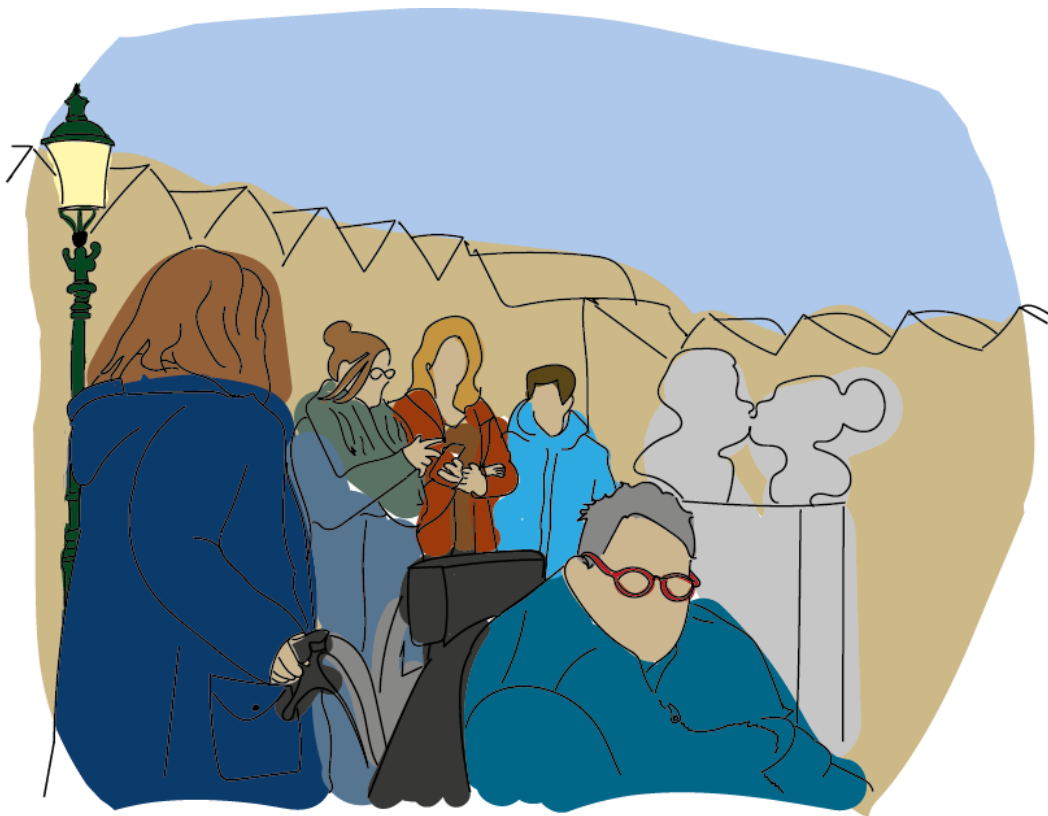# Let's Take Care of the Neighbourhood! Reciprocity in a Neighbourhood with a Healthcare Building: a Case Study in Appingedam

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Let's Take Care of the Neighbourhood! Reciprocity in a Neighbourhood with a Healthcare Building: a Case Study in Appingedam

AUTHOR:
Minke Kluivingh (S5011035)
Student MSc Society, Sustainability and Planning
Faculty of Spatial Sciences, University of Groningen

SUPERVISORS:
Prof. dr. L.G. (Ina) Horlings
Full Prof. Dr. Socio-Spatial Planning
Faculty of Spatial Sciences, University of Groningen

Dr. Aad Oosterhof
Het Zuiderlicht, Groningen

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ABSTRACT

This thesis studies reciprocity in the neighbourhood, specifically focusing on organizing a healthcare building for elderly individuals with Alzheimer's disease and people with mental disabilities. Through PAR (Participatory Action Research), insights are generated on how to stimulate reciprocal behaviour between local residents and the vulnerable target group. Levels of interaction are considered independent variables which influence the reciprocity in the neighbourhood. The research includes four key findings: 1) volunteers function as bridging ties in the community, 2) main differences between communities are visible in places where spontaneous and organised activities occur, 3) repetition and predictability address the needs of the vulnerable target group and 4) reciprocity is strongly related to having a meaningful contribution to society, but should consider conditions to meet the specific needs of the vulnerable target group. In this research, I present a new framework that can be used to organise reciprocity in a neighbourhood of a healthcare building. I argue that reciprocity can and should be organised in two ways. First, healthcare organisations should devote themselves to including their residents in society. Second, the healthcare building should contribute to the neighbourhood in order to be a part of the neighbourhood.

Keywords: Reciprocity in a Neighbourhood, Interactions, Social Capital, Inclusivity, Disabilities, Elderly Care, Participatory Action Research, Healthcare

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CHAPTER 1: INTRODUCTION

It is more difficult to participate in society for people with mental disabilities or elderly people suffering from dementia. Everyday interactions that seem natural for others, might be more complicated for disabled people. This research studies those interactions in order to facilitate reciprocity in a neighbourhood between local residents and a healthcare building, housing the elderly and people with mental disabilities.

Reciprocity is an everyday human interaction. Reciprocal behaviour relates to people evaluating the kindness of an action. It is a behavioural response to perceived kindness and unkindness. Whenever a person with reciprocal behaviour considers an action as kind, the person will also do something kind in return, while a person with unkind behaviour is punished by not receiving this kind response (Falk & Fischbacher, 2006). Reciprocity is related to acting for the benefit of society rather than a person's individual needs. Studies have shown how reciprocity emerges in market game interactions (Falk & Fischbacher, 2006; Fehr, et al., 1993; Sethi & Somanathan, 2003; Berg, et al., 1995) and how reciprocity influences social interactions in society (Putnam, 2000). However, there is a lack of research on this topic when it comes to a society where people with mental disabilities or elderly people actively participate in society. Hence, this research studies the phenomenon of reciprocity in the context of a healthcare building.

1.1. CONTEXT

The healthcare system in the Netherlands will face major challenges in the future. The population group with a demand for special care increases, due to an ageing population and improving medical treatments, while the working population will remain roughly the same. This, among other things, will put pressure on the future certainty of the healthcare system (Ministerie van Financiën, 2021).

1.1.1.   An ageing population

The group of elderly people in the Netherlands is growing, while the younger population is relatively shrinking. This phenomenon is called an '*ageing population'.* Figure 1 shows the demographic changes over time. The problem of an ageing population involves several considerations, including a growing demand for care (Haarsten & Venhorst, 2010). In the coming decades, the expansion of the elderly population will be increasing demands for care in combination with a scarcity of professionals. The sector is already short some 5,500 employees (Ahli & Douma, 2022) and shortages are growing. As a result, there is an urgent need for new ways to organise healthcare.
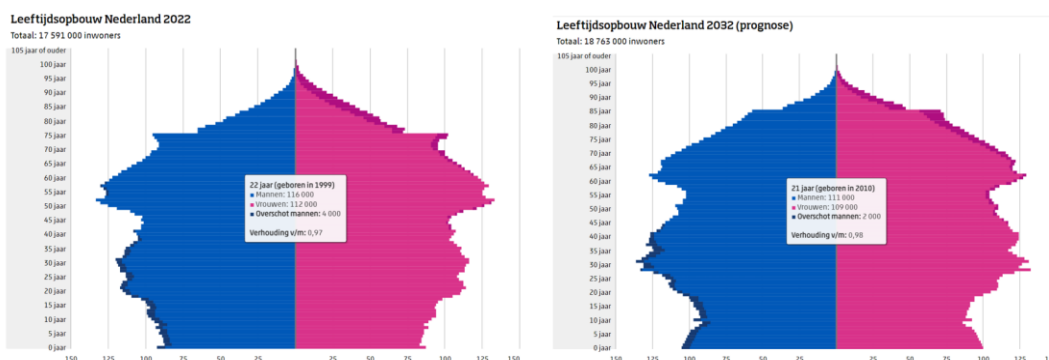

Figure 1: Demographic Population pyramid statistics 2022 (right) and Prognoses 2032 (left) (CBS, 2022)

1.1.2.   Changes within the Healthcare System

Dutch policies aim to relieve pressure by keeping the elderly out of nursing homes and encouraging reliance on informal care. Compared to other European countries, the Dutch have little individual responsibility in organizing (elderly) care. The policy aimed to get this more in line with other European counties and increase this responsibility (Delsen, 2012).

Healthcare in the Netherlands has been seen as a right of the citizens. This has been organised within welfare state arrangements. Long-term care for the elderly and disabled has been captured in the AWBZ ('*Algemene Wet Bijzondere Ziektekosten*') (Yerkes & Veen, 2011). The AWBZ implies legal insurance for the costs of long-term care for people with severe disabilities due to old age, chronic illness, disability or long-term psychological problems (CBS, n.d.). Studies on welfare systems help us understand the impact of change within policies. The literature describes shifts in the welfare system (Yerkes & Veen, 2011; Gent & Hochstenbach, 2020; Pierson, 1994; Touwen, 2022; Delsen, 2012). The healthcare system in the Netherlands changed from state-led organised to the direction of managed competition, a shift intended to reduce the cost of healthcare. Moreover, policies such as 'personal tied budgets' have come into place to enable as many people as possible to live independently. In this way, efforts are being made to allow more people with a demand for care to live independently at home and to keep them away from expensive and labour-intensive 24 hours-a-day care.

This research examines how the concept of reciprocity in the neighbourhood can contribute to future-proof healthcare. This was investigated through a central case within the '*Groninger Zorgakkoord*' (GZA). The GZA is an agreement within the northern parts of the Netherlands that stimulates organisations to cooperate to organise future-proof healthcare (GZA, 2022). The national vision of healthcare described above is in line with the goals of the GZA. However, one consequence of the innovations in healthcare aimed to innovate future healthcare is that future healthcare buildings will accommodate a target group with a higher demand for healthcare. This led to healthcare organisations considering the preservation and improvement of the quality of care. One of the focal points of GZA to enhance the quality of care in the future is the organization of reciprocity in the neighbourhood. This is based on the conviction that vulnerable people should actively engage within society (GZA, 2022).

1.2. RESEARCH PROBLEM

This research examines how to organise reciprocity in the neighbourhood to create a foundation of knowledge about the environment concerning informal care for future interventions. The research focuses on a single case in Appingedam, a city in the north of the Netherlands. Together with the residents and the neighbourhood, the goal is to create a living environment with interaction and reciprocity (GZA, 2022). This *action-based research* provides an academic background to achieve this goal. The main research question of this research project has emerged through immersing within the project, as described in the methods (CH3). Based on the dynamics and questions that emerged around the topic, the research question evolved:

"How to support reciprocity between a nursing home and the neighbourhood?"

Sub-Questions:

- What is the impact of the presence of a healthcare centre for the mentally disabled and elderly care in the neighbourhood?
- What places support reciprocal behaviour between the two groups?
- How does reciprocity occur in the neighbourhood?

1.2.1. Expected outcomes

I assume that primarily organized collaborations will contribute to reciprocity in the neighbourhood. I expect this because this way, the expectations of both the vulnerable target group of the EHB (Emergency Healthcare Building) and the local residents can be aligned with each other.

1.3. READERS' GUIDE

This thesis starts with chapter 2, providing a theoretical framework. This framework includes an overview of literature which operationalises the concept of reciprocity in the neighbourhood to research the topic. Chapter 3 elaborates on the methods used to gather data. Subsequently, the outcomes are presented in chapter 4. Finally, the thesis ends with a discussion and conclusion in chapter 5, which includes a new theoretical framework and practical recommendations.

CHAPTER 2: THEORETICAL FRAMEWORK

The EHB's vision includes several ambitions concerning reciprocity. The main goal of implementing reciprocity emerged due to a philosophy that assumes that people in a healthcare building should participate in society as much as possible. Healthcare buildings are not always part of the neighbourhood, often forming a separate 'island'. Reciprocity aims to involve the care building in the neighbourhood, and thus considers residents of the EHB neighbours. Moreover, the EHB's vision aspires to become a vibrant place in the neighbourhood. As described in the vision: *"[The EHB] is a central place in the neighbourhood and is together with its communal spaces it is used for various neighbourhood activities"* (De Hoven, De Zijlen, 's Heerenloo, 2020, p. 19). Hence, by creating space for neighbourhood activities, the EHB should facilitate activities that meet the needs of the surrounding neighbourhood. Finally, the vision describes the process of organising reciprocity as a participatory process. This implies a bottom-up approach, rather than a top-down decision-making process. The following quote is a description of the future ambitions of the EHB (De Hoven, De Zijlen, 's Heerenloo, 2020, p. 12).

> *"Between the residents and our buildings and the residents of the rest of the neighbourhood, a unique living environment of reciprocity will emerge: people interact with each other at De Eendracht: clients with mental disabilities contribute to the neighbourhood, assist in the community garden, help the residents of De Hoven, participate in outdoor maintenance, and work in the Grand Cafe. Neighbourhood residents are welcome as caregivers or volunteers welcome in the Grand Cafe, where we also organize joint activities. There are possibilities for them to co-use work and fitness spaces. Vulnerable neighbours can rely on our networks and services. Older people enjoy contact and witnessing this dynamism. We create spaces for a chat."*

In this chapter, I describe the concept of reciprocity. To operationalise the concepts, I use the three elements of the vision of the EHB, which I link to two concepts within the field of planning. First, the vision aims to build social connections in the neighbourhood through reciprocity. Within the literature, social connections are described within the concept of 'Social Capital'. I use this concept to link social connections to reciprocity. Subsequently, the vision describes the EHB as the centre of the neighbourhood. I use the concepts of place-based development to describe the dynamics of bottom-up planning and its influence on the liveliness of the place.

2.1. DEFINING RECIPROCITY

Reciprocity in the neighbourhood is desirable because EHB residents should participate in society as much as possible. The literature describes reciprocity as a significant occurrence in everyday human interactions. It is a consideration that rewards generosity and punishes opportunism. The phenomenon of reciprocity takes place in both long-term relationships and sporadic interactions, including brief and anonymous interactions (Sethi & Somanathan, 2003). Reciprocity is tangible in everyday interactions where unfair and opportunistic offers are rejected. Another element within reciprocity contains the willingness to incur material losses to reward others who are considered generous (Fehr, et al., 1993; Berg, et al., 1995; Falk & Fischbacher, 2006). Based on this literature, I use the concept of reciprocity as an everyday interaction containing acts of giving and receiving between different individuals within a society.

2.1.1. Social Capital: Reciprocity in a social context

According to the vision of the EHB, social capital is an outcome of reciprocity. However, Relevant literature describes reciprocity as a form of social capital. I will explicate both concepts and the interrelatedness among those concepts.
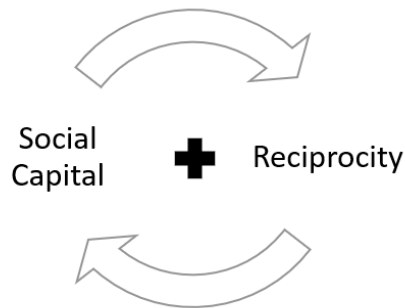
Figure 2: Interconnectedness Reciprocity and Social Capital

Social capital is a concept in which social structures can be generalized and used for research. The concept of social capital is important in neighbourhoods, because it concerns the relationships of people. Social capital is a valuable resource that contributes to the well-being of individuals, communities, and societies as a whole (Putnam, 2000). Putnam describes that people with better relations within their neighbourhood communities are less likely to show opportunistic behaviour. In this perspective, social capital is seen as the concept of generalized reciprocity. Within society, reciprocity occurs in the form of 'trusting one another'. Putnam (2000) describes reciprocity as short-term altruism in combination with long-term self-interest. "I'll do this for you now, without expecting anything immediately in return and perhaps without even knowing you, confident that down the road you or someone else will return the favour" (Putnam, 2000, p. 134). Societies that rely on generalized reciprocity are more efficient than distrustful societies. For instance, the phenomenon is related to less crime, fewer mental health issues and economic benefits for the inhabitants of neighbourhoods. This is a result of trust. Putnam distinguishes between trust based on past experiences and trust based on a general norm in society. He refers to this as 'thick trust' and 'thin trust'. Thick trust is trust as we know from friendships and close networks, whereas thin trust expresses itself in having faith in the strangers on the street and their good intentions. These forms of trust manifest themselves in the relations we have in everyday life. Thin trust is considered even more useful than thick trust because it goes further than the people a person can know personally. Putnam (2000) describes reciprocal behaviour as a norm of a society in which social capital is a collective value within the society including social networks, norms, and trust that exist within a community or society. He describes reciprocity as an element of social capital, though he argues that reciprocity (which includes trust) strengthens societies' social capital. Hence, the interrelatedness of social capital and reciprocity can be seen as a positive spiral (Figure 2).

Connecting different communities
Social capital is meaningful to society and its communities. However, the general reciprocity applies to those within a community. The external effects of social capital are not always considered positive. It can lead to NIMBY-ism or negative, anti-social processes. Therefore it is important to acknowledge the negative effects and to weigh them against the positive effects. An important aspect of social capital which analyses this aspect is the distinction between bonding and bridging social capital. Bonding social capital is focused on inward-looking and homogeneous groups. For instance, a church's reading club for women. Bonding social capital aims for strong connections within a certain community. Bonding is useful for creating specific reciprocity and solidarity. In contrast to bonding, bridging social capital is focused on connecting certain communities. Bridging can be considered an including process, compared to bonding which is an exclusive process. Bridging networks are useful for linkage to external assets and exchanging information.

Granovetter (1973) analyses these networks within social capital by analysing the linkages between people. He makes a distinction between strong ties and weak ties. Connections we have in close networks can be seen as strong ties, where people spend a significant amount of time together, there is some form of reciprocity and there is a degree of intimacy. Weak ties are the 'bridging' ties between networks. For instance, if a person finds a job through a teammate of a sports club who is already working at that company, then the connection between that person and the company is based on a weak tie and the teammate is a bridging factor between the two networks.
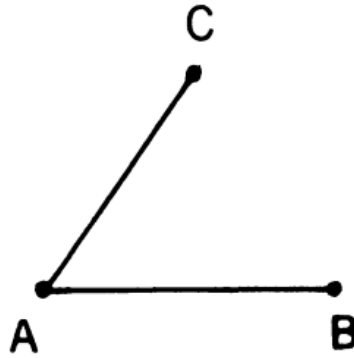

Figure 3: Forbidden triad (Granovetter, 1973)

Granovetter (1973) describes this according to his theory of the forbidden triad. The theory assumes that two individuals (B & C), both having strong ties to a mutual friend (A), in practice always have some form of a "tie" between them. Figure 3 shows the forbidden triangle because according to the theory, this situation never occurs. Granovetter (1973) describes that weak ties can form bridges and connect new 'points' within a network. For instance, the theory states that anyone connected to B is somehow connected to A. Hence, weak ties are important for the development of networks. Linkages to new networks form bridging ties. However, in large networks, it rarely occurs that a weak tie forms the only path between two points within networks. Therefore, bridging ties are considered the shortest path of weak ties within a network. These weak ties are called local bridges. Figure 4 shows two schematic illustrations of the interconnectedness of various networks. The illustration shows strong ties as black lines and weak ties as dashed lines. The figure provides a clear illustration of how multiple networks are tied together through various weak ties, as the dashed lines connect clusters of strong ties.

The theory of weak ties describes the concept of bridging in a slightly different way than the theory of Putnam. Putnam (2000) uses the terms within the theory of bridging and bonding, in which bonding is the superglue of society and bridging is considered WD-40. This means the phenomenon of bridging enables people to slide smoothly though networks. In contrast, Granovetter (1973) studies bridges by observing specific ties. Within this research, I use the concept of bridging to examine how bridging activities occur in everyday activities within the case. Moreover, I use the theory of Granovetter (1973) to analyse the network and its bridges. Weak ties have an important function in the snowballing effect of a network. Strong ties would lead to people working within their own 'bubble' while weak ties create bridges between certain networks and can have a bigger impact.

In the case of Appingedam, there are different communities: the inhabitants of the surrounding neighbourhood and the people living in the healthcare building. This means that bridging factors and weak ties are essential for this research. This is relevant to this research because organizing reciprocity between EHB and the surrounding neighbourhood implies contact between two different

communities. This involves contact that goes beyond one's own network. In this research, the concept of reciprocity is related to Putnams' (2000) concept of 'thin trust' within society.
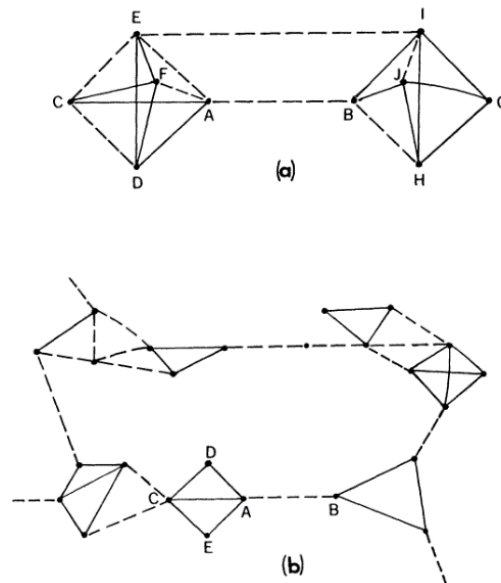

Figure 4: An illustration of weak ties connecting networks (Granovetter, 1973)

Vulnerable People and Social Capital

The above text considers the phenomenon of social capital through network structures. However, some theories view social capital from an individual perspective and how that person functions within a community. Because the cases of EHB involve vulnerable people, it is relevant for this research to also incorporate this individual analysis alongside the network structures. The vision of EHB describes the social situation of its inhabitants (De Hoven, De Zijlen, 's Heerenloo, 2020, p. 12):

> *"For De Zijlen and 's Heeren Loo, this [social capital] is very important because the residents are at risk of (easily) becoming socially excluded. Residents of De Hoven (especially those with dementia) lose contact with the outside world due to their illness. Our goal is to provide them with a life in which they matter, where they feel happy, and are part of society. The principle is that everyone participates unless it is genuinely not possible. This can only happen if the neighbourhood is also willing and able to truly provide these individuals with a sense of involvement and recognition. We want to encourage, facilitate, and organize this because it is not a given that the residents of our locations and people from the neighbourhood"*

When studying social structures in neighbourhoods and related living environments, the literature demonstrates that all individuals have their own perception of this living environment, depending on their individual lifestyles. For instance, the neighbours from whom one can borrow tools, the person who is working in the garden or the owner of a local shop, shape one's perceived living environment. This can be described by the concept of habitus (Bourdieu, 1989), which implies a sense of space and a world of common sense. Habitus is shaped by views, ideas, networks and beliefs. These factors determine how a person experiences something. Experiences throughout life shape personal habitus, so although personal habitus is something individual, people who share the same experience may have a similar habitus (Israel & Frenkel, 2018). Bourdieu (1989) describes how people classify themselves to

classification, by choosing in conformity with their taste. This determines how people experience the world around them. "Habitus, then, is a classifying system of functional distinctions rooted within aesthetic values *of 'us and them' that enable the creation of perceptual boundaries between groups and their respective habitus. It creates politics of exclusion and place attachment, determining who belongs to a given place and who does not"* (Israel and Frenkel 2018, 652). This explains why there are different communities within society. People look for people like themselves. In the case of Appingedam, the inhabitants of the EHB and the local residents experience the neighbourhood in their own way. When studying reciprocity within and among these groups, habitus and personal networks strongly influence if and how people interact.

2.1.2. Place-based development

Reciprocity in the neighbourhood is a phenomenon that can be captured within place-based development for two reasons. First, I described reciprocity as an everyday interaction in a certain place. Moreover, the literature describes how the neighbourhood experience is shaped by the sense of belonging, place attachment and everyday interaction (Drozdzewski & Webster, 2021). Hence, reciprocity concerns interactions in the neighbourhood, which make a place-based approach suitable.

Place-based development is an approach to urban development within socio-spatial planning that focuses on the unique characteristics and assets of a specific place or locality. It recognizes that each place has its own distinct attributes, including its natural resources, cultural heritage, physical infrastructure, and social capital (Norton & Hannon, 1997). The collaborative approach contributes to the legitimacy of measures (Nienhuis, et al., 2011) by focusing on people's needs and demands, which makes interventions suitable for the inhabitants (Moulaert, et al., 2013). As the literature describes: "[*A Place-based approach acknowledges] transformative agency of human actors making a living in these places, shaping a place according to their values, ideas and needs"* (Horlings, et al., 2018, p. 246). Within this research, I use the philosophy of place-based development, by doing Participatory Action Research (PAR), which I elaborate on in the methods section.

2.1.3. Summary of the above: Operationalizing the Concept of Reciprocity

Reciprocity in the neighbourhood is an everyday interaction that contributes to social capital. This is closely related to thin trust which implies trusting others in society that are not within one's close circles. Hence, researching reciprocity in the neighbourhood includes the study of different communities and their experiences in the neighbourhood. Bridging activities help improve thin trust, which supports reciprocity between different communities in the neighbourhood. These bridging activities are very situational since it includes the dynamics within local networks. A place-based approach is suitable for research within the spere of these everyday interactions.

2.2. EVERYDAY INTERACTIONS

Reciprocity in the neighbourhood manifests in interactions. Studying interactions in the neighbourhood capture social as well as environmental elements. According to Jacobs (1961), interactions can be described as the 'street ballet'. Street ballet refers to the dynamic and intricate social interactions and activities that take place on city streets and sidewalks. She argues that the vitality and success of urban neighbourhoods depend on the presence of this street ballet. In the street ballet, people engage in spontaneous and unplanned interactions, such as casual conversations, window shopping, children playing, street performances, and observing others. Jacobs argues that these seemingly mundane activities contribute to the social capital of a neighbourhood, fostering a sense of community, safety, and collective responsibility. The street ballet is an essential element of vibrant urban life.

These interactions can be analysed using the theory of life between buildings (Gehl, 2011). 'Life between buildings' implies an examination of both the physical living environment and the social living environment. The theory describes peoples' need for contact. This contact in the neighbourhood takes different forms. This varies from 'see and hear' contacts to close friendships or cooperations. I presume that whenever an organisation wants to organize reciprocity between different communities, it should start organising encounters. Passive encounters at a modest level can be a starting point for contact at other levels and might eventually lead to higher levels of intensity in which people are willing to cooperate. Just as weak ties can lead to new opportunities for stronger ties. In Figure 5, different levels of contact are ranked based on intensity.
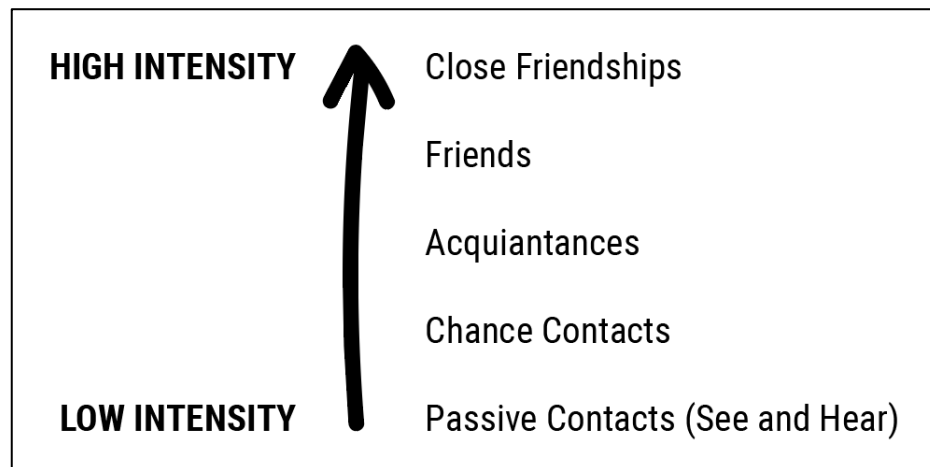
HIGH INTENSITY ⬆ Close Friendships

Friends

Acquiantances

Chance Contacts

LOW INTENSITY Passive Contacts (See and Hear)

Figure 5: levels of contact, intensity (Gehl, 2011)

Various levels of interactions ake place in the environment. According to Gehl (2011), both activities and the physical environment can support interactions. In the following sections, I operationalize the concepts of activities and neighbourhood.

2.2.1.   Interactions in the Physical Environment: What is the Neighbourhood?

To demarcate the boundaries of an environment, I use the concept of neighbourhood. The interpretation of the term 'neighbourhood' varies strongly from person to person. The way someone describes a neighbourhood depends on personal interpretation. Within the literature, there have been several attempts to define neighbourhoods. Definitions range from territorial descriptions to institutional (socio-ecological) descriptions.

Territorial descriptions include elements like demarcated boundaries or a limited territory within a larger urban area (Galster, 2001) whereas social-ecological descriptions include perceptions and experiences. For instance, as Drozdzewski and Webster (2021) describe it, the neighbourhood experience is shaped by the sense of belonging, place attachment and everyday interaction. Sense of belonging is connected to place and identity. Places in the neighbourhood have certain meaning for the inhabitants of the place, the meaning of the neighbourhood plays a role in the everyday life of inhabitants and shape the sense of belonging. Place attachment is determined by the time a person has spent or lived in the neighbourhood and the experiences in the place. It is based upon emotional relations with the neighbourhood. Moreover, everyday interaction is shaped by 'social capital'. Within this research, the definition of a neighbourhood includes both social and ecological perspectives. A neighbourhood is a demarcated place within a city which plays a role in the everyday life of its inhabitants. The meaning of the neighbourhood and the connection to the neighbourhood are dependent on personal experiences resulting in a shared and also diverse experience. This experience is not limited by institutional boundaries

To operationalize the concept of the neighbourhood, I use Galster's (2001) perceptions of a neighbourhood. These perceptions of boundaries are important when describing neighbourhood usage and neighbourhood change. Galster uses the term externality space to interpret this. Externality spaces are "*areas over which changes in on or more spatially based attributes initiated by others are perceived as altering the well-being (use) value*" (Galster, 2001, p. 2114). He defined the quantifying features to define externality space (Galster, 2001, p. 2114):

- *Congruence*: The degree to which an individual's externality spaces correspond to particular, predetermined geographical boundaries.
- *Generality*: the degree to which an individual's externality spaces for different spatially based attributes correspond.
- *Accordance*: the degree to which externality spaces for different individuals located in close proximity correspond.

I use these externality spaces as indicators to create insights into how different communities within Appingedam behave in public space, whether their externality spaces correspond and what places might be promising for future interactions.

2.2.2. Interactions and activities: What happens in the neighbourhood?

Seeing and hearing others can provide people with information about the social environment. Gehl (2011) argues that individuals are inspired when they see others in action. So, seeing and hearing contacts create inspiration for action about new games or initiatives. The activity attracts people. Whenever there are constructions, playing children or organized activities, people gather around to see what is happening. New activities start in these situations where there is an activity already in progress.

These activities contribute to the street ballet. Within these activities within everyday life, a distinction can be made between two kinds of activities including necessary activities and optional activities which include social activities (Gehl, 2011):

- *Necessary activities* – these activities include basic activities within everyday life. For instance, going to school, working, running an errand, etc. These activities happen throughout the year. The activities depend on accessible externality spaces. For most of these necessary activities, the activity is reached by walking (e.g. walking to the grocery store).
- *Optional activities* – Activities which are done as time and place allow them to happen. This includes social activities, for instance sports, taking a walk, sitting, etc. Some of these activities require specific conditions, such as weather conditions or outdoor facilities, for instance, benches or chairs when sitting.

2.2.3. Summary of the above: Operationalizing the Concept of Interactions

Interactions form the street ballet, which determines the liveliness of a place. Within the concept of interaction, several levels of interaction are distinguished based on intensity. The neighbourhood influences interactions through its physical design and the activities that happen in the neighbourhood. The neighbourhood, as experienced by its users, is described through externality spaces. Externality spaces determine where activities happen, and activities determine externality spaces.

2.3. Conceptual Model

The conceptual model presented in Figure 6 is a schematic overview of the literature used in this research. The model is presented in the form 'A influences B' (A→B), in which the independent variable A stands for interactions and the dependent variable B symbolises the concept of reciprocity.
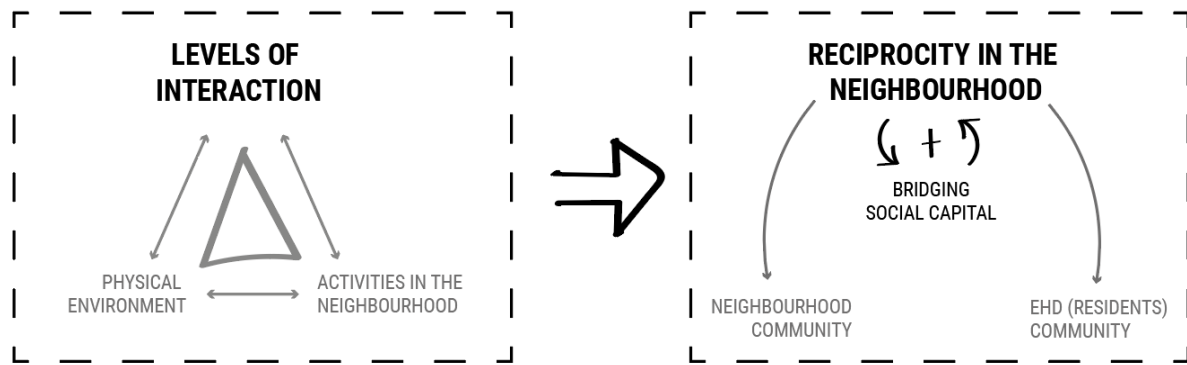
Figure 6: Conceptual model

The left box visualises levels of interactions. Within this conceptual model, I assume that elements of the physical environment and activities influence the level of interactions in the neighbourhood. The physical environment influences the amount of interactions by facilitating places that encourage encounters. For instance, people prefer to sit on the 'edge' of a place (the sides of a square, next to buildings or on the edge of the water). Moreover, people like seeing others. Hence public spaces that provide places that attract people to 'hang around' provide opportunities for interactions (Gehl, 2011). People also like seeing others doing activities. Public spaces can provide places that facilitate activities (e.g. a basketball field, a play yard, etc.), which also attract people.

A place can facilitate activities or activities can shape the (usage of) the physical design. For example, a square in a city can be used for bike parking as well as a meeting place. When the place is naturally used as a meeting place, hospitality functions might form around this square, which might be less beneficial when the square is used as a parking space for bicycles. This implies that the physical environment and activities influence each other, and thus are interrelated. The level of interactions shapes activities and the usage of the physical environment. For instance, 'higher' levels of interactions can lead to successful cooperation which leads to new activities and usage of public spaces. Hence, the level of interaction is interrelated with both the physical environment and activities. Therefore, the left box shows the level of interactions in a triangular relationship with both concepts.

The box on the right in the model, the dependent variable, illustrates that reciprocity can connect different communities. The communities include the inhabitants of the EHB and the residents of the surrounding neighbourhood (local residents). The model includes a schematic visualisation of the interaction between the concepts of reciprocity and social capital. The concepts strengthen each other like a positive spiral, driven by bridging, which suggests that reciprocity increases the social capital in society. At the same time, an increase in social capital increases the amount of reciprocal behaviour.

CHAPTER 3: METHODS

The data-gathering process of this research is conducted through qualitative methods. A single case of qualitative research was chosen over quantitative research. Although quantitative research can investigate more cases, it cannot easily capture the in-depth experiences inhabitants of Appingedam. Since the study is about reciprocity, and therefore about the behaviour of individuals, it is important to investigate experiences and to engage in deeper conversations. Quantitative research would not provide insights (Yin, 2004). Qualitative methods are used to explain various human activities, experiences, and perceptions (Elwood, 2010) which is necessary for this research. In this chapter, I first describe the case of Appingedam. Then, I elaborate on the methods, which include Participatory Action Research (PAR), observations and group walks. These methods are not standard methods within qualitative research; therefore, I elaborate on them comprehensively.

3.1. CASE DESCRIPTION

This research is conducted on the developing site 'de Eendracht' in Appingedam, the Netherlands. A new healthcare building in which three organisations cooperate will be realised on this site. Choosing this case was a pragmatic choice because there were already warm contacts. Moreover, this case provided the potential for action research for three reasons. First, the organisations involved were willing to cooperate on the research, second, the organisations have an urge to innovate and reconsider their position in the neighbourhood and third, the site is located in a promising area with possibilities to realise potential interventions.

3.1.1.   Regional Context

The spatial context of the site faces some region-specific issues. The aging population is growing faster in Appingedam compared to other parts of the Netherlands. Such is the case in the municipality of Eemsdelta. In Appingedam, which is located in the municipality Eemsdelta, the demographic balance, which contains the total number of people aged between 0 and 20 and people aged 65 and over in relation to people aged 20 to 65, is 67%. This is a smaller amount than the demographic balance for the rest of the Netherlands, which is 70% (Kooistra, 2022). The composition of the demographic population of Appingedam is shown in Figure 7. Moreover, the region is struggling with various other challenges, such as de-growth, earthquakes and high unemployment rates (Haarsten & Venhorst, 2010). Exceedingly, the northern parts of the Netherlands are the regions with the highest rates of poverty (Hoff & Hulst, 2019).
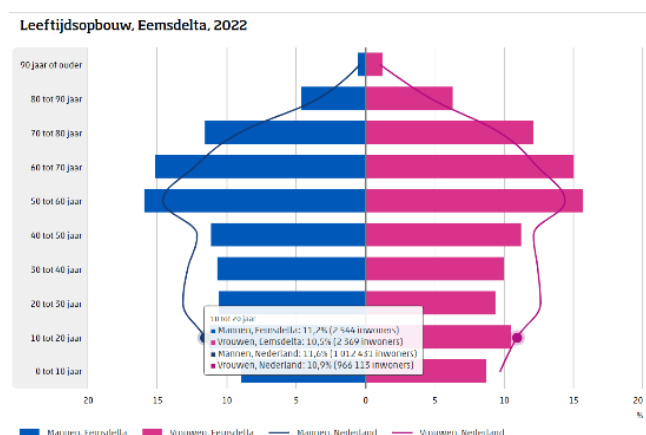

Figure 7: Demographic Population pyramid statistics Eemsdelta 2022 (CBS, 2022)

3.1.2.   Development Site

With these issues in mind, three organisations develop a new healthcare building. The three organisations cooperating include ''*s Heerenloo*' (SHL), '*De Zijlen*' (DZ) and '*De Hoven*' (DH). The latter

is an organisation for elderly care, the other organisations focus on caring and supporting mentally disabled people. The new situation will provide a living space for 168 inhabitants, of which 120 inhabitants of DH, and 24 of both DZ and SHL. The development of the site is part of a bigger project in Groningen, also known as the 'Groninger Zorgakkoord' (GZA, meaning Gronings Healthcare Agreement). The GZA is an integral approach to the regional challenges which are faced by the healthcare system, as the growing demand for healthcare and the urge to reinforce buildings to create safe dwellings in the earthquake region. Innovation, cooperation and reciprocity are focal aspects of the ambitions of the GZA, which makes the case suitable for action-based research on the topic of reciprocity.

Figure 8 shows a map of the current and future locations of the healthcare buildings. Although the organisations are moving to the other side of the city centre (the part on the map that is surrounded by the water), all three organisations are familiar with the city of Appingedam. The new site is marked by the red square on the map.
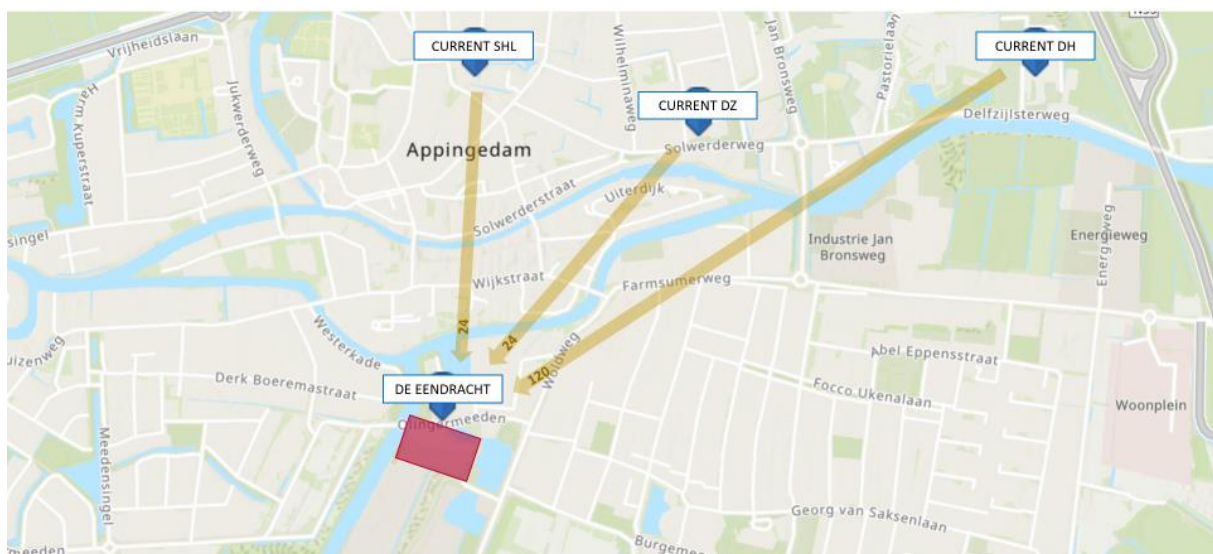

Figure 8: Map of the organisations, current and future locations

The 'Eendracht' is a former factory site. From 1906 until 2006, a card box factory was in use. In 2006 the factory went bankrupt and closed down. This had a major impact on the area because a significant number of inhabitants of Appingedam lost their jobs. Closing down the factory impacted the city as well as the economic sphere and social and emotional spheres (Gemeente Eemsdelta, n.d.).

"Everybody who lives in Appingedam knows someone in their close circles who used to work in the card box factory" – Policymaker municipality Eemsdelta

Since 2010 the plot is owned by the municipality of Eemsdelta. The municipality developed plans to build new neighbourhoods. However, there are still traces that show the history of the site. some factory buildings and the chimney pipe remain. However, nowadays the soil is polluted, which will be purified in stages. Most of the site will be transformed into new neighbourhoods. However, the area functions as a green space including a pond, a city garden and infrastructure for biking and walking nowadays (Gemeente Eemsdelta, n.d.).

3.1.3.   Design Plans

The new healthcare building will be realised at the northern part of the former factory site. Figures 9 and 10 illustrate the plot where the 'Eendracht Healthcare Building' (EHB) is being built in Appingedam. The base plot covers the light red shaded area. There are plans to develop two residential buildings

around a public and recreational green area on the plot. The central meeting place (form/function to be determined) is situated to encourage encounters: between the target groups living there as well as with the surrounding neighbourhood.

Figure 9: Plot, marked by the red colour (Sprenkels & Peters, 2022)

The roundabout in Figure 9 is an adjustment of the junction that is realised in December 2022 to increase safety. Moreover, a cycle lane between the two buildings connects the neighbourhood behind the EHB with the city centre (see Figure 10). Plans related to reciprocity are planned between the buildings. The space between the buildings will function as an inner garden where the inhabitants of the EHB meet others. In addition to the inner garden, there are plans for a grand café.
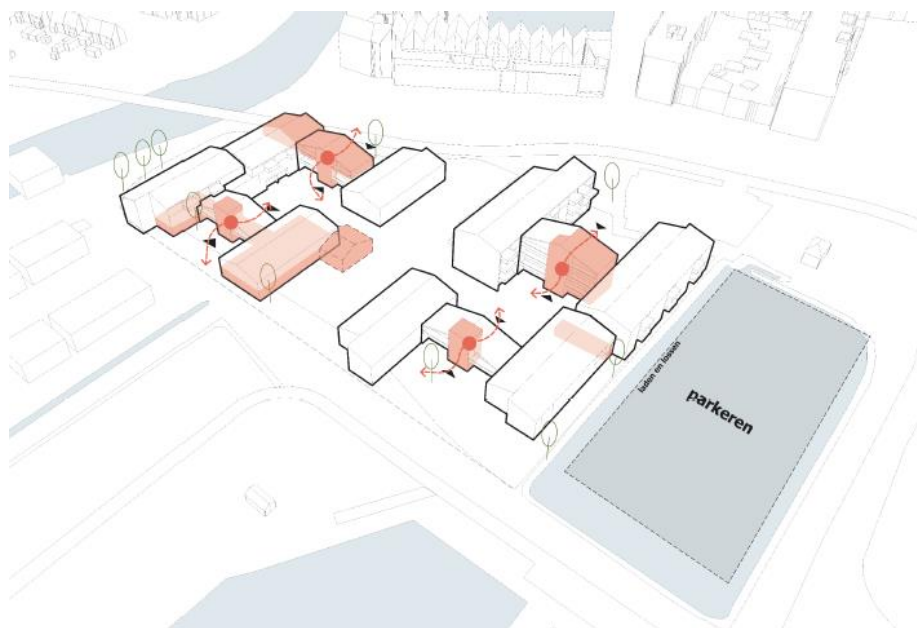

Figure 10: Planned buildings and parking space on the plot (Sprenkels & Peters, 2022)

3.2. DATA GATHERING

During the research phase, I used multiple methods. I used Participatory Action Research (PAR) as overarching method. Within PAR various methods (observations, Group walks and reflective sessions) are deployed together to build a deeper understanding. Because of these different perspectives constructing research that is methodologically suitable for the circumstances, the communities involved, and the research questions (Elwood, 2010).

PAR is a collective way of researching a certain topic. Self-inquiry and self-development are key aspects of PAR that lead to holistic awareness and collective action. Therefore PAR is suitable for researching marginalized communities. Moreover, it is an appropriate method in this case because reciprocity in the neighbourhood implies (inter)action within communities (Guhathakurta, 2015). There are many forms of Action Research, which makes the approach suitable for working within the complexity in any knowledge-production situation. Bradbury describes the positions of action researchers as follows (Bradbury, 2015):

> *"Action researchers also see our work as a response to conventional social science which, with some exceptions, is losing relevance for the larger public and too often reinforces the status quo. Our work as action researchers is well positioned to revitalize social science through our concern for taking action (actionability) toward positive impact. Action researchers understand that partnership and participation are central to our work. As important is reflexivity, i.e. taking a critical stance on what limits and enables our own and others' participation."*

PAR, which is more commonly used within the field of human geography, often contains a mixed methods approach (Elwood, 2010). Within PAR, a researcher does not determine the research agenda but determines the research problem together with the target group/ participants. This way, the participants are seen as co-researchers. *"The main goal of PAR is not only to describe or analyse reality but also to help to change it"* (Kindon, 2016, p. 351). In this chapter, I describe which elements and to what extent I use PAR throughout the research. The basic requirements formulated by Kindon (2016) are shown in the table in Appendix I. An important aspect within these requirements in the process of PAR is the collective *data gathering – analysing – collective reflecting* process. This means that participants are involved during the data gathering process and get the opportunity to reflect on the outcomes.

Within the method of PAR, I used observation methods combined with reflective sessions. I used uncontrolled methods to gain knowledge about the case and organisation structure by participating in several meetings. The semi-controlled observations included group walks. During the research, I frequently contacted the three organisations which provided opportunities for reflection on the research. However, there were two reflective sessions for which I had prepared to reflect on the outcomes of the group walks. I elaborate on these methods in the following sections.

3.2.1. Uncontrolled Observations

Observation is used in situations to study everyday life and finds its roots in social anthropology. The purpose of participant observations is to gather a contextual understanding through in-depth interpretation of the case through direct experience (Kearns, 2016). Both PAR and participant observations are methods within an ethnographic approach to qualitative research, which complements geographers' concerns for understanding and depicting spaces, places, and local-global experiences (Watson & Till, 2010). It is a creative way to gain in-depth knowledge in a specific context, as Watson and Till (2010, p 130) describe:

> *"Writing, photographing, and recording helps us understand how people make worlds, places, and meanings, and how the minutiae of buildings, animals, trees, people, movements, sounds,*

smells, tastes, and lights constitutes the lived experiences of these environments. When we write to remember and record, we often jot down those details that strike us in some way as telling and mundane about a place and/or situation. We may also take note of our emotional responses and frames of mind when experiencing events, interactions, and movements, and reflect upon how our presence may or may not be accepted in the social situations and settings we study (of which we are part). From notes, sketches, photographs and other forms of mappings, we attempt to create rich descriptive accounts of the everyday settings, routine interactions, and unusual (or not) situations of our work."

The method entails a description of emotional experiences, intersubjective and material exchanges and social and non-human interactions. Using observations is best suitable for this research. Considering that people in general, but especially mentally disabled persons struggle to report on what they do. Because 'doings' are often unconscious or unarticulated practices (Watson & Till, 2010). Moreover, observations provide a deeper level of information, as Kearns describes it: "*[it] requires us to move beyond reliance on formalized interactions such as those occurring in interviews*" (Kearns, 2016, p. 318).

Participant observation suggests an active role of the researcher. Kearns (2016, p315) describes: *"To achieve this understanding, the researcher immerses herself or himself in the socio-temporal context of interest and uses first-hand observations as the prime source of data. In this situation, the observer is very much a participant".* A researcher can take on different roles while doing participant observations. The roles include the complete observer, the observer-as-participant, the participant-as-observer and complete participation. For this research, I use the 'participant-as-observer' role to conduct uncontrolled observations, which means that I formulated certain goals and ethical considerations, but did not prepare prescriptions on what was to be undertaken. In other words, these sessions where not organised by me. I observed during various internal and external meetings during the project which are shown in Table 1. During these conversations, I paid attention to what reciprocity means within the communities, as well as to the preconditions to make reciprocity work. The specific focus of the observations are described in several questions in Appendix II.

Tabel 1: Meetings attended as an observer

Date (yyyymmdd)	People/ organisations attending	Topic/purpose
20221213	Municipality Eemsdelta, innovation manager	Meeting reciprocity
20230112	Expert on healty aging	New narrative within healthcare development
20230126	Cadanz	Meeting reciprocity
20230210	A member of the management team, innovation manager	Monthly meeting
20230220	Project-manager Eemsdelta, Urban Designer, innovation manager	Meeting reciprocity (monthly)
20230404	Project-manager Eemsdelta, Urban Designer, innovation manager	Meeting reciprocity (monthly)
20230417	Cadanz	Reflective Chat

3.2.2. Semi-Controlled Observations and mapping through group walks

The group walks provided knowledge about the Research topic, as well as information on group dynamics and important issues within communities. Data about places in Appingedam was generated through group sessions in which social interaction is the norm (Bosco & Herman, 2010). In total, I conducted 5 semi-controlled observations in the form of Group walks and reflective sessions.

Managers of the healthcare organisations as well as a manager of the well-being organisation cooperated in organising the session. They functioned as gatekeepers of the research project (Kearns, 2016), which meant that I could access people in the organisation through them. The managers helped organise the groups by composing the participants group and decide on a location (practical organisation).

Group Walks

Group walks and participant observation techniques are suitable within PAR. Therefore I argue that combining these methods will provide complementary knowledge on the topic of reciprocity. I argue that the group walks can be seen as a form of semi-controlled observation. Semi-controlled observations refer to a research method that lies between controlled and uncontrolled observations. I prepared the Group walks in a way that I did not observe everyday situations, but manipulated the situation to answer my research questions. However, I did not prepare a format specifying the desired outcomes. Similar to semi-structured interviews, in the case of these semi-controlled observations, I did provide some direction, but to a certain extent. This provided space for unexpected input from the participants (Kearns, 2016; Yin, 2004).

I conducted a city walk with the future inhabitants of the three organisations that I presented as a 'flags walk'. Using green and red flags and cards as conversation starters, I walked through the city of Appingedam with participants from all three organisations of the Eendracht. I chose the method of walking through the neighbourhood because as Rose (2020, p. 211) argues: *"It is in particular valuable when you want to study relationships with place, everyday experiences, or want to be destabilise the conventional research relationship. Physical experience is, of course, different for everyone and it should be acknowledged that many intersections of identity have an impact on an individual's walking."* The flags and cards are inspired by the methods of Rose (2020). The flags were used to mark spots in the neighbourhood as positive or negative. Moreover, it was a playful method that engaged the participants to participate, which is suitable for the target group. The 'conversation-starting cards' (see Figure 11) determined the route because the questions on the cards encouraged the participants to show certain spots in the neighbourhood. Questions included:

1. What is your favourite spot in the neighbourhood?
2. What is the most beautiful spot in the neighbourhood?
3. What is the busiest spot in the neighbourhood?
4. What is the quietest spot in the neighbourhood?
5. Where in the neighbourhood do you feel safe?
6. Where in the neighbourhood do you feel unsafe?
7. Where in the neighbourhood would you go with friends?
8. Where in the neighbourhood would you go with family?

Figure 11: Conversation-starting cards

Semi-controlled observations were helpful to gain insights into what reciprocity means within the communities as well as what the preconditions are to make reciprocity work. Moreover, it gave clear insights into how future participants behave in the neighbourhood and what their externality spaces include.

In table 2 below, there is an overview of all the semi-controlled observations used for this research. The group walks were used for SHL, DZ and DH. However, because of the complex healthcare situation of DH, employees of DH were asked some clarifying questions to gain valid knowledge on the topic of reciprocity. I added the field notes of this conversation to the observation field notes. During these Group walks, I paid attention potential for interactions and how the target group uses the neighbourhood. The specific focus of the observations is described in several questions in Appendix II.

Table 1: an overview of semi-controlled observations

SEMI-CONTROLLED OBESERVATIONS					
ORGANISATION	**DATE**	**TIME**	**LOCATION IN APPINGEDAM**	**PARTICIPANTS**	**TYPE OF SESSION**
DE HOVEN	25-May	19h	Heerdlaan 2	2 + 2 nurses	Group walk
' S HEERENLOO	8-May	18.30h	Bieremastraat 5	5 (of which 1 'wheeled pedestrian') + 1 substitute supervisor (not familiar in the neighbourhood)	Group walk
DE ZIJLEN	26 April	13h	Kniestraat (knie&co)	5 + 2 supervisors	Group walk
CADANZ	23-May	13h	ASWA-BUILDING	1 manager ST + 2 volunteers ST + 1 employee Cadanz	Reflective session
BEWONERS	20-June		Information night	-	Reflective session

Reflective sessions

In addition to the group walks with future inhabitants of the healthcare building, I reflected on the outcomes of the walking groups with the local well-being organisation. The well-being organization has a relevant position in this research because they are dedicated to fostering connections in the neighbourhood for both the residents of the EHB and the local residents. The reflective session with the local well-being organisation 'Cadanz' consisted of three working formats. The focus was on the

influence of activities and opportunities in the environment. We started by sticking Post-its on a Post-its stick on a large map of the area. Central questions included: '*What activities are there?*' and '*What opportunities are there?*' We proceeded with a discussion on high- and low-intensity interaction. We discussed the extent of coincidental and planned interactions, the degree of cooperation and the degree of contact (greeting - working together) Finally, we discussed what the impact is of collaborating with clients. I consciously chose not to emphasise what it meant to work with clients until the last part of the reflective session. The purpose of this was to be able to focus on what would be the added value of reciprocity for them, because during previous observed conversations, I noticed critical remarks about organizing reciprocity in the neighbourhood: "*If you want to organise reciprocity between two groups, note that reciprocity should not only be organized from a care perspective but also from the perspective of the residents*". During this reflective session, I took notes, which I transformed into field notes afterwards.

The development of the neighbourhood took place within the timeframe of the research. To study the perspective of the neighbourhood, I participated to the information evening about the development of the Eendracht site. This evening was meant to inform, rather than gather information. I presented preliminary results of the research to provide space for reflective comments using two posters (see appendix III and IV). Moreover, I observed during this evening. During the observations I paid attention to needs in the neighbourhood and attitude towards the inhabitants of the EHB. Observation lists can be found in Appendix II.

3.3. DATA ANALYSIS

During the process of analysing the data, I compare the field notes of the gathered data. Within the process, I searched for meanings, relationships, and interactions and revealed patterns which can help examine broader structural relationships within reciprocity (Elwood, 2010). I used atlas.ti to compare the notes and code structures and remarkable outcomes. The coding process started with a deductive coding method (Smith, et al., 2017; Medelyan, (n.d.)). I used codes based on the theoretical framework (levels of interaction, physical environment, externality spaces, activities, bonding and bridging) and codes based on the case description (current plans and specific considerations according to the target group: the elderly (VVG) and the mentally disabled (VG). New codes were discovered during the coding process, so the next step of coding was done using inductive coding (also called open coding). The final coding tree can be found in Appendix V. Similar answers to questions are categorised to make it possible to look for patterns. To gain insights on the case and context, I used two documents of the organisation to gain a contextual understanding of the data. I used the EHB's vision document: '*Vooruit kijken om straks naar elkaar om te kijken, Visie- en haalbaarheidsdocument De Eendracht en Eelwerd*' and the '*Businesscase Eendracht*', which includes the progress of the development. Quotes and references to documents I use in the results section are paraphrased since the data was conducted in Dutch.

Positionality ethical considerations and responsibility within PAR

As a student-employee, I have been working for the development of the Eendracht for over a year. This provided access to necessary meetings, which I annotated, and data (fieldnotes). However, this also meant I had to clearly define my role during this process. I introduced myself as a student assistant as well as a researcher within the project. Hence my observations are considered overt rather than covert. An advantage of overt observing is that it conveys transparency in the research. A disadvantage is that people may behave differently when they are aware of being observed (Kearns, 2016). During the observations, I informed participants verbally (both the participants of the uncontrolled and the semi-controlled observation sessions). Formal written consent for the uncontrolled observations is provided by the project managing team. Consent for the Group walks and reflective sessions was given

by managers that co-organised the sessions. Since I did not ask for personal information on the living situation of the participants, we decided that the consent of the organisations was sufficient. Consent forms can be found in Appendix VI. Although I am quite familiar with the processes, I position myself as an outsider to the project, since it does not involve everyday activities in my personal life.

During the walking groups, I worked with vulnerable participants. In this case, it meant that I had to pay more attention to creating a safe environment to involve all participants and take away some anxiety and tension. Some participants were able to understand some of the research goals, for others, it was presented as an activity to discover the neighbourhood. The disabilities of the target group did influence the research to a certain extent. In this case the group walks required extra preparations in two ways. First, during the group walks I had to explain the research topic in a way that everyone understood. The theoretical goals had to be translated to layman's terms. Second, I had to take into account the attention span of the target group. I used creative methods (cards and flags) to keep the attention of the participant during the whole session. Moreover, I had to think about how to deal with unexpected behaviour which is typical for the target group. Supervisors of the groups helped me to set the right expectations and helped me during the group walks.

The research question emerged from the GZA-coalition. This influences my positionality as a researcher. The communities of the healthcare organisations where very accessible during this research. The community of the surrounding neighbourhood was less accessible. The development of the neighbourhood took place within the timeframe of the research. Hence, the surrounding neighbourhood did not exist yet. Reflecting on the positionality of this research, this means that this research has been healthcare-oriented. Relatively, the perspective of local residents received less attention. However, their perspective is important in organizing reciprocity. It presents an opportunity for complementary follow-up research. On the other hand, the target group of healthcare organizations is unique, resulting in less research available in the literature on this vulnerable group. Therefore, it is important to describe this research from this current healthcare perspective.

Within PAR a researcher has the responsibility to organise regular reflection sessions. I shared a preliminary version of the fieldwork rapport which were possibilities to respond. Moreover, I had regular contact about updates with the project management team directly as well as indirectly (through other managers). Finally, the end of the research duration is not the end of discussing that topic. The research provides a background for future discussions, and the discussion section suggests follow-up research and implementations for the future.

CHAPTER 4: RESULTS
In this chapter, I describe the results of my research, which I have divided into four sections. First, I analysed networks in the neighbourhood. In the analysis of these networks, I used Granovetter's (1973) theory to identify bridging ties. Secondly, I created an overview of important activities and places in the neighbourhood that form 'externality spaces' for the residents of the neighbourhood. By using Gehl's (2011) theory on interactions, I distinguished between necessary activities and optional activities. Subsequently, I analysed these activities using the level of interactions (Gehl, 2011) in combination with the concepts of bridging and bonding social capital (Putnam, 2000). Finally, I describe what reciprocity means within this case, including contextual conditions.

4.1. NEIGHBOURHOOD NETWORKS – IDENTIFYING BRIDGING TIES
During the data gathering process, I gained knowledge about the organisation structure, which indicated the organisations and people at stake. The main organisation includes the three healthcare organisations, which form a cooperation within the healthcare agreement (GZA). Moreover, the Municipality of Eemsdelta and the local well-being organisation 'Cadanz' play important roles in supporting reciprocity in the neighbourhood. In this section, I describe these organisations and their role concerning reciprocity in the neighbourhood. Secondly, I describe the relations between these organisations and the people they represent. Finally, I describe these relations based on personas to give a concrete indication of the stakeholder network.

De Hoven (DH) – *De Hoven* is an elderly care organisation in the northern parts of the province of Groningen, The Netherlands. Inhabitants who live in their healthcare buildings need 24-hour supervision. The elderly people are mentally (due to dementia, for example) and/or physically limited in daily structures and recreational activities. Generally, before coming to live in De Hoven, residents are already highly dependent on family members. Some elderly people become lost in their neighbourhoods because of dementia. Residents of De Hoven are limited in their mobility and therefore dependent on others or use a taxi bus to get from A to B.

's Heerenloo (SHL) – *'s Heerenloo* is a national organisation that offers help or housing for disabled people. Residents within *'s Heerenloo* often have turbulent backgrounds and complex issues that demand personal support. Residents can have a lot of need for access to a vibrant environment and activities, as long as they also have the opportunity to take a step back. Residents can often do a lot themselves with support (e.g. in terms of structure). In general, inhabitants of *'s Heerenloo* have difficulties coping with situations causing stress, tension and agitation.

De Zijlen (DZ) – *De Zijlen* is a regional organisation that is an expert in guiding people with intellectual disabilities with complex support needs. In terms of the target group, *De Zijlen's* residents are quite similar to *'s Heerenloo's* inhabitants. However, in general, *De Zijlen* habitats older residents and therefore live, as they describe it, at a 'slower pace of life'.

Municipality of Eemsdelta – The municipality emerged in 2021 by merging the three former municipalities: *Appingedam, Delfzijl and Loppersum.* Within the municipality, they are proud of the '*ons-kent-ons*' culture (meaning: people, in general, know one another). In Appingedam, the municipality is seen as active because they organise many activities, for instance, markets and competitions. Important challenges within the municipality relate to dealing with the earthquakes, which led to many new construction projects, and social issues such as addressing loneliness due to the ageing population.

Cadanz – *Cadanz* is the local well-being organisation. They focus on social work such as supporting the elderly in the neighbourhood and supporting informal care. Moreover, they do community work. Currently, their challenge concerning healthcare is enabling older people to continue living at home

(in line with municipality policy). In their building in Appingedam (the ASWA building), they currently provide several daycare activities. However, *Cadanz* orientates to a wider audience than just mentally disabled people. They are a welfare organisation for everyone in the *Municipality of Eemsdelta. Cadanz* has a large network in the area involving many volunteers.

The five organisations described above form the main stakeholders within this research. The three healthcare organisations cooperating (SHL, DH & DZ) will form one healthcare building in the future: the EHB that has ties with the municipality (in a broad way) as well as the well-being organisation. However, the municipality and well-being organisations also form ties through their collective approaches, e.g. cooperation with local organisations within activities, to local challenges, for instance, the ageing population. In the Figure below (Figure 12), I illustrate the relations within the stakeholder network.

Figure 12: Stakeholder Network, Organisations

To further explain this finding, I move from the organisational level to the individual level. Instead of the municipality, I will use the group of people they represent: the inhabitants of the surrounding neighbourhood. Moreover, I will talk about volunteers instead of the well-being organisation and I will describe the future inhabitants of the healthcare building.

If we analyse these interactions through Gehl's (2011) interactions, the people at *Cadanz* have collaborations with people from both the EHB-community, as well as the community of the surrounding neighbourhood. Using the theories of Granovetter (1973) and Putnam (2000), this implies that the group of volunteers has strong ties with both people from the surrounding neighbourhood, as well as with people from the healthcare building. The interactions between the inhabitants of the healthcare building and the surrounding neighbourhood remain limited (e.g., only see and hear contact). However, a person of the well- being organisation emphasised: "*People who are active within the organisation are actually our ambassadors. They connect with others and spread the word like: Did you know you can do a painting course there too?*" This shows that the volunteers form a 'bridging' factor between the two communities. This implies that the connection between the inhabitants of the healthcare building and the surrounding neighbourhood is a weak tie. Figure 13 illustrates these relations.
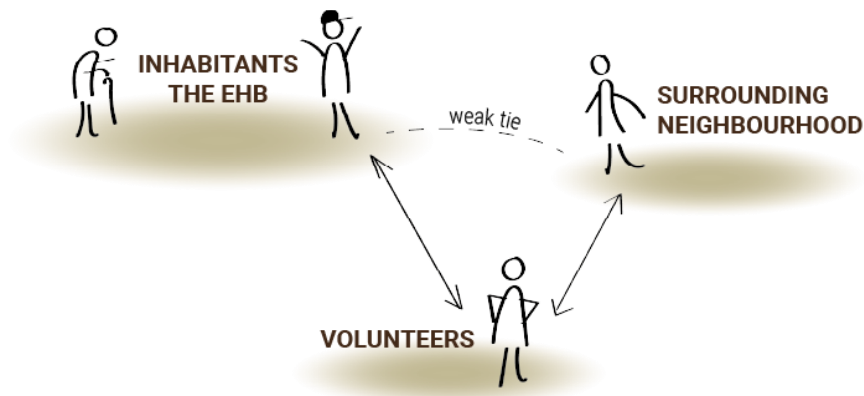
Figure 13: Stakeholder Network, Strong and Weak Ties

In summary, this results chapter distinguishes three communities: Inhabitants of EHB, Inhabitants of the surrounding neighbourhood and volunteers. Within these communities, I distinguish four groups of people. I distinguish two types of inhabitants of the healthcare building because the different care profiles interact differently in the neighbourhood.

- The Volunteer (has a bridging function in the neighbourhood)
- The Local Resident
- The Elderly of the Healthcare Building (mainly residents of DH)
- The Inhabitants of the Eendracht Healthcare Building (EHB)

4.2. ACTIVITIES IN THE NEIGHBOURHOOD – TYPES AND EXTERNALITY SPACES

By means of Group walks I gathered data to identify different externality spaces in the neighbourhood and provided data about activities that are considered important by the target group. Among residents of DZ and SHL, neighbourhood usage varies. There is a difference in how much support residents need. Some residents have trouble communicating with the outside world. Their social interactions are limited and the world outside of the healthcare building provokes anxiousness. Other residents are capable of dealing with a more vibrant environment. They have day-care activities cooperating with organisations like the well-being organisation, which leads to interactions with people from the neighbourhood. Some participants recognized people from the places they work and greeted them enthusiastically: *"I like the 'ons-kent-ons' culture. Once you live here for a while, you just know people."*

During the group walks, I noticed that 'new' and 'different' activities are perceived as frightening. Clients often have to get used to a new situation before they feel safe. New contacts can cause a lot of anxiety throughout the day. Going out for an activity includes much organisation with this target group. Spontaneous interactions are exciting for some clients, but for many this also causes stress and there is visible anxiety about rejection as I describe in my fieldnotes:

> *One of the participants was anxious to join the group walk. At the beginning of the walk, she was very quiet and shared her worries. The employees of the healthcare organisations told us that she sometimes suffers from panic attacks. She then reacts in the form of freezing, which means she stops doing what she does in the middle of a situation* – fieldnotes Group Walks

Compared to the inhabitants of *De Zijlen* and '*s Heerenloo,* the inhabitants of *De Hoven* have a completely different lifestyle. Whereas the residents of *De Zijlen* and '*s Heerenloo* build a life in the neighbourhood (including social contacts, a day-care job and activities), the residents of *De Hoven* live the last stages of their life. Creating an idea of the behaviour of the elderly in the neighbourhood was more complex. The healthcare profile of the elderly is changing rapidly. In the current situation of *De*

Hoven, inhabitants live there for approximately 9 months. However, since the increasing pressure on the elderly-care, it is expected that inhabitants will enter the healthcare building at a later stage of life and only live there for approximately six months. This also means that the care profiles will be more complex. The elderly that are now living in closed wards, will be compared below to the elderly that will be living in the EHB.

The current location of DH has an active activity program. One of the nurses/employees explained: *"People are allowed to indicate what kind of activities they would like to do when they come to live here. Then, for example, they go to Delfzijl or Appingedam for a day by taxi bus."* In talking about these activities, I made two remarkable observations. First, the group walk showed that the elderly appreciate having animals around. According to the nurses, the elderly respond well to animals. Especially the elderly suffering from Alzheimer's disease. Next to the current healthcare building of DH, the Campus Eemsdelta is located. The campus is a recently developed building. In the previous situation, there used to be a short walking route around an animal pasture. This route was used regularly. Since the campus has been realised, the animals are gone. This means that possibilities for interactions in the environment have decreased. Secondly, the elderly live in a 'small world'. In general, the residents of DH do not spend much time in the surrounding environment. Externality spaces of the elderly depend on day-care activities or family. Although many activities are organised from the Hoven and there is a communal living room for social contact, an inhabitant of DH explained: "*The best moments of the week are those when I see my family and (grand-) children*". The homes of relatives they visit form important externality spaces. Moreover, the elderly mostly depend on their families in terms of social contact. The family has an important role in their lives when it comes to making choices.

Due to a legislative amendment, the habitat of the elderly will change. The new Act (NL.: 'Wet Zorg & Dwang') describes that elderly and mentally disabled people should have as much freedom as possible. This means that instead of constraining people by limiting their living space, people with a demand for healthcare should get as much freedom as possible (Rijksoverheid, n.d.). In de Eendracht Healthcare Building, this will be implemented using GPS trackers. The elderly will be able to move freely within predetermined boundaries (also known as *leefcirkels*). When a person crosses the boundaries, the nurses of the EHB will bring this person back to his or her predetermined habitat where they can wander around safely. Together with the resident and family, the boundaries of the habitat will be determined personally for each resident.

The nursing staff of DH shared their worries in a conversation about future healthcare. Initially, they worried about the safety of the residents. One of the nurses quoted: *"I understand that leefcirkels will improve the quality of life, but what if one of our residents ends up on a busy road or in the water?"* The nurses find it stressful to be unable to manage those situations, especially since the new EHB is located next to a busy road and near a waterway. Moreover, the nurses worried about the residents of the surrounding neighbourhood.

The nurses explained the situation by talking about their experiences with a previous inhabitant who was suffering from Alzheimer's disease. The man loved cycling around, hence together with the family, it was decided that he could go outside to cycle around if he wanted that. However, this provoked criticism from the neighbourhood: "*Sometimes the gentleman was wandering around confused. People would come to us angrily and ask why we let him go outside*".

In the area where the EHB is built, people are used to living together with disabled people. Hence, at the information evening regarding the topic, more concerns were expressed about the building's appearance, rather than about the people who will live there. Local residents are not consciously concerned about the fact that they will form a neighbourhood together with a vulnerable target group,

which will include a large group of the neighbourhood. There is little awareness about changes that will occur in the healthcare that impact their neighbourhood. On the other hand, there are a number of people involved in healthcare who consider this topic very important. Among these individuals, the subject is an important element within future healthcare, and they emphasize the importance of innovation. Moreover, the inhabitants of the EHB can show behaviour which is considered different compared to the social norms. For local residents, this might be something they have to get used to. For example, one of the residents explained:

> *When I was younger, I always found residents of [care organisation] scary because they could suddenly get angry or act weird. As I got older, I felt ashamed about avoiding them, but I didn't know how to approach them either.* – fieldnotes observations

4.2.1.   Distribution Activities and Potential for Interaction

Most activities are located in the city centre of Appingedam. The municipality Eemsdelta organises several activities, such as a diverse range of markets, sports events etc. Moreover, activities are organised around the 'ASWA building' in which the local well-being organisation is located. The third location discussed regarding activities is the site of the EHB. The city garden is located on the site and organises some activities, for instance, excursions and maintenance of the garden, as well as spontaneous activities such as socializing with people passing by. As mentioned during the reflecting session: *"People often stop to take a look at the city garden. The city garden is open to everyone and offers a place for everyone to have a chat."* The main activities in the area contain recreational activities such as (dog) walking and cycling.

Figure 14 shows the distribution of important activities in the neighbourhood. These locations are the outcomes of the Group walks. Most of the locations are used by the inhabitants of the EHB as well as the local residents (e.g. local facilities like the supermarket, library, central hospitality facilities and the market square). Some of the locations are focussed on facilitating the needs of residents of the EHB, for instance, the daycare activities or the disco, which is organised for mentally disabled people.

In order to answer the sub-question '*What is the impact of the presence of a healthcare centre for the mentally disabled and elderly care in the neighbourhood?*', I analysed the results described above. Activities and facilities used by different communities are distributed throughout the centre and surrounding neighbourhoods of Appingedam. The usage of facilities for activities by different communities corresponds in the neighbourhood. The elderly are not included in this conclusion. Linking this back to literature, I argue that the physical neighbourhood experience of the inhabitants of the EHB and the local residents are similar. In terms of generality, both groups are spatially focussed on locations within the city centre. This means the generality of neighbourhood usage is high (Galster, 2001). Moreover, externality spaces of the communities correspond (accordance) in some degree. In particular necessary activities (Gehl, 2011)like grocery shopping, have a high degree of accordance. Specific activities within the communities, like daycare activities, are more distributed, and therefore have a lower degree of accordance. Thus, in this case, the group someone belongs to determines to some extent the externality spaces in the neighbourhood (Bourdieu, 1989).
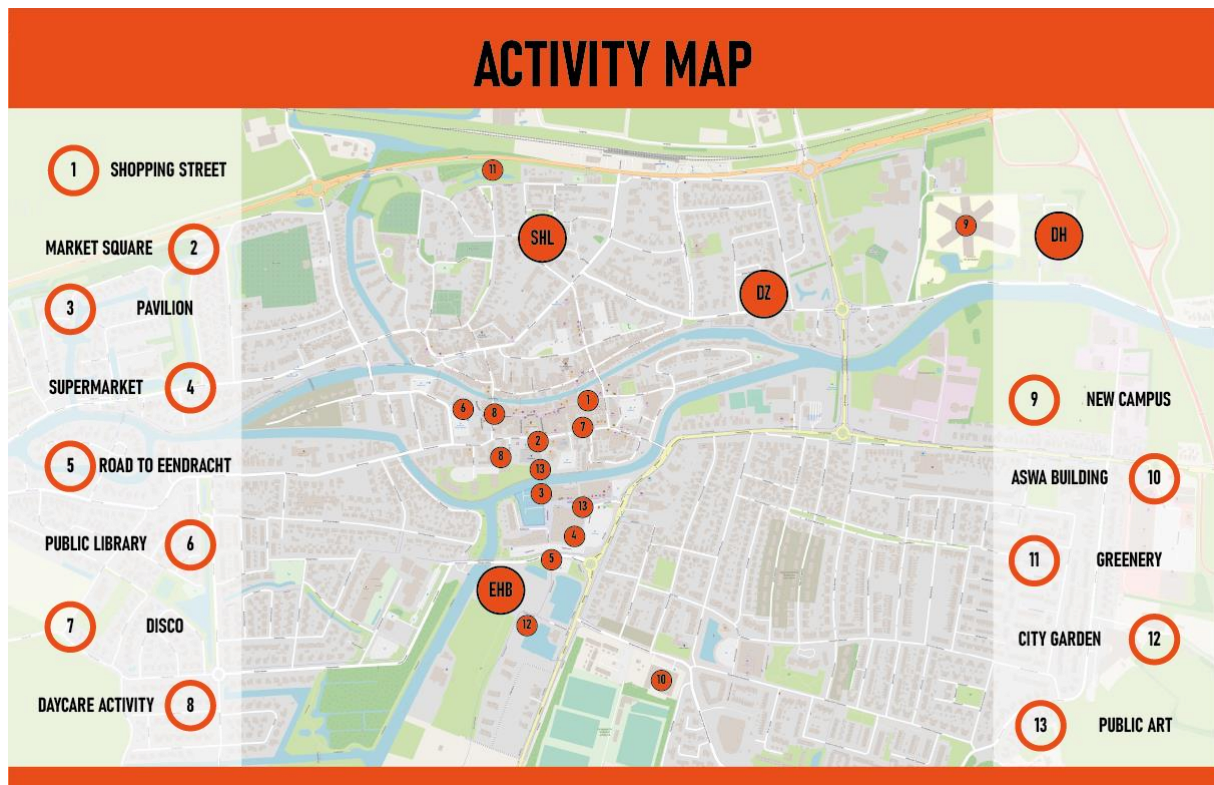
Figure 14: Distribution activities Appingedam. For a larger version: see appendix IV

The neighbourhood experience of the elderly is different from that of the other groups. Their world is small and inward/family focussed. Residents move to the EHB at a later age. In some cases, this means that they do not have much attachment to the neighbourhood, especially if they are unable or not allowed to go outside independently. Moreover, their necessary activities are limited, which means the elderly do not have to go outside. Their main places outside the home are often family members' residences that they visit. This leads to a low degree of generality and accordance compared to other neighbourhood residents, which provides fewer opportunities to build social capital. Regardless, building social capital is more difficult for this group, since they only live there during the last stages of their life. The concept of will give older residents more freedom. Predetermined boundaries will determine where the elderly can go and thus also what activities they can engage with in the future. Hence, *leefcirkels* can be seen as predetermined externality spaces.

In summary, the impact of the healthcare centre for the mentally disabled and elderly in the neighbourhood means that some residents in the area differ from the norm. During certain 'necessary' activities, neighbours will encounter the residents of the healthcare centre, but also during optional activities, such as taking a walk in the neighbourhood or participating in activities at ASWA (a local organization).

4.3. LEVELS OF INTERACTION – BRIDGING & BONDING SOCIAL CAPITAL

In this section, I first elaborate on the locations shown in Figure 14. In Table 3, I describe the activities that take place at the locations, and I indicate the potential for interaction using the levels of interaction (Gehl, 2011). Then, I describe an example within the physical environment that offers the potential for reciprocity. I analyse the example using literature on levels of interactions and mechanisms of bonding and bridging social capital. Subsequently, I elaborate on future plans for the EHB and its associated discussions. Finally, I analyse the future plans and their potential for reciprocity.

Tabel 3: Description of Activities and Their Potential for Interaction

LOCATION	DESCRIPTION	POTENTIAL FOR INTERACTION
1	The central shopping street – a vibrant place in the city centre of Appingedam. This place offers many facilities. During the group walks, participants mentioned that it was one of the most beautiful places within the city. Especially because it is located next to a viewing window over the hanging kitchens, what Appingedam is famous for. It was also mentioned that the place can be quite busy. Participants of DZ and SHL experience the location as positive and marked it with green flags	Mainly see and hear contacts – People come to run an errand and use the facilities and services offered by the place.
2	The central market square – this location was mentioned as an important place for activities, as well as one of the most beautiful spots in the city. This square is used for the weekly market. This attracts many visitors, which makes it a lively place. Moreover, this is the spot where other activities take place. One of the participants mentioned: "Not too long ago, they created a beach volleyball court on this square." The place can be seen as the main hotspot for activities in the surrounding area.	Mainly see and hear contacts and chance contacts – This is a place where activities are organised. People visit the square to watch or participate in activities. The organised markets provide an opportunity to meet people that are also attracted by the activity.
3	The pavilion – a remarkable building located next to the city port of Appingedam is seen as a meeting place in the city centre. Participants told about birthday celebrations or family meetings that are organised at this location. Participants planted green flags and told us: "During summer it is nice to sit here along the waterfront." Next to the pavilion, the city tour boat is located. Some of the participants were familiar with this boat because they had a job cleaning the boat.	Potential for acquaintances – the pavilion is a meeting spot within the neighbourhood. The vibrant location on the water side is a place where people come to meet their friends and acquaintances.
4	The Supermarket (Albert Heijn) – the supermarket is experienced as one of the busiest places in the neighbourhood. It is noticeable that cars have a different function in front of the store. Whereas in the city centre, roads are clearly not built to support traffic by car, the place in front of the supermarket suggests the opposite. Within the city centre, various traffic flows meet each other in an organised way, but at the parking lot of the supermarket, different means of traffic (bikes, cars, pedestrians), meet each other more chaotically. It differed per person whether they experienced this location positively or negatively. However, it was visible that the chaos caused stress among some participants.	Chance contacts – running an errand at the supermarket is considered a necessary activity. This offers an opportunity for see and hear contacts as well as chance contacts. An additional opportunity for contact occurs when people choose to walk to the supermarket. Meetings will emerge in the surrounding environment.
5	Crossroad towards the 'Eendracht' – this is a place that roused some discussion. Participants worry about the crossroad especially because the amount of traffic might increase in the future situation. One of the participants had a bad experience at the crossroad because this was the location where she was hit by a car, which made it difficult for her to walk long distances. That is why she participated in	Low potential for contacts. This is not a place where people can 'stay' or 'stand still'

	the group walks with a special bike (see illustration of the situation in Figure 15). Other participants were positive about the future location: "I will be living much closer to the ASWA building where I work! It also might be beneficial to other inhabitants who now have to travel by taxi bus because of the long commuting distance."	
6	Public library - The library was identified as the quietest place in the neighbourhood. One of the participants likes reading very much and enjoys being there. Not all participants can read, so some participants marked it as a boring place. The snack bar next to the library was marked by green flags because participants associated the location with ice cream in the summer. Some participants pick up litter as a daytime activity. The greenery in front of the library is a place where much waste is left behind. The participants marked this location with red flags.	Potential for chance contacts and acquaintances – people who visit the library to read, work or meet with others.
7	Disco – we walked past the pizzeria where a special disco is organised. Regularly a disco is organised there just for people with mental disabilities.	Potential for high levels of interactions within the group of mentally disabled people (acquaintances, and (good) friends)
8	Daycare activities: Knie & Co – Daily activities (jobs) for participants can be located in the city centre. Places like Knie & Co or Cosis (organisations that organise daycare) are spots that are visited daily by the participants.	Potential for acquaintances – daycare is a daily regularity. The people involved get the opportunity to bond through their frequent meetings.
9	Campus Eemsdelta – location where recently, the Eemsdelta Campus has been built. The previous situation included an animal pasture that the elderly enjoyed watching.	Mainly see and hear contacts. Little potential for interaction since the location is located far from the EHB. However, the previous situation could be an example of engaging the elderly in everyday interactions.
10	ASWA building – the location of the local well-being organisation, Cadanz.	More reciprocal behaviour is visible within daycare activities, for example, participants working at the workshop place at the ASWA building. Day-care activities like that allow them to build social capital. This was visible in the spontaneous encounters during the group walks.
11	Greenery around healthcare buildings – participants explained that they use the green space around their current location as a place to rest.	Greenery (and walking routes) have the potential for chance contacts. Greenery near the EHB will provide spaces that might be used by various groups. This provides opportunities for chance contacts.
12	Stadstuin: ENG.: the city garden. A local vegetable garden. Due to contaminated soil, they work on tables of one square meter containing the vegetable gardens. An additional advantage of the tables is that it allows people in wheelchairs to maintain a vegetable garden.	Participants of the city garden reflection session regret not having more activities around the city garden because the area around it offers many opportunities. The Eendracht site is the location linking two vibrant locations: the city centre and the ASWA building. Current activities around the Eendracht site involve people passing by. Many cyclists, pedestrians, fishers and dog walkers come to take a look at the garden. The participants of the group walk

		explained: *"In the city garden, mostly spontaneous contact arouses. People often stop by for a while to look around and have a chat and ask questions about the city garden."* The city garden board has plans to open a kiosk in the future. This would give them a little more opportunity to offer visitors a cup of coffee and have them stick around longer.
13	Art – Artworks received attention during the group walk. A city map readable for blind people and 'kissing' sculptures that are placed in various places in Appingedam were places where we stopped during the group walk. The sculptures did not cause encounters during the walk. However, it provided a window to start a conversation.	Potential for spontaneous contact (chance contacts). Curious people inspire others to take a moment to look at the art sculptures. The artworks might lead to conversations.
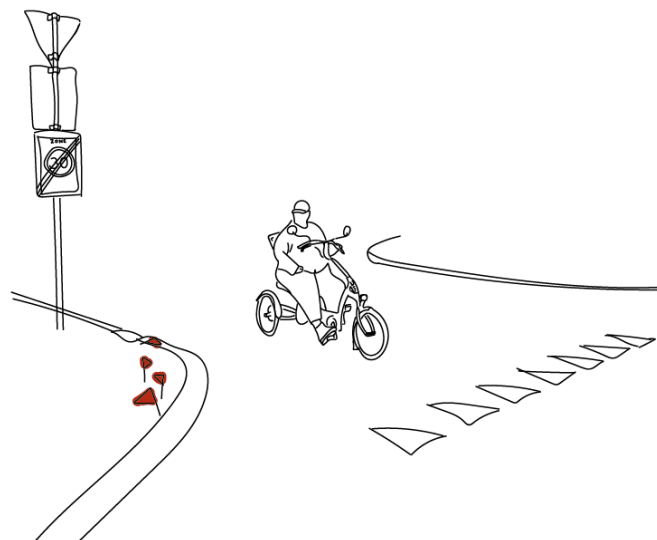
Figure 15: crossover to Eendracht site

4.3.1. A Facilitating Physical Environment: Current Neighbourhood Elements

Observed interactions in the neighbourhood emerge in various ways. For instance, activities (such as workshops in the city garden) and art receive attention. It causes people to stop and stand still. This attracts people and consequently creates opportunities for new activities (Gehl, 2011). Within the described interactions, I make a distinction between **spontaneous activities** and **organised activities**. Spontaneous activities include short interactions. For instance, the artworks provide an opportunity for interaction. These kinds of interactions determine the liveliness of a place. A place with more spontaneous interactions is considered a more vibrant location (Gehl, 2011), which creates an opportunity to build deeper connections. However, organised activities seem more promising to organise reciprocity in the neighbourhood. There is a difference in the level of interaction between different locations. I explain two findings that are convenient when organising reciprocity.

First, I explain the difference in levels of interactions. The main difference between the artworks and the city garden (or the workshop place) is that the artworks invite people to stand still. However, the

city garden invites people to stick around or join their activities in a certain way. The artworks attract people but do not provide the opportunity to build a deeper level of interaction. Other places (e.g. city garden, workshop place, pavilion, etc.) invite people to get involved. Hence activities (and art) facilitate new interactions (bridging), but facilities lead to strengthening interactions (bonding).

I elaborate on this finding by explaining a good example of reciprocity. The city garden ('Stadstuin', as described in Table 3) is considered a good example of reciprocity. Together with the group of the reflective session, we discussed elements that make the city garden a successful activity regarding reciprocity. The city garden is considered an example of place-based development that led to increasing interactions in the neighbourhood. As a volunteer of the city garden explained: "We s*tarted about three years ago, back then the area was quite a jungle of brambles and nettles. It was quite a job to make something of it*." When they started the project, the location of the site of the Eendracht was a vacant lot. The initiative started in 2019 as a cooperation between the well-being organisation and a daycare organisation and is an example of reciprocity between a neighbourhood for several reasons. According to the literature, reciprocity consists of two elements: The opportunity to build social capital and it is a place-based process. The opportunity to build social capital can take place through bridging and bonding (Putnam, 2000). This both takes place at the current location through interactions at different levels (Gehl, 2011) and a contribution to the (local) society.

- **Bridging Social Capital:** It is an inclusive place – People from all kinds of communities are welcome, and this leads to interactions that go beyond peoples' social bubble.
- **Bonding Social Capital:** The place provokes interactions – people often stop by to start a chat, and ask what is going on at this location. If they are interested, they can get involved in the city garden. The city garden is planning to have a kiosk on its plot. This provides the opportunity to offer people something to drink during a visit. This improves their bonding activities.
- **Place-based development:** The people involved in the city garden contribute to the neighbourhood through place-based activities. Moreover, the people involved in the city garden contribute to the neighbourhood through material goods (vegetables).

Reflecting this knowledge on the locations described in Table 3, locations that offer potential for interaction are locations where activities occur. These activities are opportunities for interactions. However, there is a difference between the level of interaction at places where people can or cannot stick around. Places including facilities that allow people to stick around contribute to deeper levels of interaction (bonding social capital).

Secondly, the target group of the EHB seem to have special needs in terms of social interactions. During one of the uncontrolled observation sessions, one of the participants asked: *"Does the concept of reciprocity suit the target group?"* New and spontaneous interactions can be frightening and building deeper relationships is a complex undertaking. However, it does not preclude them from being part of society. Taking into account the target group, there are still opportunities. regularity offers opportunities for reciprocity. For instance, the market square facilitates activities. People come and visit for their own needs (grocery/running an errand). However, the place is attractive for its vibrant setting. A participant of the group walk explained: *"Going to the market is a nice activity. We get some groceries and see a lot of people."* The regularity of the market works well for the inhabitants of the EHB since this offers predictability. Organised activities offer a more stable form of social contact. Predictability and consistency are important elements within the social interactions of the target group. This can be more easily captured in interactions for which expectations can be agreed upon in advance: i.e. organised interactions. I am not advocating for organised activities only, but emphasising the special needs of the target group we are dealing with. Interactions have to start somewhere, so spontaneous interactions are still desirable. Within the spontaneous interactions that happen,

managed repetition of the activity, such as at the market, can bring predictability to the activity. Hence, 'Living together in the neighbourhood' can be eased by organizing more structured activities and **establishing regularity in them**.

Summarizing the results above, I argue that activities that stimulate reciprocity between the inhabitants of the EHB and the local residents require:

- Organised activities, which stimulate spontaneous and organised contact
- Regularity
- Bridging activities: chances for new contacts
- Bonding activities: chances to build relations

4.3.2.   Requirements for reciprocity applied to development plans EHB

The grand café and the inner garden together form the main elements supporting reciprocity in the physical design. To begin with, I elaborate on the discussion of the grand café. The original idea of building a grand café was initiated in the vision. The organisations of the EHB argue that the café should be the interpretation of the concept of reciprocity. With the idea of the grand café, the organisations of the EHB are aiming for a place within the building that functions as a meeting place, where people can recreate, organise activities and make new connections. The grand café intends to invite people from the healthcare building as well as people from the neighbourhood to create a vibrant location within the neighbourhood.

The organisations of the EHB have suggested several functions for the grand café. They suggest the grand café will function as a central place in the neighbourhood and, together with other communal areas, will be used for various neighbourhood activities. They set out a vision for the grand cafe with ideas including people who visit to play billiards, and games, take courses or facilitate meetings. Moreover, within their suggestions, "*the kitchen next to the grand café could be used for 'Healthy Cooking' courses, or perhaps a meal service could be set up in collaboration with chefs/hospitality courses*" (De Hoven, De Zijlen, 's Heerenloo, 2020).

According to the organisations, the grand café, in combination with other facilities, improves the quality of life of the inhabitants of the healthcare building. The elderly people living in the healthcare building have their own structures and activities by day. However, the grand café could function as an area where they go in their free time, but at the same time be supervised. Moreover, they could visit the inner garden to get some fresh air or join gardening activities. This way elderly people who should be supervised have a larger habitat than if they are in a closed hospital ward, which improves their quality of life. This ties in with the concept of *leefcirkels*. The inner garden is open to the public, which means this offers opportunities for interaction.

The organisations aim to use the grand café and the inner garden as an opportunity to involve local residents. They describe the following (De Hoven, De Zijlen, 's Heerenloo, 2020, p. 27):

> *"Local residents should be closely involved to make a connection with the neighbourhood, recruit new volunteers and take advantage of opportunities to fulfil shared interests. Local residents can be involved in various ways and should be allowed to contribute ideas and input. Moreover, local residents are required to make meeting places such as the grand café successful. The expanding facilities and services improve the liveability of the neighbourhood which is beneficial for local residents. Neighbourhood residents influence the success of this, but they also influence plans by being able to stop plans by objecting."*

The vision of the EHB links actively participating neighbours to the concept of reciprocity because the local residents can function as volunteers, whereas the neighbourhood benefits from more facilities. However, up until now, local residents seem little involved in these plans. This can be explained because the neighbourhood around it has not yet been built. The quote above suggests that a participatory process within the neighbourhood would be beneficial, but the idea of the grand café had been developed already. This led to several discussion points, which I describe in the following sections.

The first argument questioning the grand café has to do with competition. People argue, emphasising local entrepreneurs: "*Making a sound business case for a grand cafe is complicated.*" It is complicated for two reasons. First, a grand café often needs extra financial support from the local government or healthcare organisations. This can lead to dissatisfaction among local entrepreneurs, who have to compete without that kind of support. Hence, although the intentions of the grand café should be beneficial to the local community, the local entrepreneurs will mainly see unfair competition. Second, during conversations, people emphasized: "*People from the neighbourhood will not go to the café regularly.*" Besides the fact that visitors are likely to be taken away from existing catering establishments*,* grand cafes within healthcare buildings are often associated with boring, soulless locations where people hesitate to go inside. People see entering a healthcare building as an obstacle, which prevents them from entering the building.

Secondly, the inner garden will function as a semi-public space. A walking and cycling route between the buildings will form the main connection between the neighbourhood to the city centre and will be the central garden of the neighbourhood. According to the vision of the EHB (De Hoven, De Zijlen, 's Heerenloo, 2020), the inner garden should become a place that facilitates encounters as well as a place that provides shelter to avoid the tensions (experienced by the inhabitants of the EHB). Inhabitants of the EHB should be able to choose for social contacts within the garden, or not. The inner garden should function as the vibrant centre of the neighbourhood and facilitate activities like walking, gardening, physical activity, playing or just seeing others. Moreover, the garden should be in line with dementia-friendly policies and design.

Although the plans seem inclusive, they did arouse some critiques. The residents' council of DH shared their concerns about the cycling lane between the buildings, which they consider dangerous. They involved the residents' councils of DZ and SHL to advocate for a safe alternative. The exact design of the outdoor spaces is not determined yet. This means these ideas can be taken into account by the urban planner. The current plans do still involve the cycling lane between the buildings. However, they focus on slowing down the pace of the traffic. The urban planner explained: "*We are thinking of something like a shared space, with a different colour of tiles, so that passengers notice that the speed has to be reduced because different traffic flows mix.*"

In conclusion, the grand café and the inner garden are not attractive according to the discussion described above. Participants think that the grand café cannot compete with existing attractive locations nearby. Moreover, the idea that the site is attached to a healthcare institution is a barrier to visiting the place. Bridging activities (attracting various groups) is needed to provide opportunities for interactions. Hence, the grand cafe might be less suitable for supporting reciprocity within the neighbourhood.

The city garden includes a cycling path to the city centre. This route connects the neighbourhood to the city centre, which means it will attract passengers. However, there are no specific plans yet to make people stick around. The challenge is to design the place as a destination rather than a road to

other destinations. Hence, again, attracting people is considered the starting element, like a stepping stone effect to bridging and bonding activities in order to create various levels of interaction.
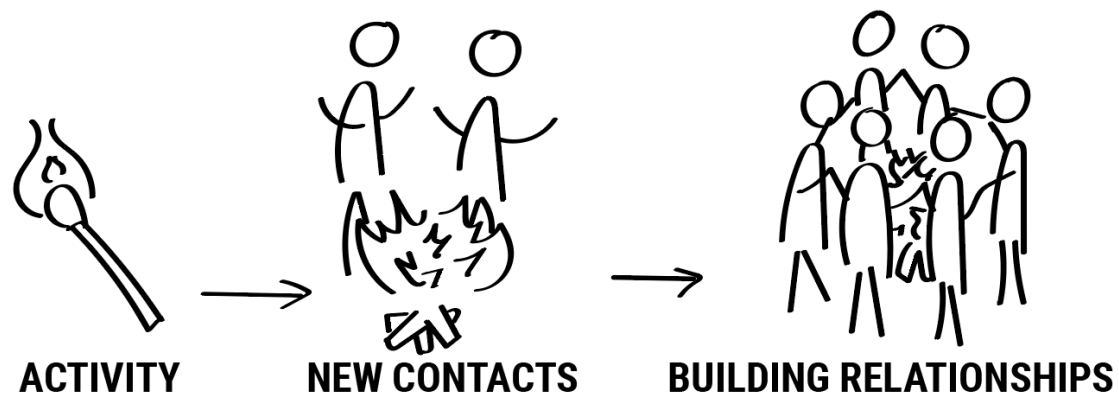

ACTIVITY   NEW CONTACTS   BUILDING RELATIONSHIPS

Figure 16: Attractive Activities Lead to New Contacts Lead to Building Relations

Answering the sub-question, 'What places support reciprocal behaviour between the two groups?', I argue that places that attract people offer opportunities for interactions and places that engage people to get involved, cause opportunities for reciprocal behaviour. Figure 16 shows the potential relationship of the interactions involved. An attractive activity attracts people of various groups in the neighbourhood. This provides the opportunity for bridging social capital since new contacts are made. However, places that contribute to society are those that involve a 'deeper level of interaction'. That is why bonding social capital is necessary to engage people to build relationships.

4.4. RECIPROCITY OCCURING IN THE NEIGHBOURHOOD?– NARRATIVES AND CONDITIONS

In this paragraph, I discuss how reciprocity occurs in the case of the EHB. Reciprocity was often mentioned in combination with a meaningful job. Several observed discussions concluded: "*Everyone wants to have a meaningful contribution to society.*" In other discussions, reciprocity was associated with connecting with volunteers concerning informal care. Moreover, the director of Cadanz emphasised that the concept of reciprocity contains a receiving and a giving part, within the context of the well-being organisation this means: "*You can come and get something here, but we expect you to bring something too.*" This implies the main challenge is to attract residents with something that is appealing to them. Then it is time to ask a question back (what will people bring back?). On the other hand, the participants of the well-being organisation emphasized the importance to involve entrepreneurs. For instance, at Cadanz they offer training on helping people with dementia in the neighbourhood.

Practical discussions considered how to organise reciprocity. Referring to the problem statement, the aim of reciprocity is to engage inhabitants of the EHB in society. However, the current plans include interventions to invite people of the neighbourhood to the EHB. There is an ongoing discussion about whether organising reciprocity in the neighbourhood should contain inviting the neighbourhood to the EHB or enabling the inhabitants of the EHB to join activities in the surrounding neighbourhood. This discussion consists of two different concerns.

The first concern is about whether the building will be part of the neighbourhood. Although the EHB will be built within a neighbourhood, it risks becoming a separate island with its own outdoor spaces. However, the ambition of the organisations is to become a part of the neighbourhood. Inviting residents of the surrounding neighbourhood and functioning as the 'centre' of the neighbourhood can

help to organise this. The second concern is about the inhabitants of the EHB being at of becoming excluded from society. Being a part of society includes involvement in everyday life activities. Hence, to organise reciprocity in the neighbourhood both forms of reciprocity are necessary: inviting the neighbourhood to the EHB and including the residents of the EHB in the society. Both forms require several considerations which I explain in the following sections.

4.4.1. Special Needs: a Vulnerable target group

A requirement for interaction is accessibility. If a certain group of people cannot access a location, there is no chance for interaction. Residents of the EHB are a target group with special needs. Some of the inhabitants need infrastructure that is accessible for wheelchairs, others need to avoid chaotic and stressful situations in traffic.

Appingedam is not a wheelchair-friendly city. Sidewalks are often blocked by obstacles (street lights), streets are uneven and bulge and stores do not take the turning radius of wheelchairs into account. Figure 17 shows the entrance of 'Knie & Co' (daycare), where participants with wheelchairs have to walk an extra round because the pavement is blocked and not wide enough. Participants explained: *"Driving on the side of the road is not safe, as I have to adjust all the time due to the bulging road. Driving in the middle of the road is not safe either. Cars drive there."* 'Wheeled' participants plead for wide pavements and accessible shops. For people with walking difficulties, benches and rest points along the route are helpful when walking to locations in the neighbourhood.

Figure 17: Entrance daycare 'Knie & Co'

Residents who are sensitive to tensions also experience benefits from safe routes to facilities. During the group walks, it was visible that passing traffic caused stress for the residents. Especially during the group walk in the evening, cars passed by at a high pace. Some sidewalks in the centre of Appingedam are not accessible (too narrow or blocked by obstacles). At these points, there was visible tension within the group. Safe crossroads, sidewalks, and slow traffic improve their experience of outdoor spaces. Moreover, it increases their independency, since they can visit locations in the centre safely.

4.4.2. Contextual Requirements: Conditions for Collaboration

Besides physical considerations, involving the inhabitants of the EHB in society also requires social arrangements. This discussion revolves around responsibility. The participants in the city garden reflective session explained: *"Everyone is welcome to join the city garden, but we are not healthcare workers"*. This implies that although they are willing to cooperate with the healthcare organisations,

they do not want to have to take full responsibility for their inhabitants. A similar argument was made by the director of the well-being organisation: *"By including future residents from the EHB in a group, we are asking a lot of our volunteers. What role will the healthcare organisation fulfil? Where is the limit in cooperating?"* The topic of 'responsibilities' encompasses two questions: 1) future residents with dementia will wander in the neighbourhood more often, how do we organize a safe environment for everyone? and 2) people with mental disabilities will participate in certain activities, what effect does that have on the dynamics?

The first question mainly concerns the concerns of staff and expectations of the environment. "*Shouldn't we design the neighbourhood as a kind of school environment?*" Although it is common to design safe spaces around primary schools, is not common around healthcare buildings. Some participants in this research argued that this should change. The second question is about what the neighbourhood can handle. They start a discussion about the responsibility of healthcare organisations. Participants suggest that healthcare organisations assume that it is easy for people in the neighbourhood to include residents of the EHB. Participants of the wellbeing organisation explained: *"Cooperation is possible if we make certain agreements"*.

To answer the sub-question 'How does reciprocity occur in the neighbourhood?' Reciprocity does emerge in the form of a meaningful contribution to society. This is not always a given for the vulnerable target group. Conditions to cooperate in the neighbourhood include agreements and accessibility. Agreements include mutual understanding of how reciprocity in the neighbourhood can work. For example, a local resident can check up on a confused person wandering through the neighbourhood without being entirely responsible for that person. Accessibility includes an inclusive environment (both spatially and socially). Finally, reciprocity occurs in the form of inviting people to the EHB as well as inviting people of the EHB into the neighbourhood.

4.5. SUMMARIZING THE RESULTS

There are four main groups in Appingedam. Two (the elderly and the mentally disabled group) form the residents of the EHB who have little interaction with local residents. However, volunteers from the neighbourhood form a bridging function. Those volunteers play a role in neighbourhood interactions. The text above compares different places in Appingedam with potential for interaction. Places with activities provide opportunities for interactions. Organised activities seem to have more potential for reciprocity involving residents of the EHB. This is due to two main issues: predictability and support in building relationships with people. This led to a number of requirements that are important when organising reciprocity in the neighbourhood at the EHB:

- Organised activities
- Repetition
- Bridging activities for new interactions
- Supporting facilities for bonding activities

In the future plan, the grand cafe and the inner garden seem to offer the most potential for reciprocity. However, they are not there yet. Both cases lack attraction. Without attraction (through activities, for instance) little bridging activities occur and therefore no chance for more bonding activities. Moreover, reciprocity in the neighbourhood comes with some conditions. Conditions include physical interventions (a wheelchair-friendly neighbourhood and a dementia-friendly neighbourhood) and social arrangements (agreements concerning responsibilities) to enable inhabitants of the EHB to participate in society in a certain way. Finally, reciprocity means including these inhabitants in society by providing opportunities for them to have a meaningful contribution.

CHAPTER 5: DISCUSSION & CONCLUSION

To facilitate reciprocity in the neighbourhood, four crucial findings need to be incorporated into this process. These elements are the key findings of this research on reciprocity in a neighbourhood with a healthcare building.

- Volunteers function as bridging ties in the community
- Externality spaces partly overlap, main differences between communities are visible in spontaneous and organised activities
- Both bridging activities and bonding activities are required to influence the levels of interaction between people in the neighbourhood
- Reciprocity is strongly connected to having a meaningful contribution to society, however, it comes with some conditions

A neighbourhood with a healthcare building often contains a segregated community, since the inhabitants of healthcare buildings risk being excluded from society. To connect the inhabitants of the healthcare building to the local residents, local bridging ties are necessary. Volunteers function as bridging ties between those groups and hence play an important role in facilitating reciprocity. Moreover, a higher degree of accordance of externality spaces contributes to more encounters in the neighbourhood. This means that different groups in the neighbourhood use similar places for both several necessary activities (e.g. groceries) and optional activities (e.g. market square or hospitality functions). These places form opportunities for contact in the neighbourhood. The inhabitants of the EHB, who are a vulnerable target group, predictability and regularity are important elements. Requirements to accommodate these findings include repetition of activities and interactions. Moreover, the target group of the EHB benefits from organised interactions. Organised interactions can provide situations that are predictable in the sense of (new) contacts. This helps the inhabitants of the EHB with bonding activities. However, this does not mean that spontaneous encounters are undesirable. Spontaneous encounters contribute to the liveliness of a place, but it is more difficult for inhabitants of the EHB to gain meaningful contact through these interactions. Bonding social capital can be organised to facilitate building meaningful connections within the neighbourhood. Activities that both attract people as well as encourage continuous involvement offer opportunities to build these relationships. Reflecting these results to the future plans of the EHB, the plans of the grand café and the inner garden seem to offer the potential for reciprocity. However, even more attention should be paid to attracting people so that new contacts can emerge (bridging activities). From these new contacts, chances for bonding emerge. In the designing process of the grand cafe and inner garden, it is important to involve local residents so that these functions meet their needs in the neighbourhood. In the end, reciprocity in the neighbourhood should aim to include the people of the EHB in society where they can have a meaningful contribution. However, (social) agreements on responsibilities, safe routes and a dementia-friendly/ wheelchair-friendly neighbourhood are conditional to organise this.

Inhabitants of the EHB live there because they need extra support in life. For people without the need for healthcare support in their life, it is more intuitive to build relationships, have interactions and rely on social capital. For residents of the EHB, this is not a straightforward matter. They require support to build this social capital. I created a framework that includes some extra steps to support their needs.

5.1. FRAMEWORK FOR ORGANISING RECIPROCITY WITH A VULNARABLE TARGET GROUP

The framework is based on the visualisation of Gehl (2011) which indicates levels of interaction. Here levels of interaction are presented on a stairway that represents intensity. I added several steps to the stairway that anticipate the needs of the vulnerable target group. Moreover, I added elements of bridging and bonding that visualise the processes that occurred within the findings. Lastly, I added the

element of attracting people with activities, because they seemed to play an essential role in the occurrence of reciprocal behaviour.
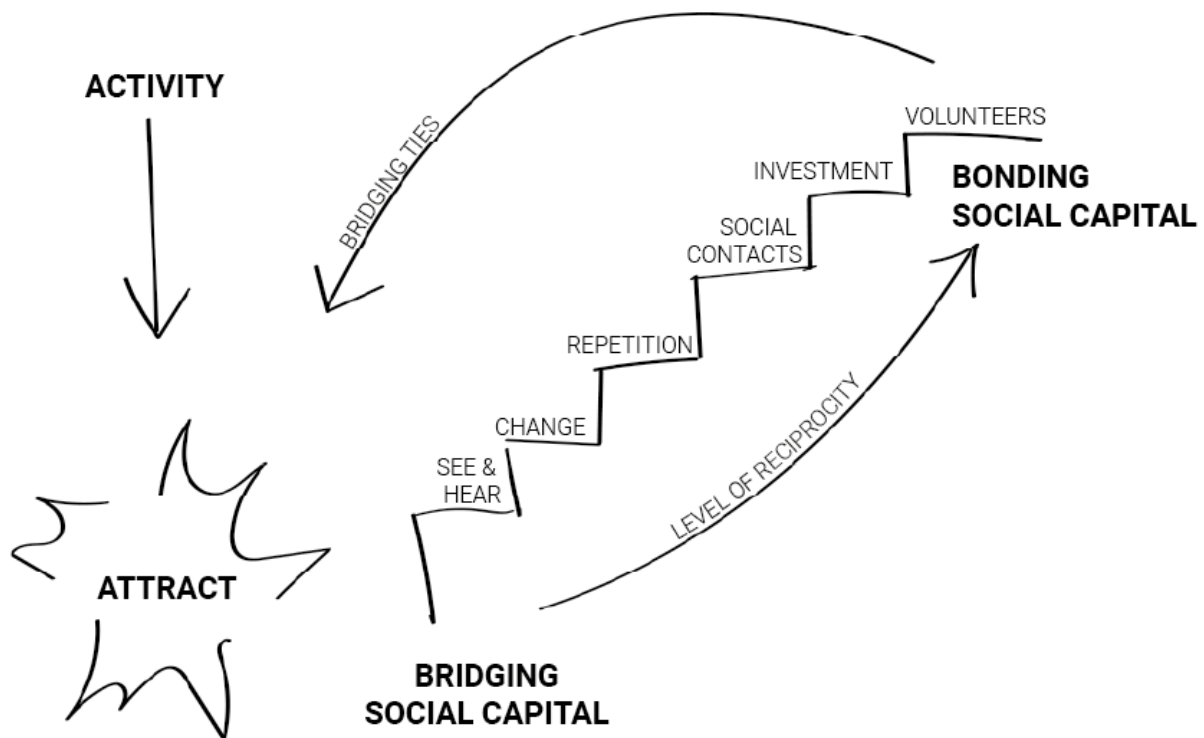

Figure 18: Framework for Organising Reciprocity with a Vulnerable Target Group

Activities can function to attract people to initiate the first contact. This will facilitate bridging contact. Subsequently, it is important to transform bridging into bonding. Figure 18 shows a new framework of the literature within this research connected to the contextual understanding of the cases in Appingedam. The framework starts with organizing bridging activities. The cooperating healthcare organisations invest in activities that attract people of the neighbourhood. The moment there is human activity, the chance for new contact occurs – bridging (Putnam, 2000). Following the levels of interaction (Gehl, 2011), this leads to 'see and hear' and 'chance' contacts. Although the first two steps in this framework are similar to the framework of Gehl (2011), the following steps have been adapted to the needs of the networks in the context of the healthcare building. The step 'repetition' implies that the next step in this framework is regular contact, which suits the needs of the inhabitants of the EHB. The following step is building social connections. Social contact with the target group can already demand quite a lot from people. Hence, it is implemented as an intermediate step between the step of repetition and investment. The next step is investment. Investment implies involvement in the EHB in a certain way (e.g. time, materials, knowledge, etc.). The last step in this framework is the volunteer. The volunteer contributes to the community of the EHB by e.g. informal care. The volunteer has responsibilities and is committed to the EHB. Moreover, the volunteers can invest their time in new activities to attract new people – bridging ties (Granovetter, 1973). This way, the framework works as a positive spiral. An important prerequisite of reciprocity, however, is that during each step, the people on the stairway are engaged by something in return.

5.2. CONCLUSION

To answer the research question 'How to support reciprocity between a nursing home and the neighbourhood?' I argue that reciprocity in the neighbourhood can be organized in two ways: 1) bring residents to the neighbourhood and 2) bring the neighbourhood to the residents. Bringing residents to the neighbourhood aligns best with the philosophy of participating in society. However, I argue that both forms are necessary. Attracting neighbourhood residents towards the EHB prevents it from becoming an isolated 'island' within the neighbourhood. To organize this, I refer to the new framework (Figure 18). To ensure that EHB residents can participate in activities within the society, agreements are required.

Reciprocity benefits society by making meaningful contributions, but it's not always guaranteed for vulnerable individuals. Cooperation in a neighbourhood requires agreements and accessibility. Agreements involve a mutual understanding of responsibilities and information on how to interact with the inhabitants of the EHB. Accessibility means creating an inclusive environment.

To support reciprocal behaviour between two groups, I propose that places that attract people and actively engage them, create opportunities for such behaviour. When an activity is appealing, it attracts individuals from diverse groups in the neighbourhood, fostering bridging social capital through new connections. However, places that make meaningful contributions to society require deeper interactions. This is where bonding social capital becomes essential in engaging people and facilitating relationship-building. Special needs within bonding social capital are captured in the new framework. Special needs include extra support in building deeper relations and repetition.

Analysing the impact of a healthcare centre for the mentally disabled and elderly in the neighbourhood includes interactions with residents who deviate from the norm. This includes encounters between neighbours and the residents of the healthcare centre during both essential activities and optional ones like walking in the neighbourhood or engaging in organised activities. Volunteers of the well-being organisation have an important role in the occurrence of the interactions between the two groups. Their bridging ties facilitate the distribution of information and the chances for new contacts within the other groups.

The elderly have a different neighbourhood experience compared to other groups as their focus is typically inward and family-oriented. The concept of *leefcirkels* will provide older residents with more freedom in future situations. In the future, this will lead to an increase in wandering individuals throughout the neighbourhood. This calls for necessary physical adjustments of the neighbourhood in order to create safe spaces. However, a positive effect of the *leefcirkels* is that it allows older adults to have opportunities for interactions within the neighbourhood. While they may have limited necessary activities, they can now participate in other optional activities if they desire to do so.

5.3. RECOMMENDATIONS FOR PRACTICAL IMPLEMENTATION

In this section, I present recommendations focused both on spatial interventions and social innovations. The findings suggest spatial interventions in terms of inclusivity within the development of the EHB, which are recommended to the urban designer and the municipality of Eemsdelta. Recommendations within the sphere of social innovations include suggestions towards the healthcare organisations. The recommendations emphasise the importance of cooperation with (organisations that represent) local residents in order to meet the ambitions of place-based development.

Spatial Interventions:
- The future design of the outdoor space should be wheelchair-friendly. A wheelchair-friendly design takes into account wide sidewalks, ramps, and turning circles. Moreover, local stores should take accessibility for wheelchairs into account.

- The future design should be dementia-friendly. I recommend a study into landscape elements that contribute to a dementia-friendly environment when designing the surroundings. Such as walking routes in loops which are suitable for confused people. Moreover, clear 'landmarks' can help inhabitants of the EHB to recognize their neighbourhood (Sturge, et al., 2021).

- The area around the EHB should be designed to accommodate the vulnerable target group living there. This can be achieved by adopting a design similar to that used around primary schools to slow down traffic around the EHB and organise safe crossroads.

- Places that attract people should also facilitate bonding social capital by having the opportunity to stick around. The Grand Café and the inner garden offer potential. However, findings suggest that the concept of the grand café does not attract people to the EHB. There are some examples of successful initiatives within the sphere of a grand café. Though, usually these kinds of initiatives have a different approach. For instance, Brownies & Downies or Resto Vanharte. Brownies & Downies is a Dutch concept where disabled people work in a coffee shop. This concept has a much more commercial focus: it often is located in the city centre and most importantly, it is fundamentally a catering establishment. The second example, Resto Vanharte, is a well-being concept to address loneliness. Although this concept seems more suitable for the location, it should be considered that the healthcare building will be developed in close proximity to the local well-being organisation. This might lead to friction, but can also be an opportunity for cooperation. Moreover, the vision of the EHB implies that they want to involve local residents to meet their needs in the neighbourhood. I argue that for the interpretation of reciprocity, the discussions of both the grand café and the inner garden should be brought back to the core ambitions of the topic. This is in line with the literature on cooperative planning (Boonstra, 2016). I suggest that there should be cooperation with the project '*More years of health in Appingedam' (meer gezonde Jaren in Appingedam)* of the well-being organisation and the Hanze University of Applied Sciences, to gain insights into the needs of the residents around the healthcare building. Starting from scratch creates space to develop a concept broadly supported by the residents of Appingedam.

Social Innovation:
- Engage the neighbourhood in caring for individuals with dementia who may wander through the area. Provide information and advice on what neighbours can do in certain situations without making them completely responsible for their neighbours.

- Start local collaborations to investigate the needs of local communities to accommodate the needs of the local residents within organised activities related to reciprocity. For instance, this course of action can be carried out in collaboration with Cadanz, "More Healthy Years for Appingedam," to align the perspective of the residents with the same narrative. The new framework can be used when organizing these activities

5.4. REFLECTIONS AND LIMITATIONS

Reciprocity implies interactions of giving and receiving. To organise reciprocity between the EHB and the local residents, more research would need to be done on the neighbourhood residents. This was difficult in this case because it is a neighbourhood under construction. Nevertheless, a number of houses have already been realised and the surrounding existing houses are part of the area that inhabitants of the EHB use. I would therefore suggest a follow-up study that emphasises the perspective of the local residents. The follow-up study should focus on how to organise the EHB as a function in the neighbourhood that is beneficial to the local residents. Moreover, entrepreneurs should

be involved in future-proofing Appingedam. Businesses in Appingedam can play a role in making the city more accessible.

Reflecting on the PAR method, I argue that it was a very suitable approach to study this 'place-based' challenge. The method gave the opportunity to investigate interactions. The PAR method involved participants in the process of data gathering. My participating position and the reflective session strengthened my relations with participants, which led to more people concurring with the outcomes (or even recognising themselves in the outcomes). The context of the research asked for action and innovation, the PAR method provided an opportunity to do so. However, the method does come with some limitations. Especially considering the target group of mentally disabled people (including people suffering from dementia). Interviews with the staff of the healthcare organisations might have led to deeper conversations about the organisation of reciprocity within the context of healthcare. Those conversations would provide interesting knowledge. However, they would have shared their experiences in other ways than I could observe as a human geographer.

Within the field of qualitative research, there is a low degree of generalizability since it contains very context-specific questions, answers and solutions. Within qualitative research, the term transferability is more common (Baxter, 2016). Outcomes of qualitative research have a degree of transferability to similar developments. For example, this research provided a new framework which can be used as a basis when developing other healthcare buildings in the region. Within the field of planning, this research emphasized that how space is used is very relevant to how space is designed, which would deserve more attention. In addition, this research provides examples when it comes to investigating target groups with disabilities. The PAR is suitable for the case. However, the method requires affinity with the subject and target group from the researcher. I experienced working with the target group as positive and insightful. Instead of researching the social problems of people, I dived into the world of these people to research together. The target group demands a researcher with a flexible mindset and social skills that can handle unexpected situations. In my experience, I succeeded to deal with these uncertainties and I found these dynamics a valuable addition to the study. However, I underestimated the extra time these interactions entail. Investigating the position of a healthcare building for the elderly contributes to the field of planning. Ageing is currently an issue in the Netherlands, especially in the North Groningen region. However, proactive findings in Appingedam can function as a foundation for integrating social interactions around healthcare facilities throughout the Netherlands.

I argue that PAR research is never finished, since it is part of a bigger process (neighbourhood dynamics keep evolving and evaluating). That is why I assume that the outcomes of the research form a basis for further discussions around the EHB, but the dynamics will keep on changing. However, I argue that this 'snapshot' of reality will bring the process of organising reciprocity to a deeper level.

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APPENDICES

APPENDIX I: KEY STAGES IN A TYPICAL PAR PROCESS

Phase	Activities
Getting started	• Assess information sources. • Scope problems and issues. • Initiate contact with researched group (RG) and other stakeholders. • Seek common understanding about perceived problems and issues. • Establish a mutually agreeable and realistic time frame. • Establish a memorandum of understanding (MoU) if appropriate.
Reflection	On problem formulation, power relations, knowledge construction process.
Building partnerships	• Build relationships and negotiate ethics, roles, and representation with RG and other stakeholders. • Establish team of co-researchers from members of RG. • Gain access to relevant data and information using appropriate techniques (see Box 17.3). • Develop shared understanding about problems and issues. • Design shared plans for research and action.
Reflection	Reformulation, reassessment of problems, issues, information requirements.
Working together	• Implement specific collaborative research projects, • Establish ways of involving others and disseminating information (see Box 17.3).
Reflection	Evaluation, feedback, re-participation, re-planning for future iterations.
Looking ahead	Options for further cycles of participation, research, and action with or without researcher involvement.

Figure 19: Key Stages in a Typical PAR Process, qualitative research methods s in Human Geography (Kindon, 2016, p. 354)

APPENDIX II: OBSERVATION FORMS

A. Uncontrolled Observations

- What organisations play a role in reciprocity? How are these organisations connected?
- What forms of reciprocity are suitable in this case?
- What are the difficulties with reciprocity?
- What obstacles should we overcome to organise reciprocity?
- Is there willingness to cooperate?
- What are activities in the current situation?
- What is the meaning of reciprocity in practice (how does reciprocity occur)?

B. Semi-Controlled Observations 1: Group walks

- Do participants show remarkable behaviour in the neighbourhood?
- Do participants show interactions in the neighbourhood?
- What are important places in the neighbourhood?

Supporting questions I asked during the group walks

- Do you ever go for a walk in the neighbourhood? *(Where? With whom?)*
- What are important activities in the neighbourhood? *(Where? What? With whom?)*
- Do you ever have contact with the neighbours? Or other people in the neighbourhood? *(How?)*

C. Semi-Controlled Observations 2: Reflective Sessions

Reflective session city garden:

- What are important activities in the neighbourhood?
- What are opportunities for activities in the neighbourhood?
- What is the intensity of certain activities?
- What are the experiences of cooperating with a vulnerable target group?
- Where are opportunities to cooperate with the vulnerable target group?
- What do we need to know in order to cooperate with the vulnerable target group?

Reflective session information evening:

- How do people talk about future inhabitants of the EHB?
- Do people support the development of the EHB?
- Are people aware of the impact of the EHB?

APPENDIX III: POSTER PRELIMINARY RESULTS

APPENDIX IV: EXTERNALITY SPACES

ACTIVITY MAP

DISTRIBUTION MAIN ACTIVITIES FOCUS GROUPS

1 SHOPPING STREET
2 MARKET SQUARE
3 PAVILION
4 SUPERMARKET
5 ROAD TO EENDRACHT
6 PUBLIC LIBRARY
7 DISCO
8 DAYCARE ACTIVITY
9 NEW CAMPUS
10 ASWA BUILDING
11 GREENERY
12 CITY GARDEN
13 PUBLIC ART
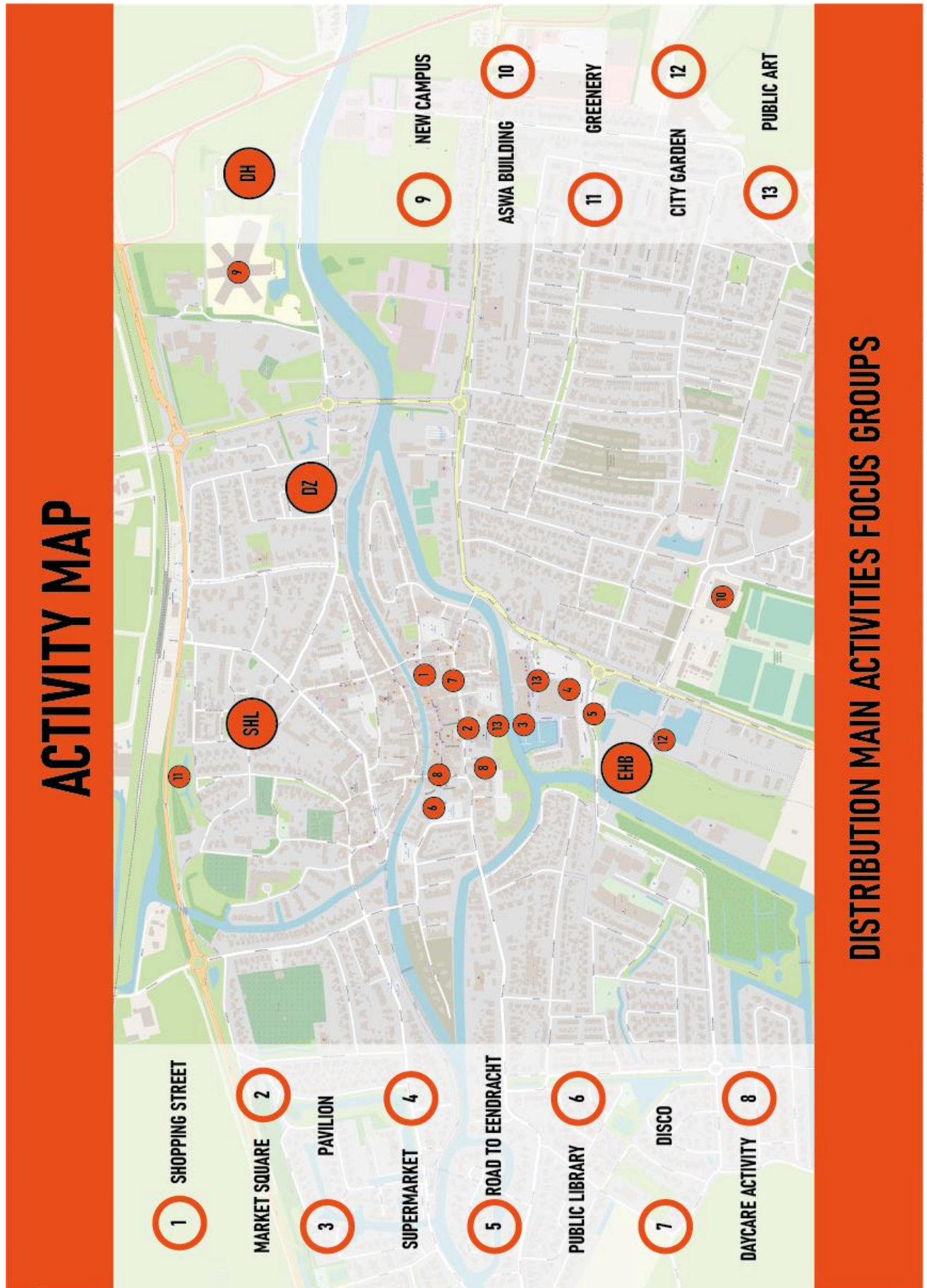
APPENDIX V: CODE TREE
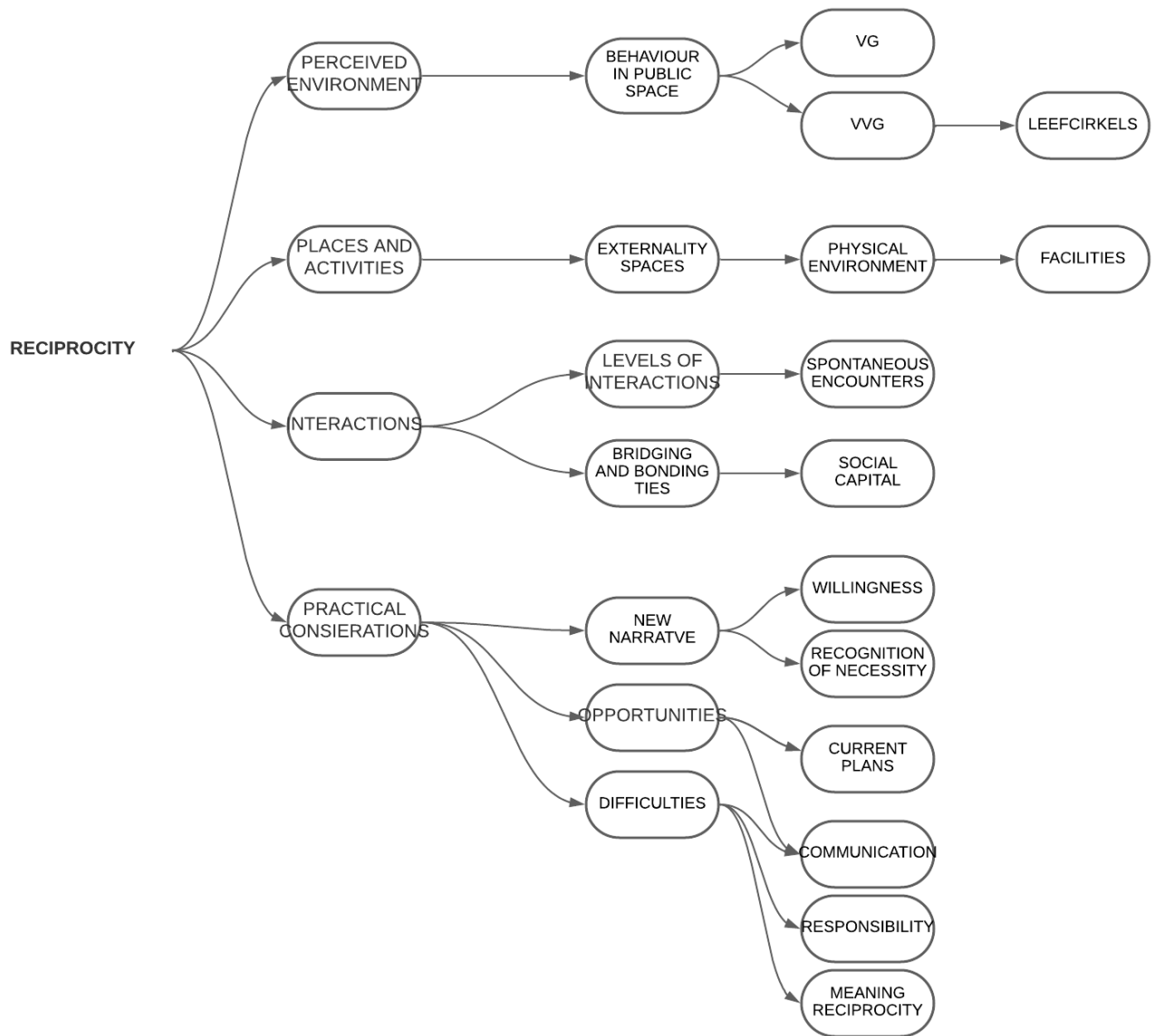
APPENDIX VI: CONSENT FORMS (DUTCH)

A.   Toestemmingsformulier onderzoek wederkerigheid in de wijk

Informatie over het doel, de data en dataverwerking van het onderzoek

Dit is het toestemmingsformulier namens de organisaties *De Hoven, De Zijlen* en *'s Heerenloo* voor het onderzoek *wederkerigheid in de wijk* m.b.t. de ontwikkeling van de nieuwbouwlocatie 'de Eendracht'.

Het onderzoek draagt bij aan een onderbouwing voor discussies over het organiseren van wederkerigheid in de wijk. Het onderzoek wordt uitgevoerd door Minke Kluivingh, student sociale geografie aan de Rijksuniversiteit van Groningen doormiddel van een communitiy-based/plaatsgebonden actie onderzoek. Dit houdt in dat betrokkenen binnen de ontwikkeling worden meegenomen in het onderzoek.

Rechten van de deelnemers

Deelnemers van het onderzoek doen vrijwillig mee en kunnen zonder consequenties besluiten om niet meer mee te doen.

Informatie over wie er toegang hebben tot de data

De foto's en aantekeningen worden beheerd door Minke Kluivingh. Verder wordt data gedeeld met de projectgroep van de GZA-projecten in Appingedam en *Ina Horlings (begeleider Rijksuniversiteit Groningen).*

Contactgegevens

Voor meer informatie over het onderzoek kan u contact opnemen met Minke Kluivingh (minke@student-labs.nl).

Vink aan als u het eens bent met de volgende statements
- ☐ Organisaties zijn akkoord met het uitvoeren van dit onderzoek
- ☐ Onderzoeker heeft toegang tot documenten m.b.t. de ontwikkeling van de Eendracht
- ☐ Deelnemers nemen vrijwillig deel aan het onderzoek.
- ☐ Namen van cliënten worden niet genoemd in het onderzoek
- ☐ Aantekeningen van meetings mogen in anonieme vorm worden gebruikt voor het onderzoek
- ☐ Deelnemers zonder consequenties mogen besluiten niet meer mee te doen
- ☐ Ik heb de hierboven beschreven informatie over het onderzoek gelezen en begrepen

Vertegenwoordiger
Naam:
Datum:
Handtekening:

Onderzoeker
Naam:
Datum:
Handtekening:

B.   Toestemmingsformulier vlaggetjeswandeling

Informatie over het doel, de data en dataverwerking van het onderzoek
Dit is het toestemmingsformulier namens de organisatie [NAAM] om samen met cliënten deel te nemen aan de wandeling door de wijk.

De wandeling is een vorm van een groepswandeling die bijdraagt aan het onderzoek '*Wederkerigheid in de wijk'.* Data wordt verzameld door met de deelnemers door stil te staan bij verschillende plekken in de wijk. Dit wordt vastgelegd door foto's en aantekeningen. Deelnemers worden niet herkenbaar in het verslag gezet.

Rechten van de deelnemers
Deelnemers van de groep doen vrijwillig mee en kunnen zonder consequenties besluiten om niet meer mee te doen.

Informatie over wie er toegang hebben tot de data
De foto's en aantekeningen worden beheerd door Minke Kluivingh. Verder wordt data gedeeld met de projectgroep van de GZA-projecten in Appingedam en *Ina Horlings (begeleider Rijksuniversiteit Groningen).*

Contactgegevens
Voor meer informatie over het onderzoek kan u contact opnemen met Minke Kluivingh (minke@student-labs.nl).

Vink aan als u het eens bent met de volgende statements
- ☐ Cliënten van [NAAM] nemen vrijwillig deel aan de focusgroep.
- ☐ Namen van cliënten worden niet genoemd in het onderzoek
- ☐ Ik ben het er mee eens dat er van de gesprekken aantekeningen worden gemaakt en deze worden gebruikt voor het onderzoek
- ☐ Ik begrijp dat deelnemers zonder consequenties mogen besluiten niet meer mee te doen
- ☐ Ik heb de hierboven beschreven informatie over het onderzoek gelezen en begrepen
- ☐ Deelnemers zijn geïnformeerd over hun rechten

Vertegenwoordiger
Naam:
Datum:
Handtekening:

Onderzoeker
Naam:
Datum:
Handtekening:

C. Toestemmingsformulier reflectiesessie

Informatie over het doel, de data en dataverwerking van het onderzoek

Dit is het toestemmingsformulier namens de organisatie [NAAM] om deel te nemen de reflectiesessie voor het onderzoek *wederkerigheid in de wijk*.

De reflectiesessie is een vorm van een groepssessie die bijdraagt aan het onderzoek '*Wederkerigheid in de wijk'.* Eerder is er data verzameld door met de deelnemers door stil te staan bij verschillende plekken in de wijk. Deze sessie gaat in op de kansen die daar uit voortvloeien. Dit wordt vastgelegd door foto's en aantekeningen. Deelnemers worden niet herkenbaar in het verslag gezet.

Rechten van de deelnemers

Deelnemers van de groep doen vrijwillig mee en kunnen zonder consequenties besluiten om niet meer mee te doen.

Informatie over wie er toegang hebben tot de data

De foto's en aantekeningen worden beheerd door Minke Kluivingh. Verder wordt data gedeeld met de projectgroep van de GZA-projecten in Appingedam en *Ina Horlings (begeleider Rijksuniversiteit Groningen).*

Contactgegevens

Voor meer informatie over het onderzoek kan u contact opnemen met Minke Kluivingh (minke@student-labs.nl).

Vink aan als u het eens bent met de volgende statements
- ☐ Deelnemers van [NAAM] nemen vrijwillig deel aan de focusgroep.
- ☐ Namen van cliënten worden niet genoemd in het onderzoek
- ☐ Ik ben het er mee eens dat er van de gesprekken aantekeningen worden gemaakt en deze worden gebruikt voor het onderzoek
- ☐ Ik begrijp dat deelnemers zonder consequenties mogen besluiten niet meer mee te doen
- ☐ Ik heb de hierboven beschreven informatie over het onderzoek gelezen en begrepen
- ☐ Deelnemers zijn geïnformeerd over hun rechten

Vertegenwoordiger
Naam:
Datum:
Handtekening:

Onderzoeker
Naam:
Datum:
Handtekening: