would have been better ensured if fewer methods were chosen, and more conducted with more co-researchers, I believe that the nature of the data would have suffered as a result. Those members, especially the men, struggled to open up during variations of interview settings and often gave short responses. When engaged with a walk, where they could exercise and introduce the area to me or if they were presented with images and maps, they could interact in a different way and their demeanour changed entirely and so did our discussion of loneliness. The knowledge we created was made possible largely because of the methodology, and we believe demonstrates the value of being genuinely participant-led, or in this case co-researcher, led. It meant that we used a range of methods, which in turn enabled us to adapt better in an environment where resources were extremely limited, especially those accessible to older adults.

The self-reporting of factual data, especially with regards to length of attendance at day centres was subject to recall error. Where possible, and only with consent from co-researchers themselves, such facts were verified with the manager

and or next of kin, if involved with the project. Practically, this acted as a useful indication of members relationships with the centre and provided a useful starting point to explore their experiences in more depth. The verification of information was entirely disregarded in more exploratory conversations with co-researchers, and often entailed one member detailing a particular event or day at the service in detail, with another offering an entirely different scene of events. Ultimately this enabled an exploration of the richness of human experience and helped in a practical way, to build rapport (Willig, 2013; Wright-Bevans & Richards, 2020). These limitations therefore had value therefore, to the overall quality of data and research.

8.4.4 *Data analysis*

I acknowledge that the data analysis process, whilst collaborative in nature, was still subject to the risk of bias given my intimate relationship with and knowledge of the data. To mitigate this, it was initially intended that the process would be entirely collaborative, with regular and structured involvement from co-researchers over the course of the analysis. In practice however, and as with many other aspects of this thesis, this was not possible. Interest and availability of co-researchers varied significantly, and contextual circumstances continued to restrict access, so we instead interwove analysis with the creation of the day centre story. Some members had more input in this than others, and therefore had more involvement in the analysis, but progress with analysis was shared with the entire research team. This meant we were able to include both positive and negative findings and focus only on those experiences deemed important by the group as a whole. This limitation, while impactful on the understanding of findings, was managed through the recursive nature of PAR, as it allowed for repeated collective exposure of the findings and analysis and protected, to an extent, analysis from relying solely on my interpretations.

8.4.5 *Fieldwork reflections*

Although I am proud of this research project and the engagement and creativity of co-researchers in such a turbulent period of their lives, I am increasingly conscious of what could have been. Recruitment, retention, authenticity of findings, all would have benefited from the fieldwork that would have taken place had it not been for the pandemic. In particular, I mourn the role I could have had at the day centre, as a

hybrid volunteer researcher which I believe would have helped to sustain better relationships with members, and generally improved communication and perhaps findings as a result. When I reflected on this with co-researchers however, I was comforted by the reminder that this research was in fact meaningful *because* it has experiences and learnings from such a difficult period not just for members, but for society globally, and these findings are needed now, more than ever.

8.5 Recommendations

While I distinguish here between recommendations for practice, policy and research, I would note that an overlap between each of these areas is needed if meaningful change is to take place. In many ways these recommendations depend upon each other. The call to rebuild and reinvest in infrastructure should be done through investment in sites such as day centres, as spaces which allow for and support the coming together of different life practices, where loneliness can be negotiated rather than cured. It is here that practitioners can utilise and work with communities to rejuvenate gerontological practices and better develop a culture of shared responsibility. These changes should be guided by research that is participatory in nature and, where possible, works collaboratively with older people.

8.5.1 *Recommendations for practice*

This thesis describes the relational and contextual nature of loneliness experienced by older people in the context of day centres. As such, it outlines the need and potential for social work practitioners to assume a more central role in identifying and addressing loneliness experienced by older service users. The community loneliness framework offers a viable starting point for practitioners to work with older service users to ascertain if and how loneliness has impacted their lives and the nature of their support needs. With practitioner involvement, such a framework could interweave with initial care needs assessments and/or annual reviews of services to meaningfully consider how loneliness is being experienced and therefore might be better addressed, enabling a more intimate consideration of the wellbeing principle of the Care Act 2014 and the duty to provide care and support. In determining eligibility for social care support, a community loneliness framework will offer more meaningful consideration of the ‘inability to achieve two or more of the listed outcomes’ area (SCIE, 2022) by shifting the focus to consider the manner and conditions in which

these outcomes were not being met. The configuration of social capital and social ties, social and spatial conditions, and processes might each be explored with the service user and their family to reflect where their social needs are arising from and consider how they might best be met.

The PAR approach taken in this thesis also offers valuable insights for practitioners working with older people experiencing loneliness. Despite the ongoing challenges caused by the pandemic, changes in the health and engagement of co-researchers and fluctuating guidance, we were able to build a rapport that allowed for the in-depth exploration of loneliness. Recognising the value of and making space for older people to tell their own stories in their own words is pivotal if an understanding of a person's subjective experience of loneliness is to be achieved and an appropriate response is to be identified. Practitioners would benefit from being 'person-led' rather than 'person-centred' in this sense, to ensure the wisdom and agency of older adults is recognised and reflected in the decisions collectively made. This thesis' commitment to PAR also demonstrates the need for practitioners to better align their practice with principles of critical social gerontology to ensure the rights of older people are being upheld and an individualised pathology narrative is not being reproduced.

With the rapid progress of social prescribing and the rising number of older people in our society (Thomopoulou et al., 2010) we need to ascertain how social workers can support and best make use of day centres and related services. It is as concerning as it is frustrating that loneliness remains entirely absent from social work assessments and that day centres are considered only when the service is commissioned by the local authority. As demonstrated in this thesis, the role of the day centre extends well beyond the intervention setting to assume an integrated, often familial role in an older person's life, that can offer protected space for older people to connect, learn, feel joy, mourn, and negotiate feelings of loneliness. An offer that could be transferred to other community settings. These facets of life found in the day centre space provide the blueprints for genuinely holistic practice, that extends well beyond the intention to keep older people safe from harm (Estes & DiCarlo, 2016). Day centres are primed for connection of all kinds, as staff and volunteers have intimate knowledge of and relationships with members, and these can be drawn upon where appropriate, to conduct statutory assessments and ignite initial rapport. They also provide an effective way to monitor progress and/or long-

term challenges, which might prove particularly meaningful when engaging with safeguarding procedures.

Social workers, and other social care professionals who commission or make referrals to day centres should conduct local day centre visits annually to improve their understanding of local services. Where possible, these visits should be conducted by clients themselves who can advise practitioners on the service's particular strengths. These visits, at least initially, should not be limited to specialised day centre services or those services exclusively commissioned by the local authority, and include exploration of generalist services. Findings from this thesis and the PAR approach taken, should also shape practitioners' future engagement with lonely older populations. Practitioners should take steps to mitigate the risk of perpetuating or reproducing an individual pathology of loneliness and work *with* older adults to consider how loneliness is present in their lives, and how this might best be negotiated.

8.5.2 *Recommendations for policy*

In the wake of COVID-19, a contextualised understanding of loneliness in old age is needed to build upon Kim Leadbeater MP's recent call to 'reinvest in infrastructure' to meaningfully address loneliness (Campaign to End Loneliness, 2023). Social policy does not yet do enough to ensure local authorities are supported or even required to address loneliness in their communities. Findings from this thesis demand a conscious shift away from a solely medicalised, pathologised and ultimately individual perspective of loneliness. Policies should frame loneliness not as a public health crisis, but an experience interlinked with community development. This might first start with a formal review of old age specific policies to consider how far they challenge or even reproduce ageist messages, to better reflect the post-COVID-19 world. For example, the policies of Active Ageing and Ageing in Place.

Policies such as social prescribing are extremely promising with regards to identifying the pivotal role communities can play in addressing loneliness. The role of day centres however, demand recognition and incorporation into this narrative, and not necessarily through the role of an intervention, but as a site for relational practice. How policy identifies and subsequently, recommends loneliness interventions and responses demands an updated approach to focus less on prescribing a social cure, and more on nurturing our communities from the bottom

up. Rather than depending solely on those interventions that demonstrate a reduction in loneliness in the participant group, policy might better reflect and consider the *nature* of interventions as sites. What social and spatial conditions do they sustain? How are social ties and social relations configured here? What processes do they engage with to address wider but interconnected community challenges? A culture change is needed to shift from an individualised model of responsibility toward a culture that is shared and adjustable. In doing so, we might better guide the progress of social prescribing measures away from the notion that we can prescribe life's joys, without first, developing and nurturing our communities.

This thesis demonstrates that funding for interventions and loneliness prevention schemes must be long-term commitments and not small, time-restrictive funds for quick fix interventions. The realities of decades-long austerity measures, and now a rising cost of living crisis, continue to shape and restrict the care market. Meaningful community responses risk being overlooked and underfunded if long-term funding for interventions is not made available, as was the reality for GWCT. The empirical contributions of this thesis also indicate that existing loneliness interventions are poised to benefit from a contextualised understanding of loneliness, but this is dependent on long-term support being available. The future success of social prescribing in particular requires community resources being available to link workers. Policies must account for these realities and demonstrate their commitment to support communities and initiatives to heal these wounds.

In contributing toward the limited evidence base of day centre literature, this thesis indicates that day centres have a potentially invaluable role to play in addressing loneliness in the community, but not as a short-term intervention. Alongside the expansion of funding, the loneliness intervention narrative similarly requires expansion to consider the role of day centres not as an intervention, but a gateway to community development, which in turn might better address loneliness. Findings from this thesis highlight that generalist day centre services are well-placed to connect society but require policy support to ensure their value is reflected in the decisions of commissioners and local authorities prioritising specialised services.

8.5.3 *Recommendations for research*

More participatory research with older people is needed, especially when investigating experiences of loneliness. While the research areas of social

gerontology and loneliness are respectively rich, there remains an alarming lack of qualitative, genuinely participatory research to interlink the two. Given the extensive range of research available, more participatory-based, collaborative research promises a more nuanced perspective, that is better aligned with the ethos of social gerontology. *How* such research is conducted is also important to consider.

As found in this study, the environment and culture sustained by GWCT was pivotal to supporting older people to negotiate feelings of loneliness. To enhance other forms of interventions and better understand these practices, exploratory research is needed to consider the effectiveness of such practices (namely, relational and negotiation) in other targeted interventions. This is not to assume that day centre services can or should be standardised and implemented nationally, but to enhance pre-existing loneliness services and consider to what extent day centres are meaningful for their practices or for their particular environment.

This thesis has demonstrated the need to collect more evidence on the effectiveness of day centre services in helping older people to reduce loneliness. The distinct and collective context of loneliness appears to require a different kind of solution and potentially a different kind of measurement. More research is needed to frame day centre services as this type of solution, and to identify the main barriers to attending these services. An array of perspectives, with a particular focus on clients, should be gathered to explore what makes day centres an appealing or unappealing choice for prospective clients, their carers and professionals. This data need not be exclusively qualitative, however, in anticipation of policy maker's desire for more generalisable data, future research can also consider the appropriateness of control groups and/or randomised controlled trials. Indeed, it would be beneficial for commissioners and day centre managers to have access to a core database of day centre services (with their various brandings and specialisms noted) to support resource sharing nationally, so the generation of quantitative data of loneliness in the context of day centres would be highly practical.

8.6 Our PAR journey

Our journey in PAR has been one of extreme joy, disappointment, mess, change and hope. The structured cycles of action I had once envisioned, and formal sharing of data through steering groups with the integration of creative group methods were simply not possible at the time of this fieldwork. While our progress was certainly not

linear, and our ‘action’ was different from what was initially planned, change happened throughout this journey to all involved, ranging from new social connections to an increased sense of confidence and the practicing of new skills. These changes were not formally recorded through an evaluation process but gathered in the final reflective conversations I had with members as they held the story of the centre in their hands. Largely, this was because many co-researchers had already moved on to new roles and lunch clubs or had passed away. The fate of GWCT was challenging for members to accept but they were grateful for the overlap provided by this project and a variety of personal highlights were reported. For example, the storybook of the centre was an idea formed by co-researchers themselves and was successfully completed and shared with the group and local libraries (appendix 9). As advised by clients, we also recorded a read through of the story (by staff) that was playable on CD and contained their curated playlist. Having the physical enactments of their decisions in their hands served as a reminder of their valued involvement in the project and even went on to be shared by some clients in their new services. For others, the small exhibition that shared the photographs, reflections and songs of the day centre story (appendix 10) was more impactful, as they requested that family members go there to understand what GWCT meant to them. All the co-researchers held out hope that the findings of this research would help shape other community services to enrich the lives of older people, just as GWCT did for them.

As our PAR journey draws to a close, I am increasingly aware of the remarkable contradiction of UK government’s commitment to developing a connected society and their active removal of generalist day centre services in England. Despite implementing the world’s first loneliness strategy and loneliness minister in 2018, and encouraging society to talk more about loneliness, government continues to overlook the potential of day centres for older people. If the intention is to ‘re-invest in infrastructure’, why not start with those day centres that truly belong to their communities? We are at a pivotal time now, as we seek to rebuild in the wake of COVID-19 and day centres demand consideration in this process. This research indicates there are important, contextualised aspects to the experience of loneliness and demonstrates the value of day centre services as sites for relational practice where loneliness can be negotiated. In doing so, we have marked a path forward to reimagine how we might better meet the demands (that include experiences of

loneliness) of an ageing population with compassion and create a genuinely connected society.

8.7 Conclusion

This research has worked in collaboration with GWCT and together, determined the role the day centre assumed in their lives. It has also captured how loneliness has been experienced, reproduced, and addressed for older people and demonstrated the value that day centres can have as sites for relational practice. Consequently, it offers a path forward for society, led by the direct experiences and wishes of older people. We can learn how to better care for the oldest members of society by listening to their desire for connection, involvement and community. This would inevitably lead toward a better and more compassionate future in which older people are sufficiently supported to live connected lives without foregoing their rights to autonomy and respect. If we fail to do this, how can we ever begin to imagine a connected society? This is a challenge that must be met. To truly change our approach to loneliness, old age, and our willingness to engage older adults as active agents in research, we need greater community. Only when ‘living and loving in community’ (hooks, 2001: 143) can we hope to achieve a connected society.

Bibliography

Abacare. (2019, July). Royal Mail's 'Feet on the Street' campaign to tackle loneliness. Retrieved from: https://abacare.org.uk/2019/07/15/royal-mails-feet-on-the-street-campaign-to-tackle-loneliness/

Abma, T.A., Banks, S., Cook, T., Dias, S., Madsen, W., Springett, J., & Wright, M. T. (2019). *Participatory Research for Health and Social Well-Being*. Cham: Springer International Publishing.

Abma, T.A., Cook, T., Rämgård, M., Kleba, E., Harris, J., & Wallerstein, N. (2017). Social impact of participatory health research: collaborative non-linear processes of knowledge mobilization. *Educational Action Research*, 25(4), 489-505.

Aday, R.H., Kehoe, G.C., & Farney, L.A. (2006). Impact of senior center friendships on aging women who live alone. *Journal of Women & Aging*, 18, 57–73.

Adler, M.G. (2002). *Conceptualizing and measuring appreciation: the development of a positive psychology construct.* Doctoral dissertation. New Brunswick, NJ: Rutgers University.

Age UK. (2015, January). Age UK's 'score card' - *The devastating truth of the social care crisis*. Retrieved from: https://thecareruk.com/age-uks-score-card-the-devastating-truth-of-the-social-care-crisis/

Age UK. (2018*).* Loneliness heat map. Retrieved from: https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/

Age UK. (2019, November). The number of older people with some unmet need for care now stands at 1.5 million. Retrieved from: https://www.ageuk.org.uk/latest-press/articles/2019/november/the-number-of-older-people-with-some-unmet-need-for-care-now-stands-at-1.5-million/

Age UK. (2021). Impact of Covid-19 on older people's mental and physical health: one year on. Retrieved from: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/coronavirus/id204712-age-uk-coronavirus-impact-report---one-year-on.pdf

Age UK Oxfordshire. (2011). Safeguarding the Convoy: A call to action from the Campaign to End Loneliness. Retrieved from: https://www.campaigntoendloneliness.org/wp-content/uploads/Safeguarding-the-Convoy.-A-call-to-action-from-the-Campaign-to-End-Loneliness.pdf

Age UK Scotland. (2020, March). Tackling loneliness during COVID-19 outbreak. Retrieved from: https://www.ageuk.org.uk/scotland/latest-news/2020/march/tackling-loneliness-during-covid-19-outbreak/

Age UK & The Campaign to End Loneliness. (2015). Promising approaches: to reducing loneliness and isolation in later life. Retrieved from: https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

Agich, G. (2003). *Dependence and Autonomy in Old Age: An Ethical Framework for Long-Term Care.* Cambridge, UK: Cambridge University Press.

Ahern, K.J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411.

Åkerlind, I., & Hörnquist, J.O. (1992). Loneliness and alcohol abuse: A review of evidences of an interplay. *Social Science & Medicine*, 34(4), 405–414.

Akhter-Khan, S.C., Tao, Q., Ang, T.F.A., Itchapurapu, I.S., Alosco, M.L., Mez, J., Piers, R.J., Steffens, D.C., Au, R., & Qiu, W.Q. (2021). Associations of loneliness with risk of Alzheimer's disease dementia in the Framingham Heart Study. *Alzheimer's & Dementia*, 17(10), 1619-1627.

Aldrich, N., & Benson, W.F. (2008). Disaster preparedness and the chronic disease needs of vulnerable older adults. *Preventing Chronic Disease*, 5(1), 1-7.

Algoe, S.B., Haidt, J., & Gable, S.L. (2008). Beyond reciprocity: Gratitude and relationships in everyday life. *Emotion*, 8(3), 425–429.

Andersson, L. (1998). Loneliness research and interventions: a review of the literature. *Ageing Mental Health*, 2(4), 264–274.

Archer, M.S. (1988). *Culture and Agency: The Place of Culture in Social Theory*, 2nd ed. Cambridge: Cambridge University Press.

Archer, M.S., Decoteau, C., Gorski, P., Little, D., Porpora, D., Rutzou, T., Smith, C., Steinmetz, G., & Vandenberghe, F. (2016, December). "*What is critical realism?" Perspectives: A newsletter from ASA Theory Section*. Retrieved from: http://www.asatheory.org/current-newsletter-online/what-is-critical-realism

Arcidiacono, C., Natale, A., Carbone, A., & Procentese, F. (2017). Participatory action research from an intercultural and critical perspective. *Journal of Prevention & Intervention in the Community*, 45(1), 44-56.

Arieli, D., Friedman, V.J., & Agbaria, K. (2009). The paradox of participation in action research. *Action Research*, 7(3), 263–290.

Armitage, R., & Nellums, L. B (2020). The COVID-19 response must be disability inclusive. *The Lancet Public Health*, 5(5), e257.

Aronson, J. (2002). Elderly people's accounts of Home Care Rationing. *Ageing & Society*, 399-418.

Ashe, S. (2018, May). Increasing economic opportunity or bolstering racial neoliberalism? *Discover Society*. Retrieved form:

https://archive.discoversociety.org/2018/05/01/increasing-economic-opportunity-or-bolstering-racial-neoliberalism/

Atkins, K. (2006). Autonomy and autonomy competencies: a practical and relational approach. *Nursing Philosophy*, 7(4), 205-215.

Ault, A. (2020, April). Alabama alters COVID-19 vent policy after discrimination complaints. *Medscape.* Retrieved from: https://www.medscape.com/viewarticle/928524?nlid=134997_3901&src=wnl_newsalrt_200412_MSCPEDIT&uac=324770DY&impID=2344371&faf=1

Ayalon, L., Chasteen, A., Diehl, M., Levy, B.R., Neupert, S.D., Rothermund, K., Tesch-Römer, C., & Wahl, H-W. (2020). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences,* 76(2), e49-e52.

Backes, G.M., Lasch, V., & Reimann, K. (2006). Gendered life course and ageing-implications on 'lebenslagen' of ageing women and men. In G.M. Backes, V. Lasch, & K. Reimann. (eds.). *Gender, Health and Ageing: European Perspectives on Life Course, Health Issues and Social Challenges.* Netherlands: VS Verlag für Sozialwissenschaften Wiesbaden. 29-56.

Backhouse, T., Kenkmann, A., Lane, K., Penhale, B., Poland, F., & Killett, A. (2016). Older care-home residents as collaborators or advisors in research: a systematic review. *Age and Ageing*, 45(3), 337-345.

Badcock, J.C., Preece, D.A., & Badcock, A.C. (2023). Why loneliness matters in clinical practice: a primer for clinical-and neuropsychologists. *Journal of Emotion and Psychopathology*, 1(1), 52-71.

Badwall, H. (2016). Critical reflexivity and moral regulation. *Journal of Progressive Human Services*, 27(1), 1-20.

Bagnall, K., & Harris, R. (2021). Policy review older people and financial security. *Ambition for Ageing.* Retrieved from: https://www.tnlcommunityfund.org.uk/media/insights/documents/Older-People-and-Financial-Security-Policy-Review.pdf?mtime=20210330114417&focal=none

Baker, T.A., & Wang, C.C. (2006). Photovoice: Use of a participatory action research method to explore the chronic pain experience in older adults. *Qualitative Health Research*, 16(10), 1405-1413.

Bambra, C., Lynch, J., & Smith, K.E. (2021). *The Unequal Pandemic: COVID-19 and Health Inequalities.* Bristol: Policy Press.

Banks, S. (2021). *Ethics and Values in Social Work,* 5th ed. London: Red Globe Press.

Banks, S., Armstrong, A., Carter, K., Graham, H., Hayward, P., Henry, A., Holland, T., Holmes, C., Lee, A., McNulty, A., Moore, N., Nayling, N., Stokoe A., & Strachan, A. (2013). Everyday ethics in community-based participatory research. *Contemporary Social Science*, 8(3), 263-277.

Banks, S., Herrington, T., & Carter, K. (2017). Pathways to co-impact: action research and community organising. *Educational Action Research*, 25(4), 541-559.

Bantry-White, E., O'Sullivan, S., Kenny, L., & O'Connell, C. (2018). The symbolic representation of community in social isolation and loneliness among older people: Insights for intervention from a rural Irish case study. *Health & Social Care in the Community*, 26(4): e552-e559.

Barbour, R.S. (2018). *Doing Focus Groups*. London, UK: SAGE Publications, Inc.

Barnes, M. (2005). The same old process? Older people, participation and deliberation. *Ageing & Society*, 25(2), 245-259.

Barnes, M. (2011). Abandoning care? A critical perspective on personalisation from an ethic of care. *Ethics and Social Welfare*, 5, 153–167.

Barnes, M., Harrison, E., & Murray, L. (2012). Ageing activists: who gets involved in older people's forums? *Ageing & Society*, 32(2), 261-280.

Barron, A. (2021). The taking place of older age. *Cultural Geographies*, 28(4), 661–674.

Bartlett, J. (2009). *At Your Service: Navigating the Future Market in Health and Social Care*. London, UK: Demos.

Bartlett, M.Y., & Arpin, S.N. (2019). Gratitude and loneliness: Enhancing health and wellbeing in older adults. *Research on Aging*, 41(8), 772- 793.

Baur, V.E., & Abma, T.A. (2011). Resident councils between lifeworld and system: Is there room for communicative action? *Journal of Aging Studies*, 25(4), 390–396.

BBC News. (2022, December). What is universal credit and who qualifies for it? Retrieved from: https://www.bbc.co.uk/news/uk-41487126

Beach, B., & Bamford, S.M. (2014). *Isolation: The emerging crisis for older men. A report exploring experiences of social isolation and loneliness among older men in England.* Retrieved from: https://www.independentage.org/sites/default/files/2016-05/isolation-the-emerging-crisis-for-older-men-report.pdf

Beal, C. (2006). Loneliness in older women: a review of the literature. *Issues in Mental Health Nursing,* 27(7), 795-813.

Bell, K., & Green, J. (2016). On the perils of invoking neoliberalism in public health critique. *Critical Public Health*, 26, 239-243.

Bendien, E., Groot, B., & Abma, T. (2022). Circles of impacts within and beyond participatory action research with older people. *Ageing & Society*, 42(5), 1014-1034.

Bengtson, V.L. (2016). How theories of aging became social: emergence of the sociology of aging. In V.L. Bengtson, & R.A. Settersten, Jr. (eds.). *Handbook of Theories of Aging*, 3rd ed. New York, NY: Springer Publishing Company. 67-87.

Bengtson, V.L., Elder G.H., & Putney N.M. (2005). The life course perspective on ageing: Linked lives, timing, and history. In M.L. Johnson (ed.). *The Cambridge Handbook of Age and Ageing.* Cambridge, UK: Cambridge University Press. 493–501.

Benjamin-Thomas, T.E., Corrado, A.M., McGrath, C., Rudman, D.L., & Hand, C. (2018). Working towards the promise of Participatory Action Research: Learning from ageing research exemplars. *International Journal of Qualitative Methods*, 17, 1-13.

Berg-Weger, M., & Morley, J. E. (2020). Loneliness and social isolation in older adults during the COVID-19 pandemic: Implications for gerontological social work. *The Journal of Nutrition, Health & Aging*, 24(5), 456-458.

Bhar, S. (2014). Reminiscence therapy: a review. In N.A. Pachana, & K. Laidlaw. (eds.). *The Oxford Handbook of Clinical Geropsychology*. New York, NY: Oxford University Press.

Bhaskar, R. (1983). Beef, structure and place: Notes from a critical naturalist perspective. *Journal for the Theory of Social Behaviour*, 13(1), 81-96.

Bhaskar, R. (1989). *Reclaiming Reality*. London, UK: Verso.

Biglan, A., Flay, B.R., Embry, D.D., & Sandler, I.N. (2012). The critical role of nurturing environments for promoting human well-being. *American Psychologist*, 67(4), 257.

Bindels, J., Baur, V., Cox, K., Heijing, S., & Abma, T. (2014). Older people as co-researchers: a collaborative journey. *Ageing & Society*, 34(6), 951-973.

Birnstengel, G. (2020, January). What has the UK's minister for loneliness done to date? *Next Avenue*. Retrieved from https://www.nextavenue.org/uk-minister-of-loneliness/

Blaikie, A. (1999). *Ageing and Popular Culture*. Cambridge, UK: Cambridge University Press.

Blair, T., & Minkler, M. (2009). Participatory action research with older adults: key principles in practice. *The Gerontologist*, 49(5), 651-662.

Boen, H., Dalgard, O.S., Johansen, R., & Nord, E. (2010). Socio-demographic, psychosocial and health characteristics of Norwegian senior centre users: a cross-sectional study. *Scandinavian Journal of Public Health*, 38, 508–517.

Boggiss, A.L., Consedine, N.S., Brenton-Peters, J.M., Hofman, P.L., & Serlachius, A.S. (2020). A systematic review of gratitude interventions: Effects on physical health and health behaviors. *Journal of Psychosomatic Research*, 135.

Bolmsjö, I., Tengland, P.A., & Rämgård, M. (2019). Existential loneliness: An attempt at an analysis of the concept and the phenomenon. *Nursing Ethics*, 26(5), 1310-1325.

Boneham, M.A., & Sixsmith, J.A. (2006). The voices of older women in a disadvantaged community: Issues of health and social capital. *Social Science and Medicine*, 62(2), 269-279.

Bottery, S. (2022, March). New data shows adult social care not 'fixed'. *Local Government Chronicle*. Retrieved from: https://www.lgcplus.com/services/health-and-care/simon-bottery-new-data-shows-adult-social-care-not-fixed-01-03-2022/

Bound Alberti, F. (2019). *A Biography of Loneliness: The History of an Emotion.* New York, NY: Oxford University Press.

Bourdieu, P. (1990). *The Logic of Practice*. California, CA: Stanford University Press.

Bowling, A. (2008). Enhancing later life: How older people perceive active ageing? *Aging and Mental Health*, 12(3), 293–301.

British Association for Counsellors and Psychotherapists. (BACP). (2021). Coronavirus: Psychological impact on older people. Retrieved from: https://www.bacp.co.uk/news/news-from-bacp/coronavirus/archive/covid-19-campaign/17-november-coronavirus-psychological-impact-on-older-people/

British Association of Social Workers. (BASW). (2021). Code of Ethics. Retrieved from: https://www.basw.co.uk/about-basw/code-ethics

British Red Cross. (2019). Loneliness and BAME people. Retrieved from: https://www.campaigntoendloneliness.org/frequently-asked-questions/loneliness-and-bame-people/

Brookes, N., Callaghan, L., Netten, A., & Fox, D. (2013). Personalisation and innovation in a cold financial climate*. British Journal of Social Work*, 45, 86–103.

Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G.J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 395, 912–20.

Buffel, T. (2015). *Researching Age-Friendly Communities. Stories from Older People as Co-Investigators.* Manchester: The University of Manchester Library.

Buffel, T. (2018). Social research and co-production with older people: Developing age-friendly communities. *Journal of Aging Studies*, 44, 52-60.

Bülow, M.H., & Söderqvist, T. (2014). Successful ageing: A historical overview and critical analysis of a successful concept. *Journal of Aging Studies*, 31, 139-149.

Burcat, E. (2010). *Do grateful people feel less lonely?* Paper presented at the 2010 Berkeley McNair Symposium, Berkeley, CA. Retrieved from: http://www.learningace.com/doc/314422/fc69ddafe8d4f5bcb53d3013ab1474fe/2010_mcnair_symposium_guide

Bushe, G. (2011). Appreciative inquiry: Theory and critique. In D. Boje, B. Burnes, & J. Hassard. (eds.). *Routledge Companion to Organizational Change*. Oxford, UK: Routledge. 87-103.

Butler, R.N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9(4), 243-246.

Cacioppo, J.T., & Hawkley, L.C. (2009). Perceived social isolation and cognition. *Trends in Cognitive Sciences*, 13(10), 447-454.

Cacioppo, J.T., Hawkley, L.C., & Thisted, R.A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago health, aging, and social relations study. *Psychology and Aging,* 25(2), 453–463.

Cacioppo, S., Grippo, A.J., London, S., Goossens, L., & Cacioppo, J.T. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science*, 10(2), 238-249.

Cahill, C. (2007). Repositioning ethical commitments: Participatory action research as a relational praxis of social change. *ACME: An International Journal for Critical Geographies*, 6(3), 360-373.

Calasanti, T. (2004). Feminist gerontology and old men. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 59(6), S305-S314.

Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A.F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders*, 245, 653–667.

The Campaign to End Loneliness. (2015). The Care Act and Loneliness. Retrieved from: https://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/The-Care-Act-2014-and-Loneliness.pdf

The Campaign to End Loneliness. (2020, March). What will Coronavirus mean for older people? Retrieved from: https://www.campaigntoendloneliness.org/blog/what-will-coronavirus-mean-for-older-people/

The Campaign to End Loneliness. (2023, February). Rebuilding social connection is vital. Retrieved from: https://www.campaigntoendloneliness.org/rebuilding-social-connection-is-vital/

Caputo, A. (2015). The relationship between gratitude and loneliness: The potential benefits of gratitude for promoting social bonds. *Europe's Journal of Psychology*, 11(2), 323.

The Care Collective. (2020). *The Care Manifesto: The Politics of Interdependence*. London, UK: Verso Books.

Carers UK. (2015). Alone and caring: Isolation, loneliness and the impact of caring on relationships. Retrieved from: https://www.carersuk.org/for-professionals/policy/policy-library/alone-caring

Cargo, M., & Mercer, S.L. (2008). The value and challenges of participatory research: strengthening its practice. *Annual Review of Public Health*, 29, 325-350.

Carney, G.M., & Gray, M. (2015). Unmasking the “elderly mystique”: Why it is time to make the personal political in ageing research. *Journal of Aging Studies,* 35, 123-34.

Carney, G.M., & Nash, P. (2020). *Critical questions for ageing societies*. Bristol, UK: Bristol University Press.

Carpiano, R.M. (2006). Toward a neighbourhood resource-based theory of social capital for health: can Bourdieu and sociology help? *Social Science & Medicine,* 62 (1), 165–175.

Carr, D.C., Kail, B.L., Matz-Costa, C., & Shavit, Y.Z. (2018). Does becoming a volunteer attenuate loneliness among recently widowed older adults? *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 73(3), 501-510.

Cattan, M., Kime, N., & Bagnall, A-M. (2011). The use of telephone befriending in low level support for socially isolated older people - an evaluation. *Health & Social Care in the Community*, 19(2),198–206.

Cattan, M., & White, M. (1998). Developing evidence based health promotion for older people: A systematic review and survey of health promotion interventions targeting social isolation and loneliness among older people. *Internet Journal of Health Promotion*, 13, 1-9.

Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing & Society,* 25, 41-67.

Centre for Ageing Better. (2017). Inequalities in later life. Retrieved from: https://eprint.ncl.ac.uk/file_store/production/243522/3B97381D-EE69-4557-81B1-9534D9557ADD.pdf

Chambers, P. (2004). The case for critical social gerontology in social work education and older women. *Social Work Education*, 23(6), 745-758.

Chan, A.W., Yu, D.S., & Choi, K.C. (2017). Effects of tai chi qigong on psychosocial well-being among hidden elderly, using elderly neighborhood volunteer approach: A pilot randomized controlled trial. *Clinical Interventions in Aging*, 12, 85–96.

Chang, B.L. (2004). Internet intervention for community elders: process and feasibility. *Western Journal of Nursing Research*, 26(4): 461–6.

Chapman, T., Longlands, S., & Hunter, J. (2020). *Third sector trends survey: Covid-19 and its potential impact on the third sector in the North*. Project Report. IPPR. Retrieved from: https://dro.dur.ac.uk/33983/1/33983.pdf?DDD34+svhw52+kswl88

Chappell, N.L., Dlitt, B.H., Hollander, M.J., Miller, J.A., & McWilliam, C. (2004). Comparative costs of home care and residential care. *The Gerontologist*, 44, 389–400.

Cheetham, M., Moffatt, S., Addison, M., & Wiseman, A. (2019). Impact of Universal Credit in North East England: a qualitative study of claimants and support staff. *BMJ Open*, 9(7), e029611.

Cheng, G. H. L., Chan, A., Østbye, T., & Malhotra, R. (2021). Productive engagement patterns and their association with depressive symptomatology, loneliness, and cognitive function among older adults. *Aging & Mental Health*, 25(2), 332-340.

Choi, N.G., Marti, C.N., Bruce, M.L., Hegel, M.T., Wilson, N.L. & Kunik, M.E. (2014). Six-month postintervention depression and disability outcomes of in-home telehealth problem-solving therapy for depressed, low-income homebound older adults. *Depression and Anxiety*, 31(8), 653–61.

Choi, S.E. & Yang, T.C. (2020). Are older populations at a disadvantage? County-level analysis of confirmed COVID-19 cases in urban and rural America. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, gbaa182.

Clarke, A., Hanson, E., & Ross, H. (2003). Seeing the person behind the patient: enhancing the care of older people using a biographical approach. *Journal of Clinical Nursing,* 12(5), 697-706.

Clarke, S. (1990). New Utopias for old: Fordist dreams and Post-Fordist fantasies. *Capital & Class*, 14(3), 131–155.

Clasen, J. (2005). *Reforming European Welfare States.* Oxford, UK: Oxford University Press.

Cloos, P., Allen, C.F., Alvarado, B.E., Zunzunegui, M.V., Simeon, D.T., & Eldemire-Shearer, D. (2010). 'Active ageing': A qualitative study in six Caribbean countries. *Ageing & Society*, 30, 79–101.

Close, L. (2017). Meaningful days: Self-directed support for older people during the day. *Scottish Care*. Retrieved from: http://www.scottishcare.org/wp-content/uploads/2017/08/Care-Cameo-Meaningful-Days-1.pdf

Clough, R., Green, B., Hawkes, B., Raymond, G., & Bright, L. (2006). *Older People as Researchers: Evaluating a Participative Project.* York, UK: Joseph Rowntree Foundation.

Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557-576.

Cohen-Mansfield, J. & Perach, R. (2015). Interventions for alleviating loneliness among older peoples: a critical review. *American Journal of Health Promotion,* 29(3), 109-25.

Coll-Planas, L., del Valle Gomez, G., Bonilla, P., Masat, T., Puig, T., & Monteserin, R. (2017). Promoting social capital to alleviate loneliness and improve health among older people in Spain. *Health & Social Care in the Community*, 25(1), 145-157.

Collins, B. (2020, December). Social prescribing and NHS facilities. *The Kings Fund*. Retrieved from: https://www.kingsfund.org.uk/blog/2020/12/social-prescribing-and-nhs-facilities

Community Care. (2020, March). Coronavirus legislation becomes law, allowing ministers to suspend key Care Act duties. Retrieved from:

https://www.communitycare.co.uk/2020/03/22/coronavirus-bill-allow-ministers-suspend-key-care-act-duties-event-pandemic-emergency/

Cook, T. (2009). The purpose of mess in action research: building rigour though a messy turn. *Educational action research*, 17(2), 277-291.

Cooney, M.T., & Dunne, K. (2001). Intimate relationships in later life. Current realties, future prospects. *Journal of Family Issues*, 22, 838–858.

Cornell, D. (1995). *The Imaginary Domain*. London, UK: Routledge.

Cornwell, E., & Waite, L. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior*, 50(1), 31–48.

Cortazzi, M. (2001). Narrative analysis in ethnography. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland. (eds.). *Handbook of Ethnography*. Thousand Oaks, CA: SAGE Publications, Inc. 384-389.

Costa, A., Sousa, C.J., Seabra, P.R.C., Virgolino, A., Santos, O., Lopes, J., Henriques, A., Nogueira, P., & Alarcão, V. (2021). Effectiveness of social prescribing programs in the primary health-care context: a systematic literature review. *Sustainability*, 13(5), 2731.

Cottam, H. (2018). *Radical Help: How We Can Remake the Relationships Between us and Revolutionise the Welfare State.* London, UK: Virgo Press.

Cotterell, N., Buffel, T., & Phillipson, C. (2018). Preventing social isolation in older people. *Maturitas,* 113, 80-84.

Cotton, S.R., Anderson, W.A., & McCullough, B.M. (2013). Impact of internet use on loneliness and contact with others among older adults: cross-sectional analysis. *Journal of Medical Internet Research*, 15(2): e39.

Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community,* 25(3), 799-812.

Cuddy, A.J.C., & Fiske, S.T. (2002). Doddering but dear: Process, content, and function in stereotyping of older persons. In T.D. Nelson. (ed.). *Stereotyping and prejudice against older persons.* Cambridge, MA: MIT Press. 3–26.

Dabelko-Schoeny, H. & King, S. (2010). In their own words: participants' perceptions of the impact of adult day services. *Journal of Gerontological Social Work*, 53, 176–192.

Dahlberg, L., Agahi, N., & Lennartsson, C. (2018). Lonelier than ever? Loneliness of older people over two decades. *Archives of Gerontology and Geriatrics*, 75, 96–103.

Dahlberg, L., & McKee, K. J. (2014). Correlates of social and emotional loneliness in older people: evidence from an English community study. *Aging & Mental Health*, 18(4), 504-514.

Davey, J. (2006). "Ageing in place": The views of older homeowners about housing maintenance, renovation and adaptation. *Social Policy Journal of New Zealand*, 27, 128.

Davidson, K. (2004). 'Why can't a man be more like a woman?': marital status and social networking of older men. *The Journal of Men's Studies*, 13(1), 25–43.

Davie, G., & Vincent, J. (1998). Religion and old age. *Ageing & Society*, 18, 101-110.

de Jong Gierveld, J. (1987). Developing and testing a model of loneliness. *Journal of Peopleality and Social Psychology,* 53(1), 119–128.

de Jong Gierveld, J. (1998). A review of loneliness: Concepts and definitions, determinants and consequences. *Reviews in Clinical Gerontology*, (8), 73-80.

de Jong Gierveld, J., Keating, N., & Fast, J.E. (2015). Determinants of loneliness among older adults in Canada. *Canadian Journal on Aging*, 34(2), 125-136.

de Vaus, D., & Qu, L. (2015). The nature of living alone in Australia. *Australian Institute of Family Studies.* Retrieved from: https://aifs.gov.au/sites/default/files/publication-documents/aft9-nature-living-alone.pdf

Dean, J., & Goodlad, R. (1998). *Supporting community participation: The role and impact of befriending.* Brighton, UK: Pavilion Publishing.

Delanty, G. (2010). *Community*, 2nd ed. London, UK: Routledge.

Department for Digital, Culture, Media and Sport. (2018). A connected society A strategy for tackling loneliness –laying the foundations for change. London: The Stationery Office. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

Department for Digital, Culture, Media and Sport. (2022a). Tackling loneliness evidence review. London: The Stationery Office. Retrieved from: https://www.gov.uk/government/publications/tackling-loneliness-evidence-review

Department for Digital, Culture, Media and Sport. (2022b). Tackling loneliness annual report February 2022: the third year. London: The Stationery Office. Retrieved from: https://www.gov.uk/government/publications/loneliness-annual-report-the-third-year/tackling-loneliness-annual-report-february-2022-the-third-year

Department of Health and Social Care. (2018). Carers Action Plan 2018–2020: Supporting carers today. London: The Stationery Office. Retrieved from: https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020

Department of Work and Pensions. (2017). State Pension age review. London: The Stationery Office. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630066/print-ready-state-pension-age-review-final-report.pdf

Derbyshire Live. (2022, October). Proposed closure of eight Derbyshire day centres will 'devastate lives'. Retrieved from: https://www.derbytelegraph.co.uk/news/local-news/closure-eight-derbyshire-day-centres-7669180

Dewar, B., & Nolan, M. (2013). Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies*, 50(9), 1247-1258.

Dickens, A., Richards, S., Greaves, C., & Campbell, J. (2011). Interventions targeting social isolation in older people: a systematic review. *BMC Public Health*, 11(1), 647.

Dickson, G. (2000). Aboriginal grandmothers' experience with health promotion and participatory action research. *Qualitative Health Research*, 10(2), 188-213.

Doheny, S., & Jones, I. (2021). What's so critical about it? An analysis of critique within different strands of critical gerontology. *Ageing & Society*, 41(10), 2314-2334

Donati, P. (2018). An original relational sociology grounded in critical realism. In F. Dépelteau. (ed.). *The Palgrave Handbook of Relational Sociology*. Cham, Switzerland: Palgrave Macmillan. 431-456.

Donnelly, S., & Torres, S. (2022). Social work and critical gerontology: why the former needs the latter. In S. Torres, & S. Donnelly. (eds.). *Critical Gerontology for Social Workers*. Bristol, UK: Policy Press. 1-16.

Downes, J., Kelly, L., & Westmarland, N. (2014). Ethics in violence and abuse research-a positive empowerment approach. *Sociological Research Online*, 19(1), 29-41.

Doyle, M., & Timonen, V. (2010). Lessons from a community-based participatory research project: Older people's and researchers' reflections. *Research on Aging*, 32(2), 244–263.

Drinkwater, C., Wildman, J., & Moffatt, S. (2019). Social prescribing. *BMJ*, 364, 1-5.

Drummond, J., & Themessl-Huber, M. (2007). The cyclical process of action research. *Action Research*, 5(4), 430-448.

Duggan, S., Blackman, T., Martyr, A., & Van Schaik, P. (2008). The impact of early dementia on outdoor life. A 'shrinking world'? *Dementia*, 7, 191–204.

Dunbar, R.I.M. (2014). The social brain: Psychological underpinnings and implications for the structure of organizations. *Current Directions in Psychological Science,* 23, 109–114.

Edensor, T. (2010). Walking in rhythms: Place, regulation, style and the flow of experience. *Visual Studies*, 25(1), 69–79.

Ehsan, A., Klaas, H.S., Bastianen, A., & Spini, D. (2019). Social capital and health: A systematic review of systematic reviews. *SSM-Population Health*, 8, 100425.

Emirbayer, M. (1997). Manifesto for a relational sociology. *American Journal of Sociology*, 103(2), 281-317.

Emmons, R.A. (2007). *Thanks!: How the New Science of Gratitude can Make you Happier.* New York: Houghton Mifflin Company.

Emmons, R.A., & McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology,* 84(2), 377-389.

Emmons, R.A., & Mishra, A. (2011). Why gratitude enhances well-being: What we know, what we need to know. In M. Kennon, T. Sheldon, T. Kashdan, & M.F. Steger. (eds.). *Designing Positive Psychology: Taking Stock and Moving Forward*. New York, NY: Oxford Press. 248-264.

Ennis, S.K., Larson, E.B., Grothaus, L., Helfrich, C.D., Balch, S., & Phelan, E.A. (2014). Association of living alone and hospitalization among community-dwelling elders with and without dementia. *Journal of General Internal Medicine*, 29(11), 1451.

Epston, D., & White, M. (1990). *Narrative Means to Therapeutic Ends*. New York, NY: W. W Norton.

Ernst, J.M., & Cacioppo, J.T. (1999). Lonely hearts: Psychological perspectives on loneliness. *Applied and Preventive Psychology,* 8(1), 1-22.

Estes, C. L., & Binney, E. A. (1989). The biomedicalization of aging: Dangers and dilemmas. *The Gerontologist,* 29(5), 587-596.

Estes, C.L., & DiCarlo, N.R. (2016). Social movements and social knowledges: Gerontological theory in research, policy and practice. In V.L. Bengtson, & R.A. Settersten, Jr. (eds.). *Handbook of Theories of Ageing*, 3rd ed. New York, NY: Springer Publishing Company. 87- 106.

Fakoya, O.A., McCorry, N.K., & Donnelly, M. (2020). Loneliness and social isolation interventions for older adults: a scoping review of reviews. *BMC Public Health*, 20(1), 1-14.

Fals-Borda, O. (1979). Investigating reality in order to transform it: The Colombian experience. *Dialectical Anthropology*, 4(1), 33-55.

Fals-Borda, O. (2006). The North–South convergence: A 30-year first-person assessment of PAR. *Action Research,* 4(3), 351–58.

Fang, M.L., Woolrych, R., Sixsmith, J., Canham, S.L., Battersby, L., Ren, T.H., & Sixsmith, A. (2018). Integrating sense-of-place within new housing developments: a community-based participatory research approach. In A. Goulding, B. Davenport, & A. Newman. (eds.). *Resilience and Ageing: Creativity, Culture and Community (Connected Communities)*. Bristol, UK: Policy Press.

Fang, M.L., Woolrych, R., Sixsmith, J., Canham, S.L., Battersby, L., & Sixsmith, A. (2016). Place-making with older persons: Establishing sense-of-place through participatory community mapping workshops. *Social Science & Medicine*, 168, 223-229.

Farrar, J. (2021). COVID-19—2021: A new, less predictable phase of the pandemic. *China CDC Weekly*, 3(7), 125.

Farrell, S.J., Aubry, T., & Coulombe, D. (2004). Neighborhoods and neighbors: Do they contribute to personal well-being? *Journal of Community Psychology*, 32(1), 9–25.

Fawcett, B. (2014). Well-being and older people: the place of day clubs in reconceptualising participation and challenging deficit. *British Journal of Social Work*, 44, 831–848.

Feng, E. (2011). *The impact of spiritual well-being, gratitude, and loneliness on marital satisfaction among Korean American pastors and spouses*. Doctoral Thesis. California State University.

Findlay, R.A. (2003). Interventions to reduce social isolation amongst older people: Where is the evidence? *Ageing & Society*, 23(5), 647-658.

Fingerman, K.L., & Trevino, K. (2020, April). Don’t lump seniors together on coronavirus. Older people aren’t all the same. *USA Today*. Retrieved from: https://www.usatoday.com/story/ opinion/2020/04/07/coronavirus-seniors-lead-diverse-lives- death-rate-varies-column/2954897001/

Flay, B.R., & Allred, C.G. (2010). The positive action program: Improving academics, behavior, and character by teaching comprehensive skills for successful learning and living. In T. Lovat, R. Toomey, & N. Clement. (eds.). *International Research Handbook on Values Education and Student Wellbeing*. New York, NY: Springer. 471-501.

Flemming, D.M., & Elliot, A.J. (2005). The impact of influenza on the health and health care utilisation of elderly people. *Vaccine, 8*(23), 1-9.

Flores-Sandoval, C., & Kinsella, E.A. (2020). Overcoming ageism: Critical reflexivity for gerontology practice. *Educational Gerontology*, 46(4), 223-234.

Fokkema, T., de Jong Gierveld, J. & Dykstra, P.A. (2012). Cross-national differences in older adult loneliness. *The Journal of Psychology*, 146(1-2), 201-228.

Fone, D., Dunstan, F., Lloyd, K., Williams, G., Watkins, J., & Palmer, S. (2007). Does social cohesion modify the association between area income deprivation and mental health? A multilevel analysis. *International Journal of Epidemiology,* 36(2), 338–345.

Formosa, M. (2005). Feminism and critical educational gerontology: an agenda for good practice. *Ageing International*, 30, 396–411.

Formosa, M. (2019). Active ageing in the fourth age: The experiences and perspectives of older persons in long-term care. *Geopolitical, Social Security and Freedom Journal*, 2(1), 78-92.

Formosa, M., & Cassar, P. (2019). Visual art dialogues with older people in long-term care facilities: An action research study. *International Journal of Ageing and Education*, 5(1), 23-42.

Foucault, M. (1994). The social triumph of the sexual will. In P. Rainbow. (ed.). *Ethics, Subjectivity & Trust: The Essential Works of Foucault 1954–1984.* Vol. 1. New York, NY: The New Press. 157–162.

Frank, A.W. (2012). Practicing dialogical narrative analysis. In J. Holstein & J. Gubrium. (eds.). *Varieties of Narrative Analysis*. London: SAGE Publications, Inc. 33-52.

Fraser, H., & Jarldorn, M. (2015). Narrative research and resistance: A cautionary tale. In S., Strega, & L., Brown. (eds.). *Research as Resistance: Revisiting Critical, Indigenous, and Anti-Oppressive Approaches*, 2nd ed. Toronto: Canadian Scholars Press. 153-175.

Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechard, L., Garcia, L., Taler, V., CCNA Social Inclusion and Stigma Working Group, Adam, S., Beaulieu, M., Bergeron, C. D., Boudjemadi, V., Desmette, D., Donizzetti, A. R., Éthier, S., Garon, S., Gillis, M., Levasseur, M., Lortie-Lussier, M., Marier, P., Robitaille, A., Sawchuk, K. Lafontaine, C., & Tougas, F. (2020). Ageism and COVID-19: What does our society's response say about us?. *Age and Ageing*, 00, 1–4.

Freire, P. (1970). *Pedagogy of the Oppressed*. New York, NY: Seabury Press.

Freixas, A., Luque, B., & Reina, A. (2012). Critical feminist gerontology: In the back room of research. *Journal of Women & Aging*, 24(1), 44-58.

Fricker, M. (2007). *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press.

Fritzell, J., Bäckman, O., & Ritakallio, V-M. (2012). Income inequality and poverty: do the Nordic countries still constitute a family of their own? In J., Kvist, J., Fritzell, B., Hvinden., & O., Kangas. (eds.). *Changing Social Equality.* Bristol, UK: Policy Press. 165–185.

Fulbright, S.A. (2010). Rates of depression and participation in senior centre activities in community-dwelling older persons. *Journal of Psychiatric and Mental Health Nursing*, 17, 385–391.

Gallardo-Peralta, L.P., de Roda, A.B.L., Ángeles Molina-Martínez, M., & Schettini del Moral, R. (2018). Family and community support among older Chilean adults: the importance of heterogeneous social support sources for quality of life. *Journal of Gerontological Social Work*, 61(6), 584-604.

Garcia, M.A., Homan, P.A., García, C., & Brown, T.H. (2020). The color of COVID-19: Structural racism and the pandemic's disproportionate impact on older racial and ethnic minorities. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences,* 76(3), e75–e80.

Gardiner, C., & Barnes, S. (2016). The impact of volunteer befriending services for older people at the end of life: Mechanisms supporting wellbeing. *Progress in Palliative Care*, 24(3), 159-164.

Gardiner, C., Geldenhuys, G., & Gott, M. (2016). Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health & Social Care in the Community*, 26(2), 147-157.

Garg, S., Kim, L., Whitaker, M., O'Halloran, A., Cummings, C., Holstein, R., Prill, M., Chai, S.J., Kirley, P.D., Alden, N.B., Kawasaki, B., Yousey-Hindes, K., Niccolai, L., Anderson, E.J., Openo, K.P., Weigel, A., Monroe, M.L., Ryan, P., Henderson, J., Kim, S., Como-Sabetti, K., Lynfield, R., Sosin, D., Torres, S., Muse, A., Bennett, N.M., Billing, L., Sutton, M., West, N., Schaffner, W., Talbot, H.K., Aquino, C., George, A., Budd, A., Brammer, L., Langley, G., Hall, A.J., & Fry, A. (2020). Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019 - COVID-NET, 14 States, March 1-30, 2020. *MMWR Morbidity and Mortality Weekly Report*, 69(15), 458–464.

Garner, J.D. (2014). Feminism and feminist gerontology. In J.D. Garner. (ed.). *Fundamentals of Feminist Gerontology*. New York, NY: Routledge. 3-12.

Gateshead Council. (2023). Day services. Retrieved from: https://www.gateshead.gov.uk/article/4967/Day-services

Gaventa, J., & Cornwall, A. (2001). Power and Knowledge. In P. Reason & H. Bradbury. (eds.). *Handbook of Action Research: Participative Inquiry and Practice*. London: SAGE Publications, Inc. 70-80.

Geller, J., Janson, P., McGovern, E., & Valdini, A. (1999). Loneliness as a predictor of hospital emergency department use. *The Journal of Family Practice*, 48(10), 801-804.

Gergen, K.J. (2009). *Relational Being: Beyond Self and Community*. New York, NY: Oxford University Press.

Gibson, F., & Carson, Y. (2010). Life story work in practice: aiming for enduring change. *Journal of Dementia Care*, 18(3): 20-22.

Giebel, C., Cannon, J., Hanna, K., Butchard, S., Eley, R., Gaughan, A., Komuravelli, A., Shenton, J., Callaghan, S., Tetlow, H., Limbert, S., Whittington, R., Rogers, C., Rajagopal, M., Ward, K., Shaw, L., Corcoran, R., Bennett, K., & Gabbay, M. (2021). Impact of COVID-19 related social support service closures on people with dementia and unpaid carers: a qualitative study. *Aging & Mental Health*, 25(7), 1281–1288.

Gilbert, S., Green, C., & Crewe, D. (2021). *VAXXERS: the inside story of the Oxford AstraZeneca vaccine and the race against the virus.* London, UK: Hodder & Stoughton.

Giles, H., & Reid, S.A. (2005). Ageism across the lifespan: Towards a self-categorization model of ageing. *Journal of Social Issues*, 61(2), 389-404.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Gluckman, M. (1963). Papers in honor of Melville J. Herskovits: Gossip and scandal. *Current Anthropology*, 4(3), 307-316.

Gockel, A., & Deng, X. (2016). Mindfulness training as social work pedagogy: Exploring benefits, challenges, and issues for consideration in integrating

mindfulness into social work education. *Journal of Religion & Spirituality in Social Work: Social Thought*, 35(3), 222-244.

Goll, J.C., Charlesworth, G., Scior, K., & Stott, J. (2015). Barriers to social participation among lonely older adults: The influence of social fears and identity. *PLoS One*, 10(2), e0116664.

González-Sanguino, C., Ausín, B., Castellanos, M.A., Saiz, J., & Muñoz, M. (2021). Mental health consequences of the Covid-19 outbreak in Spain. A longitudinal study of the alarm situation and return to the new normality. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 107, 110219.

Graham, J. (2020, March). Amid pandemic, programs struggle to reach vulnerable seniors living at home. *Kaiser Health News*. Retrieved from: https://khn.org/news/as-coronavirus-surges-programs-struggle-to-reach-vulnerable-seniors-living-at-home/

Granovetter, M.S. (1973). The strength of weak ties. *American Journal of Sociology*, 78(6), 1360-1380.

Gratitude. (2020). In *Oxford Online Dictionary*. Retrieved from: https://en.oxforddictionaries.com/definition/money

Green, C., Orellana, K., Manthorpe, J., & Samsi, K. (2021). *Caring in company: a preCovid snapshot of day centres in south London: Report of a mapping exercise of publicly available information from four south London boroughs.* London: NIHR Applied Research Collaboration South London. Retrieved from: https://kclpure.kcl.ac.uk/portal/files/152782395/Caring_in_company_May2021.pdf

Greenwood, N., Pound, C., Brearleya, S., & Smitha, R. (2019). A qualitative study of older informal carers' experiences and perceptions of their caring role. *Maturitas*, 124, 1–7.

Greenwood, N., & Smith, R. (2015). Barriers and facilitators for male carers in accessing formal and informal support: a systematic review. *Maturitas*, 82(2), 162–9.

Grenier, A. (2020). The conspicuous absence of the social, emotional and political aspects of frailty: The example of the White Book on Frailty. *Ageing & Society*, 40(11), 2338-2354.

Gridley, K., Brooks, J., Birks, Y., Baxter, K., & Parker, G. (2016). *Improving Care for People with Dementia: Development & Initial Feasibility Study for Evaluation of Life Story Work in Dementia Care.* Southampton: National Institute for Health Research.

Grimmer, K., Kay, D., Foot, J., & Pastakia, K. (2015). Consumer views about aging-in-place. *Clinical Interventions in Aging,* 10, 1803–1811.

Groot, B.C., & Abma, T.A. (2019). Participatory health research with older people in the netherlands: Navigating power imbalances towards mutually transforming power. In K., Kongats, & M.T., Wright. (eds.). *Participatory Health Research: Voices from Around the World*. Cham, Switzerland: Springer International Publishing. 165-178.

The Guardian. (2018, September). Palaces for the people: why libraries are more than just books. Retrieved from: https://www.theguardian.com/cities/2018/sep/24/palaces-for-the-people-at-the-library-everyone-is-welcome

The Guardian. (2019, November). Older people dying for want of social care at rate of three an hour. Retrieved from: https://www.theguardian.com/society/2019/nov/21/older-people-dying-for-want-of-social-care-at-rate-of-three-an-hour

The Guardian. (2020, April). The extreme loneliness of lockdown: Even though my partner is here, I'm struggling to cope. Retrieved from: https://www.theguardian.com/society/2020/apr/28/the-extreme-loneliness-of-lockdown-even-though-my-partner-is-here-im-struggling-to-cope

Gullette, M.M. (2017). *Ending Ageism, or How Not to Shoot Old People*. New Brunswick: Rutgers University Press.

Gutman, C., Hantman, S., Ben-Oz, M., Criden, W., Anghel, R., & Ramon, S. (2014). Involving older adults as co-researchers in social work education. *Educational Gerontology*, 40(3), 186-197.

Hagan, R. (2015). *Older people and loneliness: The impact of day centre reablement programmes*. Doctoral Thesis. Ulster University.

Hagan, R., Manktelow, R., & Taylor, B.J. (2020). Loneliness, cumulative inequality and social capital in later life: Two stories. *Irish Journal of Sociology*, 28(2), 192-217.

Hagan, R., Manktelow, R., Taylor, B.J., & Mallett, J. (2014). Reducing loneliness amongst older people: a systematic search and narrative review. *Aging and Mental Health*, 18(6), 683-93.

Hampshire, K., Hills, E., & Iqbal, N. (2005). Power relations in participatory research and community development: a case study from northern England. *Human Organization*, 64(4), 340-349.

Hand, C., Rudman, D., McGrath, C., Donnelly, C., & Sands, M. (2019). Initiating participatory action research with older adults: Lessons learned through reflexivity. *Canadian Journal on Aging*, 38(4), 512-520.

Hawkley, L.C., & Cacioppo, J.T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annual Behavioral Medicine*, 40, 218–227.

Hawkley, L.C., Gu, Y., Luo, Y.J., & Cacioppo, J.T. (2012). The mental representation of social connections: Generalizability extended to Beijing adults. *PLoS One*, 7(9): e44065.

Hawkley, L.C., & Kocherginsky, M. (2018). Transitions in loneliness among older adults: a 5-year follow-up in the National Social Life, Health, and Aging Project. *Research on Aging* 40, 365–387.

Henning-Smith, C. (2016). Quality of life and psychological distress among older adults: The role of living arrangements. *Journal of Applied Gerontology*, 35(1), 39–61.

Heron, J., & Reason, P. (2001). The practice of co-operative inquiry: Research with rather than on people. In P., Reason, & H., Bradbury. (eds.). *Handbook of Action Research: Participative Inquiry and Practice*. London: SAGE Publications, Inc. 179–188.

Hillcoat-Nallétamby, S. (2014). The meaning of “independence” for older people in different residential settings. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69, 419-430.

Hinterlong, J.E., Morrow-Howell, N., & Rozario, P.A. (2007). Productive engagement and late life physical and mental health: Findings from a nationally representative panel study. *Research on Aging*, 29(4), 348–370.

HM Government. (2014). *Care Act 2014*. London: HMSO.

HM Government. (2014). *Coronavirus Act 2020*. London: HMSO.

HM Government. (2008). *Deprivation of Liberty Safeguards*. London: HMSO.

HM Government. (2018). *The General Data Protection Regulation.* London: HMSO.

HM Government. (1948). *National Assistance Act 1948* (Sec. 29). London: HMSO.

Ho, P.S.Y., Kong, S.-T., & Huang, Y. T. (2018). Democratising qualitative research methods: Reflections on Hong Kong, Taiwan and China. *Qualitative Social Work*, 17(3), 469–481.

Hoebel, J., Rommel, A., Schröder, S. L., Fuchs, J., Nowossadeck, E., & Lampert, T. (2017). Socioeconomic inequalities in health and perceived unmet needs for

healthcare among the elderly in Germany. *International Journal of Environmental Research and Public Health*, 14(10), 1127.

Hoffman, S. (2009). Preparing for disaster: Protecting the most vulnerable in emergencies. U.C. *Davis Law Review*, 42, 1491-1547.

Holstein, M.B., Waymack, M., & Parks, J.A. (2011). *Ethics, Aging, and Society: The Critical Turn.* New York, NY: Springer Publishing Company.

Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality. *PLoS Medicine*, 10(2), 227-37.

Holwerda, T.J., van Tilburg, T.G., Deeg, D.J., Schutter, N., Van, R., Dekker, J., Stek, M.L., Beekman, A.T., & Schoevers, R.A. (2016). Impact of loneliness and depression on mortality: Results from the Longitudinal Ageing Study Amsterdam. *British Journal of Psychiatry*, 209(2), 127–134.

Honigh-de Vlaming, R., Haveman-Nies, A., Heinrich, J., van`t Veer, P., & CPGM de Groot, L. (2013). Effect evaluation of a two-year complex intervention to reduce loneliness in non-institutionalised elderly Dutch people. *BMC Public Health*, 13, 984.

hooks, b. (2001). *All About Love*. New York, NY: HarperCollins.

Hooyman, N., Browne, C.V., Ray, R., & Richardson, V. (2002). Feminist gerontology and the life course. *Gerontology & Geriatrics Education*, 22(4), 3-26.

Hopf, S., Walsh, K., & Georgantzi, N. (2022). Social patterns of ageism: Expert perspectives from Austria and Ireland. *Ageing & Society*, 1-25.

Horton, S., Baker, J., Pearce, G.W., & Deakin, J.M. (2008). On the malleability of performance: Implications for seniors. *Journal of Applied Gerontology*, 27, 446-465.

Hsu M.Y., & McCormack B. (2012). Using narrative inquiry with older people to inform practice and service developments. *Journal of Clinical Nursing,* 21, 841– 849.

Hung, L., Phinney, A., Chaudhury, H., Rodney, P., Tabamo, J., & Bohl, D. (2018). Appreciative inquiry: Bridging research and practice in a hospital setting. *International Journal of Qualitative Methods*, 17(1).

Hwang, J., Wang, L., Siever, J., Del Medico, T., & Jones, C.A. (2019). Loneliness and social isolation among older adults in a community exercise program: a qualitative study. *Aging & Mental Health*, 23(6), 736-742.

Iecovich, E., & Biderman, A. (2013). Quality of life among disabled older adults without cognitive impairment and its relation to attendance in day care centres. *Ageing & Society*, 33, 627–643.

Iliffe, S., Tai, S.S., Haines, A., Gallivan, S., Goldenberg, E., Booroff, A., & Morgan, P. (1992). Are elderly people living alone an at risk group? *British Medical Journal*, 305, 1001–1004.

Independent Age. (2020). Home truths: Experiences of people in later life during COVID-19. Retrieved from: https://www.independentage.org/sites/default/files/2020-12/Home%20Truths%20-%20Experiences%20of%20people%20in%20later%20life%20during%20COVID-19_0.pdf

Ingold, T., & Lee-Vergunst, J. (2008). *Ways of Walking: Ethnography and Practice on Foot.* Aldershot: Ashgate.

Ingvaldsen, A.K., & Balandin, S. (2011). 'If we are going to include them we have to do it before we die': Norwegian seniors' views of including seniors with intellectual disability in senior centres. *Journal of Applied Research in Intellectual Disabilities*, 24, 583-593.

International Federation of Social Workers (IFSW). (2014). Global Social Work Statement of Ethical Principles. Retrieved from: www.ifsw.org/global-social-work-statement-of-ethical-principles/

Irving, A. (2010). Dangerous substances and visible evidence: Tears, blood, alcohol, pills. *Visual Studies,* 25(1), 24–35.

Ismail, S., Thorlby, R., & Holder, H. (2014). Focus On: Social care for older people: Reductions in adult social services for older people in England. *QualityWatch*, Health Foundation & Nuffield Trust.

Israel, B.A., Schulz, A.J., Parker, E.A., Becker, A.B., Allen, A.J., III, & Guzman, J.R. (2008). Critical issues in developing and following community based participatory research principles. In M., Minkler, & N., Wallerstein. (eds.). *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey Bass. 44-66.

ITV News. (2018, Semptember). Government accused of fuelling loneliness crisis as day centres disappear. Retrieved from: https://www.itv.com/news/2018-09-25/government-accused-of-fuelling-loneliness-crisis-as-day-centres-disappear/

Jakobsson, U., & Rahm Hallberg, I. (2005). Loneliness, fear, and quality of life among elderly in Sweden: a gender perspective. *Aging Clinical and Experimental Research*, 17(6), 494- 501.

James, E.A., Milenkiewicz, M.T., & Bucknam, A. (2008). *Cycles of PAR: The Power of the Iterative Process.* Thousand Oaks, CA: SAGE Publications, Inc.

James, H., & Buffel, T. (2022). Co-research with older people: A systematic literature review. *Ageing & Society*, 1-27.

Jeste, D.V., Lee, E.E., & Cacioppo, S. (2020). Battling the modern behavioral epidemic of loneliness: Suggestions for research and interventions. *JAMA Psychiatry*, 77(6), 553-554.

Johnson, J., & Rowlands, T. (2012). *The Interpersonal Dynamics of In-Depth Interviewing*. London, UK: SAGE Publications, Inc.

Jylhä, M. (2004). Old age and loneliness: cross-sectional and longitudinal analyses in the Tampere Longitudinal Study on Aging. *Canadian Journal on Aging*, 23(2), 157-168.

Jylhä, M., & Saarenheimo, M. (2010). Loneliness and ageing: Comparative perspectives. In D. Dannefer. (ed.). *The SAGE Handbook of Social Gerontology*. London, UK: SAGE Publications, Inc. 317-328.

Kashdan, T.B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30, 865–878.

Katz, S. (2013). Active and successful aging. *Lifestyle as a Gerontological Idea*, 44(44-1), 33-49.

Kelly, G., Mrengqwa, L., & Geffen, L. (2019). “They don’t care about us”: older people’s experiences of primary healthcare in Cape Town, South Africa. *BMC geriatrics*, 19(1), 1-14.

Kelly, R. (2017). The effect of adult day program attendance on emergency room registrations, hospital admissions, and days in hospital: a propensity-matching study. *The Gerontologist*, 57, 552–562.

Kelly, R., Puurveen, G., & Gill, R. (2016). The effect of adult day services on delay to institutional placement. *Journal of Applied Gerontology*, 35, 814–835.

Kemmis, S., McTaggart, R., & Nixon, R. (2014). *The Action Research Planner: Doing Critical Participatory Action Research*. New York, NY: Springer.

Kempton, J., & Tomlin, S. (2014). Ageing alone: Loneliness and the ‘Oldest Old’. *Centre Forum*. Retrieved from: https://www.ageuk.org.uk/documents/en-gb/for-professionals/politics-and-government/ageingalone.pdf

Kenaley, B., Gellis, Z., Kim, E., & McClive-Reed, K. (2018). The influence of loneliness and volunteering on the well-being in 'successfully ageing' older adults. *Innovation in Aging*, 2(1), 122.

Kendel, F., & Sieverding, M. (2006). The impact of gender and age on cardiovascular health in Germany. *Gender, Health and Ageing*, 105–124. Springer. Retrieved from: https://archiv.ub.uni-heidelberg.de/volltextserver/19702/1/Sieverding_The_impact_of_gender_and_age_on_cardiovascular_health_in_germany.pdf

Kesby, M. (2005). Retheorizing empowerment-through-participation as a performance in space: Beyond tyranny to transformation. *Signs: Journal of women in Culture and Society*, 30(4), 2037-2065.

Kharicha, K., Iliffe, S., Harari, D., Swift, C., Gillmann, G., & Stuck, A.E. (2007). Health risk appraisal in older people 1: Are older people living alone an 'at-risk' group? *British Journal of General Practice*, 57, 271–276.

Kharicha, K., Iliffe, S., Manthorpe, J., Chew-Graham, C. A., Cattan, M., Goodman, C., Kirby-Barr, M., Whitehouse, J.H., & Walters, K. (2017). What do older people experiencing loneliness think about primary care or community-based interventions to reduce loneliness? A qualitative study in England. *Health & Social Care in the Community*, 25(6), 1733-1742.

Kharicha, K., Manthorpe, J., Iliffe, S., Chew-Graham, C. A., Cattan, M., Goodman, C., Kirby-Barr, M., Whitehouse, J.H., & Walters, K. (2021). Managing loneliness: A qualitative study of older people's views. *Aging & Mental Health*, 25(7), 1206-1213.

Kindon, S., Pain, R., & Kesby, M. (2007). Participatory action research: origins, approaches and methods. In S. Kindon, R. Pain, & M. Kesby. (eds.). (2007). *Participatory Action Research Approaches and Methods: Connecting People, Participation and Place.* Oxon, UK: Routledge. 9-18.

King, H., Crossley, S., & Smith, R. (2021). Responsibility, resilience and symbolic power, *Sociological Review*, 69(5), 920-936.

King, N., & Calasanti, T. (2006). Empowering the old: Critical gerontology and anti-aging in a global context. In J. Baars, D. Dannefer, C. Phillipson, & A. Walker. (eds.). *Aging, Globalization, and Inequality*: *The New Critical Gerontology*. Baywood Publishing Company, Inc. 139-157. Retrieved from: https://www.researchgate.net/profile/Neal-King/publication/242078221_Empowering_the_Old_Critical_Gerontology_and_Anti-Aging_in_a_Global_Context/links/55f179e808aef559dc472127/Empowering-the-Old-Critical-Gerontology-and-Anti-Aging-in-a-Global-Context.pdf

Klocker, N. (2015). Participatory action research: The distress of (not) making a difference. *Emotion, Space and Society*, 17, 37-44.

Knight, C., Haslam, S.A., & Haslam, C. (2010). In home or at home? How collective decision making in a new care facility enhances social interaction and wellbeing amongst older adults. *Ageing & Society*, 30, 1393–1418.

Ko, H., Park, Y.H., Cho, B., Lim, K.C., Chang, S.J., Yi, Y.M., Noh, E.Y. & Ryu, S.I. (2019). Gender differences in health status, quality of life, and community services needs of older adults living alone. *Archives of Gerontology*, 83, 239-245.

Koch, T., Turner, R., Smith, P., & Hutnik, N. (2010). Storytelling reveals the active, positive lives of centenarians. *Nursing Older People*, 22, 8, 31-36.

Kong, S.T. (2016). Social work practice research innovation, implementation and implications: A case of 'Cooperative Grounded Inquiry' with formerly abused women in Hong Kong. *Qualitative Social Work,* 15(4), 533-551.

Kuriloff, P.J., Andrus, S.H., & Ravitch, S.M. (2011). Messy ethics: Conducting moral participatory action research in the crucible of university–school relations. *Mind, Brain, and Education*, 5(2), 49-62.

Kuzuya, M., Izawa, S., Enoki, H., & Hasegawa, J. (2012). Day-care service use is a risk factor for long-term care placement in community-dwelling dependent elderly. *Geriatrics & Gerontology International*, 12, 322–329.

Lam, J.A., Murray, E.R., Yu, K.E., Ramsey, M., Nguyen, T.T., Mishra, J., Martis, B., Thomas, M.L., & Lee, E. E. (2021). Neurobiology of loneliness: a systematic review. *Neuropsychopharmacology*, 46(11), 1873-1887.

Larsson, H., Edberg, A. K., Bolmsjö, I., & Rämgård, M. (2019). Contrasts in older persons' experiences and significant others' perceptions of existential loneliness. *Nursing Ethics*, 26(6), 1623–1637.

Larsson, H., Rämgård, M., & Bolmsjö, I. (2017). Older persons' existential loneliness, as interpreted by their significant others - an interview study. *BMC Geriatrics*, 17, 138.

Leadbetter, C. (2004). *Personalisation Through Participation: A New Script for Public Services*. London, UK: Demos.

LeBlanc, S., & Kinsella, E. A. (2016). Toward epistemic justice: A critically reflexive examination of 'sanism' and implications for knowledge generation. *Studies in Social Justice*, 10(1), 59-78.

Lee, E.E., Depp, C., Palmer, B.W., Glorioso, D., Daly, R., Liu, J., Tu, X.M., Kim, H.C., Tarr, P., Yamada, Y. & Jeste, D.V. (2019). High prevalence and adverse health effects of loneliness in community-dwelling adults across the lifespan: role of wisdom as a protective factor. *International Psychogeriatrics*, 31:10, 1447–1462.

Legard, R., Keegan, J., & Ward, K. (2003). In-depth Interviews. In J. Richie, & J. Lewis. (eds.). *Qualitative Research Practice*. London, UK: SAGE Publications, Inc. 139-168.

Lenette, C. (2017). *Using digital storytelling in participatory research with refugee women*. SAGE Publications, Inc. Retrieved from:

https://methods.sagepub.com/case/digital-storytelling-participatory-research-refugee-women

Lester, J.N., Cho, Y., & Lochmiller, C.R. (2020). Learning to do qualitative data analysis: A starting point. *Human Resource Development Review*, 19(1), 94-106.

Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, 18(6), 332–336.

Levy, B.R., Pilver, C.E., & Pietrzak, R.H. (2014). Lower prevalence of psychiatric conditions when negative age stereotypes are resisted. *Social Science and Medicine*, 119, 170-174.

Levy, B.R., Slade, M.D., Chang, E.S., Kannoth, S., & Wang, S.Y. (2020). Ageism amplifies cost and prevalence of health conditions. *The Gerontologist*, 60(1), 174–181.

Levy, B.R., Slade, M.D., Chung, P.H., & Gill, T.M. (2015). Resiliency over time of elders' age stereotypes after encountering stressful events. *The Journals of Gerontology Series B*: *Psychological Sciences and Social Sciences,* 70(6), 886-890.

Levy, S.R., & Macdonald, J.L. (2016). Progress on understanding ageism. *Journal of Social Issues*, 72(1), 5-25.

Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues*, 2(4), 34-46.

Liebmann, M., Pitman, A., Hsueh, Y. C., Bertotti, M., & Pearce, E. (2022). Do people perceive benefits in the use of social prescribing to address loneliness and/or social isolation? A qualitative meta-synthesis of the literature. *BMC health services research*, 22(1), 1264.

Life Story Network. (2020). Life Story Work. Retrieved from: http://www.lifestorynetwork.org.uk/

Littman, D.M., Bender, K., Mollica, M., Erangey, J., Lucas, T., & Marvin, C. (2021). Making power explicit: Using values and power mapping to guide power-diverse Participatory Action Research processes. *Journal of Community Psychology*, 49(2), 266-282.

Local Democracy Reporting Service in BBC News. (2022, November). Newcastle City Council proposes council tax and parking charges hike. Retrieved from: https://www.bbc.co.uk/news/uk-england-tyne-63608041

Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M. D.S., Fernandes-Pires, J., & Márquez-González, M. (2020). 'We're staying at home'. Association of self-perceptions of aging, personal and family resources and loneliness with psychological distress during the lock-down period of COVID-19. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 76(2), e10-e16.

Luanaigh, C.Ó., & Lawlor, B.A. (2008). Loneliness and the health of older people. *International Journal of Geriatric Psychiatry: A Journal of the Psychiatry of Late Life and Allied Sciences*, 23(12), 1213-1221.

Lucko, J. (2020). Reframing success: participatory impacts of storytelling in a PAR collaborative with Latinx middle school students. *Educational Action Research*, 28(2), 192-209.

Luhmann, N. (2012). *Theory of Society*, Volume 1. Palo Alto, CA: Stanford University Press.

Luhmann, N. (2013). *Theory of Society*, Volume 2. Palo Alto, CA: Stanford University Press.

Lune, H., & Berg, B.L. (2017). *Qualitative Research Methods for the Social Sciences*, 9th ed. Pearson. Retrieved from: http://law.gtu.ge/wp-content/uploads/2017/02/Berg-B.-Lune-H.-2012.-Qualitative-Research-Methods-for-the-Social-Sciences.pdf

Lunt, C., Dowrick, C., & Lloyd-Williams, M. (2020). What is the impact of day care on older people with long-term conditions: A systematic review. *Health & Social Care in the Community*, 00, 1-21.

Lykes, V.A., & Kemmelmeier, M. (2014). What predicts loneliness? Cultural difference between individualistic and collectivistic societies in Europe. *Journal of Cross-Cultural Psychology*, 45(3), 468-490.

Lymbery, M., & Postle, K. (2015). *Social Work and the Transformation of Adult Social Care.* Bristol: Policy Press.

Macdonald, B., & Hülür, G. (2021). Well-being and loneliness in Swiss older adults during the COVID-19 pandemic: The role of social relationships. *The Gerontologist*, 61(2), 240-250.

Mackenzie, C., & Stoljar, N. (eds.). (2000). *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. Oxford, UK: Oxford University Press.

Maes, M., Qualter, P., Vanhalst, J., Van den Noortgate, W., & Goossens, L. (2019). Gender differences in loneliness across the lifespan: A meta-analysis. *European Journal of Personality*, 33, 642–654.

Mager, B. (2019). Storytelling contributes to resilience in older adults. *Activities, Adaptation & Aging*, 43(1), 23-36.

Magnet, S., & Orr, C.E. (2022). Feminist loneliness studies: An introduction. *Feminist Theory*, 23(1), 3-22.

Maguire, P. (2001). Uneven ground: feminisms and action research. In P., Reason, & H., Bradbury. (eds.). *Handbook of Action Research: Participative Inquiry and Practice*. London, UK: SAGE Publications, Inc. 59-69.

Malli, M.A., Ryan, S., Maddison, J., & Kharicha, K. (2023). Experiences and meaning of loneliness beyond age and group identity. *Sociology of Health & Illness*, 45(1), 70-89.

Manthorpe, J., & Moriarty, J. (2014). Examining day centre provision for older people in the UK using the Equality Act 2010: Findings of a scoping review. *Health & Social Care in the Community*, 22, 352-360.

Manzo, L.C., & Brightbill, N. (2007). Toward a participatory ethics. In S. Kindon, R. Pain, & M. Kesby. (eds.). (2007). *Participatory Action Research Approaches and Methods: Connecting People, Participation and Place.* Oxon: Routledge. 59-66.

Marhánková, J.H. (2014). 'Women are just more active' – gender as a determining factor in involvement in senior centres. *Ageing & Society*, 34, 1482–1504.

Martín-Baró, I. (1994). *Writings for a Liberation Psychology*. Cambridge, MA: Harvard University Press.

Mason, J. (2002). *Qualitative Researching*, 2nd ed. London, UK: SAGE Publications, Inc.

Matthews, B., & Ross, L. (2010). *Research Methods*. London, UK: Pearson.

Maurer, M., & Githens, R.P. (2010). Toward a reframing of action research for human resource and organization development: Moving beyond problem solving and toward dialogue. *Action Research*, 8(3), 267-292.

McCullough, M.E., Emmons, R.A., & Tsang, J.A. (2002). The grateful disposition: a conceptual and empirical topography. *Journal of Personality and Social Psychology*, 82(1), 112–127.

McCullough, M.E., Kilpatrick, S.D., Emmons, R.A., & Larson, D.B. (2001). Is gratitude a moral affect? *Psychological Bulletin*, 127, 249–266.

McDaid, D., Park, A.L., & Knapp, M. (2017). *Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill health*. London, UK: Public Health England.

McDonald, S., & Mair, C.A. (2010). Social capital across the life course: age and gendered patterns of network resources 1. *Sociological Forum*, 25(2), 335-359.

McGrath, L., Griffin, V., & Mundy, E. (2016). The psychological impact of austerity: a briefing paper. *Educational Psychology Research and Practice*, 2(2), 46-57.

McGrath, C., Laliberte Rudman, D., Spafford, M., Trentham, B., & Polgar, J. (2017). Environmental barriers and the production of disability for seniors with age-related vision loss (ARVL): A critical ethnographic study. *Canadian Journal on Aging*, 36, 55–66.

McHugh, J., Lee, O., Lawlor, B., & Brennan, S. (2015). The meaning of mealtimes: social and nutritional needs identified among older adults attending day services and by healthcare professionals. *International Journal of Geriatric Psychiatry*, 30, 325–329.

McIntyre, A. (2007). *Participatory Action Research*. London, UK: SAGE Publications, Inc.

McKeown, J., Clarke, A., Ingleton, C., Ryan, T., & Repper, J. (2010). The use of life story work with people with dementia to enhance person-centred care. *International Journal of Older People Nursing,* 5, 148-158.

McNiff, J. (2013). *Action Research: Principles and Practice*, 3rd ed. Oxon, UK: Routledge.

Meagher, J. (2020). *Coronavirus: Beaconsfield opens 'vulnerable person registry'*. Retrieved from: https://montrealgazette.com/ news/local-news/coronavirus-beaconsfield-opens-vulnerable- person-registry/

Means, R. (2007). Safe as houses? Ageing in place and vulnerable older people in the UK. *Social Policy & Administration*, 41, 65-85.

Meisner, B.A. (2021). Are you OK, Boomer? Intensification of ageism and intergenerational tensions on social media amid COVID-19. *Leisure Sciences*, 43(1-2), 56-61.

Menec, V. H., Newall, N. E., Mackenzie, C. S., Shooshtari, S., & Nowicki, S. (2020). Examining social isolation and loneliness in combination in relation to social support and psychological distress using Canadian Longitudinal Study of Aging (CLSA) data. *PloS one*, 15(3), e0230673.

Miller, E., Cook, A., Alexander, H., Cooper, S. A., Hubbard, G., Morrison, J., & Petch, A. (2006). Challenges and strategies in collaborative working with service user researchers: reflections from the academic researcher. *Research, Policy and Planning*, 24, 197-208.

Miller, R., Williams, I., Allen, K., & Glasby, J. (2014). Evidence, insight, or intuition? Investment decisions in the commissioning of prevention services for older people. *Journal of Care Services Management*, 7(4),119–127.

Milligan, C., & Morbey, H. (2016). Care, coping and identity: older men's experiences of spousal care-giving. *Journal of Aging Studies*, 38, 105–14.

Milligan, C., Payne, S., Bingley, A., & Cockshott, Z. (2015). Place and wellbeing: Shedding light on activity interventions for older men. *Ageing & Society*. 35(1), 124-149.

Milne, A. (2020). *Mental Health in Later Life: Taking a Life Course Approach*. Bristol, UK: Policy Press.

Milne, A., Sullivan, M.P., Tanner, D., Richards, S., Ray, M., Lloyd, L., Beech, C. & Phillips, J. (2014). *Social Work with Older People: A Vision for the Future, The College of Social Work.* Retrieved from: www. cpa.org.uk/cpa-lga-

evidence/College_of_Social_Work /Milneetal(2014)- Socialworkwitholderpeople-avisionforthefuture.pdf

Minkler, M., & Holstein, M.B. (2008). From civil rights to… civic engagement? Concerns of two older critical gerontologists about a “new social movement” and what it portends. *Journal of Aging Studies*, 22(2), 196-204.

Montero-Odasso, M., Hogan, D.B., Lam, R., Madden, K., MacKnight, C., Molnar, F., & Rockwood, K. (2020). Age alone is not adequate to determine health-care resource allocation during the COVID-19 Pandemic. *Canadian Geriatrics Journal*, 23(1), 152–154.

Morgan, D.J., & Burholt, V. (2020a). Loneliness as a Biographical Disruption-Theoretical Implications for Understanding Changes in Loneliness. *The Journals of Gerontology Series B*: *Psychological Sciences and Social Sciences,* 76(3), e75–e80.

Morgan, D.J., & Burholt, V. (2020b). Transitions in loneliness in later life: the role of social comparisons and coping strategies. *Ageing & Society*, 1-22.

Moriarty, J., & Manthorpe, J. (2017). The diversity of befriending by, and of, older people. *Working with Older People*, 21(2), 63-71.

Morris, J. (1993). *Community Care or Independent Living?* York, UK: Joseph Rowntree Foundation.

Morrow-Howell, N., Galucia, N., & Swinford, E. (2020). Recovering from the COVID-19 pandemic: A focus on older adults. *Journal of Aging & Social Policy*, 32(4-5), 526-535.

Mortari, L. (2015). Reflectivity in research practice: An overview of different perspectives. *International Journal of Qualitative Methods*, 14(5).

Mountain, G.A., Hind, D., Gossage-Worrall, R., Walters, S.J., Duncan, R., Newbould,

L., Rex, S., Jones, C., Bowling, A., Cattan, M., Cairns, A., Cooper, C., Tudor, R.E., & Goyder, E.C. (2014). 'Putting life in Years' (PLINY) telephone friendship groups research study: pilot randomised controlled trial. *Trials*, 15:141.

Moustakas, C.E. (2016). *Loneliness*. Pickle Partners Publishing.

Moyle, W., Kellett, U., Ballantyne, A., & Gracia, N. (2011). Dementia and loneliness: An Australian perspective. *Journal of Clinical Nursing*, 20(9–10), 1445–1453.

Munro, L. (2004). Understanding 'successful ageing' for enabling practice with older adults. *Social Work Monographs,* Monograph No.210.

Murray, M., & Crummett, A. (2010). 'I don't think they knew we could do these sorts of things' social representations of community and participation in community arts by older people. *Journal of Health Psychology*, 15(5), 777-785.

Musselwhite, C. (2018). Community connections and independence in later life. In E., Peel, C., Holland, & M., Murray. (eds.). *Psychologies of Ageing: Theory, Research and Practice*. Eastbourne, UK: Palgrave Macmillan. 221-252.

Myck, M., Waldegrave, C., & Dahlberg, L. (2021). Two dimensions of social exclusion: economic deprivation and dynamics of loneliness during later life in Europe. *Social Exclusion in Later Life: Interdisciplinary and Policy Perspectives*, 311-326.

National Health Service (NHS). (2022). Loneliness in older people. Retrieved from: https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/loneliness-in-older-people/

National Health Service England (NHS). (2023). Social prescribing. Retrieved from: https://www.england.nhs.uk/personalisedcare/social-prescribing/

National Institute for Health and Care Excellence (NICE). (2013). Falls in older people: assessing risk and prevention. Retrieved from: https://www.nice.org.uk/guidance/cg161/chapter/introduction

National Voices. (2020). Rolling out social prescribing: Understanding the experience of the voluntary, community and social enterprise sector. Retrieved from: https://www.nationalvoices.org.uk/publications/our-publications/rolling-out-social-prescribing

Naughton-Doe, R., Barke, J., Manchester, H., Willis, P., & Wigfield, A. (2022). Ethical issues when interviewing older people about loneliness: Reflections and recommendations for an effective methodological approach. *Ageing & Society*, 1-19.

Neal, S., & Walters, S. (2008). Rural be/longing and rural social organizations: Conviviality and community-making in the English countryside. *Sociology*, 42(2), 279-297.

Needham, C. (2012). *Personalising public services: Understanding the personalisation narrative.* Bristol: The Policy Press.

Needham, C. (2014). Personalization: from day centres to community hubs? *Critical Social Policy*, 34, 90–108.

Nelson, G., Ochocka, J., Griffin, K., & Lord, J. (1998). “Nothing about me, without me”: Participatory action research with self-help/mutual aid organizations for psychiatric consumer/survivors. *American Journal of Community Psychology*, 26(6), 881-912.

Neugarten, B.L., & Hagestad, G.O. (1976). Age and the life course. In R.H. Binstock, & E. Shanas. (eds.). *Handbook of Aging and the Social Sciences.* New York, NY: Van Nostrand Reinhold. 35-55.

Newcastle City Council. (2018). Budget 2018-19. Retrieved from:

https://www.newcastle.gov.uk/your-council-and-democracy/budget-annual-report-and-spending/budget/budget-2018-19

Newcastle City Council. (2023). Care and Personal Support. Retrieved from: https://www.newcastle.gov.uk/services/care-and-support/adults/staying-home/care-and-personal-support

Nicolini, D. (2011). Practice as the site of knowing: Insights from the field of telemedicine. *Organization science*, 22(3), 602-620.

Njelesani, J., Teachman, G., Durocher, E., Hamdani, Y., & Phelan, S.K. (2015). Thinking critically about client-centred practice and occupational possibilities across the life-span. *Scandinavian Journal of Occupational Therapy*, 22(4), 252-9.

Noone, C., & McKenna-Plumley, P.E. (2022). Lonely for touch? A narrative review on the role of touch in loneliness. *Behaviour Change*, 1-11.

Noone, C., McSharry, J., Smalle, M., Burns, A., Dwan, K., Devane, D., & Morrissey, E.C. (2020). Video calls for reducing social isolation and loneliness in older people: a rapid review. *Cochrane Database of Systematic Reviews*, Issue 5. Art. No.: CD013632.

Noone, C., & Yang, K. (2022). Community-based responses to loneliness in older people: A systematic review of qualitative studies. *Health & Social Care in the Community*, 30(4), e859-e873.

Novy, C. (2018). Life stories and their performance in dementia care. *The Arts in Psychotherapy*, 57, 95-101.

Nurmi, M.A., Mackenzie, C.S., Roger, K., Reynolds, K., & Urquhart, J. (2018). Older men's perceptions of the need for and access to male-focused community programmes such as Men's Sheds. *Ageing & Society*, 38, 794–816.

Nyqvist, F., Nygård, M., & Scharf, T. (2019). Loneliness amongst older people in Europe: a comparative study of welfare regimes. *European Journal of Ageing*, 16, 133–143.

O'Connell, B.H., O'Shea, D., & Gallagher, S. (2016). Mediating effects of loneliness on the gratitude-health link. *Personality and Individual Differences*, 98, 179-183.

O'Connell, B.H., O'Shea, D., & Gallagher, S. (2018). Examining psychosocial pathways underlying gratitude interventions: A randomized controlled trial. *Journal of Happiness Studies*, 19, 2421-2444.

Office for National Statistics (ONS). (2018). Loneliness – what characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10

Office for National Statistics (ONS). (2019). Living longer: is age 70 the new age 65? Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerisage70thenewage65/2019-11-19

Office for National Statistics (ONS). (2020). Coronavirus and depression in adults, Great Britain: June 2020. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020

Office for National Statistics (ONS). (2022a). Worries about the rising costs of living, Great Britain: April to May 2022. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/worriesaboutherisingcostsoflivinggreatbritain/apriltomay2022

Office for National Statistics (ONS). (2022b). Voices of our ageing population: Living longer lives. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/voicesofourageingpopulation/livinglongerlives

Oldman, C. (2002). Later life and the social model of disability: a comfortable partnership? *Ageing & Society*, 22, 791-806.

O'Neill, M. (2018). Walking, well-being and community: racialized mothers building cultural citizenship using participatory arts and participatory action research. *Ethnic and Racial Studies,* 41(1), 73–97.

O'Neill, M., & Stenning, P. (2014). Walking biographies and innovations in visual and participatory methods: Community, politics and resistance in downtown east side Vancouver. In C. Heinz, & G. Hornung. (eds.). *The Medialization of Auto/Biographies: Different Forms and Their Communicative Contexts*. Hamburg: UVK. 215–246.

Orellana, K. (2018). *The role and purpose of generalist day centres for older people: case studies of four day centres from multiple perspectives*. Doctoral thesis. Kings College London.

Orellana, K., Manthorpe, J., & Tinker, A. (2020a). Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived. *Ageing & Society*, 40, 73–104.

Orellana, K., Manthorpe, J., & Tinker, A. (2020b). Choice, control and person-centredness in day centres for older people. *Journal of Social Work*, 0(0), 1–24.

Ospina S., Dodge J., Godsoe B., Minieri J., Reza S., & Schall E. (2004). From consent to mutual inquiry: Balance democracy and authority in action research. *Action Research,* 2(1), 47–69.

O'Súilleabháin, P.S., Gallagher, S., & Steptoe, A. (2019). Loneliness, living alone, and all-cause mortality: The role of emotional and social loneliness in the elderly during 19 years of follow-up. *Psychosomatic Medicine,* 81(6), 521-526.

O'Sullivan, T., & Bourgoin, M. (2010). *Vulnerability in an influenza pandemic: Looking beyond medical risk.* Public Health Agency of Canada. Retrieved from: https://homelesshub.ca/sites/default/files/attachments/Lit%20Review%20-%20Vulnerability%20in%20Pandemic_FINAL.pdf

Pagan, R. (2020). How important are holiday trips in preventing loneliness? Evidence for people without and with self-reported moderate and severe disabilities. *Current Issues in Tourism*, 23(11), 1394-1406.

Patsios, D. (2006). Pensioners, poverty and social exclusion. In C. Pantazis, D. Gordon, & R. Levitas. (eds.). *Poverty and Social Exclusion in Britain: The Millennium Survey*. Bristol: The Policy Press. 431-58.

Peck, S.M. (1988). *The Different Drum: The Creation of True Community- the First Step to World Peace.* Reading, UK: Cox & Wyman.

Peplau, L.A., & Perlman, D. (1982). Perspectives on loneliness. In L.A. Peplau, & D. Perlman. (eds.). *Loneliness: A Sourcebook of Current Theory, Research and Therapy*. New York, NY: Wiley. 1–18.

Perkins, D.D., & Long, D.A. (2002). Neighborhood sense of community and social capital: A multi-level analysis. In A.T. Fisher, C.C. Sonn, & B.J. Bishop. (eds.). *Psychological Sense of Community: Research, Applications, and Implications.* New York, NY: Kluwer Academic/Plenum Publishers. 291–318.

Perlman, D., & Peplau, L.A. (1984). Loneliness research: A survey of empirical findings. In L.A. Peplau, & S.E. Goldston. (eds.). *Preventing the Harmful Consequences of Severe and Persistent Loneliness*. Rockville, MD: National Institute of Mental Health. 13-46.

Phillips, J.E., Ajrouch, K.J., & Hillcoat-Nalletamby, S. (2010). *Key Concepts in Social Gerontology*. Los Angeles, LA: SAGE Publications, Inc.

Phillipson, C. (1982). *Capitalism and the Construction of Old Age*. London, UK: The Macmillan Press.

Phillipson, C. (1998). *Reconstructing Old Age*. London, UK: SAGE Publications, Inc.

Phillipson, C. (2013). *Ageing*. Cambridge, UK: Polity Press.

Phillipson, C., Yarker, S., Lang, L., Doran, P., Goff, M., & Buffel, T. (2021). COVID-19, inequality and older people: Developing community-centred interventions. *International Journal of Environmental Research and Public Health*, 18(15), 8064.

Phinney, A., & Affleck, F. (2020). Learning together during a pandemic lockdown: connecting older mentors with nursing students. *Innovation in Aging*, 4(S1), 951.

Pink, S. (2008). Mobilising visual ethnography: Making routes, making place and making images. *Forum Qualitative Sozialforschung Forum: Qualitative Social Research,* 9(3).

Pinquart, M., & Sörensen, S. (2001). Gender differences in self-concept and psychological well-being in old age: a meta-analysis. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 568, 195-213.

Poscia, A., Stojanovic, J., La Milia, D. I., Duplaga, M., Grysztar, M., Moscato, U., Onder, G., Collamati, A., Ricciardi, W., & Magnavita, N. (2018). Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Experimental Gerontology*, 102, 133–144.

Powell, J., & Taylor, P. (2016). Ageing in an era of neoliberalism: the impact of extending working lives. *LSE BPP.* Retrieved from: https://blogs.lse.ac.uk/politicsandpolicy/the-extension-of-working-lives-and-pensions/

Pretty, G., Bishop, B., Fisher, A., & Sonn, C. (2007). Psychological sense of community and its relevance to well-being and everyday life in Australia. *Australian Community Psychologist*, 19(2), 6-25.

Prezza, M., Amici, M., Roberti, T., & Tedeschi, G. (2001). Sense of community referred to the whole town: Its relations with neighbouring, loneliness, life satisfaction, and area of residence. *Journal of Community Psychology*, 29(1), 29–52.

Prieto-Flores, M.E., Forjaz, M.J., Fernandez-Mayoralas, G., Rojo-Perez, F., & Martinez-Martin, P. (2011). Factors associated with loneliness of non-institutionalized and institutionalized older adults. *Journal of Aging and Health,* 23(1), 177–194.

Putnam, R.D. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York, NY: Simon & Schuster.

Radley, A., Chamberlain, K., Hodgetts, D., Stolte, O. & Groot, S. (2010). From means to occasion: Walking in the life of homeless people. *Visual Studies,* 25(1), 36–45.

Rahman, M.M., Khan, H.T.A., & Hafford-Letchfield, T. (2016) Correlates of socioeconomic status and health of older people in the United Kingdom. *Illness, Crisis and Loss*, 24(4) 195-216.

Ranzijn, R., Keeves, J., Luszcz, M., & Feather, N.T. (1998). The role of self-perceived usefulness and competence in the self-esteem of elderly adults: confirmatory factor analyses of the Bachman revision of Rosenberg's Self-Esteem Scale. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 53(2), 96-104.

Ratcliffe, J., Kanaan, M., & Galdas, P. (2022). Men and loneliness in the Covid-19 pandemic: Insights from an interview study with UK-based men. *Health & Social Care in the Community*, 30(5), e3009-e3017.

Ray, M. (2007). Six: Redressing the balance? The participation of older people in research. In M. Bernard & T. Scharf. (eds.). *Critical Perspectives on Ageing Societies.* Bristol, UK: Policy Press. 73–88.

Ray, R.E. (2008). Coming of age in critical gerontology. *Journal of Aging Studies*, 2(22), 97-100.

Raymond, E., & Grenier, A. (2015). Social participation at the inter-section of old age and lifelong disability: Illustrations from a photo-novel project. *Journal of Aging Studies*, 35, 190–200.

Reason, P. (1988). Introduction. In P. Reason. (ed.). *Human Inquiry in Action: Developments in New Paradigm Research*. London, UK: SAGE Publications, Inc. 1–17.

Reason, P., & Bradbury, H. (eds.). (2001). *Handbook of Action Research: Participative Inquiry and Practice*. London, UK: SAGE Publications, Inc.

Reason, M., & Heinemeyer, C. (2016). Storytelling, story-retelling, storyknowing: towards a participatory practice of storytelling, *Research in Drama Education: The Journal of Applied Theatre and Performance*, 21(4), 558-573.

Reed, J. (2006). *Older People "Getting Things Done": Involvement in Policy and Planning Initiatives*. York, UK: Joseph Rowntree Foundation.

Reed, J. (2010). Appreciative inquiry and older people- finding the literature. *International Journal of Older People Nursing*, 5, 292–298

Reynolds, K.A., Mackenzie, C.S., Medved, M., & Roger, K. (2015). The experiences of older male adults throughout their involvement in a community programme for men. *Ageing & Society*, 35, 531–551.

Rich, A. (1979). *Lies, Secrets, and Silence: Selected Prose, 1966-1978*. New York, NY: W.W. Norton.

Richardson, S., Karunananthan, S., & Bergman, H. (2011). I may be frail but I ain't no failure. *Canadian Geriatrics Journal: CGJ*, 14(1), 24.

Riessman, C.K. (1993). *Narrative Analysis*. Newbury Park, CA: Sage Publications, Inc.

Ritch, E.L., & Brennan, C. (2010). Using World Café and drama to explore older people's experience of financial products and services. *International Journal of Consumer Studies*, 34(4), 405-411.

Ritchie, J., Lewis, J., Nicholls, C.M., & Ormston, R. (eds.). (2013). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. Thousand Oaks, CA: SAGE Publications, Inc.

Robertson, L., & Hale, B. (2011). Interviewing older people; relationships in qualitative research. *Internet Journal of Allied Health Sciences and Practice*, 9(3), 10.

Rokach, A., Orzeck, T., & Neto, F. (2004). Coping with loneliness in old age: A cross-cultural comparison. *Current Psychology*, 23, 124-137.

Rokach, A., & Sha'ked, A. (2013). *Together and Lonely: Loneliness in Intimate Relationships—Causes and Coping*. New York, NY: Nova Pub.

Ron, P. (2007). Self-esteem among elderly people receiving care insurance at home and at day centers for the elderly. *International Psychogeriatrics*, 19, 1097–1109.

Rose N., & Lentzos F. (2017). Making us resilient: Responsible citizens for uncertain times. In S. Trnka, & C. Trundle. (eds.). *Competing Responsibilities: The Politics and Ethics of Contemporary Life*. Duke University Press. 27-48.

Roseneil, S., Crowhurst, I., Hellesund, T., Santos, A.C., & Stoilova, M. (2020). *The Tenacity of the Couple-Norm: Intimate Citizenship Regimes in a Changing Europe*. London, UK: UCL Press.

Rosengard, A., Laing, I., Ridley, J., & Hunter, S. (2007). Literature review on multiple and complex needs. *Scottish Executive Social Research.* Retrieved from: https://www.researchgate.net/profile/Ann-Rosengard/publication/242483070_A_Literature_Review_on_Multiple_and_Complex_Needs/links/00b7d530b6b78216af000000/A-Literature-Review-on-Multiple-and-Complex-Needs.pdf

Rothan, H.A. & Byrareddy, S.N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *Journal of Autoimmunity*, 109, 102433.

Roulstone, A., & Morgan, H. (2009). Neo-Liberal individualism or self-directed support: are we all speaking the same language on modernising adult social care? *Social Policy and Society*, 8(3), 333–345.

Rowe, J.W., & Cosco, T.D. (2016). Successful aging. In V.L. Bengtson, & R.A. Jr. Settersten. (eds.). *Handbook of Theories of Aging*, 3rd ed. New York, NY: Springer Publishing Company. 539-550.

Russell, D., Peplau, L.A., & Cutrona, C.E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology,* 39, 472–480.

Ruxton, S. (2006). *Working with Older Men: A Review of Age Concern Services.* London, UK: Age Concern.

Sarason, S.B. (1974). *The Psychological Sense of Community: Prospects for a Community Psychology*. San Francisco, CA: Jossey Bass.

Sargent-Cox, K., & Anstey, K.J. (2015). The relationship between age- stereotypes and health locus of control across adult age-groups. *Psychology & Health*, 30, 652–670.

Savikko, N., Routasalo, P., Tilvis, R.S., Strandberg, T.E., & Pitkälä, K.H. (2005). Predictors and subjective causes of loneliness in an aged population. *Archives of Gerontology and Geriatrics*, 41(3), 223-233.

Schachter-Shalomi, S., & Miller, R. (1995). *From Aging to Saging; A Profound New Vision of Growing Older*. New York, NY: Warner Books.

Scharf, T. (2020). We need to move the focus from age to needs. *The Age Buster*. Retrieved from: https://www.theagebuster.com/blog/2020/5/4/we-need-to-move-the-focus-from-age-to-needs

Scharf, T., Phillipson, C., & Smith, A.E. (2004). Poverty and social exclusion – growing older in deprived urban neighbourhoods. In A. Walker, & C. Hagan Hennessy. (eds.). *Growing Older – Quality of Life in Old Age*. Maidenhead, UK: Open University Press. 81-106.

Schatzki, T.R. (1996). *Social Practices: A Wittgensteinian Approach to Human Activity and the Social.* Cambridge, UK: Cambridge University Press.

Schatzki, T.R. (2001). Introduction: Practice theory. In T. Schatzki, K. Knorr-Cetina, E. von Savigny. (eds.). *The Practice Turn in Contemporary Theory*, Vol. 44. London, UK: Routledge. 1-14.

Schatzki, T.R. (2002). *The Site of the Social: A Philosophical Exploration of the Constitution of Social Life and Change*. University Park, PA: Penn State University Press.

Schatzki, T.R. (2011). *The Timespace of Human Activity: On Performance, Society and History as Indeterminate Teleological Events*. Plymouth, UK: Lexington Books.

Schatzki, T.R. (2016). Practice theory as flat ontology. In G. Spaargaren, D. Weenink, & M. Lamers. (eds.). *Practice Theory and Research*. London, UK: Routledge. 44-58.

Schatzki, T.R., Knorr-Cetina, K., & Von Savigny, E. (eds.). (2001). *The Practice Turn in Contemporary Theory*, Vol. 44. London, UK: Routledge.

Schiau, I., Ivan, L., & Bîră, M. (2018). Involving older people in participatory action research: an example of participatory action design. *Romanian Journal of Communication and Public Relations*, 20, 1(43), 11-24.

Schirmer, W., & Michailakis, D. (2016). Loneliness among older people as a social problem: the perspectives of medicine, religion and economy. Ageing & Society, 36, 1559-1579.

Schmitt, E.M., Sands, L.P., Weiss, S., Dowling, G., & Covinsky, K. (2010). Adult day health center participation and health-related quality of life. *The Gerontologist*, 50, 531–540.

Schneider S.L. (2001). In search of realistic optimism: Meaning, knowledge, and warm fuzziness. *American Psychologist*, 56, 250-263.

Seppänen, M., & Ray, M. (2022). What now for critical gerontological social work? Opportunities, challenges and future prospects. In S. Torres, & S. Donnelly. (eds.). *Critical Gerontology for Social Workers*. Bristol, UK: Policy Press. 177-191.

Settersten, R.A., Jr., Bernardi, L., Härkönen, J., Antonucci, T.C., Dykstra, P.A., Heckhausen, J., Kuh, D., Mayer, K.U., Moen, P., Mortimer, J.T., Mulder, C.H., Smeeding, T.M., van der Lippe, T., Hagestad, G.O., Kohli, M., Levy, R., Schoon, I., & Thomson, E. (2020). Understanding the effects of Covid-19 through a life course lens. *Current Perspectives on Aging and the Life Cycle*, 45, 100360.

Seung-Youn, H. (2017). Gender difference of physical activity and quality of life of Korean older adults with osteoarthritis. *Journal of the Korean Society of Living Environmental System*, 24(6), 882–891.

Shereen, M.A., Khan, S., Kazmi, A., Bashir, N., & Siddique, B. (2020). COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses. *Journal of Advanced Research*, 24, 91-98.

Sherwood-Johnson, F., Mackay, K., & Greasley-Adams, C. (2022). Negotiating safety and vulnerability in everyday life: perspectives of UK older people from participative research. *European Journal of Social Work*, 25(3), 485-496.

Shiovitz-Ezra S., & Ayalon L. (2010). Situational versus chronic loneliness as risk factors for all cause mortality. *International Psychogeriatrics*, 22, 455-462.

Silverstein, M., & Giarrusso, R. (2010). Aging and family life: a decade review. *Journal of Marriage and Family,* 72(5), 1039–1058.

Skinner, M.W., Cloutier, D., & Andrews, G.J. (2015). Geographies of ageing: Progress and possibilities after two decades of change. *Progress in Human Geography*, 39(6), 776–99.

Social Care Institute for Excellence (SCIE). (2012). At a glance 61: Co-production and participation: Older people with high support needs. Retrieved from: https://www.scie.org.uk/publications/ataglance/ataglance61.asp

Social Care Institute for Excellence (SCIE). (2022). Care Act: assessment and eligibility. Retrieved from: https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/practice-examples/eligibility-adult-carer

Somerville, P. (2016). *Understanding Community: Politics, Policy and Practice*. Bristol, UK: Policy Press.

Sonmez, F. (2020, March). Texas Lt. Gov. Dan Patrick comes under fire for saying seniors should ‘take a chance’ on their own lives for sake of grandchildren during coronavirus crisis. *The Washington Post.* Retrieved from: https://www.washingtonpost.com/politics/texas-lt-gov-dan-patrick-comes-under-fire-for-saying-seniors-should-take-a-chance-on-their-own-lives-for-sake-of-grandchildren-during-coronavirus-crisis/2020/03/24/e6f64858-6de6-11ea-b148-e4ce3fbd85b5_story.html

Spector, M., & Kitsuse, J. (1987). *Constructing Social Problems.* New York, NY: Aldine de Gruyter.

Sridhar, D. (2022). *Preventable: How a Pandemic Changed the World & How to Stop the Next One.* London, UK: Penguin Books.

Stein, J.Y., & Tuval-Mashiach, R. (2015). The social construction of loneliness: An integrative conceptualization. *Journal of Constructivist Psychology*, 28(3), 210-227.

Stenholm, S., Koster, A., Valkeinen, H., Patel, K.V., Bandinelli, S., Guralnik, J.M., & Ferrucci, L. (2016). Association of physical activity history with physical function and mortality in old age. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 71(4), 496–501.

Stephens, C., & Breheny, M. (2018). Ageing identities in the twenty-first century: the social and practical effects of talk about being old. In E. Peel, C. Holland, & M. Murray. (eds.). *Psychologies of Ageing: Theory, Research and Practice*. Eastbourne, UK: Palgrave Macmillan. 21-50.

Stephens, C., Burholt, V., & Keating, N. (2017). Collecting qualitative data with older people. In U. Flick. (ed.). *The Sage Handbook of Qualitative Data Collection.* London, UK: SAGE Publications, Inc. 632–651.

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110(15), 5797–5801.

Stevens, E.S. (1993). Making sense of utility: an avenue towards satisfaction in later life. *International Journal of Aging and Human Development*, 37, 313-25.

Stevens, N., & Westerhof, G.J. (2006). Partners and others: Social provisions and loneliness among married Dutch men and women in the second half of life. *Journal of Social and Personal Relationships*, 23(6), 921–941.

Stokes, J.P. (1987). On the usefulness of phenomenological methods. In M. Hojat, & R. Crandall. (eds.). *Loneliness: Theory, Research, and Applications.* Newbury Park, CA: SAGE Publications, Inc. 57–62.

Stowell, F. (2013). The appreciative inquiry method- A suitable candidate for action research? *Systems Research and Behavioral Science*, 30(1), 15-30.

Sundström, M., Edberg, A.K., Rämgård, M., & Blomqvist, K. (2018). Encountering existential loneliness among older people: perspectives of health care professionals. *International Journal of Qualitative Studies on Health and Well-Being*, 13(1), 1474673.

Swinford, E., Galucia, N., & Morrow-Howell, N. (2020). Applying gerontological social work perspectives to the coronavirus pandemic. *Journal of Gerontological Social Work*, 63(6-7), 513-523.

Ten Bruggencate, T., Luijkx, K. G., & Sturm, J. (2019). Friends or frenemies? The role of social technology in the lives of older people. *International Journal of Environmental Research and Public Health*, 16(24), 4969.

Tester, S. (1989). *Caring by Day: A Study of Day Care Services for Older People*. London, UK: Centre for Policy on Ageing.

Tester, S. (2001). Day services for older people. In C. Clark. (ed.). *Adult Day Services and Social Inclusion: Better Days*. London, UK: Jessica Kingsley Publishers. 19-45.

Thomopoulou, I., Thomopoulou, D., & Koutsouki, D. (2010). The differences at quality of life and loneliness between elderly people. *Biology of Exercise,* 6(2), 13-28.

Thompson, J., Ebner, N., & Giddings, J. (2017). Nonverbal Communication in Negotiation. In C. Honeyman, & A.K. Schneider. (eds.). *The Negotiator's Desk Reference*. Saint Paul, MN: DRI Press. 449-468.

Thorne, A., & Nam, V. (2007). The life story as a community project. *Human Development*, 50, 119-123.

Tiilikainen, E., & Seppanen, M. (2017). Lost and unfulfilled relationships behind emotional loneliness in old age. *Ageing & Society,* 37, 1068–1088.

Tinker, A. (1997). Housing for elderly people. *Reviews in Clinical Gerontology*, 7, 171-176.

Tinker, A., Wright, F., Mccreadie, C., Askham, J., Hancock, R., & Holmans, A. (1999). *Alternative Models of Care for Older People. Research Volume 2 of the Report by The Royal Commission on Long Term Care*. London, UK: HMSO.

Titmuss, R.M. (1968). *Commitment to Welfare*. London, UK: Allen & Unwin.

Torres, S. (2019). *Ethnicity and Old Age: Expanding our Imagination*. Bristol, UK: Policy Press.

Townsend, P. (1979). *Poverty in the United Kingdom*. London, UK: Penguin Books.

Townsend, P. (1981). The structured dependency of the elderly. *Ageing & Society*, 1, 5-28.

Trentham, B.L., & Neysmith, S.M. (2018). Exercising senior citizenship in an ageist society through participatory action research: A critical occupational perspective. *Journal of Occupational Science*, 25(2), 174–190.

Tyson, A., Brewis, R., Crosby, N., Hatton, C., Stansfield, J., Tomlinson, C., Waters, J., & Wood, A. (2010). *A Report on In Control's Third Phase: Evaluation and Learning 2008–2009.* London, UK: In Control.

Uggerhøj, L., Henriksen, K., & Andersen, M.L. (2018). Participatory practice research and action research: Birds of a feather? *China Journal of Social Work*, 11(2), 186-201.

Unwin, H.J.T., Hillis, S., Cluver, L., Flaxman, S., Goldman, P.S., Butchart, A., Bachman, G., Rawlings, L., Donnelly, C.A., Ratmann, O., Green, P., Nelson, C.A., Blenkinsop, A., Bhatt, S., Desmond, C., Villaveces, A., & Sherr, L. (2022). Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study. *The Lancet Child & Adolescent Health*, 6(4), 249-259.

Valtorta, N., & Hanratty, B. (2012). Loneliness, isolation and the health of older adults: do we need a new research agenda? *Journal of the Royal Society of Medicine,* 105(12), 518-22.

Van Dyk, S. (2014). The appraisal of difference: Critical gerontology and the active-ageing-paradigm. *Journal of Aging Studies*, 31, 93-103.

Van Malderen, L., De Vriendt, P., Mets, T., & Gorus, E. (2016). Active ageing within the nursing home: a study in Flanders, Belgium. *European Journal of Ageing*, 13, 219-230.

Vervaecke, D., & Meisner, B.A. (2021). Caremongering and assumptions of need: The spread of compassionate ageism during COVID-19. *The Gerontologist*, 61(2), 159-165.

Victor, C.R. (2021). Is loneliness a cause or consequence of dementia? A public health analysis of the literature. *Frontiers in Psychology*, 11, 1 - 12.

Victor, C.R., Bond, J., & Scambler, S. (2009). *The Social World of Older People*. Maidenhead, UK: Open University Press.

Victor, C.R., & Bowling, A. (2012). A longitudinal analysis of loneliness among older people in Great Britain. *The Journal of Psychology: Interdisciplinary and Applied*, 146 (3), 313-31.

Victor, C.R., Mansfield, L., Kay, T., Daykin, N., Lane, J., Grigsby Duffy, L., Tomlinson, A., & Meads, C. (2018, October). An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course. *What Works Wellbeing.* Retrieved from: http://allcatsrgrey.org.uk/wp/download/public_health/Full-report-Tackling-loneliness-Oct-2018.pdf

Victor, C.R., & Pikhartova, J. (2020). Lonely places or lonely people? Investigating the relationship between loneliness and place of residence. *BMC Public Health*, 20(1), 1-12.

Victor, C.R., Rippon, I., Barreto, M., Hammond, C., & Qualter, P. (2022). Older adults' experiences of loneliness over the lifecourse: an exploratory study using the BBC loneliness experiment. *Archives of Gerontology and Geriatrics*, 102, 104740.

Victor, C.R., Scambler, S.J., Bond, J., & Bowling, A. (2000). Being alone in later life: loneliness, isolation and living alone in later life. *Reviews in Clinical Gerontology,* 10(4), 407–417.

Victor, C.R., Scambler, S., Bowling, A., & Bond, J. (2005). The prevalence of and risk factors for, loneliness in later life: a survey of older people in Great Britain. *Ageing & Society*, 25(3), 357 - 375.

Victor, C.R., Scambler, S., Marston, S., Bond, J., & Bowling, A. (2006). Older people's experiences of loneliness in the UK: Does gender matter? *Social Policy and Society*, 5, 27–38.

Victor, C.R., & Yang, K. (2012). The prevalence of loneliness among adults: A case study of the United Kingdom. *The Journal of Psychology,* 146:1-2, 85-104.

Vidovic, D., Reinhardt, G.Y., & Hammerton, C. (2021). Can social prescribing foster individual and community well-being? A systematic review of the evidence. *International Journal of Environmental Research and Public Health*, 18(10), 5276.

Vinson, T. (2004). *Community Adversity and Resilience: The Distribution of Social Disadvantage in Victoria and New South Wales and the Mediating Role of Social Cohesion.* Richmond, Victoria: Jesuit Social Services.

Von Heimburg, D., & Ness, O. (2021). Relational welfare: a socially just response to co-creating health and wellbeing for all. *Scandinavian Journal of Public Health*, 49(6), 639-652.

Von Humboldt, S., & Leal, I. (2014). Adjustment to aging in late adulthood: A systematic review. *International Journal of Gerontology*, 8, 108-113.

Wakefield, J.R.H., Kellezi, B., Stevenson, C., McNamara, N., Bowe, M., Wilson, I., Halder, M.M., & Mair, E. (2022). Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway. *Journal of Health Psychology*, 27(2), 386-396.

Walker, H. (2020). Alone Together: The risks of loneliness in Aotearoa New Zealand following Covid-19 and how public policy can help*. Post Pandemic Future Series,* Volume 1. Retrieved from: https://helenclark.foundation/wp-content/uploads/2020/06/alone-together-report-min.pdf

Walsh, K., Carney, G.M., & Ní Léime, Á. (2015). Introduction- social policy and ageing through austerity. In K. Walsh, G.M. Carney, & Á. Ní Léime. (eds.). *Ageing through Austerity: Critical Perspectives from Ireland*. Bristol, UK: Policy Press. 1- 15.

Ward, E., Barnes, M., & Gahagan, B. (2012). *Well-Being in Old Age: Findings from Participatory Research.* Brighton, UK: University of Brighton/Age Concern Brighton.

Warren, L., & Cook, J. (2005). Working with older women in research: Benefits and challenges of involvement. In L. Lowes & I. Hulatt. (eds.). *Involving Service Users in Health and Social Care Research*. Abingdon, UK: Routledge. 171-189.

Watkins, J., Wulaningsih, W., Da Zhou, C., Marshall, D.C., Sylianteng, G.D., Rosa, P.G.D., Miguel, A.M., Raine, R., King, L.P., & Maruthappu, M. (2017). Effects of health and social care spending constraints on mortality in England: a time trend analysis. *BMJ open*, 7(11), e017722.

Watson, D.C. (2012). Gender differences in gossip and friendship. *Sex Roles*, 67(9-10), 494-502.

Webster, J.D., Bohlmeijer, E.T., & Westerhof, G.J. (2010). Mapping the future of reminiscence: A conceptual guide for research and practice. *Research on Aging*, 32(4), 527-564.

Weiss, R.S. (1973). *Loneliness: The Experience of Emotional and Social Isolation*. Cambridge, MA: MIT Press.

Wenger, G.C., Davies, R., Shahtahmasebi, S., & Scott, A. (1996). Social isolation and loneliness in old age: review and model refinement. *Ageing & Society,* 16(3), 333-358.

Wiles, J., Morgan, T., Moeke-Maxwell, T., Black, S., Park, H.J., Dewes, O., Williams, L.A., & Gott, M. (2019). Befriending services for culturally diverse older people. *Journal of Gerontological Social Work*, 62(7), 776-793.

Wilkinson, E. (2022). Loneliness is a feminist issue. *Feminist Theory*, 23(1), 23-38.

Williamson, T., Brogden, J., Jones, E., & Ryan, J. (2010). Impact of public involvement in research on quality of life and society: a case study of research career trajectories. *International Journal of Consumer Studies*, 34(5), 551-557.

Willig, C. (2013). *Introducing Qualitative Research in Psychology*. New York, NY: McGraw-Hill Education.

Willis, P.B., & Vickery, A.Y. (2022). Loneliness, coping practices and masculinities in later life: Findings from a study of older men living alone in England. *Health & Social Care in the Community*, 30(5), e2874-e2883.

Willis, P.B., Vickery, A.Y., & Symonds, J. (2020). "You have got to get off your backside; otherwise, you'll never get out": older male carers' experiences of loneliness and social isolation. *International Journal of Care and Caring*, 4(3), 311–330.

Wills, K. (2012). William Hodson Community Center, nation's first place for seniors, still vibrant as it gears up for 70th anniversary. *New York Daily News*. Retrieved from: http://www.nydailynews.com/new-york/bronx/william-hodson- community-center-mission-ageless-article-1.1209034

Wilson, G., Gates, J., Vijaykumar, S., & Morgan, D. (2020). *Understanding the experiences of older adults using technology to stay connected: A facilitator or creator of new vulnerabilities?* Final Project Report. Retrieved from: https://nrl.northumbria.ac.uk/id/eprint/44852/1/Final%20project%20report_Wilson%20Gates%20Vijaykumar%20%20Morgan%20%282020%29%20%28002%29.pdf

Woelders, S., & Abma, T. (2019). Participatory action research to enhance the collective involvement of residents in elderly care: About power, dialogue and understanding. *Action Research*, 17(4), 528–548.

Wood, C. (2010). *Personal Best.* London, UK: Demos.

Wood, S. (2019). *The use of life story work in an age inclusive dementia service: a participatory action research study*. Doctoral Thesis. University of Essex.

Wood, A.M., Froh, J.J., & Geraghty, A.W. (2010). Gratitude and well-being: a review and theoretical integration. *Clinical Psychology Review,* 30(7), 890–905.

World Health Organization (WHO). (2015). World Report on Ageing and Health. Retrieved from: https://www.who.int/publications/i/item/9789241565042

World Health Organization (WHO). (2020). Coronavirus disease 2019 (COVID-19) Situation Report – 72. Retrieved from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200401-sitrep-72-covid-19.pdf?sfvrsn=3dd8971b_2

Wright-Bevans, K., & Richards, M. (2020). Using PAR to promote social justice for older people and people with intellectual disabilities. *International Review of Qualitative Research*, 13(2), 219-232.

Wurm, S., Tesch-Römer, C., & Tomasik, M.J. (2007). Longitudinal findings on aging related cognitions, control beliefs, and health in later life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences,* 62(3), 156–164.

Yang, K. (2017). Causal conditions for loneliness: a set-theoretic analysis on an adult sample in the UK. *Quality & Quantity*, 52(2), 685-701.

Yang, K. (2019). *Loneliness: A Social Problem*. Oxon, UK: Routledge.

Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F.J. (2018). The complexity of loneliness. *Acta Bio Medica: Atenei Parmensis*, 89(2), 302.

Zacher, H., & Rudolph, C.W. (2021). Individual differences and changes in subjective wellbeing during the early stages of the COVID-19 pandemic. *American Psychologist*, 76(1), 50–62.

Zamir, S., Hennessy, C.H., Taylor, A.H., & Jones, R.B. (2018). Video-calls to reduce loneliness and social isolation within care environments for older people: An implementation study using collaborative action research. *BMC Geriatrics*, 18, 62.

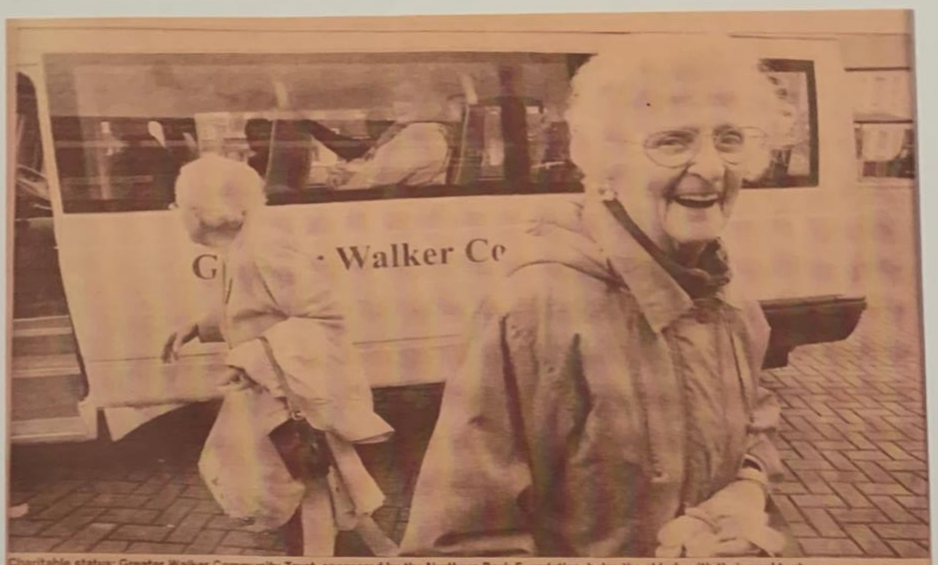
Ziegler, F., & Scharf T. (2013). Community-based participatory action research: Opportunities and challenges for critical gerontology. In J. Baars, A. Grenier, J. Dohmen, & C. Phillipson. (eds.). Aging, Meaning and Social Structure: Connecting Critical and Humanistic Gerontology. London, UK: Policy Press. 157-180.

Zimmerman, M.A. (2000). Empowerment theory: psychological, organizational and community levels of analysis. In J. Rappaport, & E. Seidman. (eds.). *Handbook of Community Psychology.* New York, NY: Academic/Plenum. 43-63.

Appendix 1. GWCT Newspaper cuttings

(As displayed in the day centre)

Financial Times 2nd February 2008



Charitable status: Greater Walker Community Trust, sponsored by the Northern Rock Foundation, helps the elderly with their weekly shop

Social cost of an ailing institution

Grants put lives back on track

By Chris Tighe

On a bleak winter's day in the Walker area of Newcastle, 79-year-old widow Beth Anderson is being helped through the sleet and on to a supermarket-bound minibus.

Without support from the Greater Walker Community Trust, shopping would be a struggle, she says. Mrs Anderson also attends trust lunches a couple of times a week. "I go to all the dinners; it makes a difference."

The trust, backed by the Northern Rock Foundation since 1998, has made a difference to the lives of many elderly people in Newcastle's east end, easing the isolation caused by bereavement, weakening family structures, fear of crime or poor health and helping them to remain in their own homes rather than entering residential care.

The foundation's current grant is £60,000 over three years. "It's been a lifeline," says project manager Jen Brumwell. The foundation has provided invaluable training and support. "They're very easy to go to, open and honest."

Recipients of foundation funds often mention this supportive attitude. "It's much more than, 'here's the money'," says Karen Grundy, chief executive of First Stop Darlington, a charity working with homeless people with drug and alcohol additions, which sees 500 new clients a year.

Foundation grants, currently £113,594 over three years, fund one and a half project workers, half First Stop's total. "It's helped save lives and put people's lives back on track," says Mrs Grundy.

About 1,500 organisations, half the north-east and Cumbria's voluntary bodies, have received foundation funds since 1998. They range from big organisations to drummer Mervin Thomas' Hands and Feet. With £60,000 over three years, Hands and Feet runs Tyneside drumming and dance classes and has turned a group of unemployed and older people into carnival performers.

Appendix 2. Telephone questionnaire

Greater Walker Community Trust

Questionnaire

The purpose of this questionnaire is to help plan and prepare for the upcoming research project exploring the Centre's role in preventing or reducing experiences of loneliness.

This project is an opportunity to work together with all those who use the Centre, explore what is means to everyone, why people choose to use it and think about what else you might want from the centre now or in the future.

This project will last until July 2021, when we will hopefully be back in the Centre!

It is important that we decide the aims of this project together so this questionnaire is your first chance to detail what you would like to do during the research project.

By sharing your thoughts you will enable us to plan how best to carry out the research safely and inclusively. By taking part you will also help to shape the project to be more representative of your day centre community.

If you change your mind about sharing your thoughts, you may withdraw the information up to 2 weeks later by contacting Jen (**mobile number**) or Catrin (**mobile number**).

Greater Walker Community Trust

Q. 1 What is your relationship with the Centre?

Q.2 How long have you attended the Centre?

Q.3 Are you in contact with anyone from the Centre now it is temporarily closed?

Q. 4 If yes, how do you stay in contact? If no, please skip to question 5.

Q. 5 Would you be interested in using the internet during the project? If no, please skip to question 9.

Q.6 Do you currently have access to the internet?

Q.7 Do you talk to family or friends using video call? (A video call is a phone call that uses an internet connection and allow callers to see – as well as hear – each other.)

Q.8 If yes, which platforms do you use to talk to family or friends? If no, please skip to question 9.

Q.9 Do you feel confident reading small amounts of text?

Q.10 Do you feel confident writing small amounts of text?

Q.11 Do you feel confident using the telephone?

In this next section, I'd like to learn about your interests, wants and wishes in relation to the project.

Q. 12 What do you wish to get out of this project?

Q. 13 What change or action would you like to see happen as a result of this project?

Q. 14 How would you like to stay in contact with the research team if face-to-face is not possible?

- ☐ **Video call**
- ☐ **Telephone**
- ☐ **Post/ newsletter**
- ☐ **Other (please specify):**

Q. 15 How often would you like to be in contact with the research team, during the course of the project?

Q. 16 Would you be interested in using some creative methods during the project? (see Q 17 for examples)

Greater Walker Community Trust

Q. 17 If yes, please tick all that apply.

- ☐ **Painting/ drawing**
- ☐ **Music**
- ☐ **Video**
- ☐ **Performance**
- ☐ **Textile (including knitting and collage)**
- ☐ **Photography**
- ☐ **Walking**
- ☐ **Other (please specify):**

Contact details:

Catrin Noone

Email: catrin.noone@durham.ac.uk

Telephone: **----------**

or

Jen Brumwell

Telephone: **----------**

Appendix 3. Information guide

Greater Walker Community Trust

‘The changing role of day centres for older persons as an intervention for loneliness’

Information Guide

Hello!

My name is **Catrin Noone** and I’m a PhD student at Durham University. I’m working in collaboration with **Greater Walker Community Trust**.

The past few months have been a very challenging and possibly lonely time as the outbreak of Coronavirus meant the Centre had to close.

I’d like to work as a team with you, other attendees and the staff at the Centre to think about how the Centre could better support you in the future. I’m particularly interested in everyone’s experiences of loneliness (past or present) and whether the Centre currently helps or could help reduce these feelings in the future.

Are you interested in getting involved and becoming a **co-researcher**?

Here’s a few important points to consider:

. The first phase of the project will involve filling out a questionnaire that I will deliver to your house.

. Staff or I can help you fill this in over the telephone if you would like.

. You do not have to answer any questions you do not wish to answer.

Greater Walker Community Trust

. All work carried out during the project will be stored securely on a password protected computer and/or a locked filing cabinet.

. The findings of this project will be submitted to Durham University as part of my PhD.

. All information you provide for this study will be treated confidentially.

. Any personal information you give during the project will be made available to you, on request.

. You will be able to change your mind and opt out at any time during the project.

Over the next few weeks, please feel free to chat with Jen and staff about this project, think about whether you would like to get involved and let them know your thoughts.

Contact details:

Catrin Noone

Telephone: ----------

Email: catrin.noone@durham.ac.uk

Appendix 4. Consent form

Greater Walker Community Trust

Research Consent Form

I ..... voluntarily agree to participate in this research study.

. I understand why I have been asked to take part in the study and what it involves.

. I understand the potential benefits involved with participation.

. I understand that I can withdraw at any point during the research by informing Catrin or a member of staff.

. I understand that all information I provide for this study will be treated confidentially.

. I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities.

. I understand that I am entitled to access the information I have provided at any time.

. I understand that Catrin is the lead researcher and I am free to contact her to seek further clarification and information.

Contact details:

Catrin Noone

Telephone: ----------

Greater Walker Community Trust

Email: catrin.noone@durham.ac.uk

or

Jen Brumwell

Telephone: **----------**

Signature of co-researcher: …….

Date: …….

I believe the co-researcher is giving informed consent to participate in this study.

Signature of researcher: …….

Date: …….

Appendix 5. Table: Co-researcher attributes

	Gender	*Age*	*Marital/family status*	*Household characteristics*	*Current/ Previous occupation*	*Relationship with centre*	*Time at centre*
Ronnie	F	83	Widowed, children	Single person, sheltered accommodation	Hairdresser	Client	10 years
Rosebud	F	74	Widowed	Single person, house	Typist/ book seller	Client	21 years
Annie	F	86	Widowed, children	Single person, house	Upholsterer	Client	7 years
Kyle	M	65	Single	Two-person house	Shop worker	Client	14 years
Cedar	M	79	Widowed, children	Single person, sheltered accommodation	Local government officer	Client	4 weeks
Major Tom	M	85	Widowed, children	Single person, sheltered accommodation	Butcher	Client	5 years
Skipper	M	59	Single	Single person, sheltered accommodation	Volunteer	Volunteer	8 years
William	M	89	Widowed, children	Single person, sheltered accommodation	Engineer	Client	10 years
Moira	F	76	Widowed, children	Single-person, house	Nurse/ cleaner	Carer	6 years
Winifred	F	84	Widowed, children	Single-person, house	Sales assistant/ manageress	Carer	7 years
Paul	M	70	Single	Single person, house	Factory worker	Client	Upcoming
Sarah	F	54	Widowed, children	Two-person, house	Carer	Staff	7 years
Louise	F	50	Married, children	Four-person, house	Volunteer/ carer	Staff	5 years
Jen	F	78	Married, children	Two-person, house	Sales assistant/ manageress	Staff (manager)	21 years
Helen	F	75	Married, children	Two-person, house	Receptionist	Carer	9 years

Coral	F	50	Married, children	Four-person, house	Carer	Carer	10 years
Dennis	M	84	Married, children	Two-person, house	Manager	Client	9 years

Appendix 6. Photovoice images

Image description:
Catrin posing in location of Paul's favourite band's album cover.

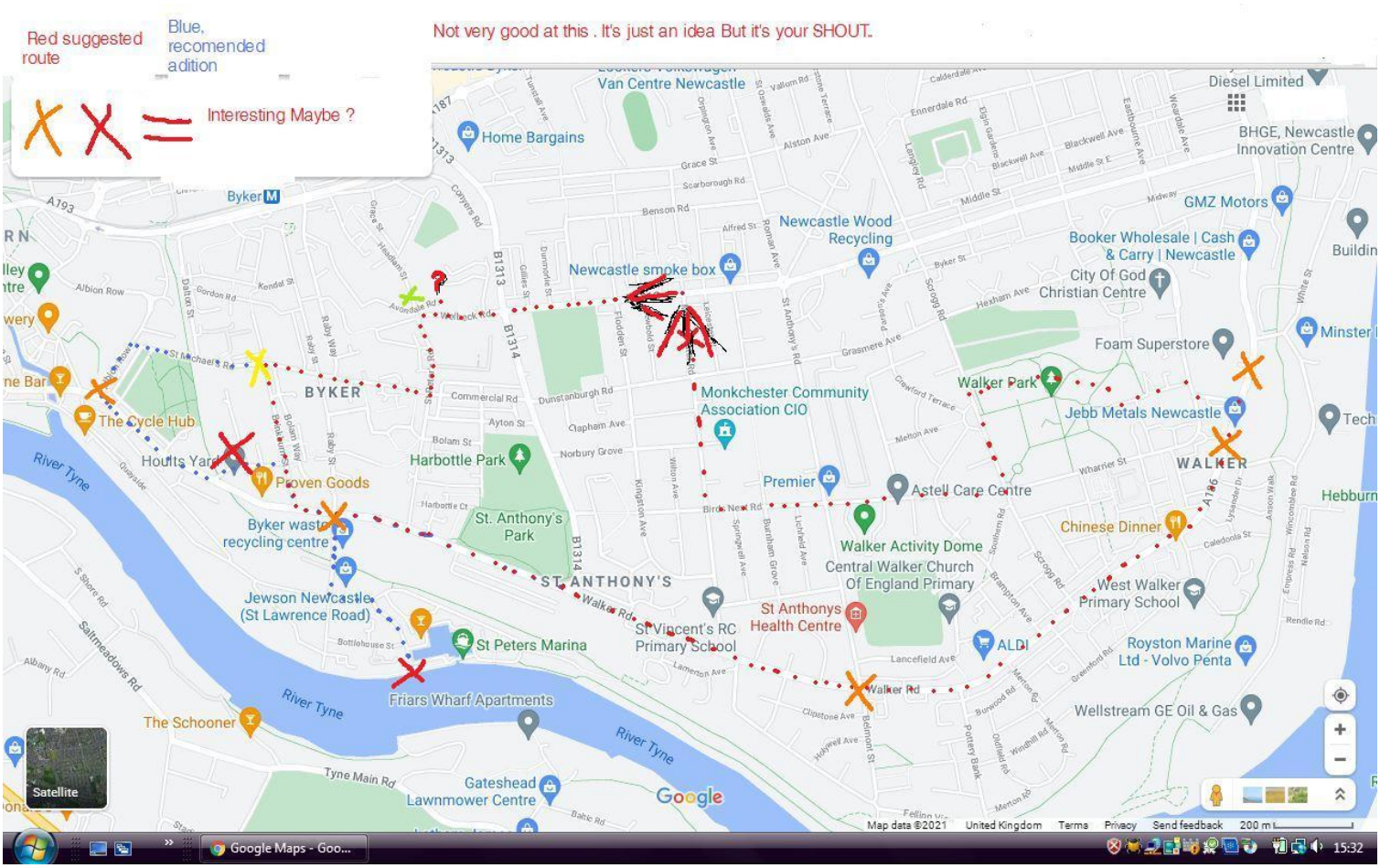
Image description:
The quayside.

Image description: Popular street in Byker.

Image description: Previous place of employment.

Appendix 7. Walking methods map

(Annotated by Paul)



Appendix 8. GWCT Newsletter

The Walker Tittle - Tattle

Have you seen these women?

[redacted] [redacted]

Mrs [redacted] & Mrs [redacted] are being sought after a daring theft from a first class hotel in Aberfoyle, Scotland.

A Solid Silver antique knife was stolen in a daring raid by [redacted] when she posed as a member of a group of holiday makers from Walker. She was assisted in this robbery by [redacted] "*the fence*" [redacted] who received the stolen property and knowingly accepted it.

The police received evidence from an anonymous source who signed herself [redacted]. Evidence of the theft was also submitted. *Pictured*

The two suspects have not been seen since they made their getaway on Friday evening under the cover of daylight. It is believed they had in their possession suitcases which may have contained more hotel property. (the hotel have reported the mysterious disappearance of two waiters, a glass from the bar and toilet rolls from two rooms)

The manager of the hotel said he was not surprised at all as that group had been nothing but bother all week and had already caught the accused and several accomplices with a bag of silver from their table.

Interpol, MI5, and Age Concern are now involved in this investigation, an insider reported today that no bingo hall in the country would be safe until this pair are apprehended.

Crimewatch have had dozens of anonymous tip offs, all of whom left their names in the hope of getting the reward. [redacted], who begged our reporter for a date, said, 'I saw them do it, I was shocked'. [redacted] said 'I always thought their eyes were too close together' and [redacted] asked if they'd managed to get a full set.

The Hotel is offering a night out with the assistant manager as a reward. Crimewatch are very generously offering not one but two kippers (only slightly out of the sell by date)

Anyone seeing either suspect should not approach them but contact the nearest police station as soon as possible as it is understood that both are armed with bingo dabbers and could be extremely dangerous.

Anyone with information should contact their nearest police station.

Cutlery sets – as new

Contact [redacted]

Appendix 9. GWCT Storybook

URL: https://cdn.me-qr.com/pdf/13703492.pdf

Appendix 8. GWCT storybook exhibition and collaborative playlist

https://open.spotify.com/playlist/4V31hAjpwv3fuOvd5jU5Gw?si=f9cca5bae9b14e7a