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The role of social needs fulfilment and social capital in older adults' subjective well-being

A qualitative research with a focus on future residents of sheltered housing

'Wonen met een PLUS' in Delfzijl

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After several months of hard work, I can now present to you my master thesis 'The role of social needs fulfilment and social capital in older adults' subjective well-being' for the master Population Studies, with a focus on future residents of the sheltered housing 'Wonen met een PLUS' in Delfzijl. Working on my thesis the past months has thought me a lot. Not only have I been able to practice more with conducting a qualitative research on my own, this period also gave me the opportunity to develop my English writing skills further and follow an internship at the municipality of Delfzijl. I would like to thank my supervisor Dr. Louise Meijering for her guidance and the informative feedback she gave me during the research process. Furthermore, I would like to thank Rik van Niejenhuis from the municipality of Delfzijl, who gave me the opportunity to do an internship here and supervised me during this period. This internship allowed me to look at the project 'Wonen met een PLUS' in more depth. Lastly, I would like to thank housing association Acantus for letting me place an advertisement for participant recruitment in their newsletter, which helped me to find enough participants for my research.

Abstract

There is a demographic trend of an ageing population in The Netherlands. Among older adults, loneliness is a common phenomenon which has negative health and well-being implications. An example of a place with a large share of older adults and therefore a high risk of loneliness is Delfzijl. The objective of this study is to provide insights into the subjective well-being, social needs and social capital of potential future older residents of sheltered housing 'Wonen met een PLUS' in Delfzijl, in order to contribute ultimately to the goal of older adults living happier, healthier and less lonely lives. Besides that, finding out what expectations potential residents have with regard to social capital in the sheltered housing might lead to insights into how places like this can contribute to achieving the ultimate goal. Theories and literature linking social needs at the micro-level and social capital at the meso-level with individual subjective well-being are discussed. Although most research on subjective well-being is of quantitative nature, in this study a qualitative methodology is adopted. In-depth interviews were conducted in order to provide detailed information about the social needs, social capital, subjective well-being and linkages between these concepts. A main conclusion is that at older age, fulfilment of certain social needs becomes more difficult and social capital in the neighbourhood becomes more important in terms of access to help, support and preventing loneliness. Moreover, especially social relations and living an easy life are found to be important for the subjective well-being.

Keywords: qualitative research – subjective well-being – social needs – social capital – older adults – The Netherlands

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1. Introduction

1.1 Background and societal relevance

According to a forecast by Statistics Netherlands, the upcoming years will be characterised by a quickly ageing population in The Netherlands (Doekhie et al., 2014; Stoeldraijer & Van Duin, 2017). This demographic trend will be prevalent in all Dutch provinces. As a result, the share of people aged 65 years and older will increase from 15 percent in 2009 to almost 26% in 2040 (De Jong & Van Duin, 2010; Stoeldraijer & Van Duin, 2017).

The growing share of older adults has some important implications. To counter the rising healthcare costs in The Netherlands due to the ageing population, more extramural care instead of intramural care is delivered. This leads to older adults staying longer at home (Doekhie et al., 2014). However, living in an intramural care setting can be an important protector from loneliness because of the social contact in such settings (Sant et al., 2015). Loneliness is the feeling of distress that accompanies discrepancies between an individual's desired social relationships and the actual social relationships (Hawkley et al., 2010). Of relevance is the quantity of relationships as well as the quality. Feelings of loneliness have negative implications in terms of well-being and health. People who feel lonely are more likely to have health problems such as depressive symptoms, impaired sleep and cognition, increased vascular resistance and mental health issues (Heikkinen & Kauppinen, 2004; Wilson et al., 2007; Hawkley et al., 2010). Not only does loneliness affect the health of individuals directly, it has an impact on the subjective well-being as well. Lonely individuals tend to be less happy and satisfied with their lives. People who are lonely differ from people who are not lonely in the field of social contacts, social networks, well-being and health (Statistics Netherlands, 2016).

Living longer at home might put older adults at higher risk of loneliness. Older adults can expect a decline in their network size, frequency of contact and number of people from whom emotional support is received due to them losing contacts through death, loss of social roles and decline in physical abilities (Pinquart & Sorensen, 2001). It is expected that because of the demographic trend of an ageing population and older adults staying longer at home, the rate of people who feel lonely will increase in the upcoming years (Statistics Netherlands, 2016).

An example of a place with a relatively large share of older adults is Delfzijl, a town in the east of Groningen (De Jong & Van Duin, 2010). With a large share of older adults and therefore high risk of loneliness, this is a relevant study area. In light of promoting social contacts, well-being and health of the older population, the municipality wants to build the sheltered housing 'Wonen met een PLUS', which is suitable for housing older adults and some younger adults with help or support needs. The current research aims to provide insights into the social needs, social capital and subjective well-being of potential future older residents in order to contribute ultimately to the goal of older adults living happier, healthier and less lonely lives. Besides that, broadening knowledge about the

expectations that potential residents have with regard to social capital in the sheltered housing might lead to new insights into how places like this can contribute to achieving the ultimate goal.

1.2 Research questions

With the ultimate goal of contributing to older adults living happier, healthier and less lonely lives, the current research focusses mostly on well-being and social interaction of potential future residents of the to be build sheltered housing. The following overarching research question has been formulated:

“How can fulfilment of social needs and social capital contribute to the subjective well-being of potential future residents of the sheltered housing ‘Wonen met een PLUS’ in Delfzijl?”

In order to provide an answer to the research question, the following sub-questions have been formulated:

1. How do social needs of potential future residents relate to their subjective well-being in the current living environment?
2. How do social needs of potential future residents relate to their social capital?
3. What expectations do future residents have with regard to social capital in the sheltered housing and how can social capital in the sheltered housing contribute to the subjective well-being of future residents?

1.3 Structure of the thesis

The thesis is structured as follows. In chapter 2, the theoretical framework is discussed, in which relevant theories, literature and the conceptual model are presented. After that, the methodology is discussed in chapter 3 and the findings in chapter 4. Finally, chapter 5 contains the discussion and conclusion.

2. Theoretical framework

In this chapter, the theoretical framework is described that underlies the current research. In section 2.1 two relevant theories about social needs and social capital are discussed. In section 2.2 a literature review is given. Hereby there is a separate focus on subjective well-being, as this is the core concept in the current research and the eventual outcome, being influenced by both social needs and social capital. Lastly, in section 2.3 the conceptual model has been visualised, based on the discussed theories and literature.

2.1 Theories

2.1.1 Theory of Social Production Functions

According to Ormel et al. (1999) and Pinquart (2000), subjective well-being is about the personal assessment of one's life situation through emotional and cognitive evaluation. It can also be called the perceived quality of life. In The Theory of Social Production Functions it is conceptualised how social needs relate to subjective well-being (Lindenberg, 2001; Steverink & Lindenberg, 2006). This theory is an integration of a theory of goals, needs and resources on the one hand and a theory of behaviour on the other hand (Steverink et al., 2005). The concept of *need* is about basic social and physical needs that should be fulfilled in order for an individual to experience well-being. The more need-fulfilment an individual experiences, the higher the level of subjective well-being that he or she perceives (Steverink & Lindenberg, 2006).

Needs are related to the concepts of *goals* and *resources* in the sense that the former stands highest in the hierarchy: goals and resources are of instrumental value in order to achieve need-fulfilment (Steverink et al., 1998). For instance, having a romantic relationship might serve as a resource, which can be used as a means to fulfil the need for affection. However, when a certain resource is not yet established, it can also be a goal. For example, if an individual does not have a romantic relationship at the moment, this might be a goal to work on (Steverink & Lindenberg, 2006). At the top of the hierarchy, the ultimate need is overall subjective well-being (Steverink et al., 2005). Below this ultimate need stand the two universal needs of physical and social well-being. In total, the Theory of Social Production Functions conceptualises two basic physical needs and three basic social needs, as visualised in table 1 (Ormel et al., 1999; Steverink & Lindenberg, 2006). The basic physical needs are *comfort* and *stimulation*. *Comfort* relates to the satisfaction of basic physical needs like having food and warmth. *Stimulation* refers to activation, meaning no boredom and enough exposure to interesting events (Steverink et al., 1998).

Table 1.

The hierarchy of social production functions. Source: Ormel et al. (1999).

Top level	Subjective well-being				
Universal goals	Physical well-being		Social well-being		
Instrumental goals	Stimulation / activation (optimal level of arousal)	Comfort (absence of physiological needs; pleasant and safe environment)	Status (control over scarce resources)	Behavioural confirmation (approval for "doing the right things")	Affection (positive inputs from caring others)
Activities and endowments, means of production for instrumental goals (examples)	Physical and mental activities producing arousal	Absence of pain, thirst, hunger, good housing, social welfare, security	Occupation, life style, excellence in sports or work	Compliance with external and internal norms	Intimate ties, offering emotional support
Resources (examples)	Physical and mental effort	Food, health care, money	Education, social class, unique skills	Social skills, competence	Spouse, empathy, attractiveness

The basic social needs are *behavioural confirmation*, *affection* and *status* (Steverink et al., 1998; Steverink & Lindenberg, 2006). Fulfilment of *behavioural confirmation*, can be achieved by having relationships that make you feel like you are acting in a right or appropriate way, like you are a good person (Ormel et al., 1999). It is about judging yourself that you are doing the right thing, or about doing the right thing as judged by others who you perceive as relevant. The second basic social need, *affection*, can be fulfilled in relationships characterised by caring. It is about getting the feeling that you are being loved, cared for and trusted, feeling that the other is willing to do something for you without expecting something in return (Steverink & Lindenberg, 2006). For instance, one could think of relationships with friends or a partner, through which emotional support and love can be received (Ormel et al., 1999). Fulfilment of the *status*-need can happen in relationships where you feel that others take you seriously, respect you, see you as autonomous and where you feel like others know you for your skills or achievements (Steverink & Lindenberg, 2006). It can also be about being better than others (Steverink et al., 2005).

The behavioural theory in the Theory of Social Production Functions states that people will try to maintain their levels of need-fulfilment and improve it via resources (Steverink et al., 1998; Steverink & Lindenberg, 2006). If one need becomes relatively easier to fulfil, an individual will put more effort in fulfilling that specific need. However, not fulfilling a social need cannot be fully compensated by fulfilling another one: all three social needs should be fulfilled at a certain minimum level in order to achieve subjective well-being (Steverink & Lindenberg, 2006).

With a focus on older adults in the current research, it is relevant to know how resources and constraints for achieving need-fulfilment may change with ageing and how individuals deal with this. A useful theory for this is the SPF-Successful Aging Theory of Steverink et al. (1998), which is an extension of the Theory of Social Production Functions. The theory states that with ageing and need-

satisfaction, two interconnected processes are of importance that take place at the same time (Steверink & Lindenberg, 2006). Firstly, the availability of resources for need-fulfilment changes. Secondly, over the life span there is substitution and compensation of the social needs satisfactions (Steверink & Lindenberg, 2006). With age, fulfilment of the status need is the first to become difficult to maintain, followed by behavioural confirmation and then sometimes, but not always, affection (Steверink, 2001; Steверink & Lindenberg, 2006). In our Western society, status is often reached through occupation (Steверink et al., 1998). As one ages and retires, this becomes harder. Then it might be easier to focus on other needs. With regard to behavioural confirmation, increasing age may lead to losing resources for fulfilling these needs as one may lose certain roles, social structures and formal settings that lead to loss of social expectations and norms (Steверink et al., 1998). This will lead to fewer resources for behavioural confirmation satisfaction and substitution will be sought by focussing on the affection-need. Over the life span, affection is relatively enduring and compared to the other two needs, an ageing individual does not need to provide major efforts to reach this. All of this means that as people age, the decrease in status will be the fastest and when this happens, the need for behavioural confirmation will gain relative importance. If behavioural confirmation decreases, the need for affection will be relatively most important (Steверink et al., 1998; Steверink & Lindenberg, 2006).

2.1.2 Social Capital Theory

Social capital has become a concept that is often investigated and is being explored in different disciplines (Adler & Kwon, 2002; McKenzie & Harpham, 2006). The sources of social capital lie in the social structure within which an individual is located (Adler & Kwon, 2002). It attempts to describe features such as social networks, levels of trust and civic participation.

There are a lot of competing definitions of social capital (McKenzie & Harpham, 2006; Kreuter & Lezin, 2002). Some theorists see social capital as something that belongs to an individual, an example of this is Bourdieu. According to him, social capital is "*the aggregate of actual or potential resources that are linked to possession of a durable network of relationships of mutual acquaintance or recognition*" (Bourdieu, 1986, p. 251). The focus is on benefits for the individual: social relationships allow an individual to have access to resources, and of importance are the qualities of these relationships (Portes, 1998; McKenzie & Harpham, 2006).

A problem that is often perceived with social capital as an individual property is that there is no clear boundary between this concept and the concepts of social support and social networks. When social capital is a measure of individual access to social support and social networks, then it does not differ much from the latter two and is therefore not a really a new concept (McKenzie & Harpham, 2006). Therefore, in this study social capital is conceptualised on the meso-level, as something that is a property of groups or communities. Putnam defines social capital as "*the features of social life, such*

as networks, norms and trust, that facilitate action and cooperation for mutual benefit" (Putnam, 1995, p. 67). More specifically, he states that social capital consists of five principal characteristics:

- Civic engagement, participation and use of civic networks
- Reciprocity and norms of cooperation, sense of obligation to help others and confidence in return of assistance
- Trust in community
- Networks (community, personal, voluntary)
- Local civic identity (sense of belonging to the civic community, sense of solidarity and equality with local community members)

Here, social capital includes more than it does in conventional social network theory. It goes beyond the individual (McKenzie & Harpham, 2006). For instance, trust in the community and local civic identity can be seen as properties of groups rather than properties of individuals. Putnam (1993) conceptualises social capital as a public good, a good of the community as a whole that is often produced as by-product of other social activities.

Besides a distinction at the individual or community level, a distinction in social capital can be made at another dimension as well. According to McKenzie and Harpham (2006), bonding social capital relates to connections between different members of the same group (Putnam, 2007). It is inward-focused, characterised by strong ties, norms, homogeneity and exclusivity. An example is the social capital of families. Whereas bonding social capital is inward-focused, bridging social capital is outward-focused, meaning that it links different groups (Putnam, 2007). The ties are weaker and more fragile.

2.2 Literature review

2.2.1 Subjective well-being in later life

In sociological and psychological studies of ageing there are many studies on well-being (George, 2010), whereby research on this subject is mostly of quantitative nature (Elders, 2010; Douma et al., 2017). Some contradictory findings exist with regard to the relationship between subjective well-being and ageing (Horley & Lavery, 1995). On the one hand, several studies conclude that with ageing, subjective well-being does not tend to decrease and that sometimes it even increases (Diener, 1984; Diener & Eunkook Suh, 1997; Cheng, 2004; Hilleras et al., 2001). Gana et al. (2004) looked at the subjective well-being in later life from a social comparison perspective. When using upward social comparisons, comparison is made with individuals or groups that are more advantaged than we are. When using downward social comparisons, comparison is made with ones who are less advantaged (George, 2010). Gana et al. (2004) found that older adults are more likely to use downward social comparisons, leading them to have often higher subjective well-being. Furthermore, Campbell et al. (1976) indicated that in later life, people have smaller discrepancies between aspirations and

achievements in general compared to younger people. Therefore, they tend to have a higher subjective well-being. On the other hand, some studies show that a different kind of relationship exist between subjective well-being and ageing: as people age, their subjective well-being decreases (Wilson, 1967). Older adults' subjective well-being is closely related to health, functional capacity and physical activity (Pinquart & Sorensen, 2000; Liu et al., 2017). Steverink et al. (1998) indicate that older adults may experience more difficulties with pursuing subjective well-being and quality of life, as their health status, mobility and financial resources often decline. Because of this, they state that it is important to pay attention to older adults' subjective well-being.

In most studies, subjective well-being is conceptualised by the researcher's predefined conceptions (Douma et al., 2017; Borglin, Edbreg & Hallberg, 2005). However, research has shown that these do often not match with the conceptions of the study population involved: individuals' conceptions of subjective well-being do often include much more dimensions than the conceptions from the researcher (Bowling & Gabriel, 2007; Douma et al., 2017). The few studies that have looked at the different conceptions of subjective well-being are of qualitative (Bergland & Kirkevold, 2006; Ward et al., 2012) as well as quantitative nature (Bowling & Gabriel, 2007; Wilhelmson et al., 2005). These studies found that for older adults, the dimensions of social relations, health, activities, living place, personality characteristics, mobility, money, religion and autonomy are of importance (Bowling, 2007).

A lot of research on individual subjective well-being focusses one level of analysis, so either the micro-level, meso-level or the macro-level. For example, Ferrer-i-Carbonell (2005) focussed on the micro-level by examining the effect of income on subjective well-being. Besides that, research can be found that concerns factors on multiple levels. Research of Helliwell (2003), for example, involves indicators for subjective well-being on the micro- as well as on the macro-level. What is less common in the study of subjective well-being, however, are studies that include how different levels of analysis can impact one another.

2.2.2 How social needs, social capital and subjective well-being relate to one another

Considering the research questions, it is relevant to look at literature in which social needs are studied in relation to subjective well-being, literature in which social capital is studied in relation to subjective well-being and literature in which social needs and social capital are studied in relation to one another.

The Theory of Social Production Functions describes how needs fulfilment contributes to subjective well-being. Literature shows that an individual's subjective well-being is indeed associated with the fulfilment of social needs (Diener & Ryan, 2009; Liu et al., 2017). Tay and Diener (2011) performed a study in which the relationship between need-fulfilment and subjective well-being was investigated. The results showed that everywhere on earth, subjective well-being is related to needs fulfilment. More specifically, the study indicated that social needs fulfilment is most associated with positive feelings, which in turn contributes to subjective well-being. Moreover, Steverink &

Lindenberg (2006) tested the Theory of Social Production Functions and the SPF-Successful ageing theory and found that the fulfilment of the affection need remains relatively high and is not affected much by age, but fulfilment of behavioural confirmation and status needs becomes more difficult with age. According to their study, although needs for behavioural confirmation and status may be experienced as less important with age, this change seems to be the result of a shift in resources and opportunities and not so much of a shift in needs.

Helliwell and Putnam (2004) have shown that there is a strong connection between social capital and subjective well-being, as they measured social capital by family, ties to friends and neighbours, civic engagement and trust. Putnam (2007) came to the same conclusion. He found that in areas with high levels of social capital, people tend to live longer and happier lives. A study of Helliwell (2007) showed that trust and memberships of voluntary organizations contribute to subjective well-being, as they increase overall life satisfaction and reduce suicide rates. The extent to which people are embedded in family relationships, social networks, communities and their sense of belonging to the community and civic identity influences health and well-being (Morrow, 1999). Furthermore, the literature puts the concept of trust central, stating that high levels of trust are positively related to other measures of social capital (Helliwell & Huang, 2010). This seems to indicate that especially trust is of relevance. With regard to ageing, a growing body of research indicates that social capital might be especially important for the well-being of older adults, yet little research has focussed on older adults (Yip et al., 2007; Chen et al., 2009; Norstrand & Qingwen Xu, 2011).

Little research has paid attention to the relationship between social needs and social capital. Research from Robinson et al. (2002) states that social capital can lead to fulfilment of human needs in several areas. Here, individual social needs fulfilment relates mostly to the micro-level of social capital. The areas are economic services, social needs, validation needs and information needs. Of importance here are the latter three. Firstly, Robinson et al. (2002) describe that social needs are about experiencing caring and regard from and for others. This overlaps with the affection-need of Steverink and Lindenberg (2006) and according to Robinson et al. (2002), such needs can be fulfilled through personal relationships that social capital provides. Secondly, validation needs can also be fulfilled through the personal relationships, since those who you respect and respect you can provide you with supportive feedback. You want to be able to see yourselves through the eyes of others, be encouraged and supported. This overlaps with the behavioural confirmation need. Such behavioural confirmation could also be achieved via for example voluntary networks, because that can make you feel like you are doing the right thing. Also, when social capital is present in the form of reciprocity norms, cooperation and a sense of obligation to help others, this can contribute to you feeling and others perceiving that you are a good person who complies with external and internal norms. Finally, information needs can be fulfilled through the network component of social capital, in which relationships can be seen as possible *social resources* (Seibert et al., 2010). Social resources possess

characteristics or control resources that are perceived as useful for attaining a goal, for example finding a job. In turn, this can be a possibility to fulfil the status-need via work status or having knowledge.

2.2.3 Conclusion: main gaps and contribution of current research

To conclude, a lot of research has been done in the field of subjective well-being. However, most of this research is of quantitative nature (Elders, 2010; Douma et al., 2017). When considering social needs, social capital and subjective well-being, however, it is important to unravel underlying perceptions, expectations and motivations in order to gain more insight into how participants perceive their world. A lot of research on subjective well-being has focused one level of analysis (Ferrer-i-Carbonell, 2005) and less on multiple levels (Helliwell, 2003). Furthermore, contradictions still exist with regard to the way in which subjective well-being and ageing relate to one another and little research can be found in which the relationship between social needs and social capital is studied.

The current research adds detailed knowledge to the relatively smaller part of qualitative research on subjective well-being, social needs and social capital. It is investigated how subjective well-being of older adults is experienced and what role ageing might play in this. By conceptualising social needs and subjective well-being on a micro-level, social capital on a meso-level and focussing on the interlinkages between these concepts, the study contributes to addressing the gap of research at multiple levels of analysis and the understudied relationship between social needs and social capital.

2.3 Conceptual model

Based on the theories and literature, the conceptual model in figure 1 was made. The current research focusses on the micro-level of social needs, as well as on the meso-level of social capital. Next to that, there is a focus on how these two are related to subjective well-being at the micro-level.

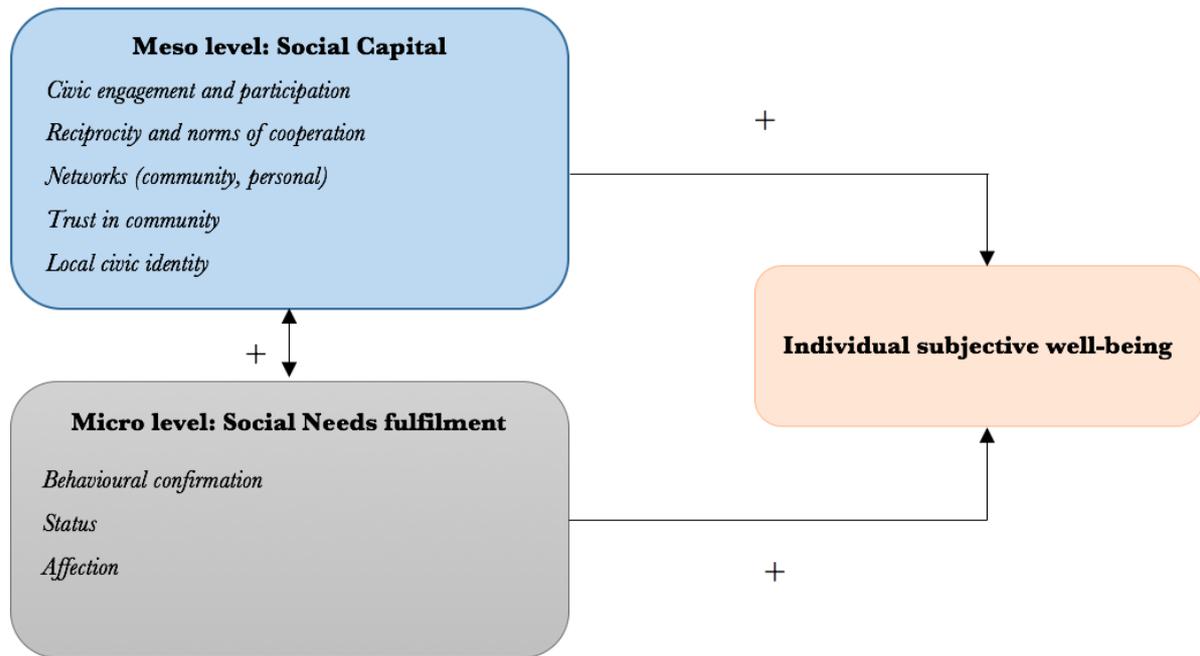


Figure 1. Conceptual model based on theories and literature

3. Methodology

In this chapter it is discussed how the current research has been carried out. In section 3.1 a description of the study setting is given and section 3.2 is about the qualitative methodology. In section 3.3 the method of data collection is described, in section 3.4 the recruitment of participants is discussed and in section 3.5 the operationalisation of relevant concepts is explained. Moreover, in section 3.6 the analysis of the data is discussed, in section 3.7 some important ethical considerations are described and in section 3.8 the trustworthiness of this study is explained.

3.1 Study setting: Delfzijl

The municipality of Delfzijl is aware of the demographic trend of an ageing population, the growing demand for support and the risk of loneliness in the region. With the project 'Wonen met een PLUS' the municipality wants to focus on independent living of people who have help or support needs, nowadays or in the future. The sheltered housing is planned to be built in 2019, consisting of 60 to 80 life-course proof apartments. Besides the municipality itself, other stakeholders such as a developer, a housing association and a nursing home are involved in the project. The project is not just about providing apartments to live in, but about providing a coherent supply of housing and provision of care services in close proximity of shops and facilities. This is what the 'PLUS' is about: there is a focus on receiving appropriate care when this is needed, but also on meeting each other and establishing social interaction between residents. Residents can live here independently, but if they can do things with and for one another, this may contribute to their well-being and overall health. In the early phases of the project, the different stakeholders agreed upon a number of core values that should be visible in the overall concept:

- 1) Self-direction
- 2) Feeling at home
- 3) Pleasant and safe living environment
- 4) Social safety, connectedness and meeting each other

The common goal is establishing a suitable living environment in which people can grow old in a pleasant and enjoyable way, with facilities, people around them and the care available when needed. In order to come closer to this goal, the current research has been carried out, by looking at expectations and needs with regard to social interaction and social capital at 'Wonen met een PLUS' and how this can play a role in the subjective well-being of future residents.

3.2 Qualitative methodology

To gain insight into the social needs, social capital and subjective well-being of older adults in Delfzijl, a qualitative research has been carried out. Whereas quantitative research focusses on

numerical and statistical analyses for hypotheses testing, qualitative research is fundamentally interpretive, primarily exploratory and focussed on questions such as 'how' and 'why' (Hennink et al., 2011; Campbell, 2014). Such a methodology is suitable, as it allows for the gathering of in-depth information about social needs, social capital, subjective well-being and preferences and expectations with regard to social capital at 'Wonen met een Plus'. The researcher wants to know more about how participants perceive their world and is interested in gaining insights into their own experiences and meanings. This is called an *interpretive* approach: one looks at the research questions from the perspective of participants themselves. Hereby, subjective meanings and experiences are of importance (Hennink et al., 2011). Besides, a qualitative research methodology is suitable if one wants to get an idea of the social context, social interactions between people and norms and values that they share (Hennink et al., 2011). This makes the research methodology adequate for the current research, since the researcher is interested in the social context and social interactions of future residents.

A quantitative research methodology would not be appropriate, as it is not about counting and quantifying a problem or trying to extrapolate the results to a broader population. The focus is on future residents of 'Wonen met een Plus' only and the goal is not to find out how many times certain things occur, but to get a detailed understanding of the relationships between social needs, social capital and subjective well-being and the meanings that participants give to them.

3.3 Method of data collection

Face-to-face in-depth interviews have been conducted in order to gather the data. With this type of data collection, the interviewer can go in-depth on certain topics, leading to rich and detailed information. It can be called a 'conversation with a goal', since the goal of the interviewer is to gain insights into certain matters via a semi-structured interview guide (Hennink et al., 2011, p. 126). The interviewer asks questions in order to encourage the participants to share their perspectives. The questions are not to be asked in a specific order or with particular words: the interviewer has a general plan of what he or she wants to know and has a topic list including the topics that have to be covered in order to get this information (Babbie, 2016). In-depth interviews are especially useful when one wants to find out about individual, personal experiences. It can be about finding out what perceptions or beliefs participants have, what motivates their behaviour and what feelings or emotions they experience. Also, in-depth interviews are suited when one wants to know more about the role of the social context in the life of participants. These are exactly the type of things that have to be identified in order to be able to give answers to the research questions in this study.

The interview guide itself is semi-structured. It consists of a topic list and can be found in appendix 7.1. The topic list includes questions about the social network, social needs, subjective well-being and social capital. Besides a topic list that the researcher can use as a tool for checking if all relevant subjects have been discussed, the interview guide consists of a circle diagram with three layers in which participants can indicate what social contacts are considered as 1) close, important and

meaningful, 2) important but less close 3) least close but still meaningful. The circle diagram is visualised in figure 2. The underlying idea is that participants visualise their social contacts and the place they give to them, which gives participants more control over the research and makes talking about contacts easier. Next to that, the researcher can more easily categorise the social contacts according to importance and closeness when they are being placed into the three layers (Van der Riet, 2007; Douma et al., 2017).

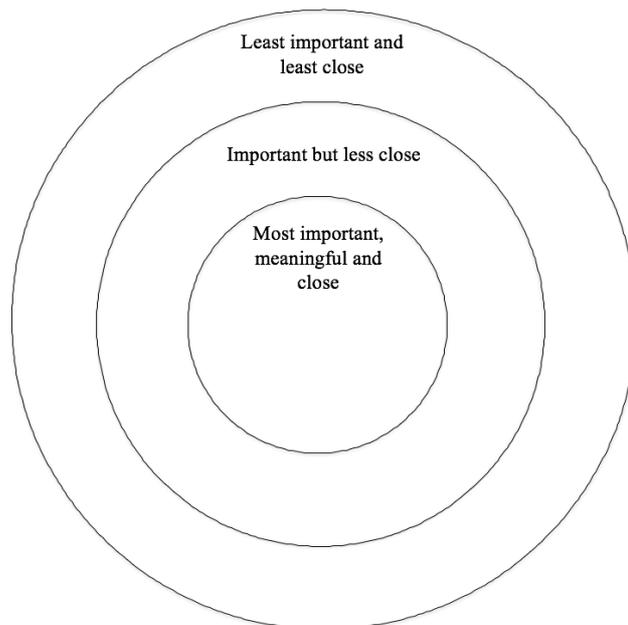


Figure 2. Circle diagram of social network

3.4 Participant recruitment

The focus is on older adults aged 55 years or older. With the trend of an ageing population, focussing on older adults is most relevant. Besides, these older adults will form the community of the sheltered housing for the largest part. The age of 55 years is chosen because when the stakeholders defined the target group, they defined someone to be an older adult when this person was 55 years or older.

The participants have been recruited via purposive sampling. This is a form of non-random sampling with the goal to recruit participants that are relevant to the research. The researcher makes a judgement about which type of participants are most representative or useful (Babbie, 2016). In the current research, such judgements were made together with the municipality. Of interest were participants who are 55 years or older and potential residents of 'Wonen met een PLUS'. Since the sheltered housing can house people with a help or support need as well as people without it, having such a need was not included as a criterion in the recruitment.

The recruitment of participants for the pilot interview and other interviews has been done via several ways. During the market in Delfzijl on a Wednesday, the researcher approached several people

and asked them about participating in the study, after giving an explanation about the project and study. To check whether someone met the age criterion of 55 years and older, the researcher asked about the age of the participants. In the end, this led to one participant who was willing to conduct a pilot interview. Furthermore, people who were interested in an apartment at 'Wonen met een PLUS' had been able to apply for this via the housing association. However, access to the contact information could not be gained due to privacy reasons. The housing association Acantus was willing to put an advertisement concerning the study in their newsletter. If people were interested in participating, they could email or call the researcher to make an appointment. In the end, the advertisement led to four participants. With this number and the pilot interview, the point of saturation was not yet reached. Therefore, another complementary way of participant recruitment had been applied. In January 2018, a neighbourhood cafe has been organised for people who were interested in 'Wonen met een PLUS' and wanted to give input concerning the project. Via the municipality, the list of people who attended this event was obtained, after which the attendees were e-mailed with information about the research and asked whether they wanted to participate in it. This led to 5 additional participants. The final way in which participants were recruited was via a snowball method. After conducting an interview, the participants were asked whether they knew someone else who could be interested in participating. This led to one more participant. The number of participants recruited through the different strategies is visualised in figure 2. In total, 11 participants were interviewed. With this number, the point of saturation was not completely reached, but due to practical reasons and the relatively short time span of the research no more participants could be recruited.

The in-depth interviews were held at the homes of the participants. A reason for conducting the interviews at the homes of the participants is that people generally feel most comfortable when they are at home, which makes it easier for them to talk.

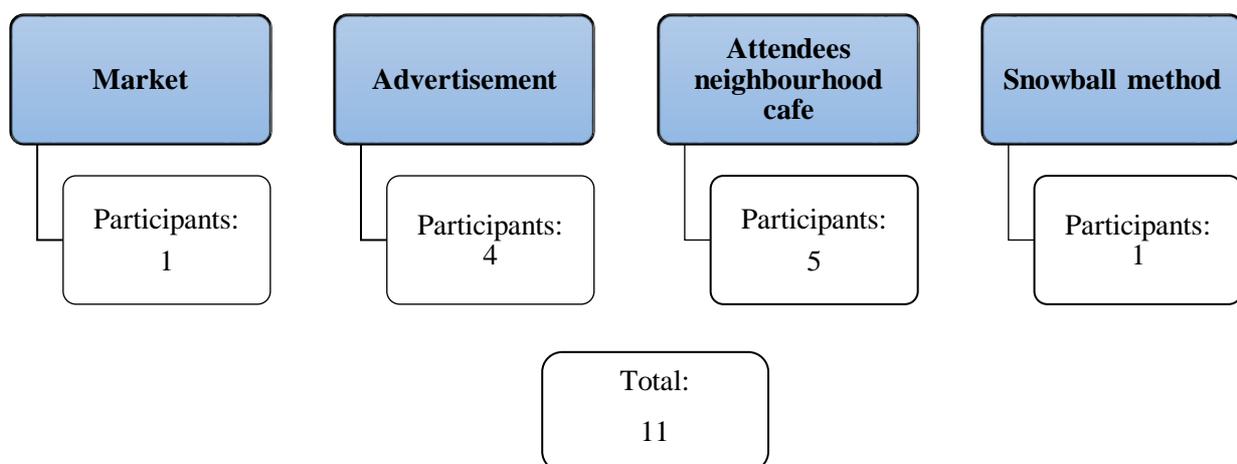


Figure 3. Flow chart of the realised number of participants

3.5 Operationalisation

The research questions, theoretical background and conceptual model have formed the basis for designing the interview guide. The interview guide starts with a couple of opening questions. In this way, the researcher could already get to know the participants by asking questions about age, hobbies and living situation. Also, at this point the researcher could start to build rapport: establishing a trust relationship between herself and the participant. After this, core questions have been asked that are of relevance for answering the research questions. Here questions were about social needs, subjective well-being, social capital nowadays and expectations about social capital in the living centre. At the end, a couple of more general questions about the possible future situation at 'Wonen met een PLUS' have been asked in order to close the interview.

The central concepts that had to be operationalised were subjective well-being, social needs and social capital. For subjective well-being, the conceptualisation of Diener (1984) and Ormel et al. (1999) was used as the starting point for the operationalisation. According to Diener (1984) and Ormel et al. (1999), subjective well-being is *'an individual's appraisal of his or her overall life situation, the totality of pleasures and pains, or quality of life'*. This micro-level concept was operationalised with questions about how the participant experiences his or her life at this point in time, what positive and negative aspects of the participant's life are and to what extent the participant feels happy.

Social needs at the micro-level were operationalised by taking the three basic social needs of the Theory of Social Production Functions (Steverink & Lindenberg, 2006) as starting point. For the affection-need, questions were asked about whether the participant feels that there are people who care about or love him or her and from which the participant receives emotional support. For the status-need, questions were asked about whether the participant feels that there are people who look up to him or her or admire the participant for some reason. Besides that, a question was asked about the extent to which the participant feels that others take him or her seriously. Lastly, the behavioural confirmation-need was operationalised via questions about the importance of helping others and being a good person who behaves well in the eyes of others.

For the operationalisation of social capital, the meso-level conceptualisation of Putnam (1993) with its five characteristics has been used. To operationalise networks, questions were asked about the social contacts and their importance. For this, the circle diagram in figure 2 was used. For the aspect of trust, questions were asked about perceptions and expectations of trust and safety in the neighbourhood. The aspects of participation and reciprocity were operationalised via a question about perceptions and expectations of helping and being there for each other in the neighbourhood. The last aspect, identification, was operationalised with questions about perceptions and expectations of feeling part of the community and belonging to it.

3.6 Data analysis

After conducting the interviews, the interviews were transcribed and anonymised. This means literally writing down what the participants said and removing identifiable information like names. In the current research, the names of the participants were replaced with numbers and the ages have been categorised in age groups. The interviews were then transcribed in Dutch, because the interviews were held in Dutch too. The quotes used in the results chapter have been translated to English. When the transcribing and anonymising was done, the transcripts were imported into the program Atlas.ti. This is a software package for qualitative data-analysis and has been used to code and analyse the data.

The coding of transcripts was done by means of a codebook. This codebook was prepared in advance with deductive codes, based on the theoretical framework, conceptual model and interview guide. After conducting the interviews and analysing the data, the codebook was supplemented with inductive codes. In order to do this, the researcher had to read the data in an analytical and detailed way. The final codebook can be found in appendix 7.3. After the coding of the interviews, a thematic analysis has been carried out, which involves reading the data carefully, searching for themes and patterns (Fereday & Muir-Cochrane, 2006). Each aspect of social needs, subjective well-being and social capital was looked at in detail, by taking into account the context, meaning and nuances (Vaismoradi et al., 2013). Attention was paid to whether results differ with regard to important participant characteristics, such as sex, age, living situation and duration of living in Delfzijl. During the analysis it was assessed to what extent certain expectations from the theoretical background hold and which new findings came up.

In order to analyse the degree to which participants experience the different aspects of social capital in their neighbourhood, during the analysis a categorisation was made for each of the aspects of social capital. Hereby the researcher analysed what participants said about the aspects of social capital in their neighbourhood and categorised this aspect to be either low, medium or high.

3.7 Ethical considerations

To begin, potential participants should receive enough information about the research, in such a way that they can understand it and make a voluntary decision to participate in the study. This is called *informed consent*. The purpose of the study and what happens with the findings have been explained by the researcher during the introduction of the interview. It was also made clear that participants can stop participating in the study at any moment. All participants gave their consent by signing the consent form that was drawn up by the researcher and none of them refused to continue participation.

Secondly, there should be *minimization of harm*. The researcher should not harm the participants in any way. From the nature of the research questions itself, it was expected that no harm would be caused directly, which turned out to be the case indeed. However, the researcher should always be cautious about this. In qualitative research it is about perceptions and feelings. In order to get this information, I established a trust relationship with the participants, which is also called rapport

(Leech, 2002; Hennink et al., 2011). It was important to anonymise the data and keep the gathered information secure and confidential. Otherwise the privacy of the participants could have been compromised, leading to harm of the participants. The data have been anonymised by removing identifiable information that links the particular participant to the data, such as names, addresses and exact ages. The data has been kept secure and confidential by making sure that I, the researcher, was the only one who had access to it. Also, I saved the data in a secure, non-public space, protected by a password that only I know.

A third consideration is reflexivity of the researcher. Reflexivity involves conscious reflection, making clear how the researcher could have an influence on the research process (Hennink et al., 2011). The researcher should be aware of this, since the social background, positionality, behaviour and assumptions can impact the research and also influence how participants react to the researcher. When conducting the research, I realised that I had certain assumptions about the participants, how they behave and how they think. For example, my experience with my grandfathers is that he did not have much social contacts, which led me to think that this would be the case for most older adults. This turned out not to be true in the current research. Also, for me it is normal to have contact with close family, thereby assuming that this might be the case for others too. I tried to be conscious about such matters as after each interview I evaluated for myself how the information related to my assumptions and whether I thought it influenced the data. In the end, I think my assumption about contact with close family influenced the questioning a little bit, as it sometimes made me ask about close family members, while these did not belong to the social network for all participants.

3.8 Trustworthiness

When considering the quality of qualitative research, the idea of trustworthiness is of relevance. In his article, Shenton (2004) describes that the trustworthiness of qualitative research consists of four criteria.

The first criterion is credibility, which is about the extent to which the findings match with reality. Credibility can be enhanced in several ways. In the current research this has been done by frequently organising consultation sessions between the researcher and supervisor. Next to that, tactics have been used to help ensure honesty from participants. Participants were given the opportunity to refuse to continue participation whenever they wanted to, in order to ensure that they ensure voluntary participation.

The second criterion is transferability. Since findings of qualitative research are very specific and are often focused on a small number of participants and environments, it seems impossible to generalise these findings to other populations and situations. However, one can achieve transferability. The current research process has been described clearly and the context is identified (Shenton, 2004). In this way, other researchers can find out whether the information is useful for further research and what aspects of it can be used.

The third criterion described by Shenton (2004) is dependability. In qualitative research, findings are very much dependent on the study context. It is difficult to state that if the work was to be done again, in the same context and with the same methods and participants, it will lead to the same findings. What can be done, however, is making the research method transparent and replicable, which is called dependability. In the current research, this has been achieved by describing the research process, research design and method of data collection in detail, thereby making the work replicable for other researchers. This enhances the probability of similar findings.

The fourth criterion for trustworthiness is conformability. In qualitative research, the researcher interprets the findings and different researchers can have different interpretations due to their backgrounds and views. A consequence of this is that qualitative research is never fully objective. However, the researcher should deal with reflexivity. The researcher should be aware of his or her influence on the research process because of the social background, position and assumptions (Shenton, 2004). In the current research, I have been aware of this and consciously dealt with it in order to achieve conformability, as explained in section 3.7.

4. Findings

In this chapter, the findings from the current research are discussed. In section 4.1 a description is given of the participants and their relevant characteristics. In section 4.2, their social needs fulfilment and subjective well-being is discussed, after which section 4.3 concerns social capital and how this relates to social needs. Finally, in section 4.4 the expectations with regard to social capital and subjective well-being in the sheltered housing 'Wonen met een PLUS' are discussed.

4.1 Participant characteristics

In table 2, the relevant characteristics of the participants are displayed. To ensure anonymity, names have been replaced by a number.

Table 2.
Participant characteristics

<i>Participant</i>	<i>Sex</i>	<i>Age group</i>	<i>Living situation</i>	<i>Help- or care need</i>	<i>Duration of living in Delfzijl</i>	<i>Employment</i>
1	Woman	80-84	Alone	Help need	Long	Teacher, retired
2	Woman	65-69	Alone	Help need, future care need	Long	Housewife
3	Man	70-74	With partner	No help or care need	Long	Mail deliverer, retired
4	Man	80-84	With partner	No help or care need	Moderate	Retired
5	Woman	65-69	With partner	Help need	Long	Caregiver, retired
6	Man	65-69	With partner	No help or care need	Long	Carpenter, retired
7	Man	60-64	Alone	No help or care need	Long	Florist, retired
8	Woman	80-84	Alone	No help or care need	Moderate	Family nurse, retired
9	Man	60-64	Alone	No help or care need	Long	Caregiver, retired
10	Man	65-69	With partner	No help or care need	Long	Retired
11	Man	60-64	Alone	No help or care need	Moderate	Municipal official, unemployed

As can be derived from table 2, more men compared to women have participated in the research. This means that relatively more data has been gathered for men, which might imply that possible results concerning sex differences should be interpreted with caution. In this study context, having a help need means receiving help at home that is not care-related. Having a care need means receiving help at home that is care-related. In total, two participants indicated to have a current help need, of which one participant expects to have a care need in the future as well. The other participants indicated that they

do not have a current help or care need and do not have any reason right now to assume that they will have one in the future. This means that relatively a lot of the participants have been interviewed that do not have a current help or care need, so results concerning differences in help need should be interpreted with caution. Furthermore, most participants have been living in Delfzijl for a long period of time, meaning 36 years or longer. Participants who have lived here for a moderate period of time have lived here 15 to 35 years. As most participants lived in Delfzijl for a long period of time, also results concerning living duration should be interpreted with caution. When it comes to employment, all participants are currently retired or unemployed.

4.2 Participants' subjective well-being in relation to their social needs

4.2.1 Subjective well-being

Most participants experience that ageing does not play a role in their subjective well-being. Although most of these participants indicate that because of ageing their health is getting worse, they explained that this does not make them feel less happy or satisfied with their lives compared to before.

“Of course, I am not 18 years old anymore, my hearing becomes less and less but that does not influence how happy or satisfied I am with my life (...) I have always been pretty happy and that is still the case.”

(Participant 9)

This quote illustrates how participant 9 does not allow impairments that come with age to control this life. Him and most other participants learned to cope with it and perceive ageing as a part of life.

However, for some other participants the process of ageing does affect their subjective well-being. One participant explained that she experiences more well-being now, which has to do with a difficult past of domestic violence and pain compared to the release from obligations and stress nowadays. For two other participants, ageing influenced their well-being in a more negative way. One of them, aged 80-84, finds the idea of the end of life that is approaching very stressful, as she has to deal with her will and what to do with her house and belongings. The other participant has problems with his knee because of ageing.

“When my knee is hurting and I cannot run, I feel worse immediately. Then my body does not produce the happiness fabrics that it normally does after working out (...) Not being able to sport or run in the future, that would be very bad for me.”

(Participant 11)

For him, the prospect of not being able to do sports anymore because of this injury does influence his well-being negatively. Overall, there were both mental and physical causes that negatively impacted the participants' well-being.

In table 3 participants' perceptions about positive and negative aspects of life that influence their subjective well-being are represented. These aspects have been integrated into more comprehensive dimensions.

Table 3.
Participants' perceptions about positive and negative aspects of life, structured by inductive dimensions

	<i>Positive</i>	<i>Negative</i>
<i>Dimension</i>	SOCIAL RELATIONS	SOCIAL RELATIONS
<i>Aspects</i>	Social contacts (7), having a partner (2), healthy children (2)	Absence partner (2), no customer contact (1)
<i>Dimension</i>	LIVING AN 'EASY' LIFE	
<i>Aspects</i>	No obligations (6), not worrying about money (4), less stress (3), learning to accept help (1)	
<i>Dimension</i>	LIVING ENVIRONMENT	LIVING ENVIRONMENT
<i>Aspects</i>	Nice living place (1)	Neighbourhood (1)
<i>Dimension</i>	EVALUATION OF LIFE ITSELF	EVALUATION OF LIFE ITSELF
<i>Aspects</i>	Enjoying life and having fun (4), still being there (1)	Deterioration (4), long days (1)
<i>Dimension</i>	HEALTH	HEALTH
<i>Aspects</i>	Being healthy (1)	Deterioration (4), illness (1)
<i>Dimension</i>	OTHER ASPECTS	OTHER ASPECTS
<i>Aspects</i>	Visiting theatre (1)	Procrastination (1), uncertainty living centre (1), no negative aspects (2)

Here, the dimension '**appreciation of life**' relates to positive aspects of enjoying life, having fun and still being there on the one hand and the negative aspects of deterioration and long days on the other hand. Interesting here is that the aspect of enjoying life was more often mentioned by participants who have a current help need and more often by women than men. A female participant with a current help need explained:

"I see things different now because of what I have been through, I managed to crawl up from a lot of difficult situations (...) I enjoy getting up in the morning when I see that the sun is shining, even though I experience physical pain when getting out of bed."

(Participant 2)

This participant appreciates life and the things she can still do, which was also the case for other females and participants with a current help need. That these participants evaluate enjoying life as a positive aspect, could be due to the difficult things they have been through in life. An example of this is their health situation, which is why they have a help need. The aspect of deterioration, however, was more often mentioned by participants who do not have a current help need. Also, in almost all cases, this aspect was mentioned by people aged 80-84. These participants acknowledged that they experience deterioration, physically as well as mentally and told that they do find it difficult to deal with sometimes.

4.2.2 How social needs and subjective well-being relate to one another

Some of the aspects related to the dimensions represented in table 3 can be linked to the social needs of affection, behavioural confirmation and status. In the remaining of this section, these aspects and the social needs they link with are discussed. The dimension of '**social relations**' is something that most participants value as positive in their lives. Participants currently living alone mentioned the aspect of social contacts more often than participants currently living with a partner, so living situation seems to play a role in the evaluation of social contacts in relation to the subjective well-being. Participants like being able to talk to other people and share stories, especially with people to whom they are close. However, also more superficial encounters such as in shops or on the streets are of importance. Although contacts belonging to the inner circle, like the partner, children, siblings and good friends are of primary importance, participants feel like having these more superficial social contacts in everyday life too prevents them from feeling lonely and makes life more pleasurable.

The '**social relations**' dimension of subjective well-being links with the need for affection, as it is close contacts like family members through whom this need is being fulfilled. When looking at this need in more depth, the data showed that most participants experience a need for emotional support to a certain extent.

"Sometimes you have one of those days when you think, I really do not know what to do with this day. It is raining, it is cold, I am not feeling well (...) then I am calling my sister and we just talk and complain together and then that bad feeling goes away."

(Participant 1)

This female participant wants to be able to share emotions and problems instead of carrying it with her alone and be able to talk someone when she does not feel well, which is the case for the other participants as well. Most participants expressed the need for emotional support and most of those who did indicated that this need is being fulfilled, in many cases by family members who belong to the inner circle. Participants seem to receive two kinds of emotional support from these contacts. They

receive emotional support when they are just not feeling well, like participant 1, but also in times of crisis. Participant 5 explained:

“I receive emotional support mostly from my partner. I can express myself when I am with him and I can cry if I want to, that is all fine. Because of my COPD, I often have pain everywhere and when I have to cry because of that, he comforts me.”

(Participant 5)

This participant receives emotional support in difficult times, in her case when she has to deal with her illness. Other participants receive this type of emotional support as well, for example with loved ones passing away, divorce and having to quit a job.

Some of the male participants do not express a need for emotional support that often compared to female participants. One of the male participants told that he does have a lot of luck in his life and did not experience many situations in which he felt like he needed emotional support. Others just do not want that much emotional support. One feels like dealing with grief is something you have to go through by yourself and another is not used to expressing his emotions. On the other hand, some older, female participants who are living alone seem to have their need for affection not fulfilled as much as they would want to.

“When I experience something I cannot not share that with him anymore because he is not there when I come home (...) that is very difficult when you come to stand alone, you come home and you cannot share what troubles you with someone, but I used to share everything with him”

(Participant 8)

This woman receives emotional support from other social contacts like friends and siblings, but she specifically misses the emotional support she received from her partner who passed away. This is also the case for some other older, female participants. They seek affection from their children, but indicated that their children are also busy with their own lives and because they do not want to be too much of a burden to them, this need is not fulfilled completely.

Next to the emotional support aspect of the need for affection, all participants expressed to find it very important to have the feeling that they are being loved and cared for. In situations of distress and need, they want to have someone they can rely on, who will care for them. Other participants told that they would feel lonely and function badly in daily life otherwise and some mentioned that the feeling of not being cared for or loved by others would make them start worrying and crawling under a rock, which would be at the expense of their health. In most cases, the need seems to be fulfilled, again via the inner circle of partner and family. These participants notice fulfilment because these contacts are there for them when this is needed, they seek contact with them on a regular basis and via small gifts and gestures that show love, appreciation and gratefulness.

When looking at table 3 again, the aspects of not having obligations, not worrying about money, having less stress and learning to accept help are also aspects that participants evaluate positively and can be grouped under the dimension '**living an easy life**'. With regard to not having obligations, a male participant explained:

“What I experience positively is that I can do whatever I want, I do not have those obligations anymore (...) If I want to go to Amsterdam, for example I can stand up now and leave, I really appreciate that freedom.”

(Participant 6)

Participant 6 values the freedoms that he experiences nowadays, compared to when he was still working. The aspect of no obligations is not only applicable to him, but also to other participants aged 65-69 or 60-64. Everyone who mentioned this aspect belongs to these age groups, except for one. This could be explained by the fact that this is the age at which people usually retire, which might make them value the loss of work obligations and gained freedoms during these years. Moreover, the aspect of less stress is only mentioned by people belonging to these two age-groups, which makes the explanation of retirement even more plausible.

From the dimension '**living an easy life**', the aspects of no obligations and having less stress, together with the aspect of learning to accept help can be linked to the need for behavioural confirmation, as it has to do with the ability to help and accept help. Most participants expressed a need for helping others to some extent. A male participant told:

“I really like knowing that I have been able to help someone else, then I think: that person is helped because of me, he benefits from it (...) and when I get home I feel good as well, knowing that I have been meaningful to someone. I find that very important.”

(Participant 7)

This participant, together with the others who indicated having this need, want to help others for the sake of the other person as it makes their lives a little bit easier, but also because it gives them a good feeling about themselves, knowing that they were meaningful to someone else and being appreciated for their help. The need of helping others is mostly applicable to the inner circle of family and partner, but also to the middle circle of friends, neighbours and contacts via work.

An interesting result is the role that the factors age, having a help or care need and helping behaviour in the past play in both the social need of helping others and the fulfilment of this need. Some older participants seem to have less need of helping others compared to younger participants. A male participant mentioned:

“During the years we have always been there for our children, babysitting the grandchildren and taking care of them (...) Now, as we grow older, we get more help and support back from them.”

(Participant 4)

Participant 4, together with the majority of these older participants, has always been helpful towards others, but now their older age and health ailments make them less able to help. They are fine with this and do not experience this need that much anymore: they have done a lot of helping in the past and can accept that as you age, you are less able to do this and you become the person who might be the one needing and deserving help. On the other hand, for one participant older age makes him abler to help others. Now he has less obligations and less stress, therefore he has more time to help others.

Besides the role of ageing, the data showed a difference in fulfilment of the need of helping others with regard to factors having a help or care need and health status. Participants who have a current help need indicated less fulfilment of their social need of helping others compared to participants who do not have a current help or care need. Their health status seems to play a role in this. Also, participants who do not have a current help or care need but do experience health problems indicated that they are now less able to fulfil the social need of helping others compared to previously. A female participant without help or care need explained:

“I had a job as a family nurse and I also helped people at home who needed help (...) I cannot do these things anymore as it is too heavy because of my health status, but I do not pity it because I feel like I have done that enough, as you grow older you have to give certain things up and you do not experience that need anymore.”

(Participant 8)

For this participant who has done a lot of helping in the past, this past behaviour seems to play a role in the acceptance of not being able to help anymore. This participant and others who said to have always helped and cared for others in the past, for example during work, are okay with being less able to fulfil this need and do not experience the need of helping others that much anymore. However, the participants who have not had a job of caring and helping others seem to find it more difficult that they are now becoming less able to help.

The other aspect of the behavioural confirmation need, namely being a good person, is a need that all participants do experience. This part of the behavioural confirmation need does not link with any of the dimensions in table 3. In order to indicate whether participants thought they were behaving as a good person, the participants were firstly asked what their perceptions were of a good person who behaves good. Their answers are visualised in the word web in appendix 7.4. The data showed that all participants think that others think of them as a good person who behaves good, which indicates that this need is being fulfilled.

In table 3, some aspects belonging to both the dimensions of **‘living an easy life’** and **‘living**

environment' can be seen as indicators for status and can therefore be linked to the social need for status and the fulfilment of it. It concerns the positive aspects of not worrying about money and having a nice living place. A male participant aged 65-69 explained:

“When you want to have something, being able to buy it, that is something that I really appreciate (...) Of course I am not a millionaire, but I have worked my whole life for what I own now and I can manage myself well with it.”

(Participant 3)

Participant 3 values that he can do things without having to worry about being able to pay for it. This is due to him having worked for this during his life. In all cases the aspect of not having to worry about money was discussed by men, almost all aged 65-69. This might again be explained by the transition to retirement, which might make them realise what they can or cannot spend because of their pension. The result that men instead of women are the ones discussing this aspect might relate to men tend to have more needs for status and independence, while women tend to have more needs for intimacy and connection.

When it comes to the need for status, only a minority of four participants expressed a small need of wanting to be admired or looked up against. They do not feel like they want to be admired or looked up against for something, but once this happens it does make them feel good. The other participants who do not expressed this need make clear that this is not how they would want to be looked at by others, it is not necessary. Furthermore, the data showed that age does seem to play a small role in the need for admiration or being looked up against, as all participants except one aged 70 years or older made explicit that they do not have a need for this, while in the group of participants aged 69 or younger this was the case for three of the seven.

With regard to the other operationalisation of a need for status, namely a need of being taken seriously, the data showed that all participants do find this something that is important, otherwise they would feel unhappy. It gives them more confidence, less doubts about themselves and less uncertainty. A male participant explained:

“When I say something, people in my environment do take that seriously, I notice that because people really listen to what you are saying without interrupting your story (...) If they would talk through my story I would think that they are not interested in what I have to say.”

(Participant 10)

He noticed that others take him seriously because others listen attentively to his stories without talking through it or interrupting it, others give serious responses and take his advice into account. This is the case for other participants as well.

4.3 Participants' social capital in relation to their social needs

4.3.1 Social capital

Table 4 provides an overview of the different aspects of social capital at the meso-level of the neighbourhood. For each of the four aspects, it is analysed whether participants perceived the operationalisations to be low, moderate or high.

Table 4.

Participants' perceptions about social capital at the meso-level of the neighbourhood

Social capital aspects	Identification		Trust		Reciprocity & Participation
	Feeling at home	Feeling part of community	Trust in neighbourhood	Safety in neighbourhood	Helping and being there for each other
1	High	Low	Moderate	High	Moderate
2	Low	Low	Low	Moderate	High
3	High	Moderate	High	Moderate	High
4	High	High	High	High	High
5	High	Low	Moderate	High	Moderate
6	High	Moderate	Moderate	High	High
7	High	Moderate	High	High	Moderate
8	Moderate	Low	Low	High	Moderate
9	High	Moderate	Moderate	High	Moderate
10	Moderate	High	Moderate	Moderate	High
11	Low	Low	Low	High	High

After analysing the results in table 4 it becomes clear that especially feeling at home, safety and helping and being there for each other are perceived as high by participants, and to a lesser extent trust in the neighbourhood. Relating to the identification aspect of feeling at home, a male participant explained:

“I feel very much at home here, sometimes people ask me, do you not want to go back to Groningen?

But then I think no, I have all my friends and social life build up here, they all live in the neighbourhood and I know that I can count on them.”

(Participant 9)

For him the social contacts in the surrounding neighbourhood play an important role in him feeling at home as during the years, he has built up his social network of friends in this place on whom he can rely. This is also the case for some other participants. Participants who feel less or not at home are

participants who are living alone and most of them do not have much contact with neighbours. This stresses the importance of social contacts for feeling at home. For some other participants feeling at home has to do with having a nice house and location and having a nice view.

When it comes to the aspect of trust, a female participant told:

"I think I can say that we do trust each other, I do not know for sure (...) But nothing has happened here that would make me distrusting, so I do not have a reason for not trusting them."

(Participant 5)

For her these moderate level of trust perceptions primarily have to do with the fact that no incidents have happened before that would make them think otherwise. This is also the case for other participants with these perceptions. The contact with neighbours is okay, but they do not know everyone well enough to conclude that there is a high level of trust. Also, men seemed to have perceptions of high levels of trust more often while women seem to have perceptions of low levels of trust more often.

The majority of participants indicated to feel very safe in the neighbourhood and perceive levels of being there for each other and helping each other to be high. Comparable with the aspect of trust, for most of them feeling safe has to do with not having any experiences that would make them feel unsafe, knowing the neighbourhood and having a neighbourhood-whatsapp. They indicated to feel safe during the day as well as in the dark. Participants who feel less safe feel safe during the day, but when it gets dark they would feel less safe due to people making a lot of noise and trouble. For one participant, not feeling safe has to do with her own impairment of bad vision at night.

Although the majority of the participants perceived high levels of being there for each other and helping each other in the neighbourhood, high level of safety and moderate levels of trust, table 4 shows that almost half of the participants does not feel part of a community. A male participant explained:

"These neighbours do have certain things that I do not like, but if I would really need them, I know that they would help me and be there for me."

(Participant 11)

His story and that of others indicated that reciprocity and participation, feelings of safety and also trust in each other can be high in a neighbourhood, without necessarily implying that people feel part of a community. Whether participants do or do not feel part of a community seems to have to do with the frequency and intensity of social contact and the neighbourhood being rather individualistic.

Participants who have always experienced it like this do not miss this feeling, as they do not know it in any other way. Participants who have experienced feeling part of the community before indicated that they do find it unfortunate to not feel that right now.

With regard to the network aspect of social capital, the data showed that all participants do have a social network of some kind. A male participant who lives with a partner said:

“These are the people I have the most contact with, I can talk with them about everything (...) We see each other regularly, they are so important, it is family and we get along very well.”

(Participant 3)

For him his partner and children are perceived as most important and close contacts, belonging to the inner circle. This is the case for other participants too who live with a partner and have children. In figure 3 and 4 two examples are given of circle diagrams filled in during the interviews. Figure 3 is an example of a participant living with a partner and figure 4 of a participant living alone. It illustrates a difference in perceived close and important contacts for participants living alone compared to living with a partner. While participants with a partner perceived partner and children to be most important, participants living alone perceived family members like siblings and sometimes friends to be most important.

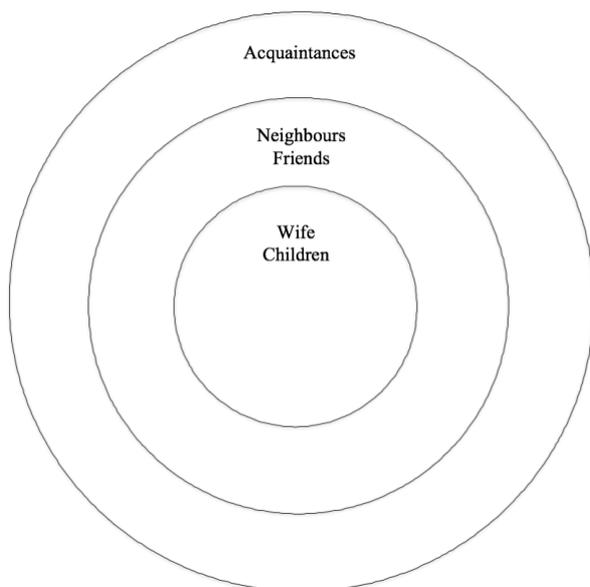


Figure 4. Social network of participant living with partner

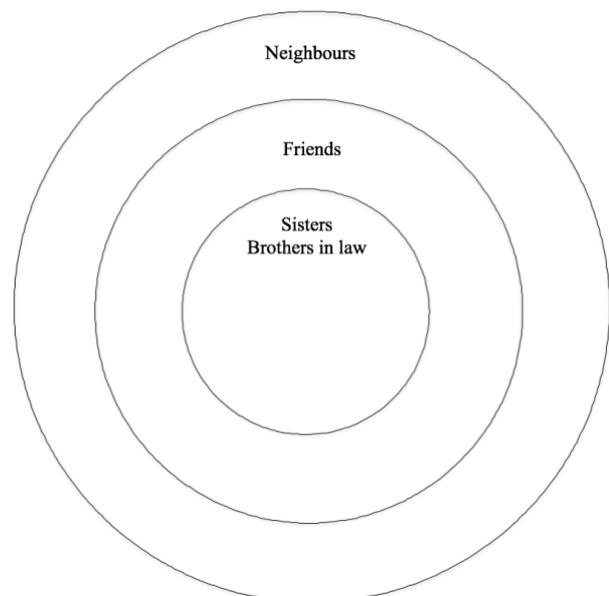


Figure 5. Social network of participant living alone

Compared to other age categories, children were mentioned mostly as important contacts for participants aged 80-84. A male participant told:

“We really enjoy that contact, we never argue (...) When something is bothering us or we are having problems, they immediately ask if there is anything they can do, and we do that for them in return.”

(Participant 4)

This participant appreciates the good and close contact he has with his children, which is also the case for other participants aged 80-84. This might be explained by these older participants losing contacts of their own age because they are approaching the end of life. Participants who have good contact with neighbours also indicated that neighbours are perceived as important. Meaningful but less close contacts are often other neighbours, friends and old colleagues from work and the least close are acquaintances and other people living in Delfzijl.

4.3.2 Social needs and social capital

The analysis showed that social needs and social capital of participants do relate to one another in several ways. It became clear that the network aspect of social capital plays a huge role in the fulfilment of the need for affection. Hereby the fulfilment of the need for emotional support and the need of being loved and cared for is especially done by social relations belonging to the most important, inner circle such as the partner, children, siblings and friends. Contacts belonging to the middle circle like neighbours and other friends are also, but to a lesser extent providers of emotional support. This indicates that social capital in the neighbourhood does play a role in the fulfilment of the affection need. Also, when looking further at the need for affection, the analysis showed that some participants who experienced a lack of fulfilment in the need for affection do have low perceptions of social capital when it comes to most of the indicators. A female participant explained the following about contact with her children:

“I do not call them that much because it often is inconvenient and they are very busy, like most young people (...) But yes, I must say that I would like it if they contacted me more often.”

(Participant 1)

This woman, together with another woman, does not feel part of a community at all, perceives levels of being there for each other and helping each other to be low to moderate and perceives the levels of trust in the neighbourhood to be low to moderate too. Although the stories of these women indicated that they feel like they are in need of more affection from their children and a friend, this need not being fulfilled enough might be due to the social capital in the neighbourhood not contributing to the fulfilment at all. If these women feel like they cannot count on their neighbours for support and feel like the neighbourhood cannot really be trusted, this might make these women to seek even more affection from their other social contacts.

Another way in which social capital and social needs relate is that participants' fulfilment of the need for behavioural confirmation relates to the reciprocity and participation aspect of social capital in the neighbourhood. A female participant told:

“I often bake a cake that is low on sugar and my neighbour really likes that and sometimes she asks if I can make one for her too, for when she has people coming over (...) Then I am like, of course! And I do not want anything in return, that is just not who I am.”

(Participant 2)

This participant, who perceived levels of being there for each other and helping each other to be high, is able to fulfil her need of helping others not only via family members or friends, but perhaps more importantly, also via neighbours. This is also the case for other participants who perceived levels of being there for each other and helping each other to be high. This again stresses the importance of the social relations aspect of social capital for the fulfilment of social needs.

On the one hand, the analysis showed that the perceived levels of safety in the neighbourhood do not seem to play a role in the fulfilment of the behavioural confirmation need. Participants experiencing moderate levels of safety in their neighbourhood indicated to have their need of helping others fulfilled via helping neighbours to the same extent as participants experiencing high levels of safety. On the other hand, none of the participants indicated to experience low levels of safety. Therefore, the possibility that people experiencing low levels of safety have less fulfilment of their need for behavioural confirmation through neighbours cannot be ruled out.

4.4 Expectations about social capital at ‘Wonen met een PLUS’

In this section expectations about social capital and subjective well-being at ‘Wonen met een PLUS’ are discussed. As opposed to the topics discussed in the previous sections, the current section is about a future situation. Participants do not yet have certainty about living here and they have been asked to speculate about their expectations, thereby assuming that they will be future residents.

While not all participants previously indicated to have that much contact with neighbours, all participants would find having contact with other residents important to some extent when it comes to social contact at ‘Wonen met een PLUS’. This might have to do with them indicating that as they become of older age and get health ailments, such contacts become more important for reasons of receiving help and support from one another and preventing loneliness. These reasons link to the needs for behavioural confirmation and affection. A male participant explained:

“Such contact would be very important to me. Together you can do much more than alone and that is much more pleasant than having to do everything by yourself (...) If you can help each other and know that you can count on one another, it would make you feel less dependent.”

(Participant 7)

For this participant who lives alone, social contact would be perceived as very important because then you can do things together instead of alone. The analysis showed that especially participants who are living alone, like participant 7, and female participants find having social contact important. This

might be due to participants living with a partner already being able to fulfil social needs via this partner, while participants living alone need other social contacts for this. Also, as already discussed in section 4.2, female participants experienced more need for emotional support. This might explain why they perceive having social contact to be more important than the male participants.

All participants would prefer social contact in a way that is without obligations, spontaneous and preferably in common space compared to private space. A male participant explained:

“When you live there, a social room would be very important, also for preventing loneliness (...) So if you feel like you want to talk to someone, you can go there and you do not have to visit each other's' house necessarily.”

(Participant 10)

According to him, a common space where residents can come together can prevent loneliness. Most participants prefer a place where people can come together spontaneously and have social interaction, for example via drinking coffee or playing a game. Interaction can also be more organised. Some participants mention ideas such as introducing a pin board where for ideas for activities, organising a dinner evening or coffee morning in the community room, introducing a music night or setting up a resident committee. About the idea of having a community garden, a female participant expressed:

“I would certainly use that garden for making social contact (...) I would go there in the morning with my cup of coffee, sit in the sun and then I expect that eventually more will follow, because they think oh, she is sitting there, I am going to do that too.”

(Participant 2)

This participant perceives a community garden for establishing social interaction as something very positive. This is the case for all other participants as well. Also here, they expect and prefer the interaction to be spontaneous rather than organised. Some participants think the interaction in the garden can also be facilitated in a more organised way, for example via organising a barbecue, setting up a garden committee of people who like gardening or organising games in the garden like jeux de boules.

When comparing the expectations about social capital at 'Wonen met een PLUS' with the current social capital and evaluation of this in the neighbourhood, some interesting things showed up with regard to feeling part of a community and trust. Firstly, although most participants do currently not feel like they are part of a community and do not always miss this, almost all participants indicated that they would find it very important to feel part of a community at 'Wonen met een PLUS'. A male participant explained:

“That would be very important to me, that is why I consciously choose to live in a place like that. You want to be part of a community, especially as you become older and probably less mobile (...) Then you can support each other, I do something for you and you can do something for me.”

(Participant 9)

His story and that of other participants again stress the role of ageing in the importance of wanting social contact and being part of a community at 'Wonen met een PLUS'. Nowadays they might not need the community that much, but they expect to become more dependent on it as they grow older. If they would not feel part of a community there, they fear to become lonely and feel unaccepted. Being part of a community would benefit the participants also via receiving help and support. Secondly, participants perceived moderate levels of trust in their current community while indicating to prefer high levels of trust at 'Wonen met een PLUS'. If trust would not be high, participants are afraid to live in fear and stress, being able to trust each other gives feelings of rest. Thirdly, current levels of helping and being there for each other seem to match with expectations about this at 'Wonen met een PLUS'. The majority would find it important that residents help and are there for each other when this is needed, just like most of them experience this nowadays in their neighbourhood. It would make life easier and less lonely if you can count on other people for help and support.

In order to establish and achieve the above discussed desired levels of trust, reciprocity and identification, a male participant explained:

“If you have good social contact, helping each other and being there for each other is something that follows automatically from that (...) Start with that firstly, and the other things will follow.”

(Participant 10)

He, as well as other residents, thinks a first important step getting to know each other and establishing social contact. Thereby participants would find it ideal to have a mix of residents with different needs, but the care of people with heavy needs should not be the full responsibility of the other residents. Moreover, all participants indicate that they would prefer a mix in age. A male participant told:

“All ages mixed, because then you have different generations who have different views regarding certain matters (...) Then you have people who still have to go through things that you already experienced and you also have people who have already experienced things that you have not.”

(Participant 6)

This participant, next to others, thinks a mix in age is important as it brings people with different views and experiences together, you can learn from each other. Also in this way, residents will be able to help and support one another. This links to the need of behavioural confirmation and the fulfilment of it.

5. Discussion, conclusion and recommendations

This section is about the discussion, conclusion and recommendations concerning the current research. In section 5.1, an overview of the most important findings is given, the link with the literature is made and strengths and weaknesses of the current study are discussed. In section 5.2, the research question is answered and recommendations for future research and policy are given.

In order to ultimately be able to give an answer to the research question, there has been a focus on four dimensions: social needs and the fulfilment of these needs, subjective well-being, current social capital and expectations about social capital at 'Wonen met een PLUS'.

5.1 Discussion

5.1.1 Social needs, subjective well-being and social capital

Participants experience the three social needs to different extents. Most participants experience a need for affection and for most of them this need is being fulfilled. Female participants experience a stronger need for emotional support compared to male participants. Most participants experience a need for behavioural confirmation too, however this need is not always fulfilled to the same extent as the need for affection. The factors age, health status and helping behaviour in the past seem to play a role in the social need of helping others and the fulfilment of this need. Participants who have always helped a lot in the past can more easily accept that they are now less able to do this. The need for status is the least important relative to the other two needs. Participants who experience this need indicate that their need for status is being fulfilled.

For the majority of participants ageing does not play a role in their subjective well-being. The 'social relations' dimension does play an important role and can be linked to the need for affection, as it is these close social contacts who are of importance for the fulfilment of this need. Next to that, especially participants who are around the age of retirement value aspects belonging to the 'living an easy life' dimension. This can be linked to the need for behavioural confirmation, as it has to do with the ability to help and accept help. Aspects of not having to worry about money and having a nice living place, which fall under the dimensions 'living an easy life' and 'living environment', can be linked to the need for status as these can be seen as indicators of such a need.

Participants experience the aspects of social capital to different extents. With regard to identification, most participants do feel at home in their neighbourhood but a large part of them does not feel part of a community. Participants generally perceive high levels of reciprocity and safety in their neighbourhood and moderate levels of trust. The perceived social capital at the meso-level and the social needs on the micro-level relate to one another in several ways. Firstly, the need for affection relates primarily to the network component of social capital. Secondly, participants who experience a lack of fulfilment in the need for affection do have low perceptions of social capital when it comes to

most of the indicators. Thirdly, participants' fulfilment of the need for behavioural confirmation relates to reciprocity and participation in the neighbourhood. Lastly, perceived levels of safety in the neighbourhood seem unrelated to fulfilment of behavioural confirmation through neighbours.

At 'Wonen met een PLUS', participants find it important to feel part of a community, be able to trust each other and help each other and be there for each other when this is needed. Having social contact, feeling part of a community and reciprocity are more important in the sheltered housing compared to nowadays. As participants age, they may be in more need of help and support from others in the neighbourhood and they need social contacts in order to prevent loneliness. Especially female participants and participants who live alone find this contact very important. To achieve the desired levels of social capital, it is important to get to know each other and establish social contact.

5.1.2 Linking social needs, subjective well-being and social capital with literature

In the literature review it was stated that contradictions exist when it comes to the role of ageing in subjective well-being. Findings from the current research support literature such as Westerhof & Barret (2005), Diener & Suh (1998) and Pinquart (2000), stating that with ageing subjective well-being does not tend to decrease. Furthermore, the current research has shown that positive and negative aspects of life, which have been grouped into dimensions, play a role in the subjective well-being. The finding that these domains and especially the 'social relations' dimension are of importance confirms the existing literature on subjective well-being (Bowling, 2007; Douma et al., 2017; Fry & Ikles, 2001). Research from Douma et al. (2017) discovered several domains that are of importance for subjective well-being of older adults, comparable to the dimensions found in this study. Interesting is that although in the research of Douma et al. (2017), the 'way of life' domain is not of primary importance, the 'living an easy life' dimension turned out to be one of the most important ones in the current research, especially for participants just after retirement. This could be explained by people who just retired valuing the loss of work obligations and gained freedoms.

The analysis showed that when it comes to the micro-level of social needs, participants perceive the need for status to be the least important. The findings that participants, who are all aged 55 years or older, do not experience much need for status and that this seems especially applicable to the oldest participants, the finding that the need for behavioural confirmation becomes more difficult to fulfil for some participants and the finding that the need for status and behavioural confirmation becomes less with ageing can be explained by means of the SPF-Successful Ageing Theory (Steverink, 2001; Steverink & Lindenberg, 2006). The difficulty in fulfilment of status and behavioural confirmation relates to the availability of resources for need-fulfilment. Since in our Western society status is often reached through occupation, this becomes harder to fulfil as one ages and retires. Furthermore, the theory states that behavioural confirmation becomes difficult to fulfil as with ageing one may lose certain roles, social structures and formal settings, but in the current research the (un)fulfilment of the behavioural confirmation need relates more to being or not being able to help

others (Steverink & Lindenberg, 2006). Moreover, according to the Theory of Social Production Functions it is especially social relations that are of importance for need-fulfilment (Steverink, 2001), which is supported by the current study.

When zooming in more on the need for behavioural confirmation, the findings showed that older participants and participants who have always helped others a lot in the past can more easily accept that as they age, they become the ones who might be needing and deserving help. This finding confirms the Convoy model of social relations (Kahn & Antonucci, 1980; Antonucci et al., 2014). Kahn & Antonucci (1980). Individuals are surrounded by social relationships that vary with regard to quality, closeness, function and structure. More specifically, the “convoy of social support” model is a perspective on exchanges of assistance (Antonucci, 1985). As adults age they receive more instrumental support due to declines in health and the process of ageing. As older adults have helped others in their younger years, they may now expect others to help them. The increase in instrumental support happens either through acceptance of help from people outside of their network or through more support from the people already in the network. However, most help is provided via contacts belonging to the closer, inner circle such as family, which relates to the concept of bonding social capital discussed in the theoretical background (Putnam, 2007). Therefore, the theory predicts that it is not the network size that increases, but the amount and intensity of help from close contacts (Antonucci, 1985; Stoller & Pugliesi, 1991), meaning more appeal to bonding social capital at older age. The findings from the current research are in line with this, as the participants indicate to receive more help nowadays from close contacts such as than they did in the past. Some were able to accept this as a fact that come with ageing.

Another tentative finding that came up is the finding that female participants experience more need for affection and less need for status compared to male participants. In the literature support can be found for gender differences when it comes to emotional expressions. Women tend to be more emotionally (Ubando, 2016). This could be due to gender roles, as research has established that men and women both experience the same degree of emotions, but the way they express and deal with these emotions varies (Kring & Gordon, 1998). Showing weakness or vulnerable emotions might be seen as non-masculine (Rutagumirwa, 2018). The idea that men in society should be strong and reliable might make them have more needs for status and be at the expense of showing vulnerability (Quintero-Gonzalez & Koestner, 2006). For the current research the gender role argument implies that men might not necessarily experience less or more need, but that their gender role forces them to show this. On the other hand, it might also be that men really do experience less need for affection and more need for status, as men tend to have more needs for status and independence while women have more needs for intimacy and connection. However, the finding from the current study concerning gender differences should be interpreted with caution, as more men than women participated in the study.

When looking at the linkages between the meso-level of social capital and micro-levels of social needs and subjective well-being in more detail, the current research supports the literature from

Robinson et al. (2002) discussed in the theoretical background. This literature implied that especially the network aspect of social capital is important the fulfilment of social needs. Furthermore, the finding that reciprocity, participation, trust and identification on the meso-level play a role in the subjective well-being of participants is supported by the existing literature on how social capital influences individual well-being and health. The current research has shown that participants perceive these aspects to be important as it gives them access to help and support and prevents loneliness. Literature states that social capital can indeed have a positive influence on well-being, as it gives access to social support and resources (Campbell & Wood, 1999; Ziersch et al., 2005; Yip et al., 2007). Moreover, the current research showed that social capital becomes even more important with ageing, as older adults then become less mobile and more dependent due to health ailments and the natural process of ageing. This is supported by the existing body of literature (Pollack & Knesebeck, 2004; Norstrand & Qingwen Xu, 2011). Also, research from Ziersch et al. (2005) found that older adults have higher levels of connections in the neighbourhood, which might imply the increasing importance of social capital with age.

5.1.3 Strengths and limitations

In the current research some strengths and limitations can be identified. A first limitation has to do with data saturation and a participant characteristic. It was intended to reach data saturation. However, due to it being very hard to find participants and the short time-span of the research, this was not reached completely. Furthermore, it turned out that only three participants with a current help need have been interviewed compared to eight participants who do not have a current help or care need. The limited amount of participants with a help or care need may have implications for the findings as these are the type of people that 'Wonen met een PLUS' is actually suited for. It might be that insights are not gained enough about these people and their social needs, social capital and expectations about 'Wonen met een PLUS'. On the other hand, it might be desirable to have not only people with a care need in the sheltered housing, as then it would be difficult to help one another. A mix with some more active, healthy people might be more desirable in terms of helping.

Another point of attention is the length of the in-depth interviews. During the interviews, the topics social network, social needs, subjective well-being, current social capital and expectations about social capital at 'Wonen met een PLUS' have been discussed, in that specific order. Because of the need for gathering data on all these different topics, the interviews turned out to cost a lot of time from both the participants and interviewer and led to fatigue. The interviews lasted 90 minutes on average. Although the four topics discussed in the beginning are primarily relevant, the length of the interviews might have been at the expense of the quality of the data on the topic that was discussed at the end, namely expectations about 'Wonen met een PLUS'. Items about this topic were therefore not discussed in as much depth as was intended.

With regard to a question that has been asked in order to operationalise the need for status, it is relevant to mention that participants may have given socially desirable answers. For answering the questions about whether the participant has a need to be admired or looked up against, participants might think it socially undesirable to state that they do have this need. They might have indicated that they do not experience such a need, while in reality this could be the case. Such socially desirable bias can influence the validity of the research (Tijmstra & Brinkman-Engels, 1978) and be at the expense of the credibility (Shenton, 2004). Studies show that especially older adults tend to give more socially desirable answers compared to younger people (Dijkstra et al., 2001; Vierkant, 1977). This makes it not unreasonable to question whether the participants in the current research really do experience less need for status, or that this is the result of socially desirable answers.

Besides these limitations the current research does also have some strengths that are noteworthy. Although it was difficult to find enough participants, their recruitment happened via several different ways. Using different ways of recruiting contributed to reaching different sorts of participants, living at different places in Delfzijl. Including a broad range of older adults in the study is of importance because the target group for 'Wonen met een PLUS' is also very broad and it contributes to getting insights about older adults and their social needs, social capital and subjective well-being more in general. Here it should be noted, however, that one cannot make generalising conclusions based on this qualitative research that is context-specific and small in numbers.

A second strength is the use of a circle diagram, which can be found in appendix 7.2. In order to let participants visualise their social ties. In this diagram, the first layer concerns the people that are most important and to whom the participant is closest. The second layer concerns people who are also important, but to whom the participant is relatively less close. The third layer is about people who are also somewhat important, but to whom the participant is the least close. Using this diagram is a form of participatory research, which can include visual representations such as diagramming and mapping (Van der Riet, 2007; Douma et al., 2017). Adding such a technique has multiple advantages: participants are actively involved in the research process, there is co-ownership of the research process and the outcome, more empowerment for participants as they have more control over the interview and the research is built on something that participants know, in this case knowledge about their social network (Van der Riet, 2007). Besides that, visualisation makes it easier to get a good overview.

Lastly it is important to mention that although credibility is questionable with regard to the need for status, the current research succeeded in achieving transferability, dependability and conformability (Shenton, 2004), meaning the research design, the processes, the way of gathering the data and including the context have been described extensively. Due to this, future researchers can find out whether the information is usable for a next research and that the way of conducting the research is transparent and replicable. Then the research can be carried out in a same way by another researcher. Conformability has been achieved by being reflexive: the researcher has been conscious

about the influence she may have had on the research process, due to her social background, assumptions and position.

5.2 Conclusion

5.2.1 Overall conclusion: how social needs and social capital contribute to subjective well-being

With the current research it is attempted to provide more insights into the social needs, subjective well-being and social capital of future residents of the sheltered housing 'Wonen met een PLUS', in order to contribute ultimately to the goal of achieving happier, healthier and less lonely lives for older adults in Delfzijl. The following overarching research question has functioned as the thread in this study:

“How can fulfilment of social needs and social capital contribute to the subjective well-being of potential future residents the sheltered housing ‘Wonen met een PLUS’ in Delfzijl?”

For the subjective well-being of future residents, social relations, living an easy life, evaluation of life itself in terms of enjoying life and having fun, living environment and health are of importance. Affection in terms of emotional support enables future residents to share their emotions and problems instead of carrying it with them alone and helps in times of crisis. Affection in terms of being loved and cared for gives future residents the feeling that they can rely on someone and prevents them from feeling lonely and functioning badly. The affection need relates to the subjective well-being domain of social relations, as it is especially close contacts through whom this need is being fulfilled. Behavioural confirmation in terms of helping and being there for others and being a good person feels good as future residents know they made someone else's life easier and knowing that they are meaningful to someone else and appreciated for it gives a good feeling about themselves. The need for behavioural confirmation relates to the subjective well-being domain of living an easy life, with no obligations, less stress and learning to accept help, as this has to do with the ability to be able to help and accept help. Status in terms of wanting to be admired or looked up against is less important for the subjective well-being, but it does feel good. Status in terms of being taken seriously by others is important as it gives more confidence, less doubts and less uncertainty. The need for status relates to the subjective well-being domains of living an easy life in terms of not worrying about money and living environment in terms of having a nice living place.

Social capital at the meso-level of the neighbourhood contributes to subjective well-being at the micro-level as neighbours are providers of help and support. It can be concluded that social capital, especially feeling part of a community, becomes more important with ageing. The natural process of ageing and health ailments make future residents more dependent, less mobile and in need of help and support from others, also to prevent loneliness. Establishing social contact and getting to know other

residents can help achieving residents' desired level of identification with the community, but also trust, reciprocity and participation.

5.2.2 Recommendations

Some recommendations can be made for further research and policy. To start, it would be interesting to conduct the research among more participants who have a current help or care need, since in the current research only three participants with a current help need have been interviewed. In this way, more balanced insights can be gained with regard to social needs, social capital and subjective well-being of older adults with and without a help or care need. Also, conducting a more quantitative research among older adults about this topic next to a qualitative research might contribute to seeing whether findings can possibly be generalised to a larger population of older adults. Besides that, it is interesting to conduct more research on gender roles and see whether males experiencing less need for affection is due to them actually having less of a need or them feeling like they should express it less.

In the current research, social needs, subjective well-being and social capital are measured at one point in time. However, future research could adopt a more qualitative longitudinal approach. This is a research methodology through which one can understand how phenomena may change over time and it is suited for figuring out why these phenomena change (Carduff et al., 2015). This method could be applied to the study of social needs, subjective well-being and social capital of older adults, as then more insights can be gained in how social needs, social capital and subjective well-being may change with age and if the need of behavioural confirmation and status does really become less with age, as stated in the SPF-Successful Ageing Theory (Steverink, 2001).

Another recommendation for future research is operationalising the need for status in a different way when it comes to research about social needs and social needs fulfilment. As stated in the previous section, need for status findings might be distorted from reality due to socially desirable answers. This can be at the expense of the credibility (Shenton, 2004). Instead of asking participants whether they feel like they are being admired or looked up against, using more objective measures for the fulfilment of the status need such as money or (previous) occupation might lead to more reliable and less socially desirable answers.

Besides recommendations for future research two policy recommendations can be made, one on the national level and one on the local level. Currently, local policy tries to signal and counter loneliness among older adults with the 'Pact for Elderly Care' (Rijksoverheid, 2018), for the reason that loneliness harms well-being. The pact does however not specify via what ways loneliness will be countered and no attention is paid to the importance of social needs for well-being. The current research has shown the importance of close, important contacts for the fulfilment of the need for affection and also, but to a less extent, the need for behavioural confirmation. This implies that in order to promote the fulfilment of social needs among older adults, policy should largely be focussed on social contact with family members and other people that older adults perceive as important.

Therefore, the Pact should focus not only on establishing superficial social contact through for example organising activities in neighbourhoods in order to counter loneliness, as based on the current research it cannot be assumed that such contact will also lead to sufficient social needs fulfilment. Of importance is also focussing on the close, important contacts and bonding social capital, as it is those contacts like family members through whom social needs are fulfilled, which contributes to older adults' subjective well-being as well.

When it comes to policy at local level of Delfzijl, it can be recommended to focus on promoting social contact and establishing social capital at 'Wonen met een PLUS'. This study has shown that social contact is perceived as most important by future residents who are female and currently living alone. Although participants do not perceive all aspects of social capital to be that important nowadays, they indicate that as they age further and their health and mobility declines, these aspects become more and more important for their subjective well-being and preventing loneliness. A way in which this social contact and social capital can be promoted is via facilitating a community room in which residents have the ability to interact spontaneously, as getting to know one another and establishing social contact is a first step in building up the different aspects of social capital. Due to the transferability of the research, this recommendation might also be applicable to other municipalities with similar projects. Social capital becomes even more important with ageing and fulfilment of social needs might become more difficult. Therefore, helping older adults establish their desired social capital in sheltered housing like 'Wonen met een PLUS' can contribute to them living happier, healthier and less lonely lives.

6. References

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7. Appendix

7.1 Interview guide

Introductie

Goedemorgen/middag. Mijn naam is Josien Schaafsma, ik studeer Population Studies aan de Rijksuniversiteit Groningen en ter afronding van de opleiding ben ik nu bezig met het schrijven van mijn scriptie. Hiervoor doe ik een onderzoek voor de Gemeente Delfzijl. In 2019 wordt er in Delfzijl een woonservicezone gebouwd, met de naam 'Wonen met een plus'. Er komen ongeveer 60 woningen, welke geschikt zijn voor bewoners met een (toekomstige) hulp of ondersteuningsvraag die graag zelfstandig willen blijven wonen, met winkels en faciliteiten naast de deur. Dit onderzoek gaat over het welzijn van de mogelijk toekomstige bewoners. De interviews worden gebruikt voor mijn afstudeerscriptie van de opleiding en hieruit voortkomende publicaties. Uw deelname aan het onderzoek is geheel vrijwillig. Dit betekent dat u op elk moment mag stoppen, mocht u niet meer verder willen gaan.

Ik wil graag benoemen dat u vrijuit kunt spreken over wat u denkt of vindt. Het onderzoek is anoniem, er worden geen namen opgeschreven. Aangezien ik u interview weet ik wel wie u bent, maar ik zal de gegevens vertrouwelijk behandelen en anoniem maken, zodat verder niemand anders dit kan weten. Als u iets vertelt, kan dit later niet meer aan uw naam gelinkt worden. Verder wordt de informatie uit dit interview alleen gebruikt voor dit onderzoek en zal daarbuiten met niemand anders worden gedeeld. Nu ik dit allemaal benoemd heb, bent u dan nog steeds bereid om mee te doen aan het interview? Ook zou ik graag een geluidsopname maken van het interview, zodat ik later nog precies weet wat er allemaal is gezegd. Geeft u hier toestemming voor?

Er zijn een aantal onderwerpen die ik graag samen met u bij langs wil gaan tijdens het interview. In het eerste deel van het interview worden er vragen gesteld over uw sociale contacten met anderen, uw welzijn zoals u dat nu ervaart en het wonen in uw buurt. In het tweede deel van het interview vraag ik u of u zich wil inbeelden dat u een toekomstige bewoner bent van de woonservicezone. Vervolgens ben ik dan benieuwd wat uw verwachtingen zijn bij het wonen op deze plek. Heeft u nog vragen voordat we beginnen?

Openingsvragen

- Kunt u mij wat vertellen over uzelf?
 - o Leeftijd, hobby's, gezinssituatie, buurt?
- Kunt u mij vertellen waar u woont?
 - o Waar precies, hoe lang al, hoe ervaart u dat?

- Heeft u op dit moment, of in de toekomst, een hulp of ondersteuningsvraag? Kunt u mij daar wat over vertellen?
 - o Wat voor hulpvraag, ernst, hoe wordt dit ervaren, wat voor hulp krijgt u?
 - o Denkt u zorg/hulp denkt u nodig te hebben in de toekomst? Wat voor?

Kernvragen

Sociale contacten

Hier ziet u een diagram met drie cirkels. De binnenste cirkel gaat over personen die het dichtst bij u staan en het meest belangrijkst zijn in uw leven. De tweede cirkel gaat over mensen die belangrijk zijn, maar waar u minder close mee bent. De buitenste cirkel gaat over mensen met wie u het minst close bent, maar die wel enigszins belangrijk voor u zijn. Zou u deze cirkel samen met mij in willen vullen? (Denk aan: familie/vrienden/buurtgenoten/zorgverleners/contacten op straat)

- Kunt u mij vertellen welke person(en) er voor u in de binnenste cirkel staan?
 - o Waarom zijn deze mensen belangrijk in uw leven, waarom plaatst u ze in de binnenste cirkel?
- Hoe zou u het contact met deze mensen omschrijven?
 - o Manier van contact, frequentie van contact, hoe ervaart u dit?
- Kunt u mij vertellen welke person(en) er voor u in de tweede cirkel staan?
 - o Waarom zijn deze mensen belangrijk voor u, maar bent u er minder close mee?
- Hoe zou u het contact met deze mensen omschrijven?
 - o Manier van contact, frequentie, hoe ervaart u dit?
- Kunt u mij vertellen welke person(en) er voor u in de buitenste cirkel staan?
 - o Waarom zijn deze mensen wel enigszins belangrijk voor u, maar bent u er het minst close mee, waarom plaatst u deze personen in de buitenste cirkel?

Als we kijken naar de mensen die u hebt beschreven in de drie cirkels...

- In hoeverre krijgt u emotionele steun van deze mensen?
 - o Van wie, welke cirkel? Kunt u voorbeelden noemen? Hoe belangrijk is het krijgen van emotionele steun voor u, waarom?
- In hoeverre krijgt u advies of informatie van deze mensen?
 - o Van wie, welke cirkel? Kunt u voorbeelden noemen? Hoe belangrijk is het krijgen van informatie of advies voor u, waarom?
- In hoeverre krijgt u praktische hulp van deze mensen?
 - o Van wie, welke cirkel? Kunt u voorbeelden noemen? Hoe belangrijk is het krijgen van praktische hulp voor u, waarom?
- Heeft u het gevoel dat er mensen zijn die om u geven of u liefhebben?
 - o Ja: Wie, welke cirkel? Hoe merkt u dat, hoe belangrijk is dat voor u?

- Nee: Wat vindt u daarvan?
- Heeft u het gevoel dat er mensen/collega's zijn die tegen u opkijken of u bewonderen om iets?
 - Ja: Wie, welke cirkel? Waar bewonderen zij u om? Wat betekent dat voor jou, hoe belangrijk is dit voor jou? Is dit waar u graag om bewonderd wil worden?
 - Nee: Wat vindt u daarvan? Had u dat wel graag gewild? Waarom?
- In hoeverre heeft u het gevoel dat anderen u serieus nemen?
 - Kunt u een voorbeeld noemen? Wat vindt u daarvan? Hoe belangrijk is het voor u dat mensen u serieus nemen?
- Hoe belangrijk is het voor u om andere mensen te helpen?
 - Waarom? Wat voor gevoel geeft dat u? Op wat voor manier helpt u? In hoeverre bent u in staat om anderen te helpen? Is dit nu anders dan toen u jonger was, waarom wel/niet?
- Hoe belangrijk is het voor u om een goed persoon te zijn die zich goed gedraagt?
 - Wat verstaat u onder goed gedragen? Zouden anderen u omschrijven als zo'n persoon? Waarom wel/niet?

Welzijn

- Hoe ervaart u uw leven op dit moment?
 - Positief/negatief, waarom?
- Als we kijken naar uw leven op dit moment, kunt u dan beschrijven wat positieve punten zijn?
 - Waarom positief, voorbeelden?
- Als we kijken naar uw leven op dit moment, kunt u dan beschrijven wat negatieve punten zijn?
 - Waarom negatief, voorbeelden?
- In hoeverre voelt u zich gelukkig?
 - Waardoor? Rol van gezondheid, ouder worden, sociale contacten?

Buurt

- Hoe ervaart u het leven in deze buurt?
 - Waarom? Voelt u zich thuis in deze buurt? In hoeverre heeft u het gevoel dat u echt een onderdeel bent van deze gemeenschap, dat u bij deze gemeenschap hoort?
- Hoe zou u de mate van vertrouwen in elkaar beschrijven in deze buurt?
 - Hoe ervaart u dat? Zou u zeggen dat u de meeste mensen vertrouwt? Denkt u dat er meer vertrouwen heerst in deze buurt dan in andere buurten? Waarom?
- In uw buurt, zou u zich veilig voelen als u buiten over straat loopt?
 - Waarom? Hoe zit dat als het donker is?

- In hoeverre staan mensen in deze buurt voor elkaar klaar wanneer dat nodig is of helpen ze elkaar?
 - o Voorbeelden/ervaringen? Wat vindt u daarvan? Zouden mensen hier elkaar ook helpen zonder dat zij daar iets voor terugkrijgen?

Woonservicezone

Probeer u zich eens in te beelden dat u een toekomstige bewoner bent van de woonservicezone 'Wonen met een Plus' in Delfzijl. U woont in een appartement op de kop van het centrum van Delfzijl, in de nabijheid van winkels en faciliteiten.

- Hoe belangrijk zou het voor u zijn om contact te hebben met andere bewoners?
 - o Waarom? Zou het u goed doen om sociale contacten te hebben in de woonservicezone? Wie ziet u graag als medebewoners?
- Op wat voor manier zou u dan het liefst contact hebben?
 - o Frequentie, intensiteit, met wat voor mensen?
- Hoe zouden bewoners met elkaar in contact kunnen komen?
 - o Op elkaar afstappen? Meer georganiseerd via activiteiten? Hoe zou u dat dan voor u zien?
- Op het dak van de woonservicezone wordt een grote gemeenschappelijke tuin gemaakt waar bewoners elkaar kunnen treffen.
 - o Wat vindt u van dit idee? Zou u zelf gebruik maken van deze tuin om mensen te ontmoeten? Op welke manieren zou het ontmoeten in deze tuin vergemakkelijkt kunnen worden?
- Hoe belangrijk zou het voor u zijn dat bewoners elkaar kunnen vertrouwen?
 - o Waarom? Zou dat bijdragen aan een fijner leven in de woonservicezone?
- Hoe zou deze mate van vertrouwen in elkaar bereikt kunnen worden?
- Hoe belangrijk vindt u het dat de bewoners voor elkaar klaar staan en elkaar helpen wanneer dat nodig is?
 - o Waarom? Zou dit bijdragen aan een fijner leven in de woonservicezone? Op wat voor manieren zouden bewoners elkaar kunnen helpen? Kunnen bewoners elkaar ook helpen met hun hulp- of ondersteuningsvraag? Op welke manier? Wat zou in uw ogen een goede mix zijn van mensen met een ondersteuningsvraag?
- Hoe belangrijk zou het voor u dat u zich echt een onderdeel van de woongemeenschap voelt, dat u het gevoel heeft dat u daarbij hoort?
 - o Waarom? In wat voor situaties zou u dit gevoel wel/niet hebben?

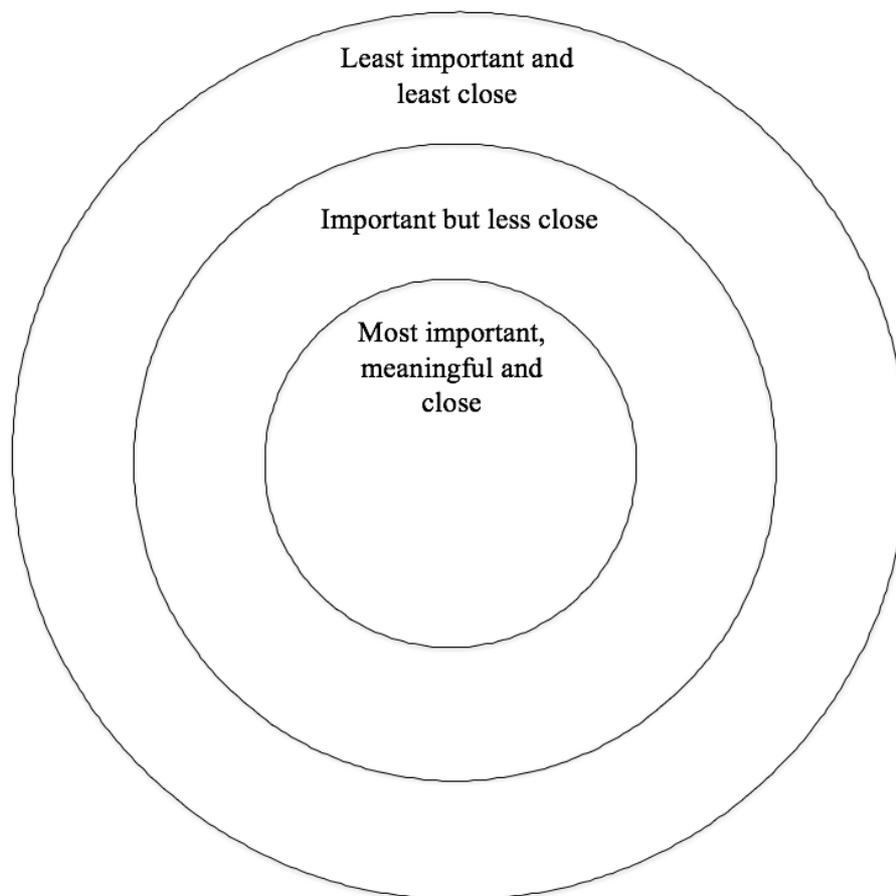
Afsluitende vragen

We zijn inmiddels bijna bij het einde van het interview aangekomen.

- Wat zou in uw ogen een goede mix zijn van mensen met een ondersteuningsvraag in de woonservicezone?
 - o Licht/zwaar, jong/oud, soort ondersteunings- of hulpvraag?
- Als u in de woonservicezone zou wonen, hoe ziet u dan het contact met uw huidige buurtgenoten voor zich?
 - o Wel contact houden/geen contact houden, waarom? Op welke manier?
- Alles bij elkaar genomen, hoe zou u op dit moment aankijken tegen een verhuizing naar de woonservicezone?
 - o Positief/negatief, waarom?

Dan zijn we nu bij het einde van het interview aangekomen. Ik wil u heel erg bedanken voor uw deelname aan het onderzoek.

7.2 Circle diagram of social ties



7.3 Codebook

1. Social needs of future residents

Having a status need

Code	Type	Description	Example from the data
T1 Need of being admired, being looked up against	Deductive	When the participant experiences a need of being admired, being looked up against by others	"Ik vind dat toch wel leuk, dat geeft je een compliment he, zo van dit kan je schijnbaar goed. In mijn geval goed luisteren. En dat mensen dat dan ook zeggen."
T2 Need of being taken seriously	Deductive	When the participant experiences a need of being taken seriously by others	"Ik vind dat fijn, ik zou me doodongelukkig voelen als ik het gevoel had dat ze mij niet serieus zouden nemen."
T3 No need of being admired, being looked up against	Inductive	When the participant does not experience a need of being admired, being looked up against by others	"Ik ben maar gewoon.. ik poch er zelf niet over, van dat heb ik gedaan, daar ben ik veel te nuchter voor (...) dat iemand tegen mij op moet kijken, nee, dat hoeft echt niet voor mij."

Fulfilment of status need

Code	Type	Description	Example from the data
B1 Fulfilment of the need of being admired, being looked up against	Deductive	When the participant's need of being admired, being looked up against by others is fulfilled	"Ik heb een mooi lintje gekregen. En van Delta Kappa Gamma heb ik de European Achievement Award gekregen, en ik heb ook nog de prijs voor de looste grunninger gekregen. Dat is de slimste Groninger."
B2 Fulfilment of the need of being taken seriously	Deductive	When the participant's need of being taken seriously by others is fulfilled	"Ik denk dat ze me allemaal best heel serieus nemen (...) als ik mijn mening geef bij de leesclub, dan luisteren ze echt wel. Ze reageren, maar luisteren ook. Het is niet zo dat ze gaan reageren van wat zeg jij nou voor raars."
B3 No fulfilment of the need of being admired, being looked up against	Inductive	When the participant's need of being admired, being looked up against by others is not fulfilled	"Nee, dat geloof ik niet, nee."

Having an affection need

Code	Type	Description	Example from the data
A1 Need of receiving emotional support	Deductive	When the participant experiences a need of receiving emotional support by others	“Als je alles in je eentje moet doen ga je stuk zitten en denken van wat doe ik hier nou eigenlijk? Ik vind het heel belangrijk om je gevoel te kunnen uiten bij mensen.”
A2 Need of being cared for	Deductive	When the participant experiences a need of being cared for by others	“Dat is erg belangrijk voor mij, ik denk dat je slecht functioneert als mensen niet om je geven.”
A3 Need of being loved	Deductive	When the participant experiences a need of being loved by others	“Dat is super belangrijk, dan word je niet eenzaam, iets wat steeds meer mensen tegenwoordig wel worden. Gewoon in de steek gelaten worden.”
A4 No need of receiving emotional support	Inductive	When the participant does not experience a need of receiving emotional support from others	“Ik heb heel veel geluk in mijn leven, ik heb bijna geen emotionele steun nodig gehad.”

Fulfilment of affection need

Code	Type	Description	Example from the data
D1 Fulfilment of the need of receiving emotional support	Deductive	When the participant's need of receiving emotional support from others is fulfilled	“Soms sta je op en heb je nergens zin in. Dan denk je wat moet ik met deze dag, het regent en het is koud.. dan bel ik mijn zus op. Even tegen elkaar aan jeuzelen end an gaat dat nare gevoel ook wel weer over.”
D2 Fulfilment of the need of being cared for	Deductive	When the participant's need of being cared for by others is fulfilled	“Dat merk ik door de aandacht die ze me geeft. Dan zegt ze oh, je moet echt naar de kapper. Ze zorgt wel echt voor me, terwijl ze zelf helemaal niet veel kan door haar gezondheid.”
D3 Fulfilment of the need of being loved	Deductive	When the participant's need of being loved by others is fulfilled	“Mijn kleinzoon komt vaak een hapje mee eten en dan krijgen we alle twee nog even een dikke smakkerd van hem, altijd even een kus.”
D4 No fulfilment of affection need	Inductive	When the participant's need of affection is not fulfilled	“De oudste woont bij mij in de straat, maar die komt nooit even koffie drinken, terwijl ze vlakbij woont, ze

			komt hier alleen als ze een boodschap of iets nodig heeft.”
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Having a behavioural confirmation need

Code	Type	Description	Example from the data
N1 Need of helping others	Deductive	When the participant experiences a need of helping others	“Heel erg belangrijk. Daar krijg je een goed gevoel over, als je ziet dat je anderen kan helpen en ze weer blij zijn. Als ik een buurvrouw help met haar computer, of iemand in de winkel kan helpen die iets niet kan vinden, gewoon hele kleine dingetjes.”
N2 Need of being a good person	Deductive	When the participant experiences a need of being a good person, who behaves in an appropriate way	“Dat is in zoverre belangrijk dat ik wil dat een ander denkt: dat zijn nette mensen. Dat ze niet denken van oh, daar heb je hem weer, met zijn grote mond, bijvoorbeeld.”

Behavioural confirmation: interpretation being a good person

Code	Type	Description	Example from the data
L1 Causing no harm to others	Inductive	When the participant perceives a good person to be someone who does not harm to other people	“Goed zijn is dat je andere mensen geen kwaad doet, geen nare dingen zegt over andere mensen. Een beetje een leuke roddel is niet erg, maar niet kwaadaardig.”
L2 Being honest	Inductive	When the participant perceives a good person to be someone who is honest	“En euh, eerlijkheid. En daar heb ik ook nooit moeite mee gehad, hoor.. als ik echt iets vond, heb ik het altijd gezegd.”
L3 Listening to others	Inductive	When the participant perceives a good person to be someone who listens to other people	“Goed gedragen.. dat je naar anderen een luisterend oor hebt.
L4 Being there for others	Inductive	When the participant perceives a good person to be someone who is there for other people	“Er zijn voor de medemens, dat is heel belangrijk. Ook al is het maar in een gesprekje.”
L5 Being decent	Inductive	When the participant perceives a good person to be someone who is decent	“Je staat mensen fatsoenlijk te woord, gewoon normaal, beschaafd en netjes zijn.”

L6 Not being criminal	Inductive	When the participant perceives a good person to be someone who is not criminal	"Iemand die rechte wegen bewandelt, geen criminaliteit, dat stoort mij ook wel."
L7 No environmental pollution	Inductive	When the participant perceives a good person to be someone who does not pollute the environment	"Of mensen die afval niet in de vuilnisbak gooien, vervuiling, dat soort dingen."
L8 Trying to be healthy	Inductive	When the participant perceives a good person to be someone who tries to be healthy	"Zo gezond mogelijk proberen te leven, ik rook niet, dat versta ik daaronder."
L9 Helping others	Inductive	When the participant perceives a good person to be someone who helps others	"Ik doe altijd alles voor een ander, bij een weduwwrouw doe ik dat ook, of even helpen met schilderen."

Fulfilment of behavioural confirmation need

Code	Type	Description	Example from the data
R1 Fulfilment of the need of helping others	Deductive	When the participant's need of helping others is fulfilled	"Ik heb al heel wat mensen geholpen. Mijn kleindochter, die gaat op zichzelf wonen, dan ga ik maandag daarheen om te klussen. Alles moet gesausd worden en zo."
R2 Fulfilment of the need of being a good person	Deductive	When the participant's need of being a good person, behaving in an appropriate way is fulfilled	"Ze zouden me wel omschrijven als een eerlijk en rechtvaardig persoon ja, dat weet ik zeker. Zo ben ik mijn hele leven geweest."
R3 No fulfilment of need of helping others	Inductive	When the participant's need of helping others is not fulfilled	"Ik ben geen behulpzaam type, dat vind ik best wel erg. Ik ben er gewoon niet goed in. Sommige mensen kunnen dat heel goed, dat benijd ik best, maar ik vind mezelf er niet goed in (...) ik zou wel graag wat opener daarin willen zijn"
R4 Role of ageing in fulfilment of the need of helping others	Inductive	When ageing plays a role in the fulfilment of the need of helping others	"Ik help nu sneller iemand dan toen ik jong was, toen werkte ik alle dagen (...) nu heb ik meer tijd, eerder moest het altijd in de avonduren. Als je meer vrije tijd hebt, kan je veel meer mensen helpen."

R5 Role of health in fulfilment of the need of helping others	Inductive	When health plays a role in the fulfilment of the need of helping others	"Ik kan zelf bijna niks meer sinds ik ziek ben geworden. Vroeger was ik tot veel meer helpen in staat. Ik vind dat heel erg jammer, je kan gewoon niks meer."
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2. Social contacts of residents-to-be

Inner circle

Code	Type	Description	Example from the data
I1 Child	Inductive	When a child is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact.	"Mijn kinderen, die zijn heel belangrijk voor mij. Dat het hen goed gaat, zowel in materieel opzicht als op het vlak van gezondheid."
I2 Sister	Inductive	When a sister is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact.	"Dat is mijn zus en zwager, daar zijn we erg close mee. Daar komen we geregeld, ook met verjaardagen, straks weer met de Pinksterfeesten."
I3 Friend	Inductive	When a friend is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	"Mijn vriendin, zij is er altijd voor mij. Ik hoef maar dit te doen en ze is er. Zij weet precies wat er met mij gebeurd is."
I4 Husband of friend	Inductive	When the husband of a friend is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	"Ik kan alles kwijt onder dat er geoordeeld wordt. Daar kan ik allemaal over praten."
I5 Children of friend	Inductive	When the children of a friend are perceived as a social contacts belonging to the inner circle: being a close, important and meaningful contact	"Die kinderen kunnen ook met mij praten over vanalles, als ze probleempjes hebben of over meisjes, ze komen dan vaak eerst naar mij toe."
I6 Partner	Inductive	When the partner is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	"Mijn vrouw, die is heel belangrijk, de allerbelangrijkste. Wij zijn al 60 jaar bij elkaar, dat zegt heel veel, he."
I7 Brother	Inductive	When the brother is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	"We zien elkaar geregeld en er valt nooit een onvertogen woord, geen ruzie."
I8 Grandchild	Inductive	When a grandchild is perceived as a social contact belonging to the inner	"Onze kleinzoon komt hier vaak even wat op de computer doen. En als hij

		circle: being a close, important and meaningful contact	weggaat, dan krijgen we altijd een dikke smak van hem. Altijd even een kus.”
I9 Neighbour	Inductive	When a neighbour is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	“Ik vind dat contact heel plezierig, er is nooit geen ruzie in de buurt. We hebben het hartstikke leuk met elkaar, hoor.”
I10 Contacts from museum	Inductive	When contacts from a museum are perceived as a social contacts belonging to the inner circle: being close, important and meaningful contacts	“Mensen van het museum, die ken ik al van de zeevaartschool. Wij zijn nu allemaal daar terechtgekomen.”
I11 Brother in law	Inductive	When a brother in law is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	“Ook mijn schoonfamilie, mijn schoonbroer, die kan ik altijd bellen en dan zijn ze er. Die staan echt voor mij klaar.”
I12 Sister in law	Inductive	When a sister in law is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	“Als er iets is, dan staat zij voor mij klaar. Als ik ergens heen moet en ik kan er zelf niet komen, dan staat zij met de auto voor de deur.”
I13 Mother	Inductive	When the mother is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	“Maar dat geldt ook voor mijn moeder, die is ook heel belangrijk, je geeft heel veel om zo iemand.”
I14 Acquaintance	Inductive	When an acquaintance is perceived as a social contact belonging to the inner circle: being a close, important and meaningful contact	“We hebben hier kennissen zitten, daar zijn we mee opgegroeid sinds 1975 (...) haar man is overladen, dus daar heb je ook veel contact mee, wel wekelijks, dat we elkaar ook zien, daar hebben we veel omgang mee ja.”

Middle circle

Code	Type	Description	Example from the data
M1 Friend	Deductive	When a friend is perceived as a social contact belonging to the middle circle: being an important, but less close contact.	“Mijn vrienden zijn ook belangrijk, een hoop lol altijd. Ook over vroeger. Dan had de ene dit uitgespookt en de ander dat. En hoe het ze nu vergaat zie je dan ook, want dan kom je elkaar weleens op de markt tegen.”
M2 Contacts via clubs	Inductive	When a contacts via clubs are perceived as a social contacts	“Eens in de 14 dagen draait er een redelijke film in de

		belonging to the middle circle: being an important, but less close contact.	Molenberg, daar kun je gewoon naar toe gaan. Je komt altijd wel iemand tegen die je kent, dat geeft een heel huiselijk gevoel.”
M3 Neighbour	Inductive	When a neighbour is perceived as a social contact belonging to the middle circle: being an important, but less close contact	“Met mijn buurman kan ik het ook erg goed vinden. Dat is altijd maar weer afwachten, natuurlijk.”
M4 Family living far away	Inductive	When a family members living far away are perceived as a social contacts belonging to the middle circle: being an important, but less close contact.	“Ja, de rest van de familie, ik kom uit een gezin van 9 en zij uit een gezin van 11, dus we zijn heel breed, dus de familie die niet dichtbij woont, al de broers en zussen.”
M5 Sister	Inductive	When a sister is perceived as a social contact belonging to the middle circle: being an important, but less close contact	“Mijn zus houdt ook van mij, maar dat is wel op een andere manier dan dat mijn partner van mij houdt.”
M6 Kids from partner	Inductive	When kids from the partner are perceived as a social contacts belonging to the middle circle: being an important, but less close contact	“De kinderen van mijn partner, daar hebben we ook contact mee. Misschien niet zo veel, maar als we contact hebben, dan is het goed.”
M7 Contacts via (old) work	Inductive	When contacts gained via (old) work are perceived as social contacts belonging to the middle circle: being important, but less close contacts	“Die oude klanten zijn best belangrijk, want sommige ken ik al vanaf dat ik 17 ben. Die kwamen altijd bij mij in de winkel. Zo heb ik heel veel mensen leren kennen.”

Outer circle

Code	Type	Description	Example from the data
O1 Neighbour	Deductive	When a neighbour is perceived as a social contact belonging to the outer circle: being the least close, but still a meaningful contact.	“Dat zijn de burens op nummer 75, daar hebben we qua burens het meeste contact mee. Zo buiten maken we een praatje, met verjaardagen zien we elkaar altijd even of als ze op vakantie gaan, dan krijgen wij de sleutel en houden we de boel in de gaten.”
O2 Contacts in Delfzijl	Inductive	When contacts Delfzijl are perceived as a social contacts belonging to the outer circle: being the least close, but still a meaningful contact.	“Soms heb je mensen die kom je tegen op straat en dan spreek je ze. Ik ga dan wel het gesprek aan met die mensen, dat zijn vage kennissen.”

O3 Friends from other countries	Inductive	When friends from other countries are perceived as a social contact belonging to the outer circle: being the least close, but still a meaningful contact.	“Vrienden van over ver, dat gaat tot aan Nieuw-Zeeland aan toe.”
O4 General practitioner	Inductive	When the general practitioner is perceived as a social contact belonging to the middle circle: being an important, but less close contact.	“De huisarts, die is wel heel belangrijk, daar hebben we heel veel aan. Ze is er echt altijd voor ons.”
O5 Contacts from COPD group	Inductive	When contacts from COPD group are perceived as a social contact belonging to the outer circle: being the least close, but still a meaningful contact.	“Bij de COPD groep, daar kan je je uiten, daar mag je huilen, dat maakt allemaal niet uit.”
O6 Contacts via (old) work	Inductive	When contacts gained via (old) work are perceived as social contacts belonging to the outer circle: being the least close, but still meaningful contacts.	“Kennissen die op dezelfde zaak werkten als ik. Als je elkaar dan tegenkomt, dan is het van hoe is het nou?”
O7 Old classmates	Inductive	When old classmates are perceived as social contacts belonging to the outer circle: being the least close, but still meaningful contacts.	“Oud klasgenoten, die tref ik ook nog weleens een keer. Als ik die tegen kom in het dorp, dan is het een praatje, maar verder niet. Echt dat oppervlakkige.”

Mentioned contacts who are not placed in any of the circles

Code	Type	Description	Example from the data
T1 Partner	Inductive	When the partner was mentioned as a contact but was not placed in any of the circles	“Ik heb daar altijd met mijn man gewoond, hij is in 2003 overleden.”
T2 Grandchild	Inductive	When a grandchild was mentioned as a contact but was not placed in any of the circles	“Maar als een kleinkind dan een leuke woning heeft gekregen, nou, dan gaan we daar eens even kijken.”
T3 Child	Inductive	When a child was mentioned as a contact but was not placed in any of the circles	“Het is jammer dat het contact zo verlopen is, maar het is een volwassen man en hij kan zelf denken wat hij wil en doet en laat ik mijn moeder in de steek.”
T4 Neighbour	Inductive	When a neighbour was mentioned as a contact but was not placed in any of the circles	“Ik heb wel een beetje contact met de benedenburen, die groet ik. Maar verder komen we niet bij elkaar langs, of zo. Ik mis dat ook niet.”

3. Contact characteristics

Code	Type	Description	Example from the data
P1 Positive contact experience	Deductive	When the participant has positive experiences with regard to the social contact	"Ik vind dat heel plezierig. Wij zijn altijd vriendelijk en leuk voor die mensen, maar dat is ook zo andersom."
P2 Negative contact experience	Deductive	When the participant has negative experiences with regard to the social contact	"Ik heb 4 jaar samengewoond met een nieuwe partner, waar ik met geweld en met een gebroken rug ben weggekomen. Huiselijk geweld."
P3 Frequency: daily	Deductive	When the contact with the social contact appears approximately on a daily basis	"We spreken elkaar bijna elke dag wel, dat is altijd even van goedemorgen, werk-ze vandaag, dat soort dingen."
P4 Frequency: weekly	Deductive	When the contact with the social contact appears approximately once a week	"En dat lopen met de buurvrouw, dat is ongeveer een paar keer in de maand, maar ik wil geen verplichting alle dagen."
P5 Frequency: monthly	Deductive	When the contact with the social contact appears approximately once a month	"Ik maak graag een praatje met hun end at is wederzijds. Heel af en toe, dat kan eens in de maand zijn, drinken we samen een kop koffie."
P6 Frequency: less than monthly	Deductive	When the contact with the social contact appears approximately less than one a month	"Ik zie mijn zussen en zwagers meerdere keren per jaar, zo'n vijf a zes keer."
P7 Face-to-face	Deductive	When the participant has face-to-face contact with the social contact	"Mijn kleinzoon komt regelmatig in het weekend, of wij gaan daar eens heen."
P8 Telephone	Inductive	When the participant has telephone contact with the social contact	"Mijn jongste dochter, die belt mij minstens 4 keer in de week, even een praatje maken en vragen hoe het gaat. Dat is heel belangrijk voor mij."
P9 Whatsapp	Inductive	When the participant has Whatsapp contact with the social contact	"Dat gaat meestal via de app, van hoe gaat het op school? Heb je nog wat leuks gedaan? Bellen is niet meer zo in, het is echt dat appen nu."
P10 Spontaneously	Inductive	When the contact appears to be rather spontaneously	"We hebben geen vaste afspraken van wanneer we elkaar zien of spreken. Het is meer spontaan contact."

			Als we elkaar zien is het leuk.”
P11 Facebook (messenger)	Inductive	When the participant has contact via Facebook (messenger) with the social contact	“Sommige burens hebben ook facebook, messenger (...) een vriendin heeft internet, die zit ook op facebook met mij.”
P12 Skype	Inductive	When the participant has contact via Skype with the social contact	“En de kinderen, daar hebben we veel contact mee, ook via skype en zo.”

4. Social support

Code	Type	Description	Example from the data
F1 Emotional support	Deductive	When the participant receives emotional support from a social contact	“Zij is er altijd voor mij, ik hoef maar dit te doen en dan is ze er. Zij heeft alles meegemaakt wat ik heb meegemaakt. Mijn ex heeft mij dus een gebroken rug en andere dingen aangedaan, hij is in januari overleden, dus dan is het gelijk van een telefoontje naar haar en dan komt ze eraan, dan is ze er voor mij.”
F2 Informational support	Deductive	When the participant receives informational support from a social contact; receiving information or advice	“Als ik iets met mijn gezondheid heb, dan bel ik weleens iemand van het aquajog-clubje, iemand waarvan ik weet dat zij ongeveer hetzelfde hebben gehad en mij er wat over kunnen vertellen.”
F3 Practical support	Deductive	When the participant receives practical support and help from a social contact	“Mijn zus, die doet mijn belastingen. Dus zo gauw er iets financieels is, dan bel ik haar.”
F4 Providing practical support	Inductive	When the participant does not receive, but does provide practical support and help to a social contact	“Een vriendin vraagt weleens of ik haar kan helpen met de computer, hoe werkt dit of hoe werkt dat. Dan help ik haar, dat vind ik ook leuk.”
F5 No informational support	Inductive	When the participant does not (often) receive informational support from a social contact; receiving information or advice	“Ik zoek het vaak zelf wel uit, ik ben heel eigenwijs. En als ik het echt niet weet, dan vraag ik het wel, maar dat is niet vaak en dan ligt het er ook aan waar het over gaat.”

F6 No practical support	Inductive	When the participant does not (often) receive practical support from a social contact	"Ik heb het niet nodig, ik ben best heel erg zelfredzaam. Het kan natuurlijk wel komen in de toekomst, omdat je ouder wordt en gebrekkiger."
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5. Subjective well-being of residents-to-be

Positive aspects of life

Code	Type	Description	Example from the data
J1 Enjoying living	Inductive	When the participant perceives enjoying living to be a positive aspect of his/her life	"Ik ben er met plezier, ik vind het leven leuk."
J2 Social contacts	Inductive	When the participant perceives social contacts to be a positive aspect of his/her life	"Ja, die binnenste ring he, dat is zo belangrijk. Als dat niet goed botert, dan leef je wel, maar niet meer met zoveel plezier als nu." "Dat ik een grote contactenkring heb, dat vind ik heel fijn, je kunt altijd overal even een praatje maken met iemand, onder dat zou ik me echt minder goed voelen (...) het geeft je toch voldoening en het helpt tegen de eenzaamheid."
J3 Learning to ask and accept help	Inductive	When the participant perceives learning to ask and accept help to be a positive aspect of his/her life	"En leren om voor andere dingen hulp te vragen end at ook te accepteren."
J4 No obligations	Inductive	When the participant perceives not having obligations anymore to be a positive aspect of his/her life	"Het niet meer moeten, geen verplichtingen meer hebben, gewoon doen zoals ik het wil en zoals het mij uit komt. Het is nu gewoon van wat brengt mijn dag?"
J5 Being healthy	Inductive	When the participant perceives being healthy to be a positive aspect of his/her life	"Dat ik iedere dag weer gezond van mijn bed af kom, we kunnen gaan en staan waar we maar willen."
J6 Not worrying about money	Inductive	When the participant perceives not having to worry about money to be a positive aspect of his/her life	"Ik kan me financieel prima redden, ik heb geen zorgen om geld, als ik iets wil kopen dan koop ik dat."

J7 Having partner by your side	Inductive	When the participant perceives having the partner by his/her side to be a positive aspect of his/her life	“En ik heb een hele lieve vriend die bij me is, dat is echt zo.”
J8 Having fun	Inductive	When the participant perceives having fun to be a positive aspect of his/her life	“En we lachen nog zoveel af met zijn tweeën. Dat gaat natuurlijk ook weleens andersom, maar dat is meestal zo weer weg.”
J9 Visiting theatre	Inductive	When the participant perceives visiting the theatre to be a positive aspect of his/her life	“We gaan geregeld naar de schouwburg, dat verschilt per dag hoor, als ik me goed voel.”
J10 Still being here	Inductive	When the participant perceives still being here to be a positive aspect of his/her life	“Dat ik deze leeftijd nog bereikt heb, in vergelijking met anderen. Dat ik nog zo ver gekomen ben, snap je, ik had nooit gedacht dat ik zo oud zou worden.”
J11 Healthy children	Inductive	When the participant perceives his/her children being healthy to be a positive aspect of his/her life	“Dat de gezondheid van mijn kinderen goed is.”
J12 Less stress	Inductive	When the participant perceives less stress to be a positive aspect of his/her life	“Dat ik meer rust heb nu. Ik was vroeger altijd weinig thuis omdat ik zoveel op werk was en dat heb ik nu niet meer, die spanning en stress is weg.”

Negative aspects of life

Code	Type	Description	Example from the data
G1 Procrastination	Inductive	When the participant perceives procrastination to be a negative aspect of his/her life	“Dat je toch aan uitstelgedrag lijdt. Ik zou veel meer dingen moeten doen, opruimen en zo, dan dat ik daadwerkelijk doe.”
G2 Deterioration	Inductive	When the participant perceives deterioration to be a negative aspect of his/her life	“Dat je steeds minder kunt, dat vind ik wel vervelend.”
G3 Neighbourhood	Inductive	When the participant perceives the neighbourhood to be a negative aspect of his/her life	“Het is hier gewoon echt doods en saai. Dat zeggen zelfs de ouderen die hier wonen die nog positief in het leven staan.”
G4 Illness	Inductive	When the participant perceives illness and its consequences to be a negative aspect of his/her life	“Mijn ziekte belemmert mij echt wel, daardoor kan ik bijna niks meer, daar komt het toch op neer.”
G5 No more customer contact	Inductive	When the participant perceives no more customer contact to be a negative aspect of his/her life	“Toch het contact met klanten. Natuurlijk kom ik ze nog weleens tegen, maar

			het is toch anders nu, niet zoals het was.”
G6 Absence of partner	Inductive	When the participant perceives the absence of his/her partner to be a negative aspect of his/her life	“Het leven is geen 10, omdat mijn vrouw er niet meer is, dat is wel de realiteit. Want ik had een lieve vrouw, werkzaam, modern, stond midden in het leven, en dat mis je toch.”
G7 Uncertainty about 'Wonen met een PLUS'	Inductive	When the participant perceives uncertainty about the project Wonen met een PLUS to be a negative aspect of his/her life	“Waar ik me wel zorgen over maak, we weten nog steeds niet wat er hier gaat gebeuren, ik woon hier op de mooiste locatie van heel Delfzijl, maar die onzekerheid..”
G8 No negative aspects	Inductive	When the participant has no negative aspects in his/her life	“Ik heb eigenlijk alles wat mijn hartje begeert, ik zou niet echt iets kunnen noemen.”

Happiness

Code	Type	Description	Example from the data
H1 Very happy	Deductive	When the participant feels very happy at this point in life	“Heel gelukkig, ja zeker. Omdat alles... het gaat mij wel voor de wind. De gezondheid van mijn kinderen is goed, ze hebben het financieel goed. De gezondheid van mijn vrouw is minder, maar het is echt wel een vechter, zij zet wel door.”
H2 Moderately happy	Deductive	When the participant feels moderately happy at this point in life	“Ik voel me gewoon normaal gelukkig. Niet happy de peppie, maar gewoon normaal.”
H3 Not happy	Deductive	When the participant does not feel happy at this point in life	-
H4 Role of ageing	Inductive	When ageing and its consequences play a role in the happiness of the participant	“Tot mijn 80e vond ik mijn leven helemaal fantastisch. Nu heb ik een beetje het gevoel dat ik in reservetijd leef. Het wordt nu allemaal wel minder, merk ik.. ik krijg meer gezondheidsproblemen, maar mijn leven gaat nog wel gewoon door.”

H5 Role of the past in current happiness	Inductive	When experiences from the past play a role in the happiness of the participant	“Ik zie de dingen nu anders, doordat ik weer uit de put geklommen ben en gevochten heb. Dan ga je de dingen anders zien, net als mensen die ernstig ziek zijn geweest. Ik ben opener, kan de kleinste dingetjes waarderen.”
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6. Social capital of residents-to-be

Identification with neighbourhood

Code	Type	Description	Example from the data
S1 Feeling very much at home	Deductive	When the participant does feel very much at home in the neighbourhood	“Ja hoor, ik woon hier lekker. Ik heb een fantastisch huis en ik heb mooi uitzicht, ik ben heel gelukkig in deze buurt.”
S2 Feeling somewhat at home	Deductive	When the participant does feel somewhat at home in the neighbourhood	“Thuis voelen.. ik woon hier wel prettig, maar je hebt niks aan de buurt.”
S3 Not feeling at home	Deductive	When the participant does not feel at home in the neighbourhood	“Ik voel me hier niet meer thuis. Ik ben een van de jongsten, er is gewoon niks te doen, echt niks. Ik moet weer mensen zien, onder de mensen komen, voordat ik hier vast ga zitten zoals heel veel mensen dat hier hebben.”
S4 Feeling very much a part of the community	Deductive	When the participant feels like he/she is very much a part of the community	“Je merkt het aan de belangstelling die mensen in je hebben, en als er wat is, dan komen ze gelijk naar je toe om je bijvoorbeeld een knuffel te geven.”
S5 Feeling somewhat a part of the community	Deductive	When the participant feels like he/she is somewhat a part of the community	“Nee.. erbij horen.. ja, je maakt met de mensen die hier wat langer wonen wel regelmatig een praatje, links en rechts en aan de overkant, maar verder zie je elkaar weinig.”
S6 Not feeling a part of the community	Deductive	When the participant feels like he/she is not a part of the community	“We zijn allemaal erg op onszelf, ik denk dat we allemaal te individualistisch zijn. De dominee hierachter, die ken ik niet eens, al zal ik mijn nek over hem

			breken, ik zou niet weten hoe hij eruit ziet (...) we hebben hier ook nooit een buurtbarbecue gehad of iets, zulke dingen komen hier niet voor. Iedereen leeft zelfstandig naast elkaar.”
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Trust in neighbourhood

Code	Type	Description	Example from the data
U1 High level of trust perceptions	Deductive	When the participant perceives high levels of trust in the neighbourhood	“Dat is heel goed hier, hoor, als er iets is dan wordt er direct aan de bel getrokken of alarm geslagen. We hebben nu een app voor de buurt, als je iets verdachts hoort of ziet, stellen we elkaar op de hoogte.”
U2 Moderate level of trust	Deductive	When the participant perceives moderate levels of trust in the neighbourhood	“Ik denk dat we niet wantrouwend tegenover elkaar zijn, er is wel een redelijk vertrouwen. Maar de burens aan die kant, daar is een inbraak geweest, en dat moest ik via via horen.”
U3 Low level of trust	Deductive	When the participant perceives low levels of trust in the neighbourhood	“Nee, altijd wantrouwen naar buitenlanders. Ik heb me daar wel aan geërgerd. Mensen hebben hier sterk te neiging om te denken dat al het slechte van buitenaf komt.”
U4 High level of safety	Deductive	When the participant perceives high levels of safety in the neighbourhood	“Er is nog nooit iets gebeurd. Als je van het station komt 's avonds in het donker, dan is Delfzijl uitgestorven.. dat is minder fijn, maar ik ben niet bang, want waarom zouden ze me wat doen? Ja, ik voel me echt wel veilig.”
U5 Moderate level of safety	Deductive	When the participant perceives moderate levels of safety in the neighbourhood	“Nou, in deze buurt is het wel veilig, maar de buurt die direct hierachter begint niet, daar woont van alles. Je hebt daar ook jeugdbendes. Hier durf ik overdag en 's avonds wel, maar daar, als je een vrouw bent en het is donker, dan

			zou ik echt niet die kant op gaan.”
U6 Low level of safety	Deductive	When the participant perceives low levels of safety in the neighbourhood	“’s Avonds laat, als er dan zo’n groepje aankomt, dan denk ik waar heb ik mijn telefoon? Dan voel ik me op straat niet altijd veilig.”

Reciprocity and participation

Code	Type	Description	Example from the data
Y1 High level of being there for each other and doing things for each other	Deductive	When the participant perceives high levels of being there for each other and doing things for each other in the neighbourhood	“Hier op het rijtje staat iedereen voor elkaar klaar. Ook als er een ziek is of er komt een ambulance. Het ambulancepersoneel heeft vaak moeite met het goede huis vinden. Dus dan vangen we de ambulance voor elkaar op.”
Y2 Moderate level of being there for each other and doing things for each other	Deductive	When the participant perceives moderate levels of being there for each other and doing things for each other in the neighbourhood	“Iedereen is erg op zichzelf.. maar als je hulp zou vragen, zou je het best krijgen. Als je het vraagt staan ze wel voor elkaar klaar. De buurman van mijn buurvrouw heeft haar bijvoorbeeld naar Schiphol gebracht. Of het gevraagd is weet ik niet zeker, maar hij heeft het in ieder geval wel gedaan.”
Y3 Low level of being there for each other and doing things for each other	Deductive	When the participant perceives low levels of being there for each other and doing things for each other in the neighbourhood	“Nee, dat is hier niet, maar ik ken het ook niet anders. Ik ben allang blij dat ik geen last heb van de bureu.”

7. Expectations of social capital in the living centre

Social contacts

Code	Type	Description	Example from the data
E1 Social contacts: very important	Deductive	When the participant expects it to be very important to have social contacts in the living centre	“Ik zou dat heel graag willen. Je komt daardoor weer heel anders tussen de mensen te staan. Hier moet ik me soms echt in een bocht wringen voor een gesprekje.”

E2 Social contacts: moderately important	Deductive	When the participant expects it to be moderately important to have social contacts in the living centre	“Dat is wel belangrijk, af en toe even met de ander praten kan geen kwaad en anders ga je je verstoppen, he. Gewoon een gezellig praatje een keer.”
E3 Social contacts: Not important	Deductive	When the participant expects it to be not important to have social contacts in the living centre	-
E4 Preferred social contact	Deductive	The preferred way in which the participant would like to have contact with others	“Ik praat wel als ik iemand tegenkom, van woon jij hier ook, zoiets. Of kom eens kijken waar ik woon.”
E5 Frequency of contact	Deductive	How often the participant would like to have social contact with the other residents	“Ik hoef niet elke dag iemand in mijn huis, ik ben ook graag op mijzelf. Maar af en toe even met iemand op het dakterras zitten.”
E6 Impact of social contacts on well-being	Deductive	The way in which the participant thinks having social contacts will influence the subjective well-being	<p>“Als ik daar woon zou dat mij goed doen, zo ga je niet achter de geraniums zitten zoals hier. Anders ga je echt de eenzaamheid zien. Het is fijn als je iemand hebt die zegt van goh ga jij nog naar de winkel? Dan gaan we even samen, gezellig. En dat heb ik nu niet.”</p> <p>“Samen kun je altijd meer, en dat is fijner dan alles individueel te moeten doen. Als je elkaar een beetje kunt helpen en er zijn wat activiteiten, dat je elkaar kunt ondersteunen (...) en het maakt je minder afhankelijk. Als je wat hulp hebt om je heen, als je weet dat je een beroep op elkaar kunt doen. Dan ben je veel minder afhankelijk van dure zorg”</p>

Ideas about meeting each other spontaneously/individually

Code	Type	Description	Example from the data
AF1 Sitting on a bench	Inductive	When the participant has sitting next to someone on a bench as idea for meeting other residents individually	“Dat je even op een bankje gaat zitten en een babbeltje gaat maken met iemand.”

AF2 Approaching others	Inductive	When the participant has approaching others as idea for meeting other residents individually	“Als je iemand ziet en je vraagt van goh, hoe bevalt het jou hier?”
AF3 Community room	Inductive	When the participant has using a community room as idea for meeting other residents individually	“Een keer samen koffie drinken in een gemeenschappelijke ruimte of samen spelletjes doen. Gezamenlijk iets ondernemen.”
AF4 Telephone circle	Inductive	When the participant has introducing a telephone circle as idea for meeting other residents individually/spontaneously	“Wat mij betreft richten we een telefooncirkel op, dat op die manier.. dat iemand niet helemaal vereenzaamd.”
AF5 Hobby room	Inductive	When the participant has having a hobby room as idea for meeting other residents individually/spontaneously	“Een mooie hobbyruimte, met een paar werkbankjes erin (...) stel mijn buurman is elektricien en mijn stofzuiger is stuk, dat je elkaar dan even kan helpen of als je een kastje wil schilderen, dat je dat daar kan doen, ik denk dat dat ook goed is voor de sociale contacten.”

Ideas about meeting each other organised

Code	Type	Description	Example from the data
X1 Watching a movie together	Inductive	When the participant perceives watching a movie together to be a good idea for meeting other residents via an organised way	“Bijvoorbeeld een film, je hebt tegenwoordig die films en series op Netflix. Ik ken daar nog maar weinig van, maar het is hartstikke leuk. Je zou daar een avond voor kunnen organiseren.”
X2 Resident committee	Inductive	When the participant perceives a resident committee to be a good idea of meeting other residents via an organised way	“Er zou best een bewonerscomité kunnen komen, die dingen kan organiseren. Dat leidt natuurlijk ook tot een bepaalde conversatie. Ik zou zelf best wel in zo'n comité willen zitten.”
X3 Music night	Inductive	When the participant perceives a music night to be a good idea of meeting other residents via an organised way	“Muziekavond (...) Heel veel mensen vinden muziek prachtig. Je ziet mensen dan genieten.”
X4 Games	Inductive	When the participant perceives playing games to be a good idea of meeting other residents via an organised way	“Hoeveel mensen vinden spelletjes wel niet leuk? En dat je dan iedereen erbij betreft, ook degene die fit

			is en degene die in een rolstoel zit.”
X5 Theatre	Inductive	When the participant perceives theatre to be a good idea of meeting other residents via an organised way	“Als er ergens een mooie voorstelling is, misschien zijn er meerdere mensen die dat leuk vinden, of je nodigt een spreker uit of zo.”
X6 Pin board	Inductive	When the participant perceives introducing a pin board to be a good idea of meeting other residents via an organised way	“Dat je een prikbord ophangt waar mensen ideeën of vragen kunnen ophangen. Dat je zo met elkaar in gesprek kan gaan of dingen kan ondernemen, dat is heel belangrijk.”
X7 Dinner in community room	Inductive	When the participant perceives dinner in the community room to be a good idea for meeting other residents via an organised way	“Misschien zijn er anderen die het gezellig vinden om gezamenlijk te eten in de gemeenschappelijke ruimte (...) je laat eten komen, bijvoorbeeld, dan kan je met een clubje gezellig even eten.”
X8 Visiting information evenings Wonen met een PLUS	Inductive	When the participant perceives visiting information evenings of Wonen met een PLUS to be a good idea for meeting other residents via an organised way	“Het begint al als je op die avonden komt, die zijn er al een aantal keren geweest, waarin je tekst en uitleg krijgt van wat ze van plan zijn (...) dan leer je toch al mensen kennen, dan stap je sneller op iemand af later als je diegene al hebt gezien op zo'n avond.”
X9 Cooking together	Inductive	When the participant perceives cooking together to be a good idea for meeting other residents via an organized way	“Hier in de buurt worden ook wel dingen georganiseerd voor ouderen, die gaan bijvoorbeeld een keer in de zoveel tijd gezamenlijk koken, dat zou ik ook best wel willen.”
X10 Coffee-morning	Inductive	When the participant perceives having a coffee-morning is a good idea for meeting other residents via an organized way	“Eens per maand een koffieochtend organiseren, waar iedereen kan komen drinken en bij kan praten, kijk, dan leg je dus die sociale contacten.”

Ideas about meeting each other in the community garden

Code	Type	Description	Example from the data
AB1 Spontaneously	Inductive	When the participant thinks residents will meet each other spontaneously in the community garden	"Ik zou 's morgens lekker daar mijn kopje koffie gaan drinken en lekker in het zonnetje gaan zitten. Dan zijn er waarschijnlijk steeds meer die volgen, mensen denken dan van oh, die gaat daar even zitten, dat ga ik ook doen."
AB2 Garden committee	Inductive	When the participant thinks a garden committee is a good idea for meeting each other in the community garden	"Als je mensen hebt die erg goed zijn in tuinieren en die het prettig vinden om daar een oogje op te houden, dan zou je een tuincommissie kunnen oprichten."
AB3 Barbecue	Inductive	When the participant thinks organising a barbecue is a good idea for meeting each other in the community garden.	"Je zou een leuke barbecue kunnen organiseren of zo."
AB4 Jeux de boules	Inductive	When the participant thinks playing Jeux de Boules is a good idea for meeting each other in the community garden	"Stel je zegt we gaan Jeux des Boules spelen, daar kan je ook wat in organiseren."
AB5 Allotments	Inductive	When the participant thinks having allotments is a good idea for meeting each other in the community garden	"Maak er kleien volkstuinjes in, dan moet je wel naar je tuin om te wieden en zo, zo houd je ook sociale contacten met elkaar, je wisselt dingen uit (...) ik denk dat je dan toch een bepaalde binding krijgt, als je samen zo bezig bent."

Importance of trust

Code	Type	Description	Example from the data
Z1 Trust: very important	Deductive	When the participant expects it to be very important that residents of the living centre can trust one another	"Dat is zeker belangrijk, je wil toch ook je verhaal kunnen vertellen en dat je weet dat diegene het niet doorverteld."
Z2 Trust: moderately important	Deductive	When the participant expects it to be moderately important that residents of the living centre can trust one another	"Je wil elkaar toch wel enigszins kunnen vertrouwen. Het moet niet zo zijn dat je ergens woont en dat je denkt: die moet ik in de gaten houden."

Z3 Trust: not important	Deductive	When the participant expects it to be not important that residents of the living centre can trust one another	-
Z4 Impact of trust on well-being	Deductive	The way in which the participant thinks trust in the living centre will influence the subjective well-being	“Als je denkt van, die komt binnen en kan mijn sieraden stelen of iets, dan leef je toch voortdurend in angst. Dat is echt niet fijn.”

Ideas about establishing trust

Code	Type	Description	Example from the data
AC1 Getting to know each other	Inductive	When the participant thinks meeting each other and getting to know each other can help establishing desired levels of trust among residents	“Het is belangrijk dat je niemand mijdt. Gewoon goeiedag zeggen en je voorstellen aan iedereen. Als ik jou eerst een beetje leer kennen door mij voor te stellen, tast ik een beetje af wie jij bent en hoe jij in elkaar zit. Zo zou ik dat aanpakken.”
AC2 Seeking contact with others	Inductive	When the participant thinks seeking contact with others can help establishing the desired levels of trust among residents	“Je moet zelf initiatief nemen om met mensen te gaan praten, of om naar die hobbyruimte te gaan en om iemand te vragen van kan je mij helpen.”

Importance of reciprocity and participation

Code	Type	Description	Example from the data
Q1 Helping each other: very important	Deductive	When the participant expects it to be very important that residents of the living centre help each other and be there for each other when this is needed	“Ik denk dat het heel belangrijk is, het maakt je veel meer welkom in zo'n gemeenschap. Wat je soms hebt is dat mensen ook klusjes voor elkaar gaan doen, zoals belastingformulieren invullen. Dat is heel belangrijk, al helemaal als je minder mobiel bent dan je gewoonlijk was.”
Q2 Helping each other: moderately important	Deductive	When the participant expects it to be moderately important that residents of the living centre help each other and be there for each other when this is needed	“Iedereen heeft ook wel veel aan zichzelf natuurlijk, maar het is wel belangrijk dat je bereid bent om wat voor elkaar te doen.”

Q3: Helping each other: not important	Deductive	When the participant expects it to be not important that residents of the living centre help each another and be there for each other when this is needed	-
Q4 Impact of reciprocity and participation on well-being	Deductive	The way in which the participant thinks reciprocity and participation in the living centre will influence the subjective well-being	“Je krijgt nadere contacten en leert elkaar kennen natuurlijk, het kan verrijkend zijn als je wat meer van andermans leven weet en wat voor ze kan doen.”

Ideas about establishing reciprocity and participation

Code	Type	Description	Example from the data
AD1 List of needs	Inductive	When the participant has making a list of needs as idea for establishing desired levels of reciprocity and help among residents	“Als je goede organisatoren hebt, zou er een lijst kunnen rondgaan waarop mensen kunnen aangeven waar ze behoefte aan hebben. Dat kan natuurlijk heel verschillend zijn. Het moet wel een beetje ingeburgerd raken en goed georganiseerd.”
AD2 Getting to know each other	Inductive	When the participant has getting to know each other as idea for establishing desired levels of reciprocity and help among residents	“Dan moet je elkaar eerst wel een beetje leren kennen, natuurlijk.”
AD3 Selecting residents based on this	Inductive	When the participant has selecting residents based on their ideas about reciprocity and participation as idea for establishing the desired levels of reciprocity and help among residents	“Ik ga er vanuit dt mensen wel voor het project kiezen, als je helemaal op jezelf wil zijn, dan vind ik niet dat je hier moet gaan wonen (...) als je hier gaat wonen en er gebeurt eens wat, dat je bereid bent om iemand te ondersteunen, dat je diegene wil helpen.”
AD4 Establishing a bond with other residents	Inductive	When the participant has establishing a bond with other residents as idea for establishing the desired levels of reciprocity and help among residents	“Als je een goede sociale band hebt, dan zal elkaar helpen en voor elkaar klaar staan daar automatisch een gevolg van zijn, hoor, als je bij het begin begint daarmee, volgt dat andere wel.”

Importance of identification

Code	Type	Description	Example from the data
W1 Feelings of belonging to the community: very important	Deductive	When the participant expects it to be very important that he or she feels like a part of the community, having feelings of belonging to it	“Ik denk dat het heel belangrijk is dat je je een beetje aanpast aan je omgeving en een praatje maakt, als jij ergens gaat wonen en je leeft als een kluizenaar die zich nergens mee bemoeit en niks doet met anderen, dat lijkt mij echt niet plezierig.”
W2: Feelings of belonging to the community: moderately important	Deductive	When the participant expects it to be moderately important that he or she feels like a part of the community, having feelings of belonging to it	“Het zou voor mij redelijk belangrijk zijn, omdat je je dan toch weer een deel van een geheel gaat voelen. Je moet toch nieuwe contacten op doen, als je helemaal alleen in je flatje gaat zitten.. dat lijkt me vreselijk.”
W3: Feelings of belonging to the community: not important	Deductive	When the participant expects it to be not important that he or she feels like a part of the community, having feelings of belonging to it	-
W4 Impact of identification on well-being	Deductive	The way in which the participant thinks identification in the living centre will influence the subjective well-being	“Stel je voor.. ik heb zelf nu een buurvrouw op de hoek die heft haar man verloren, ze kan zelf bijna niks meer. Bijna niemand gaat naar haar toe. Dan ga ik erheen en pak haar beet en dan zegt ze wat ben ik blij dat er iemand langskomt en voor mij klaar staat. Gewoon dat.”

Ideas about feeling part of the community and belonging to it

Code	Type	Description	Example from the data
V1 Participating in activities	Inductive	When the participant thinks participating in activities will help establishing the desired level of feeling part of the community and belonging to it in the living centre	“Nou ja, als je aan gemeenschappelijke activiteiten deel zou nemen zou ik wel meer het idee krijgen dat ik erbij hoor.”
V2 Getting to know other people	Inductive	When the participant thinks getting to know other people will help establishing the desired level of feeling part of the community and belonging to it in the living centre	“Als je wat mensen zou kennen, dat zou wel helpen.”

V3 Having social contact with other people	Inductive	When the participant thinks having social contact with other people will help establishing the desired level of feeling part of the community and belonging to it in the living centre	“Als je geen contact zou hebben, dan voelt het alsof je er niet bij hoort. Dan blijf je binnen zitten en ga je zitten piekeren. Je moet gewoon contact met elkaar hebben en houden, op een redelijke manier.”
V4 Helping other people	Inductive	When the participant thinks helping other people will help establishing the desired level of feeling part of the community and belonging to it in the living centre	“Ja, want ook ik kan die zorg nodig gaan hebben, he, en dan vind ik het ook fijn als er iemand voor mij klaar staat. Dat heeft een wisselwerking.”

8. Ideas about ideal mix of residents with demands for help/care

Code	Type	Description	Example from the data
AE1 Mix in needs	Deductive	When the participant thinks that a mix of care/help needs, severe and less severe, would be ideal in the living centre.	“Ik denk dat gemengd het handigste is, dan kan je elkaar nog een beetje helpen. Als het allemaal te zwaar is, dan krijg je een soort rusthuis idee.”
AE2 Mix in age	Deductive	When the participant thinks that a mix of different ages, younger and older, would be ideal in the living centre.	“Als jong en oud samen kan gaan, dat zou ik prettig vinden, alleen oud is ook niks. Ze hebben wel meer van die mix-zones, dat schijnt goed te bevallen.”
AE3 No too heavy needs	Inductive	When the participant thinks that not having too heavy needs in the living centre would be ideal.	“Een klein beetje ondersteuning is oke, maar het moet niet te. Andere bewoners moeten het wel aankunnen.”
AE4 Mix of middle-aged to older adults	Inductive	When the participant thinks that a mix of middle-aged adults to older adults would be ideal in the living centre	“Het hoeven niet alleen oude mensen te zijn, het mogen ook mensen van mijn leeftijd zijn. Maar ik denk niet dat je te jonge mensen er in moet zetten, ik denk niet dat die daartussen zouden passen.”
AE5 Mix in needs, but not at the expense of residents	Inductive	When the participant thinks a mix in needs would be ideal, but this should not be at the expense of other residents,	“Een mix, maar als mensen echt hulpbehoevend zijn, kunnen ze niet van de burens verlangen dat ze dan helpen (...) er moet niet van mij verwacht worden dat ik de buurvrouw kousen aan moet doen of dat ik moet zorgen

			dat zij om 10u haar medicijnen krijgt.”
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9. Relationship with Delfzijl

Code	Type	Description	Example from the data
C1 Living duration: long	Inductive	When the participant has a strong connection to Delfzijl, rootedness.	“We wonen hier nu al 41 jaar, met alle plezier.”
C2 Positive connection	Inductive	When the participant has a positive connection to Delfzijl	“Ik vind het gewoon prettig, het is een leuke plaats. Ik word altijd ontzettend boos als het weer eens negatief in het nieuws verschijnt.”
C3 Positive, but less than before	Inductive	When the participant has a positive connection to Delfzijl, but this connection has been more positive in the past	“Toen wij jong waren, die tijd kan je niet vergelijken met nu. Toen was Delfzijl het centrum gezellig, nu is het een dood gat (...) Het wonen op zich ervaar ik niet minder positief, maar de omliggende buurt wordt wel minder.”
C4 Living duration: moderate	Inductive	When the participant has a moderate connection to Delfzijl, somewhat rooted	“Ik woon sinds 1997 in Delfzijl. Ik moest wel erg wennen hier, maar ik zou niet terug willen, voor geen geld.”
C5 Somewhat positive connection	Inductive	When the participant has a somewhat positive connection to Delfzijl	“Ik vind het wonen hier wel leuk, maar voor de rest, Delfzijl, ik heb er niet heel veel mee.”

10. Help or care needs

Code	Type	Description	Example from the data
K1 Help need	Deductive	When the participant does have a current help need	“De huishoudelijke hulp, die heb ik gewoon nodig want ik kan niet stofzuigen. Ik kan alles rond mijn middel doen, maar niets daarbeneden of daarboven, dus die hulp heb ik ten alle tijde nodig.”

K2 Care need	Deductive	When the participant does have a current care need	-
K3 No help or care need	Inductive	When the participant does not have a current help or care need	“Nee, helemaal niks, mijn vrouw en ik zijn nog erg verig.”
K4 Future help or care need	Inductive	When the participant expects to have a help or care need in the future	“Die zal wel komen, ik heb vier soorten reuma (...) Zodra mijn rug gaat opspelen, heb ik meer zorg nodig.”

7.4 Word web ‘being a good person’

