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Dobner, S.; Musterd, S.; Droogleever Fortuijn, J.

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‘Ageing in place’: experiences of older adults in Amsterdam and Portland

Susanne Dobner · Sako Musterd · Joos Droogleever Fortuijn

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Abstract This article addresses the importance and meanings of formal and informal social support relationships and neighbourhood ties for older adults ‘ageing in place’ in urban neighbourhoods in two different welfare state settings: Portland (Oregon, the United States) and Amsterdam (the Netherlands). The rising number of people growing old(er) in urban environments raises new demands and pressing challenges for urban development. The majority of older adults are and will be ageing in their homes and communities, as opposed to institutionalized care facilities and settings. At the same time, the provision of formal and public care is being increasingly challenged by government cutbacks. On top of this, the formerly strong welfare states in many European countries have weakened. In-depth interviews with 40 older adults and key informants in two neighbourhoods in each city provide the empirical basis for this study. In Portland, there are widespread local civic initiatives related to care provision for older adults. The city has a long tradition both of individual responsibility and community culture, which has emerged from and appears to compensate for the overall lack of state services and support. Amsterdam has a long tradition of state provision, but is experiencing a policy shift towards a stronger reliance on private market-led services, and an emphasis on family and community as providers of support. Although a few emerging local initiatives for elderly care in Amsterdam were identified, it is unclear whether this form of community support can compensate for decreasing state provision in Amsterdam. This study raises concerns about the future of care provision for older adults living in unsupportive urban neighbourhoods, without financial resources or nearby relatives.

Keywords Ageing in place · Urban neighbourhoods · Community care · Welfare states

S. Dobner · S. Musterd (✉) · J. Droogleever Fortuijn
University of Amsterdam, 1001 NC Amsterdam, The Netherlands
e-mail: s.musterd@uva.nl

S. Dobner
Centre for Social Innovation, Vienna, Austria

Introduction

The rising number of people growing old(er) in urban environments raises new demands and poses pressing challenges for urban development. Trends endorsed by governmental policy favour the fact that the majority of older adults are and will be ageing in their homes and communities, as opposed to institutionalized care facilities and settings. Care is an inherent part of ‘ageing in place’ and entails a variety of tasks and responsibilities such as support with daily tasks or long-term care provision at home (Wiles 2005). There is widespread political and policy rhetoric endorsing ageing in place and creating age-friendly cities and communities (WHO 2007; Buffel et al. 2012; Menec

et al. 2011). But while ageing in place is neither a new phenomenon nor a "one-size-fits-all concept" (Vasunilashorn et al. 2012: 3), some factors, including the decreasing role of the welfare state, a growing redirection of care into the private sector, alongside the personal desire to stay in one's own home, are becoming increasingly relevant for an unprecedented number of older adults in urban settings.

Many studies have pointed to the gains and advantages of older adults remaining at home in later life (Lawler 2001; Thomas and Blanchard 2009), in particular the financial benefits of ageing in place in comparison with institutionalized care settings. Criticism and caution regarding the limitations of the home and community environment have also been raised (Smith 2009; Means 2007). Several authors are particularly concerned about vulnerable older adults ageing in place in disadvantaged urban neighbourhoods (Scharf et al. 2003 and Scharf et al. 2005). So far, in the Netherlands, as in many other north-western European countries, the state provides major components of home care services and programs, even in low income neighbourhoods. However, current developments in care provision in the Netherlands point towards a strong (re)focusing of this responsibility onto individuals, families, communities, and the market. This new focus may or may not turn out to be successful. However, because of the potential impacts on the quality of life of older adults, it is necessary to follow the changes closely in order to allow for timely policy interventions when needed.

Refocused care provision for older adults also puts forward the question of whether cities in the Netherlands can learn from cities in a context marked by a longstanding tradition of limited state support and entitlements, such as the United States (hereafter the US). This article focuses on the informal and formal provision of support for older adults in two cities: Amsterdam in the Netherlands and Portland in the US. The central questions are as follows:

> What are the experiences of formal and informal social support and neighbourhood ties of older adults ageing in place in Amsterdam and Portland? And how can differences between Amsterdam and Portland be understood in relation to differences in welfare state arrangements?

After a brief discussion in the following section of existing theoretical and empirical findings from the ageing in place literature, and after a short methodological section, key findings derived from in-depth interviews with older adults and key informants in two neighbourhoods in Amsterdam and Portland are presented.

Literature: ageing in place in the context of shifting welfare states

Enabling and supporting ageing in place encompasses political, economic, social, and geographical spheres. Allowing older adults to age in a familiar setting and to retain independence and self-determination is often considered as positive (Davies and James 2011). However, some scholars also raise critical concerns and point towards the limitations and possible disadvantages of ageing in place. These concerns address, for example, the appropriateness of the physical design of the home and neighbourhood, as well as the increased risk of loneliness and lack of social support in the home and community (Howden-Chapman et al. 1999; Means 2007).

Studies within environmental gerontology have shown that a wider (geographic) perspective is necessary to unravel the multifaceted phenomenon of ageing in place. This is also illustrated by debates about a shift from ageing in place to more research on 'place in ageing', the latter of which is focused on "identifying and understanding the important contexts of aging" (Gardner 2011: 263). Consequently, not only the immediate home but also the neighbourhood and community have been found to be crucial when discussing the quality of life, health, and well-being of older adults (Howden-Chapman et al. 1999; Iwarsson et al. 2007). While this is important for people of all ages, the mobility radius tends to diminish as people grow older (Phillips et al. 2005; Rowles 1978; Kellaher et al. 2004). The context and qualities of the neighbourhood environment thus gain even more importance (Lawton 1980).

Aside from the physical qualities of the home and neighbourhood environment, personal and subjective feelings of place attachment and neighbourhood satisfaction also strongly influence the ageing experience (Rowles 1993). Previous research has shown that social support and feelings of security and emotional connectedness to the home and immediate neighbourhood can counterbalance limited mobility associated

with a decline in physical and/or mental health (Oswald et al. 2010). Lawton's person-environment fit paradigm developed in the 1980s was an influential starting point for discussing the multifaceted and complex dynamics of the physical, social, and emotional aspects of ageing in place together. Since then, person-environment processes have been discussed as being influenced by a variety of factors, encompassing multiple physical, interpersonal, community, and policy environments (Lawton 1980; Oswald et al. 2010; Wahl and Oswald 2010; Wahl et al. 2012).

Scholars within geography and environmental gerontology have argued that national political, economic, and social policy dynamics become manifest in unequal neighbourhood conditions and resources (Musterd et al. 2006; Wiles 2005). Thus macro-national and institutional settings, as well as micro-individual characteristics and qualities of the neighbourhood and community localities, impact upon ageing in place (Milligan and Wiles 2010). The present study compares advantaged and less advantaged neighbourhoods, assuming that the neighbourhood context matters and impacts upon opportunities and limitations to 'age in place'. Discussions about the actual impacts of 'neighbourhood effects' for people living in more disadvantaged urban areas have found both proponents and critics (for further discussion see Sampson et al. 2002; Ellen and Turner 1997). Research suggests, however, that the context and quality of neighbourhoods, especially crucial for older adults, can greatly impact upon a person's ability to engage independently in daily life (Beard and Petitot 2010; Lang et al. 2008; Lawton 1980; Van der Meer et al. 2008). According to Scharf et al. (2003), limited access to nearby services, inadequate housing and care facilities, low quality infrastructure, as well as decreased social cohesion and unsafe living conditions may play a crucial role in determining the opportunities to successfully age in place. Wiles argues that place and communities should not simply be seen "as straightforward sites for care" (Wiles 2005: 105); instead, differing personal experiences of place and its interconnection with political, social, and institutional contexts need to be considered.

The context of ageing in place at the neighbourhood level is strongly influenced by prevailing social policies at the state level (Milligan 2009). The distribution of care facilities is crucially shaped by the composition of the available 'pillars of care', commonly referred to as the state, the market, the community, the family, and the individual. According to Daly and Lewis (2000: 282), many European countries envisage "a general move away from the state as provider (of cash and care) towards the family and voluntary sector. The market either directly as a provider or indirectly as a purveyor of particular principles is also being drawn in more". The needs of older adults with high incomes are well served by market provision. Older adults with low incomes, on the other hand, are increasingly dependent on informal support by family or neighbourhood-based support from voluntary organizations and individual neighbours. This makes older adults with low incomes living in unsupportive urban neighbourhoods particularly vulnerable.

Compared to other European countries, it has been shown that in the Netherlands, "relatively many older adults receive formal home care, whether or not in combination with informal care" (Suanet et al. 2012: 492). Nevertheless, recent cutbacks in social programs, the growing private sector, and the shift of responsibilities onto individuals and families will most likely result in different findings in the coming decade. These shifts are generated by and linked to a growing neoliberal environment in the Netherlands over the past two decades. The (welfare) state has long played a significant role in the provision of care and services for older adults in most (Northern) European countries, as opposed to the rather limited responsibilities taken up by the state in the US. The patchy character of public care entitlements and services in the US, and a longstanding tradition of shared individual and community responsibilities, translate into a heavy reliance on the individual and family, the community and the market (Milligan 2009; Estes and Wallace 2010). In general, the free market and sparse government interventions are favoured, necessitating more bottom-up, community- and citizen-initiated organizations and projects to enable ageing in place. Similar shifts in this direction will increasingly challenge care provision for older adults in the Netherlands (Morel 2007).

Older adults are likely to require more financial means in order to be able to afford private services, and/or they will be compelled to rely more on family and community support. In both the Dutch and US contexts—as focused on in this study—informal support provided by family, friends, or relatives already constitutes a major and crucial, though often

unnoticed, component of ageing in place. Existing research has also frequently stressed the important role of informal social relations and the support networks of neighbours and friends for older adults (Nocon and Pearson 2000; Phillipson et al. 1999). It has been argued, however, that informal non-kin relations and support provision for older adults ageing in their communities do not substitute but rather complement the support given by family, as well as that provided by public and private services (Gardner 2011). Indeed, the extent of and reliance on informal support is affected by available formal and public care services. Furthermore, it is not only the degree to which public services are used, but also the specific character of the services and their frequency that needs to be addressed. It may not be far-fetched to assume that public services (e.g. help with smaller tasks such as shopping, cleaning, or transportation) are used at an earlier stage within welfare state settings that provide such services than in settings where no such services are formally provided. In the latter case, informal networks will be more greatly relied upon to fulfil these tasks.

Informal support provided by family, relatives, or neighbours can entail a broad range of tasks and responsibilities, and touches upon emotional, physical, and intimate personal domains. Community support and informal networks among neighbours may become even more vital for older adults living far away from family members. In highly urbanized countries such as the Netherlands, geographical distances between ageing parents and family members have been at least partly outweighed by a reliance on the state as the main care provider. What will happen if this certainty and reliance on the state (slowly) diminishes? What do current shifts in welfare state arrangements imply for the ageing experiences of older adults in urban communities?

The case studies presented here look at the experiences of older adults ageing in two different welfare regime contexts, the Netherlands and the US. The well-known welfare regime typology of Esping-Anderson (2006) positions Northern European countries, including the Netherlands, as social democratic states. Many scholars argue, however, for a more 'hybrid character', situating the country between a social democratic and a corporatist welfare state (Van Oorschot 2006). Until recently, care provision for older adults, people with disabilities, and people with chronic diseases was funded by the national tax system and regulated by a special Law on the Costs of Special Diseases. In 2008, a new Law on Social Support was introduced, shifting the responsibility for elderly care from the national government onto the municipality, local civic society, and the family. At the same time, the state budget for care provision decreased. According to Van Oorschot (ibid.: 58):

> the character and contents of social support and social protection arrangements have changed, showing a principle shift from a system based on collective solidarity towards one predominantly based on individual responsibility. In the process, the degree of social spending has decreased significantly.

The US, often defined as a 'liberal' or 'pluralistic' welfare state, translates into a system where "means-tested assistance, modest universal transfers, or modest social-insurance plans predominate" (Esping-Andersen 2006: 162). "The emergence of a new doctrine" (Thomas and Blanchard 2009: 14) in the Netherlands is shifting more responsibilities and weight onto the pillars of the market, community, individuals, and their families. Current trends towards decreasing state support and strengthening the "unbridled market" (Scharf 2010: 499) in the Netherlands have been attested, hence there is caution and concern about whether these emerging "new community spaces of care" (Milligan 2009: 20) can address the increasing risk of social exclusion and isolation of older adults. This is especially crucial for older adults with limited financial means and weak informal support networks.

Research design

The literature on older adults criticizes the lack of qualitative research on older adults and their experiences with social support (Weicht 2013; Richard et al. 2008), and indicates a tendency to overlook older adults in deprived inner-city neighbourhoods (Scharf et al. 2003). In response to this criticism, we designed a small-N comparative case study, comprising two cases embedded in two different welfare state contexts: one in Portland (Oregon, the US) and one in Amsterdam (the Netherlands). The study was further inspired by a common "call for more research with

older people rather than on them" (Wiles et al. 2011: 3, cited after Scheidt and Windley 2006).

The findings from Amsterdam and Portland were derived from "multiple (within-case) observations" (Gerring 2007: 19), obtained by interviewing older adults and key informants in two neighbourhoods in each case. The interviews, mostly held in respondents' homes, provided insight into their "real-life context" (Yin 1984: 23) and facilitated a deeper understanding of the opportunities and challenges faced within their built, social, and community environments. Conducting semi-structured interviews enabled in-depth analysis and understanding of a wide array of aspects of their social realities. Furthermore, this approach was chosen to compare and complement different views and experiences by older adults and key informants. The interview topics related to (daily) activities in the area, support arrangements, interpersonal contact and relationships with neighbours, involvement in formal neighbourhood-based organizations, use of informal venues, as well as social and physical challenges in the neighbourhood. Participatory observation allowed us to introduce the research, recruit respondents, and gain a better understanding of the rhythm of neighbourhood associations, centres, and current issues faced in the selected areas.

The comparative case study design with the collection of in-depth data fits the holistic and exploratory nature of the study. An advantaged and a disadvantaged neighbourhood in each city were selected. The physical and social features of a neighbourhood have been found to affect older adults' (whose mobility radius may decline with older age) abilities to engage independently in daily life, their living quality, and their well-being in general (Lawton 1980; Rowles 1978; Scharf and Gierveld 2008; Scharf et al. 2005; Kellaher et al. 2004). Furthermore, in the context of the home as an increasing care setting for the majority of older adults, neighbourhood characteristics and features are understood as shaped by prevailing welfare state settings (Wiles 2005).

Previous research on less advantaged urban neighbourhoods has resulted in the "development of different measures of area-based 'deprivation'" (Smith 2009: 51). In order to select broadly comparable areas in both cities, the following indicators of deprivation were chosen: unemployment and social welfare benefits; median household income (compared to the city's average); ethnic composition; and composition of housing tenure (owner-occupancy, rented, social housing). Statistical data were derived from the US Census in Portland (US Census Bureau 2010) and Municipal Statistics in Amsterdam (Bureau Onderzoek en Statistiek, Gemeente Amsterdam 2012). In addition to statistical data, targeted neighbourhoods in each city were visited beforehand, in order to better comprehend the qualities and availability of features in the built environment. The selected (qualitative) neighbourhood characteristics included the area's proximity to the city centre, the availability of public transport, and the quality of parks, benches, sidewalks, and neighbourhood-based services and amenities (e.g. grocery stores, medical facilities, and leisure facilities).

The sample

The study was conducted between October 2012 and May 2013. Data collected comprised of 27 interviews with older residents in both cities, 13 interviews with key informants, and participatory observations during neighbourhood association meetings in Portland and events in neighbourhood centres in Amsterdam. Most respondents (older adults and key informants) were selected through the snowball technique. In addition, the meetings or events of neighbourhood associations and other local organizations (churches, leisure facilities) were attended to introduce the research, recruit more respondents, and create new snowball entries. Among the 13 key informants were members of neighbourhood-based organizations and local associations, churches, and governmental institutions. Among the sample of older adults, 17 were female and ten male. They were between 65 and 94 years old; the average age of interviewees was 73 years of age. About half of the sample was married ($N = 13$). Other respondents were either living alone ($N = 8$), living with a partner ($N = 2$), or widowed ($N = 4$). All interviews in Portland and Amsterdam were held in English, with four exceptions in Amsterdam where the interview language was Dutch or German. Language barriers (especially in the Cully neighbourhood in Portland, where a large part of the population is Spanish speaking) set limits to reaching culturally and financially diverse respondents.

Methodological limitation and sample bias

Difficulties were encountered in terms of including older adults from ethnic minority groups (partly

because of language barriers), or those who were physically immobile and with a low income. Similar difficulties have been faced in other research efforts (Richard et al. 2008; Andonian and MacRae 2011). Thus, the perspectives captured within this study do not represent culturally diverse perspectives, which may differ with regard to their needs and demands, based on varying social and political capital. Additionally, as many of the older adults in Portland and Amsterdam were contacted through neighbourhood-based organizations or associations, it is more likely that they were already more engaged and active in their communities and in relatively good health. This set limits on the ability to generalize findings to older adults who may be engaged in other organizations or informal structures not captured within this research, as well as those who are more socially isolated. Despite these limitations, the sample was diverse with respect to respondents' age, gender, financial means, length of residence, and marital status. Additionally, some respondents in Portland, especially those affiliated with faith-based communities, were neither engaged in neighbourhood associations nor in other formal organizations in the area, and thus provide important additional perspectives.

The interviews lasted between 45 and 90 min. The interviews were typed verbatim and analysed using RQDA, a tool for computer assisted analysis of qualitative data. The analysis of the interviews followed a content analysis approach and a theory guided investigation (Gläser and Laudel 1999; Kohlbacher 2006). Important themes were identified while coding and rereading the interview transcripts. All respondents' names have been changed to ensure the anonymity of the participants.

Differing welfare settings, pillars of care, and urban planning histories in Amsterdam and Portland: implications for ageing in place

The case study neighbourhoods in Amsterdam and Portland

Amsterdam is largely known for its mixed demographic patterns, mixture of residential and commercial land use, numerous cultural facilities and museums, historic urban centre and canal system, and widespread bicycle culture, and is embedded in a social democratic Dutch welfare setting with a history of a large-scale presence of social housing (representing the largest share of public housing in Europe). The Jordaan, one case study neighbourhood, located in the inner-western part of the city, displays a vibrant and multi-functional urban core that integrates both commercial and residential use, comparable to the rest of the city centre (Musterd and Salet 2003). The second case study neighbourhood, Vogelbuurt/IJplein in Amsterdam North, one of the poorest neighbourhoods in the city, has been targeted as a 'problematic' neighbourhood since the early 1990s and is now one of the eight specially selected renewal areas in Amsterdam (Van Marissing 2005; Ypeij et al. 2002). The area is largely characterized by post WWII architecture, two-story row houses, some larger apartment buildings, and large industrial and harbour areas in the western part of the neighbourhood.

Not only within the US but also internationally, Portland is known for its leading role with respect to sustainable city and living practices. These practices have led to an elaborate land use planning system with established urban growth boundaries, and have resulted in high investments in public transport and bicycle infrastructure. Additionally, a well-established neighbourhood system and an emphasis on wide community involvement represent a rather unique case in comparison to many other US cities. In Portland, the neighbourhoods of Hosford-Abernethy, a centrally located, ethnically homogeneous, middle to higher income area, and Cully, situated on the fringe of the city, which is middle to low income with an ethnically diverse population, were selected. Over the past 10 years, Cully has been targeted by the city government with the aim of enhancing the social and physical liveability of the area.

The Jordaan and Vogelbuurt/IJplein in Amsterdam

Nearby and walkable amenities such as grocery stores, pharmacies, and parks are repeatedly praised as age-friendly neighbourhood characteristics (WHO 2007). In both Amsterdam neighbourhoods, the Jordaan and the Vogelbuurt/IJplein, the service infrastructure appeared to function well for most respondents, given the relative density of the built and social environments, especially in the Jordaan. In addition, the availability of public transportation in the form of buses and trams was regarded as adequate by many

older residents in both neighbourhoods. Aside from cycling, public transport, or walking (sometimes with a stick or walker), some respondents also used and appreciated a shuttle service subsidized by the municipality. In addition, electric wheelchairs or small cars that can be driven on the cycle paths, as used by some citizens, enabled transportation within the city. Older adults in both selected neighbourhoods appreciated the availability of these age-friendly features.

The older adults in Amsterdam stated that they frequently utilized care services, either state-led or subsidized.

> I live by myself, not in a nursing facility, it is great. I have three hours home care per week from a nurse. The doctors were coming to my house to check on me when I told them I cannot walk so long through the city, so everyone came to my house. So this is going well. I'm satisfied. (Koen, 76, Vogelbuurt)

However, many respondents were concerned about the budget cuts for state-supported and state-led services.

> When you are getting older you have to stay in your own house. Ten years ago you could go to a nursing home, but this is no more the case in Holland. When you get very old and you are also a little bit or very demented, then you go to the nursing home, but these houses are no more available. You have to stay in your own house, and when you have children, your children have to look out for you, and they bathe you. The money is a little bit gone in Holland, so it [the situation for older people] has completely changed. So I have also to adapt here in my house, and you can get some help in your housekeeping but I can get no more than two hours a week, which is also enough and I do not have to pay so much. But the rest you have to do it yourself. (Dorine, 76, Jordaan)

State-supported and led services not only address care but also transportation options for older adults facing physical constraints, like the state subsidized shuttle bus. Although many services provide supportive and well-received programs for many older adults, increasing government cutbacks are having adverse effects at the neighbourhood level and were being felt by most respondents. Some older residents were frustrated by the closing down of a north–south bus connection in the Jordaan due to financial cutbacks.

> A lot of old people used that [bus], but they stopped it three or four years ago. I would like to have that back, not for me, but for people in general. You speak to older people who used to use that and they always say, 'It was always so nice, social contacts in the bus (…) kind of a social meeting point'. (…) They speak about a possibility to restart it again with sponsors and volunteer drivers. So if that happens, I probably will be one because I like driving. (Frank, 73, Jordaan)

Although the availability of public transport was generally regarded positively in both neighbourhoods, the transformation from state-led to more volunteer-based and privately sponsored services, as discussed for the bus service in the Jordaan, is not and will not remain a single phenomenon in the future. Current trends in terms of opportunities to age in place in Amsterdam increasingly emphasize private and informal care services in neighbourhood and community settings. An interesting project, currently in the genesis phase, initiated by a neighbourhood centre in the Jordaan, partly reflects an institutional attempt to foster nearby, informal support networks in a geographically bounded area. A website has been created that:

> is aimed at bringing help questions and help offerings together. So somebody breaks their leg and the dog has to be walked, is there somebody who can do it for a couple of weeks? I need to go to the hospital, is there somebody who can go with me? (…) It is very preliminary, but there are projects like that in the Netherlands which are already working. (Employee, Neighbourhood Centre, Jordaan)

While many services such as neighbourhood centres provide important venues for information exchange and informal meeting places for many older residents, some current trends raise concerns and emphasize future trajectories leading to the search for new venues and paths for community building and enhancing social cohesion, especially with regard to informal support by the community. Studies have shown that the availability of informal support networks, and interpersonal contact with neighbours and other

community members, often "prevent worries about the future" (Cramm et al. 2012: 147) for many older adults. The availability of informal support, and the community as a safety net, has been found to be ever more crucial within the age group 80 years and older (Oswald et al. 2010), where resources and features in the social and community environment greatly impact their life satisfaction and opportunities to successfully age in place. For many respondents, assurance that help is available and in close proximity 'just in case', as well as having neighbours who look out for them, fostered personal feelings of security and comfort.

> I want to stay here. I crossed the whole world [when I migrated from Panama many years ago], I do not have relatives and everyone is dead. I have a very good life here. The people here in the street (…) you do not stay alone; they quickly make contact with you. A lot of social people are living here, talking and thinking of each other. I'm happy here for sure. (Annemarie, 81, Vogelbuurt)

This is certainly neither the case for, nor is it wanted by, everyone, as some respondents referred to the advantages of having more loose contact with neighbours as opposed to a geographically close-knit group, which is often perceived as exercising too much social control. However, especially for older adults who are more socially isolated and have little or no support from families or relatives, the community gains increasing importance. For people are not well integrated into or even recognized within their communities, this may pose a significant problem.

Findings from the two neighbourhoods in Amsterdam reveal that many older adults living in their homes are generally satisfied with the social and physical features in their neighbourhoods, and they utilize available services. Current shifts in the allocation of neighbourhood resources are, however, increasingly perceived as negative by most respondents. Older adults with fewer financial means tended to perceive their future opportunities and the affordability of successfully ageing in place rather critically.

Hosford-Abernethy and Cully in Portland

The interviews in Portland resonate with the dominant welfare arrangement in the US, which is characterized by limited state influence and an emphasis on individualism. In this context, citizens are expected to 'take matters into their own hands'. In Portland, we found a number of community initiated and neighbourhood-based projects, organizations, and advocacy work. The reality of not being able to rely on the state as the main care provider and facilitator of ageing in place forces and encourages alternative venues for informal (community) support networks in a geographically close-knit area, exceeding familial ties.

> We have to roll up our sleeves and figure out how we are going to get our needs met. And we are going to have to get ourselves organized and participate. (Central Northeast Neighbours [CNN], Member)

Moreover, in the local context of Portland, where the (re-)formation of urban neighbourhoods seems to be a widely shared concern, the promotion of and support for community initiated projects are prevalent. Both case study neighbourhoods feature very active neighbourhood associations and neighbourhood-based initiatives. These activities and programs are often partly funded by the citywide neighbourhood system, as well as through private donations.

Examples of neighbourhood-based initiatives aimed at fostering social contact between residents and community cohesion at large are the Block Connector Program in both neighbourhoods, and the Ainsworth Street Collective in Cully. Generally, the importance of providing (informal) activities and venues within walking distance is gaining increasing attention in most neighbourhoods in Portland. The Block Connector Program initially focused on emergency preparedness and information exchange, while also aiming to enhance community cohesion. The Ainsworth Street Collective (AIS) in Cully, founded in 2006, is a bottom-up initiative and an important informal venue and network for older adults to meet neighbours and participate in activities (e.g. walking groups, book clubs, monthly potlucks, tool exchanges, or garden share initiatives). Fostering relationships with neighbours and creating support networks in a context of low level affiliation are central to the initiative. It is interesting to note that while the entire Cully neighbourhood is ethnically diverse, the geographically bounded Ainsworth Street Collective mainly comprises of white homeowners. This indicates the importance of social and cultural capital in community organizing, as well as deliberate strategies

by financially stronger and ethnically dominant residents to separate themselves from others in less advantaged urban neighbourhoods. Future perspectives and opportunities to age in place in Cully have led to increased discussion, and ultimately the formation of the AIS.

> A lot of the reasons [for the AIS] were people recognizing that we are going to need to age in place, and we are not going to be able to drive around, and we want to know our neighbours, and we want to create friendships, and all of that. And this was a way to build social capital in just this little part of the neighbourhood. (Peter, 66, Cully)

The statements above and below capture the reliance on neighbours or other community members first and the state second, also in acute emergencies, as well as the future prospects of care responsibilities, which all appear to reinforce and motivate efforts to enhance community cohesion and support.

> The value of the neighbourhood? Well, like I said, it is a support network, so if something happens then there are some people that care about you. It is like family, so I think there is a value in that (…) If something was to happen and you needed help, there would be a lot of people that would help, and that's really nice and that's not something you necessarily get anywhere else, so that feels really good. (…) You feel like you have a place and it is always wonderful to have new associations. (…) There is a certain amount of comfort that comes with knowing your neighbours. (John, 66, Cully)

A recently started project in Portland, which was influenced by the 'village model' first realized in Boston, MA ('Beacon Hill Village'[1]) over 20 years ago, is another example of a community initiated strategy to enable older adults to age in place. The village model was strongly influenced by the desire to live as independently as possible at home and in the community, also in older age. Instead of dealing with the often confusing and bureaucratic organization of (public and private) care services alone, a non-profit organization set up by and in the neighbourhood is supposed not only to help with the delivery and organization of care services, but also to provide assistance for small tasks (e.g. yard work or house maintenance) for its members (McWhinney-Morse 2009). Furthermore, organized communal activities and events foster social engagement and community support among older residents. A resident of Hosford-Abernethy and member of the newly initiated 'Eastside Village Portland (PDX)'[2] explained that the village model expands beyond the mere organization of care services towards a stronger focus on community support, to enable and ease daily life for village members.

> I think that ideally, growing old in one's home is the first choice, whatever that home is, whether it is an apartment or a condo or a house. But [also important is] to be nourished by community and also being aware of what the services might be. The embedded services that could be offered to support continued living at home is the ideal, whether it is someone that can help you with your gardening, drives if you need a drive, and maybe somebody might find out that you like to play Scrabble and someone who would play Scrabble with you once a week. (Margaret, 66, Hosford-Abernethy)

While active strengthening of community support networks is relatively widespread in many neighbourhoods in Portland, the limited availability of nearby services (e.g. grocery stores, pharmacies, medical services) crucial for many older adults still presents major problems, especially in Cully, and impedes opportunities to age in place.

> Look at a map and see, my impression is that we are really underserved and it would be really

[1] The 'Beacon Hill Village' was founded around 2000 in the Beacon Hill neighbourhood in downtown Boston. As the co-chairman McWhinney-Morse (2009: 85) elaborates, the village "is a grassroots membership organization created by and for people age 50 and over, not just the very old, the fragile or the wealthy. (…) In order to promote healthy ageing, the Village offers programs and services that address not only medical and housing needs but social, physical, emotional, and intellectual needs as well". In 2013, membership costs ranged between $675 (individual) to $975 (couple) per year. See: http://www.beaconhillvillage.org/.

[2] For more information about the Eastside Village Portland (PDX) movement, see: http://villagesnw.org/.

> helpful for elderly people to have some closer things. (Martin, 67, Cully)

Walking in the Cully neighbourhood was also described by older adults and key informants as hindered by the lack of sidewalks, paved streets, and street lightening.

> For older people that live in Cully, there are very few assets. There is only one full service grocery store, so the neighbourhood has been identified as a food insecure neighbourhood. There are very few sidewalks, so if you are older and rely on walking, for example, you are out of luck. (Member of Verde, Cully)

In contrast, Hosford-Abernethy displayed a rather supportive physical infrastructure, with the availability of parks, shopping facilities, coffee shops, restaurants, and theatres within easy walking distance.

> The coffee shop [neighbourhood café] is a very nice place to mingle and meet people, and you are not isolated. It is important when you retire that you get out every day, for exercise. I walk about a block from here actually, so even if I just walk a block to get my waking up juices going, I'm up and about. So I guess it serves two purposes. (Susan, 73, Hosford-Abernethy)

In general, findings from both the Hosford-Abernethy and Cully neighbourhoods suggest that the long-lasting traditions of individual responsibility and community culture in the Portland, emerging from historically limited state support, appear to compensate for the lack of state services. A wide array of community initiated, neighbourhood-based projects with the aim of fostering social contact and cohesion among residents and providing community support was found in both case study neighbourhoods, which ensure future prospects for care provision in the community setting. Indeed, they appear as underlying drivers within a context of general reliance on the community first and the state second. However, with regard to care provision, the question also arises of how far community support, beyond helping with daily tasks (i.e. accompanying one another to the doctor or helping with daily shopping), extends when personal hygiene tasks and more intimate or demanding responsibilities are concerned. The abovementioned 'Village Portland (PDX)' model does facilitate the organization of professional (public and private) care services, exceeding what most of the other discussed community-led initiatives entail. But as findings from a recent European study suggest, informal care may only function as "an alternative to formal services as long as the burden and the complexity of the dependency is limited" (Bonsang 2009: 153).

Conclusions

The experiences of older adults of ageing in place in Portland and Amsterdam were found to be surprisingly similar, in spite of the different national, institutional, and local settings. Indeed, the ways in which care and support are organized in the two cities are rather different. Furthermore, given the different forms of welfare state present in both countries, great variation in terms of physical features and available infrastructure in the selected advantaged and disadvantaged neighbourhoods in Portland and Amsterdam was found. Fewer available amenities (grocery stores, pharmacies) and few public transport options present crucial hurdles to 'aging in place', especially in the disadvantaged neighbourhood in Portland. Strengthened and fostered community support and social cohesion in both Portland neighbourhoods may mitigate infrastructural lacks. However, this places increasing demands on older adults with limited local support networks and/or declining health. In contrast, older adults in both neighbourhoods in Amsterdam raised fewer demands regarding changing or enhancing the available infrastructure, amenities, or services. This being said, available informal community support was discussed as being rather limited, especially beyond support networks of close neighbours or family.

In general, despite different area profiles and welfare settings in both cities, the advantaged neighbourhoods in Amsterdam and Portland demonstrated suitable living environments for most respondents, especially with regard to the available services and amenities. However, national and local policies as well as personal resources also affected respondents' experiences of ageing in place. Thus a beneficial built and community environment with satisfactory services and amenities was not always available for older

residents with limited financial means or health constraints. In spite of the deficiencies in the available infrastructure and negative external framings of the selected disadvantaged neighbourhoods, few difficulties and constraints to ageing in place were mentioned by respondents. In particular, the older adults who had lived in their area for a long time were very emotionally attached to the neighbourhood. In general, fewer differences between the advantaged and disadvantaged neighbourhoods were found than expected. This may be explained in part by the modest sample size of older adults interviewed, many of whom were financially secure and in a state of relatively good health.

The two case studies reflect the differences in welfare regimes between the US and the Netherlands. Regarding support for older adults at the neighbourhood level, in Portland there was indeed more space and necessity for bottom-up and community-led initiatives, as can be expected in the context of a liberal welfare regime (Esping-Andersen 2006). Such initiatives are driven by a seemingly inherent and underlying expectation of citizens to take matters into their own hands, rooted in the supportive organizational structure found in Portland. It can be argued that the limited provision of welfare services in the US in comparison to the Netherlands fosters greater civic engagement and requires stronger informal networks, substituting for deficiencies in welfare arrangements. The reliance and dependency on private and/or informal service provision has resulted in more community initiated organizing aimed at enhancing infrastructural elements or the organization of care services geared towards enabling ageing in place.

The case of Amsterdam still reflects the characteristics of a social democratic welfare state context, with strong state-led or state-supported provision of elderly care that works well for many older adults (Suanet et al. 2012). A shift towards a more liberal arrangement is nevertheless occurring in the Amsterdam case. Older adults' long-lasting and implicit assumption in both neighbourhoods in Amsterdam that the state should be the main care provider and facilitator of ageing in place was found to be increasingly shaken by current cutbacks in care entitlements and neighbourhood-based facilities (such as the closing down of neighbourhood centres). This is in line with the attested shift in the Netherlands away from more universal provision of support for older adults by the state, towards the increased privatization of services by and the placing of greater responsibility onto the individual, family, community, and the market, leaving the choice of care provision and consumption up to private entities and the self-paying consumer (Sundström et al. 2002). In contrast with Portland, the neighbourhoods in Amsterdam do not have a tradition of community-based care provision. The need to foster or revive informal support networks within neighbourhoods was being tentatively discussed in the advantaged Jordaan neighbourhood, with plans to implement an online platform to foster informal help and support with regard to daily tasks among residents, as well as plans to revive a local bus service as a voluntary initiative instead of a state-led service. No such initiatives were found in the low income Vogelbuurt/IJplein neighbourhood.

Although the experiences of the interviewed older adults in Portland and Amsterdam were generally quite positive, there are reasons for concern for the future in both cases. In Portland, a strong culture of community support and individual care responsibilities appeared to compensate for limited state support. This means of provision worked well in the advantaged neighbourhood of Hosford-Abernethy. However, the case of Cully demonstrated some signs of under provision, and it seemed to be a less suitable neighbourhood for ageing in place for some older adults, in particular those with low income, weak health, and without the support of family members.

Findings from this study and current changes in social support policy in Amsterdam suggest that the favoured policy direction of 'aging in place' will pose tremendous challenges for many older adults whose financial means do not allow them to utilize private market services and who cannot rely on family support. Amsterdam lacks a tradition of community support that might compensate for the budget cuts in state provision. This study reveals a few emerging community initiatives in the advantaged neighbourhood of the Jordaan, but it is unclear whether these initiatives will develop into a strong base of community-based care provision for older adults.

Future research and policy discussions should address the possible consequences of decreasing state support for financially less secure older adults in the context of limited community support. Addressing the topic of formal and informal care provision for older adults ageing in their homes is a crucial and

challenging task for future research on both sides of the Atlantic. Furthermore, the great losses and risks that will be incurred for a large number of older adults if the state pillar retreats further, the market pillar is unaffordable, and the family and community support network is nonexistent or out of reach, need to be discussed. In conclusion, there is an urgent need to embrace care alternatives and develop new ways to successfully age in place.

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