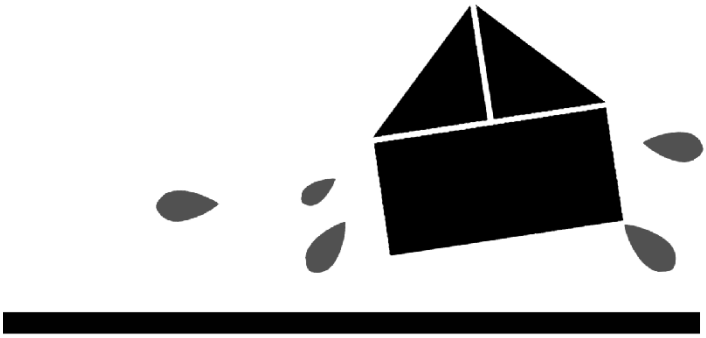
Older people's experiences of informal care in rural Flanders, Belgium



Emma Volckaert, Pascal De Decker, Elise Schillebeeckx

KU Leuven, Belgium

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Abstract: Flanders (Belgium) is ageing at high speed. The number of people aged over 80 will increase from more than 400.000 today to nearly 800.000 in 2060, which is 10 % of the population. Although the entire region is ageing, older people are overrepresented in non-urban areas. A large majority of the elderly have to 'age in place', being the consequence of a very clear-cut policy to foster staying put. However, one can question if their quality of life can be guaranteed, knowing that basic facilities are often unavailable in sparsely populated areas. This is especially relevant when personal mobility decreases and (health) care is needed.

Based on qualitative research methods (in-depth interviews, focus groups and observations made while following care providers), this paper discusses the everyday experiences and perceptions of older people with regard to informal care. We focus on elderly people living in two different rural regions, rudimentary defined as a work-poor area (Westhoek) and a work-rich area (Kempen). The results indicate that the availability of informal care is –among others- dependent on the spatial context and can therefore not be guaranteed everywhere.

Keywords: rural ageing; ageing in place; environmental fit; Belgium.

Experiencias de personas mayores de atención informal en el Flandes rural, Bélgica

Resumen: Flandes (Bélgica) está envejeciendo rápidamente. El número de personas mayores de 80 años aumentará de más de 400.000 en la actualidad a casi 800.000 en 2060 (10 % de la población). Aunque toda la región está envejeciendo, las personas mayores están sobrerrepresentadas en áreas no urbanas. La gran mayoría tienen que "envejecer en el lugar", como consecuencia de una decidida política para fomentar la permanencia. Sin embargo, uno puede preguntarse si se puede garantizar su calidad de vida, sabiendo que las instalaciones básicas a menudo no están disponibles en áreas escasamente pobladas. Esto es especialmente relevante cuando la movilidad personal disminuye y se necesita atención sanitaria.

Basado en métodos de investigación cualitativa (entrevistas en profundidad, grupos focales y observaciones realizadas en seguimiento a los proveedores de atención), este documento analiza las experiencias y percepciones cotidianas de las personas mayores con respecto a la atención informal. Nos centramos en las personas mayores que viven en dos regiones rurales diferentes, definidas superficialmente como un área de trabajo pobre (Westhoek) y un área rica en trabajo (Kempen). Los resultados indican que la disponibilidad de atención informal depende, entre otros, del contexto espacial y, por tanto, no se puede garantizar en todos los lugares.

Palabras clave: envejecimiento rural; envejecimiento en el lugar; ajuste ambiental; Bélgica.

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Emma Volckaert. E-mail: Emma.volckaert@kuleuven.be
Pascal De Decker. E-mail: pascal.dedecker@kuleuven.be
Elise Schillebeeckx. E-mail: elise.schillebeeckx@kuleuven.be

Introduction

The Flemish region (Belgium) is ageing at high speed. As reported by the Federal Planning Office, the number of people older than 60 will rise from nearly 1,6 million in 2014 to just over 2,3 million in 2060, an increase of more than 40 %. It is estimated that the number of people older than 80 will increase from 360.000 in 2014 to nearly 800.000 in 2060. According to those prognoses, one third of the population will be over 60 years old by 2060.

These developments generate substantial challenges and will have consequences for a wide range of policies. So far, public and political debates in Flanders, and Belgium more widely, are largely limited to the affordability of the pension system and to a lesser extent to the affordability of health care. Other issues, such as problems linked to housing, are often overlooked or completely neglected. This is quite astonishing since the policy focus in Flanders is on 'ageing in place' (Vandeurzen, 2014), as well as the wish of the majority of the elderly to 'age in place'[1]

1• Ageing in place' (AiP) is used when people grow old in the home where they spent a significant part of their lives. It is often the place where the children grew up and therefor potentially unsuitable for people who face a mobility loss (due to staircases, the size of the dwelling, etc). 'Moving in time' (MiT) can be seen as the counterpart of AiP. MiT means that a suitable place is found before health problems and a mobility decline is experienced.

(for Flanders see: Maes, Vanden Bergh and Jacobs, 1999; Myncke and Vandekerckhove, 2007; De Witte *et al.*, 2012; De Witte, De Donder and Verté, 2014; De Decker, 2013; Pannecoucke and De Decker, 2015; 2017; internationally see: Golant, 2015; Peace, Holland and Kellaher, 2006; Keating, 2008; Commission for Rural Communities, 2012; Connors, Kendrick and Bloch, 2013).

At the same time, scholars highlight crucial problems concerning housing that might occur when an individual's mobility changes (e.g. De Witte *et al.,* 2014; Golant, 2015; De Decker *et al.*, 2015). Based on a large quantitative survey in Flanders and using criteria linked to the housing environment, e.g. stairs in the dwelling or the availability of services, De Witte (2017) concludes that 15 % of the population aged above 60 are heavily vulnerable and another 30 % is moderately vulnerable.

From the literature on ageing we can identify three main themes or situations where the housing conditions are ill-suited and maladjusted for an ageing population (Costa-Font, Elvira and Mascarilla- Miró, 2013; Golant, 2015; Keating, 2008; Krout and Hash, 2015; De Witte *et al.*, 2014; Cramm, Van Dijk and Nieboer, 2018). To start with, the house itself can become a burden due to, among others, obstacles, the presence of stairs or an unsuitable internal arrangement of the dwelling. This might affect the independence of the inhabitants as well as the health and wellbeing of the elderly. Secondly, the physical environment near the dwelling can become unsuitable. As the radius of action (linked to accessing friends, relatives or leisure activities) decreases with age, the quality of the immediate environment becomes increasingly important. Lastly, and crucial for this article, there is the possibility that the social environment conflicts with the idea of ageing 'well' in place. The presence of other people and a wide range of accessible daily and social services are crucial to the well-being of elderly people. Especially in the context of Flanders, a region that is characterized by 'sprawled housing' and monofunctional areas (De Decker, 2011), the provision of at-home-care might be at risk when the share of elderly is growing, since nursing and home care are already bottleneck professions[2]. Informal care, on the other hand, cannot be seen outside a context where the elderly are confronted with loneliness and a shrinking social network (Koning Boudewijnstichting, 2012; Heylen, 2011).

In the empirical part of this paper we will, using different qualitative methods, analyse how elderly people experience being old in rural areas given the *Ageing in Place* (AiP) paradigm. We also look at their expectations. Rural areas can be seen as a

2• Every year the Flemish labour service ('VDAB') makes an inventory of the bottleneck professions. In 2018 158 professions were listed. Three professions were indicated as "serious bottleneck professions". Nursing is one of them (https://www.vdab.be/nieuws/pers/vdab-knelpuntberoepenlijst-2018).

kind of laboratory where the possibilities and limitations of informal care as the main source of care can be tested. Seen from the angle of the care provider, rural areas are quite extreme, which has to do with population density (are there people to provide care?) and distance (can care be provided without motorised mobility, and at what cost?). Thus, looking specifically at the rural elderly, we recognise the spatial dimension of care, which is often neglected. As Krout and Hash (2015, p.4-5) put it, "people do not live in a *spatial vacuum*".

In what follows, we deal with the evolving view on ageing. After that, we analyse the AiP paradigm in general and, more particularly, in Flanders. This is followed by our research design and findings. We end with conclusions and issues for debate and further research.

On ageing

For many years, the dominant perspective or theory on ageing was what Golant (2015) labels the 'disengagement theory'. This vision separates elderly people from the rest of the population. Older people are seen as physically less strong or active, with declining mental capacities and social relations. They go to social events less frequently and take on fewer responsibilities. According to this view, becoming older is biologically natural and inevitable, hence the 'social withdrawal' is a normal reaction.

The 'new gerontology paradigm' (NGP) changes this dominant view. According to the new gerontologists, there are, as articulated by Golant (2015), no biological or predetermined developments that direct the way of ageing. The positive message is that one, when old, is not inevitably ill or disabled. According to this paradigm 'successful' ageing is the responsibility of the individual. In sum, eat correctly, exercise, avoid stress, get medical check-ups, train the brain and one stays healthy. The idea is that quality of life can be controlled (see also – among others – Westerdorp, 2014; Verburg, 2015; Maier, 2017; Harari, 2017). Elderly people should, after retirement, also find work-replacing activities and keep up work-related friendships or replace them.

Golant (2015) stresses that the message of the NGP is not wrong but it is incomplete. He formulates three points of criticism. The first concerns health. Even if a healthy lifestyle is pursued, for some, health problems are unavoidable (see also Lowe and Speakman, 2006). Others are confronted with uncontrollable situations, e.g.

the death of a partner (Van de Ven, 2014). Secondly, NGP ignores the socio-economic dimension. In particular, the conditions of less affluent and poor elderly people cannot be overlooked. New gerontologists often ignore the fact that some older people are in financial difficulties and, as a consequence, have no access to quality care. Data from the Strategic Council on Welfare and Health shows that low educated people develop severe health problems from the age of 53 (Wandels, 2018). Von Gaudecker and Scholz (2007) found a six-year difference in remaining life expectancy between the lowest and the highest socio-economic groups when studying 65-year-old male pensioners. And in our case study area, Flanders, journalist Tegenbos (2017) researched 50-year-old men. He noticed a nine-year difference in life expectancy between the higher educated and the ones who did not go beyond primary level schooling. The first group reaches, on average, the age of 84 and live in good health until the age of 72. The latter is expected to live 78 years of which 66 years in good health.

The third concern is a lack of attention paid to the living environment. This criticism forms the basis of a new branch in gerontology, 'environmental gerontology' (hereafter EG) in which the aim is "to understand and predict how the residential and care environments occupied and used by older adults influence their physical and psychological well-being, and their mission is to find solutions that will optimize the fit or congruence between ageing people and the places they live" (Golant, 2015, p. 8). "Most discussions of ageing fail", according to Krout and Hash (2015, p.4-5), "to consider that people do not age in a spatial vacuum. They all age somewhere, and the place of ageing has impacts."

It is as if the dwellings, buildings, neighbourhoods, communities, and regions in which they live and their built, natural, social, organisational, and political environment make little difference in whether they enjoy their lives, feel good about themselves, live independently, and achieve healthy lifestyles (Golant, 2015, p.8 – see also earlier Diez Roux, 2002; Kawachi and Berkman, 2003 and, for Flanders, Vandekerckhove *et al.*, 2015; Smetcoren, 2016).

A consequence of ageing is that more time than before is spent in and around the house. The proximate zones become more significant components of everyday life (Rowles, 1978; Lowe and Speakman, 2006). The house becomes even more important when chronic physical or psychiatric health problems emerge. Not only is it then more important to live comfortably, but the home becomes a setting that can compensate for the deterioration or loss of health status. Also, because care is often needed, quality of life will increasingly depend on the availability of in-home care and the ability to move easily and safely through the house.

On ageing in place

As said, worldwide an overwhelming majority of the (older) population wants to age in place. This is also the case in Flanders (De Witte *et al.*, 2012). 'Place' means the (last) family house. Where one lived for a long time becomes more than a pile of bricks (Lanspery, 2002). It is a site of memories, a place where family and friends meet; it represents familiarity, privacy, control and stability (De Decker, 2013). And such feelings may be reinforced when changes occur like the death of a partner or deterioration in health.

In order to be be successful, AiP has to meet several conditions (Golant, 2015). First of all, the elderly have to live in a dwelling that is adapted or adaptable. This concerns e.g. the installation of handles, adequate lighting and taking care of the accessibility of the house and its rooms. Second, the elderly have access to buildings, neighbourhoods and communities which offer a variety of infrastructures and services. Third, - and crucial for this article - the elderly live in places where affordable in-home care or community care is available. Additionally, the elderly need to be able to rely on at least one dedicated family member, and this 24/7. This person lives in the house or in the neighbourhood.

On Ageing in place in Flanders

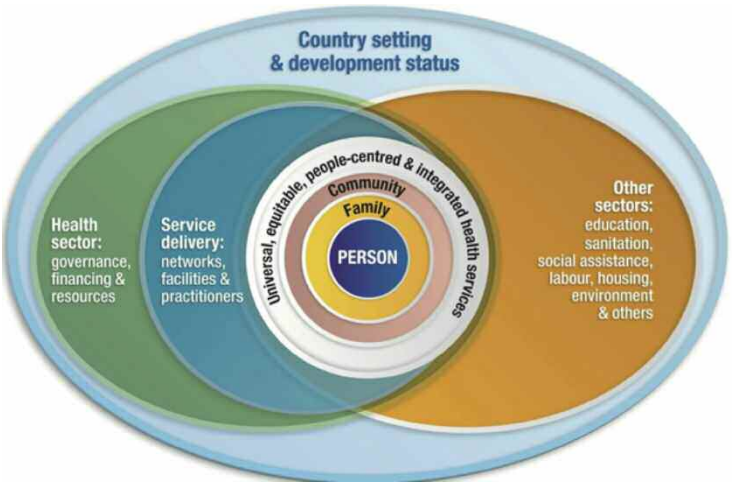
In Flanders the state subsidises elder care and resting homes[3], and facilitates the construction of supported housing[4]. Policies associated with ageing follow largely an AiP

3• These evolved from 'classic' resting homes to facilities for elderly with high and complex care needs. Admission is de facto only possible via a referral from a hospital or a doctor.

4• With respect to these facilities a paradox is occurring. On the one hand there are waiting lists and on the other hand some remain empty. This is due to a combination of affordability and location. Affordability refers to the fact that the housing and care costs are on average higher than the average pension for a single older person. Location refers to the fact that a lot of these facilities are located in places where people do not want to live.

perspective. The government wants to counter or even reverse institutionalisation, to 'replace care into society' (cf. the Big Society). This de-institutionalisation – or extitution (Milligan, 2009; Spicer, 2010) - paradigm draws on the idea that care outside of the institutions is to be preferred over institutional care. The Flemish minister responsible for the elderly, Jo Vandeurzen, refers to the 'care circles' from the World Health Organisation (see Figure 1). The idea is that care should be provided by the partner and other relatives in the first place and the broader community in the second place. Only when additional care is needed do government-subsidized care services come into play.

Figure 1.
Conceptual framework for people-centred and integrated health services



Source: World Health Organisation (WHO), implemented by the ministry of elderly care in Flanders (Vandeurzen, 2016, p. 26)

One can read this in two (potentially complementary) ways. First, as part of the general debate on the rising cost of the welfare state, it is often stated that we cannot afford the costs of care for our ageing population. Hence, budget cuts are needed (Huyse, 2014). One way to do that is by state withdrawal and a redirection of responsibilities (and money) away from the costly welfare institutions. The second interpretation is that policy makers adhere to a romantic dream of a possible return

to a (pre-industrial) society that is built up by strong, socially cohesive local communities who take care of those in need (in the broad sense). Given the fact that the industrial revolution led to a transformation of social structures in society (including a take-over of local functions by market and state), this second perspective, seems to run against the tide (Harari, 2017).

One can also counter-argue that a return to highly cohesive local communities is not possible[5], and that this idea is naïve or, more importantly, misleading, because it is 'not executable'. Nevertheless, putting ideological debates aside, the AiP option has important consequences either by withdrawing from existing services or by not providing new ones. In combination with the challenges concerning housing and living environment referred to earlier, we can conclude that ageing 'well' in place in rural areas is highly conditional. It is this observation that fosters our research. Can these conditions be met in order to realise ageing well in rural places?

Our research

Ageing in rural areas

Our empirical research focussed on features of rural ageing. Ageing happens everywhere, be it in urban, suburban or rural areas. Nevertheless, in Flanders, we see an important overrepresentation of older people in non-urban areas (Schillebeeckx, Oosterlynck and De Decker, 2014). Aside from 'the numbers', other developments are relevant, since they are linked to the possibility of delivering formal and informal care. First, considering informal care, AiP is related to the assumption that rural villages possess a strong sense of community. Like societies as a whole, rural communities have changed. They are increasingly unlikely to contain autonomous villages with a wide variety of functions and services, such as work, schooling, culture and dense social networks (Lowe and Speakman, 2006; Keating, 2008; Krout and Hash, 2015; Commission for Rural

5• This was already argued by F. Tönnies at the end of the 19th century in his considerations on the evolution of "Gemeinschaft" – nowadays referred to as 'community', characterized by with strong affectionate ties and a social order based on consensus to "Gesellshaft" – a society based on conventions, where state intervention is crucial (in Saunders, 1986).

Communities, 2012; Thissen, 2017). Either they have experienced deterioration, which is often the case for more remote areas, or they became mono-functional housing areas. The latter often occurred in villages of a high (perceived) environmental quality in the proximity of work-rich areas (often cities). But in both cases, the consequences for the elderly to age well in place seem to be the same. An important concern relates to the availability and possibility of informal care. AiP starts from the assumption that adult children and eventually other family members will take care of their parent(s), especially when a spouse/ partner has passed away. The problem is that many rural areas, as argued by Thissen (2015), experience a 'dejuvenation' since a decreasing proportion of adult children live near their elderly parents. They moved away because there is no work (push-factor) or they live in more vibrant work-rich (urban) environments (pull-factor). Therefore, adult children cannot automatically be considered as caregivers for their parents, at least not on an everyday basis (Vermeij, 2016 for The Netherlands). In addition to the role of the children, successful AiP 'needs' a socially cohesive environment. But here too, the story is similar. Vermeij (2016) points out how voluntary work is much less available in rural areas then in more populated areas. This follows from the fact that there are fewer people to do the voluntary work. But also in relative numbers, voluntary workers are – e.g. in the Netherlands - more scarce (Vermeij, 2016).

This brings us to formal care. At least in the case of Flanders, rural areas are not well equipped with home-care services or nursing homes that can cater for older adults with varying levels of care needs. Concerning institutionalised care, exceptions aside, two types are available: the nursing homes[6] (for elderly people with high care needs) and service flats (rather expensive[7] apartments where medical care is not included, but is organized by the same organisations that provide care for people in regular housing, people that 'age in place') (De Decker *et al.*, 2018). Concerning home-care, there is a financial difference between rural and urban areas: it is more expensive to deliver care at home in sparsely populated areas compared to more densely populated areas (Commission for Rural Communities, 2012 for the UK; Sommer, 2017 for The Netherlands). People in rural areas (often) live in remote places, resulting in higher transport costs for care providers and their staff spending a larger proportion

6• The average period inhabitants stay in a nursing home is estimated at 1,5 years. This is a result of policy decisions to link subsidies to the level of care a person needs, resulting in a concentration of those with severe needs (De Decker et al., 2018).

7• The average day price is 35 euros. This price does not include medical or other care, apart from an alarm system (https://www.zorg-en-gezondheid.be/campagne-informeert-burgers-over-troeven-erkende-assistentiewoningen)

of their working time in their car.[8] This, in combination with austerity policies and a pressing shortage of care providers, imposes the question whether the numerous rural elderly will receive adequate care. Obviously, this applies to all regions, but the situation is most precarious in remote areas.

There is also the feature of elementary services. This has (at least) two dimensions. One is the availability of services. Following the upscaling of commercial activities (Thissen, 2017), many services such as grocery stores, bakeries, (para)medical professions, are simply not available in many villages. The second dimension concerns social activity. Earlier we referred to research that indicates that people should be active to age well. They should be active volunteers in their community, go to social events, experience new things etc. But again, these opportunities are hardly available in remote areas. As a consequence, the elderly can either withdraw or hope to drive a car for as long as possible to be able to go to activities and services, and to meet family and friends.

Given the described limitations concerning care and housing: how do rural elderly experience informal care and to which extent are (1) family and (2) neighbours involved?

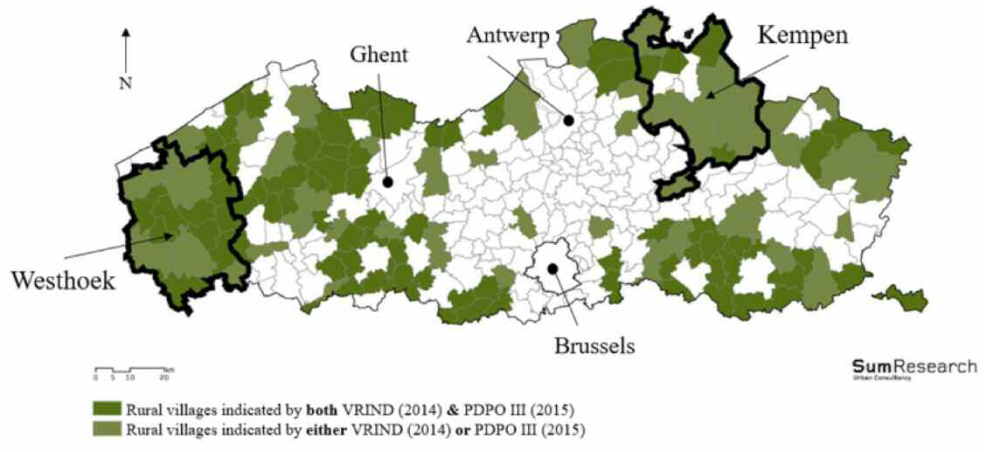
Research design

Figure 2 identifies rural areas in Flanders. We focused on two regions. They were selected on a pragmatic basis following contacts we already had from previous research or developed during the explorative phase of this research. Of course, both areas had to have an overrepresentation of elderly. Nevertheless, the two areas have their differences. The first is called 'Westhoek'. It is located in the western part of the Flemish region. It is a very remote rural area, classified as 'very rural' in the Belfius typology (Gielens, 2018). Jobs and services (in its broadest sense) are limited. It is an area that has experienced a long-term and ongoing outflow of the highly educated due to the lack of jobs (brain drain). A general population shrink is expected in the near future. Our second research area (Kempen), although being a rural area, is more

8• According to our own calculations, in Flanders, at-home care provided by nurses, drive yearly approximately 204.000.000 kilometers. This is the daily equivalent of driving around the world 15 times (De Decker et al., 2018).

centrally located and ranks 3 to 4 on the rural-urban scale, 6 being the most urban (Gielens, 2018). The region is home to a diverse range of economic activities such as industrial activities along the Albertkanaal (a waterway connecting the cities of Antwerp, Genk, Hasselt and Liège), higher education institutions (polytechnics) and very specialized industries (nuclear sector; pharmaceuticals). A brain drain or a declining population is not an issue here. Hence, we expect to find some differences between the two regions when it comes to ageing well in place, not the least when it comes to the role of informal care by the (adult) children.

Figure 2.
Selection of rural areas in Flanders, based on two different indicators (De Decker et al., 2018)



The two case study areas (Westhoek and Kempen) are indicated on the map. Since both areas have no clear boundaries, municipalities with a high share of people older than 60 are chosen within those areas. The appointment of rural municipalities is based on two sources (VRIND, 2014; PDPO III, 2015). This explains the colour differences.

We used a combination of primary data sources in our research. To start with, we talked to experts in the field of ageing and elderly care, including managers and employees of resting homes and local social services and representatives of umbrella

organisations responsible for providing care and nursery services at home. In addition, we accompanied formal care takers and nurses during their daily tours. This allowed us to collect information about both the demand and the supply side of home-based care. However, the largest part of our research consisted of in-depth interviews with elderly people in each of the two study areas. The interviews were complemented with focus groups undertaken in nursing homes in each selected area and in a few new small-scale supported housing initiatives outside of the case study area (the municipality of Maldegem). In the focus groups, only inhabitants took part.

The interviews and focus groups in Westhoek took place between October and December 2015. To select respondents we contacted the municipalities, who provided us with a list of names and addresses of local residents aged 60+. Additionally, we also used a local elderly network, *Nestor*, to recruit participants. Older adults were initially contacted by telephone and if they agreed to participate in the research an interview followed in their home. 24 elderly people were interviewed in 21 interviews. The youngest participant was a man in his early sixties, the oldest was aged 93. Half of the respondents were in their 80s. 16 out of 24 respondents are women, which means women are overrepresented in the Westhoek group. Many had not worked outside the home (housewives) or had worked in low skilled or technical jobs[9].

The interviews in Kempen were conducted in late 2016, between October and December. All potential participants were contacted through a list of 60-plussers provided by the municipalities. We interviewed 31 people of whom 17 were women and 14 were men. The youngest was aged 63, the oldest was 93. A majority (22) were in their 70s. Most of them had been employed in physically demanding or technical jobs[10]; some had worked in the education[11] or nuclear sectors. The general education level of Kempen participants was slightly higher than that of Westhoek participants.

Across both study areas only one participant did not own the house they lived in. The location of participants' homes varied, including some in town centres, isolated dwellings and others were part of small groupings of houses.

The interviews were all structured around a topic list. Topics were based on a study of relevant literature (WHO, 2006; De Witte *et al.*, 2012; Golant, 2015) and previous research undertaken by the authors (De Decker, 2013; Vandekerckhove *et al.*,

9• Carpenter, missionary, courier, farmer, caregiver, secretary, educator, kindergarten leader, soldier.

10• E.g. plasterer, factory worker, builder, installer, nurse etc.

11• From kindergarten leader to teaching in a polytechnic.

2015). Working with pre-selected themes has the advantage that it structures the analysis. But because there are no predetermined questions, respondents get the freedom to narrate and to reflect on these themes but were also able to shine a light on new items.

During the interviews, respondents were asked to reflect on their housing and care situation. Findings from the Westhoek phase of the research highlighted the importance of care in the life of the Westhoek participants. This led to Kempen participants being asked to complete a diary listing their activities in a typical week. These schedules allowed us not only to estimate how active the elderly are, but also the level of social contact and interaction they had (who visits them? Who do they visit?) and levels of care they received (Who provides care? And when?).

Results

As stated earlier, our research in rural Flanders took several aspects of ageing into account. In this article, we focus on informal care, especially how this is experienced by our respondents. We have a look at care provided by family members, mostly adult children, and by neighbours.

Does family matter?

Between 2011 and 2014, levels of informal care in Flanders decreased (Vanderleyden and Moons, 2015). The expectation is that for the 'sandwich' generation it will be even more problematic to offer informal care due to more complex family structures and an increasing pension age (Steyaert and Knaeps, 2016).

The Belgian Ageing Survey (BAS), a very large national survey, revealed that around half of Belgian 60-plussers can count on their (grand)children for help with, among other things, housekeeping. 52 % can count on a (grand)daughter; 45 % on a (grand)son. However, this national data suggests that approximately half of the elderly *cannot* count on informal assistance from a close relative. In one of our research areas,

Westhoek[12], only 49 % of older adults receive assistance from the children, a lower proportion than the Flanders average of 61 % (Steunpunt Sociale Planning *et al.*, 2015).

Our interviews revealed a lot of similarities and one major difference between the respondents in the two research areas regarding informal care from family members. In Kempen, a work-rich area with a high diversity of jobs, all of our elderly respondents had at least one child living within a radius of 20 km. Many of our respondents in Kempen had children living in the same village and some even in the same street. This was not the case in Westhoek where most children lived farther away. This follows from the fact that Westhoek is job-poor and has a long history of out-migration.

Beyond this difference, we see similar findings with respect to care provided by children. In both case study areas, the elderly can be divided into four different groups, based on the extent to which they rely on their children for help. The first group is the elderly who already need and receive care from their adult children (this dominates in Kempen but occurs also in Westhoek). In this group children pass by more than once a week and assist with a broad range of tasks including driving them to the supermarket or delivering groceries. Not surprisingly, the children that live close by provide most of the support. They also help with administrative and financial matters. If the respondents have several children, a division of labour seems to be in place. Experiences of this group are illustrated below in the extracts from two interviews conducted in Kempen:

> R[13]: My daughter lives next door and we often go shopping. (75, Millegem - Kempen)

> I: Your children, do they help you?
> R: Yes. They have their own tasks, so they do what they have to do. Everything that concerns payments and money, is done by Margriet. For shopping I have Vera. And the other one for other things (93, Bel - Kempen).

A second group is still pretty mobile and self-sufficient and does not receive care from anybody. Members of this group often are care givers, helping their own children by taking care of the grandchildren. When asked what would happen if they

12• No overall figures are available for Kempen.

13• R: respondent, I: interviewer. Age and place of residence are mentioned between brackets. All names are pseudonyms.

needed care, they are not sure if they would ask for help. Several points are at stake. A first point concerns their *own experience*. Following the spirit of that time, numerous (female) respondents took care for their parents (or in-laws). Similar to findings from earlier research (De Decker, 2013), almost none of the respondents wanted to be looked after by their own children, as illustrated below:

> R: I helped my father in law for 20 years. I said: I do not want to go and move in with my children (...). I said: none of my children is going to do that. And so it happened [she moved to a resting home] (83, Beveren - Westhoek).

> I: You lived here with your parents?
> R: Yes. It is now 20 years that my father died and 22 since my mother died. Between their pension date and their death, they were with me.
> I: You took care of them?
> R: More than that [starts crying].
> I: It was heavy?
> R: My mother stayed in a resting home for more than six years. I passed by two times a day. And my father was at home. And I have a disabled brother. (...) Back then it was like that (77, Krombeke - Westhoek).

Secondly, the zeitgeist has changed. This has two dimensions. One is that more children enter higher education or go to college. They no longer... work in the family business (often a farm or farming-related) as would have been common a generation ago. The second is that all children work (cf. the rise of dual-earner families) and have less free time to look after their parents. This societal change is illustrated below:

> I: You don't need it yet, but if necessary, can you count on your children?
> R: Hmm... the question is: do we want that? I've seen it with my parents. That was ok, but often... it created tensions. Also, we made the consideration that the children are pretty busy. (...) But, it is also the 'zeitgeist'. You do not want to burden your children too much. Back then, it was different. When we got older, as a child, we helped our parents with their small farm with seven children. I started helping when I was 15. That was normal then. Now? We gave our children more chances, in order to do what they want. Go to college. Work. Being independent. I think the dependency has changed (70, Krombeke - Westhoek).
> R: We talked about that: what are we going to do? We have one son. He will not do that. He studied. These guys have another life now. We [women] were at home, we did not work. We stayed at home when the children came. This is not the case anymore. (71, Beveren - Westhoek).

A final point is that some do not want to be a burden to their children and make demands on the lives of their family members:

> R1: Since a few years R2 [male partner] suffers from complications after an unsuccessful operation.
> R2: (...) Now I have a lame leg. And it becomes more and more difficult.
> I: Do you get help?
> R1: Yes.
> R2: From the children and the grandchildren.
> R1: But you try to limit that as much as possible. (...) We have 3 children. One [who lives next door] visits us now and then. He does some groceries if it's necessary. The other...
> R2: ... for paperwork. Money, bills...
> R1: And if I cannot do it, our son comes to mow the lawn. (...) If possible, since each has his own family and his house and his garden ... (78 and 79, Bel - Kempen).

A third group is only found in Westhoek. It concerns respondents who do not have children or have no children living nearby. The first quote below is from a respondent with two children who do not live in the neighbourhood. Our respondent points to the fact that parents of big families have a structural advantage, while the respondent states to depend on volunteers to drive her around when she is not capable anymore. In the second quote the woman refers to a familiar process for the region: children go to the university and do not come back.

> R: I [as a volunteer] have once driven someone to the dentist in Poperinge. It takes time then, to wait. Before we were paid to do that. Not anymore. But I still do it. (...) I hope they will do it for me too, later. You depend on it. A lot of families here have a lot of children. They have family around. Farmer families. If they have to go somewhere, there is always a son who can drive (between 60-70, Gijverinkhove - Westhoek).

> I: Do you have other children?
> R: No, I have only one son. He works in The Netherlands. Went to school [university] in Leuven and then got a job in The Netherlands. (...) Have you been to the house across the street? She has a large family. A lot of visits. If you do not have family... (93, Beveren - Westhoek).

A fourth group consists of rather extreme cases and only corresponds to a handful of our participants. We nevertheless find it useful to highlight an example,

because it indicates how far-reaching the combination of the unwillingness to move and the absence of (convincing) alternatives to care can be. In the quotation below the women says that her daughter had to come and live with her while her son-in-law had to go and live with his mother.

> R: I have a daughter who lives with me. I cannot be alone anymore. She bought a house here in the village. She renovated it. If something happens to me, she would not stay, she would go home. But, the house here is way too large. Being alone here... No, it would not work.
> I: Her husband, does he also live here?
> R: No. He lives with his mother. She is 89. He has a brother and a sister and they arranged who should go (82, Watou - Westhoek).

In line with the above quotation the tour with nurses[14] as well as regular media reports[15] revealed dreary conditions. In this context, managers of care organisations we spoke to also stated they are thinking of setting up a 24h in-home care ('assistant') service to ensure care at all times.

Does the neighbourhood matter?

The AiP and de-institutionalisation paradigm attributes a lot of caring potential to the neighbourhood, and depicts it as being a kind of socially warm and cohesive environment where it is assumed that people help each other. But is this (still) the case? For Flanders, quantitative data on informal neighbourhood care are scarce. Thissen and Vanderstraeten (2015) reveal that in non-urban areas only 34 % of neighbours visit each other on a regular basis. BAS indicates that in Flanders approximately 40 % of people older than 60 can count on support from their neighbours. In rural Westhoek this is approximately 45 % (Steunpunt Sociale Planning

14• In one case, a caregiver visits 2 times per night to turn a man who cannot move in his bed.

15• On a regular basis it is reported that people with dementia, who still live alone, get lost or have accidents at their home. In Flanders, approximately 70 % of the people with dementia live at home (Expertise Centrum Dementia/Expert Centre Dementia, Dementvriendelijk Vlaanderen - https://www.dementie.be/themas/dementievriendelijke-gemeente/dementievriendelijk-vlaanderen/, consulted on the 8/11/2018).

et al., 2015), which still means that more than half of the elderly cannot count on informal support by the neighbours.

Our interviews bring two nuances to the forefront. One indicates that rural areas are not the socially cohesive communities they are presumed to be; the other indicates that rural areas have changed and processes of social, economic and demographic change have led to a crumbling social cohesion. Different items are important here. What is very striking in both case study areas is that most elderly people tend to be rather reserved towards their neighbours. A majority indicated that they know each other, but hardly meet. They also say that they do not want to disturb their relationship with the neighbours. They do that by staying on their own turf and only assist each other with small chores. For example:

> I: You know the neighbours?
> R: [surprised] Of course. We are good friends. If we wave, they wave back – even from far. We all talk to each other.
> I: Do you do things together?
> R: No, no. I never have someone in my home. I do not like that. I am not the kind of person who goes to a neighbour's house and I do not let them in.
> I: Where do you talk then?
> R: [laughs] I do not have to talk to anyone.
> I: How do you know each other then? From the street?
> R: Of course. I would talk. Those are people from the past (80, Beveren - Westhoek).

> I: Do the neighbours help each other?
> R1: I do not know. The neighbour over there, if I need something he helps and I do the same for him. (...) But, drinking something together or frequently meeting? We don't do that.
> R2: Everyone is on his own, that way it [good relationships with the neighbours] will last (70 and 71, Millegem - Kempen).

> R: We talk to the neighbours if we are outside, but we never frequented each other's house. I have never been in the house of [neighbour across the street] (75 and 71, Bel - Kempen).

The interviews revealed several factors that hinder informal help from neighbours. The interviews included discussions with people who lived in isolated houses: such people simply do not have any neighbours. They are surrounded by fields

and meadows, not by people. In the next quote, the participant's nearest neighbour lives approximately 300 meters away. The respondent is aware of potential future problems.

> I: Do you have neighbours?
> R: No. Well yes, the farm at the beginning of the street. And there. But that is further away. That might be, for later, a problem. (...) You can call them of course, but you cannot go outside and yell or wave. It can be a disadvantage to have no direct neighbours (between 60-65, Oostvleteren - Westhoek)

A second problem is related to the (former) professions of the respondents. A significant share worked in agriculture. Those who worked in other sectors feel excluded. A male interviewee told us that he goes to the village centre, talks to his neighbours, but he cannot understand them, since he knows nothing about animals or animal feed:

> R: I go to the village center[16]. That's where the villagers go. They are all farmers. And they talk about wheat or pigs. And I know nothing about that. So, I'm a stranger in my own region. I should take books with me to understand them (between 60-70, Gijverinkhove - Westhoek).

In line with the second problem, there also seems to be a division between the in- and outsiders, between those who grew up in the village – the 'real' villagers - and those who arrived later in life (see also Vandekerckhove *et al.*, 2015). The last group feels that it is very difficult to get acquainted with neighbours and other local residents if you are not a 'local'.

> R1: Knowing people? Here? ... as a stranger, that is very difficult. Once they trust you, they accept you... but it can take a long time. (...) It is an old-fashioned village mentality. You are a stranger.
> R2: Integrating here is not possible, even if you live here for 15 years. No way (both between 60-70, Gijverinkhove - Westhoek).

> R: Before, in [village X] everybody knew everybody. But today, you do not know your neighbours. I know the name of my immediate neighbours. But that's it. They are immigrants. And a lot of them came later (73, Bel - Kempen).

16• It only opens once every two weeks.

R: But the people who migrated here, you cannot expect that they help you (78, Bel - Kempen).

A fourth problem concerns interactions with younger generations in rural areas. On the one hand, respondents complain about the greying of their community and the lack of young people in the immediate environment, since this is associated with a loss of liveliness. On the other hand, they indicate that they have few interactions with younger neighbours. For example:

R: They are all young people. They are not interested in the village life. During the week they work, I don't know where, and in the weekend they go, I don't know where, shopping with the car or just go away. But they do not participate in the activities (68, Oostvleteren - Westhoek).

Lastly, some respondents consider the spatial order to be a hindrance. Living along a large and busy road, or in a residential area comprising large plots of land with detached dwellings, does not foster contact between neighbours:

R: I have strong ties with some neighbours. But those at the other end of the street, that is a few hundred meters. We never see them, with the exception of the yearly new year's drink. It is the lay out and... you live 50 meters from one another. My next neighbour, that is already far away (70, Millegem - Kempen).

Our findings clearly nuance the romantic illusion of social cohesion often associated with living in rural areas, on the countryside and in village settings. However, our results do not in any way suggest that rural areas are dystopic places. Obvious informal help might not be dominant, but it still exists and is in some case absolutely necessary for AiP.

To conclude

Like in many other countries and regions, Flanders is witnessing a paradigm shift in social policy. Responsibilities are transferred from 'welfare state institutions' to the people and their immediate social environments. The idea is that people call

upon professional help when informal care is not available or insufficient. This is also the case in elderly care, where the mantra of ageing in place became dominant.

To age 'well' in place, a range of conditions have to be met. We have focused on one in particular: the availability of informal care. We opted to undertake our empirical research in rural areas, since these are service-poor and sparsely populated (Lowe and Speakman, 2006; Keating, 2008; Vermeij, 2016). We come to the conclusion that rural Flanders is not 'fit' for AiP, at least not for all its elderly.

This research endorses the criticism made that research on ageing often neglects the environmental aspect of older people's lives. Regardless of the relationship with the care provider – family member or member of the community – the care recipient's place of residence is crucial. Since policies generally opt to stimulate ageing in place and since a lot of people still live in non-rural areas, we argue that researching rural ageing should come (back) on the agenda. This is especially the case in areas facing depopulation and 'brain drain' (Pow, 2012). This article is therefore relevant for an international audience as well, since it goes beyond the spatial indifference that dominates policies and beyond the urban bias that dominates research.

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References

Commission for Rural Communities (13th September 2012). Elderly people living in rural areas facing social isolation, study shows. *Phys.org*. Recovered from: https://phys.org/news/2012-09-elderly-people-rural-areas-social.html. (accessed 29th July 2019)

Connors, C., Kendrick, M., and Bloch, A. (2013). *Rural Ageing. Research summary report*. London: International Longevity Centre ILC.

Costa-Font, J., Elvira, D., and Mascarilla-Miró, O. (2009). 'Ageing in Place'? Exploring Elderly People's Housing Preferences in Spain. *Urban Studies*, 46(2), 295-316. https://doi.org/10.1177/0042098008099356

Cramm, J.M., Van Dijk, H. M., and Nieboer, A. P. (2018). The creation of age-friendly environments in especially important to frail older people. *Ageing & Society*, 38(4), 700-720. https://doi.org/10.1017/S0144686X16001240

De Decker, P. (2011). Understanding housing sprawl: the case of Flanders, Belgium. *Environment and Planning A,* (43), 1634-1654. https://doi.org/10.1068/a43242

De Decker, P. (2013). *Eigen woning: geldmachine of pensioensparen? [The own house: money machine or pension saving?*]. Antwerpen: Garant.

De Decker, P., Vandekerckhove, B., Volckaert, E., Schillebeeckx, E., De Luyck, N., and De Witte, N. (2015). Wonen op een onaangepaste plek: de vergeten dimensie van de vergrijzing [Living in an ill-suited environmnent: the forgotten dimension of ageing]. *Ruimte and Maatschappij*, 6(4), 1-8.

De Decker, P., Vandekerckhove, B., Volckaert, E., Wellens, C., Schillebeeckx, E., and De Luyck, N. (2018). *Ouder worden op het Vlaamse platteland. Over wonen, zorg en ruimtelijk ordenen in dunbevolkte gebieden [Ageing in rural Flanders. About housing, care and spatial planning in sparsely populated areas].* Antwerpen: Garant.

De Witte, N., Smetcoren, A.-S., De Donder, L., Dury, S., Buffel, T., Kardol, T., and Verté, D. (2012). *Een huis? Een thuis! Over ouderen en wonen [A house? A home! On elderly and housing]*. Brugge: Vanden Broele.

De Witte, N., De Donder, L., and Verté, D. (2014). De behoeften van ouderen: vertaling in huidig beleid [The needs of elderly: translation into policy] In C. De Kock, E. Vens, Y. Beljoudi, and C. Van Kerckhove (Eds.). *Ouder worden in een veranderende samenleving [Becoming older in a changing society]* (pp.151-160). Antwerpen: Garant.

De Witte, N. (2017). Multi dimensioneel screenen naar kwetsbaarheid bij thuiswonende ouderen: het CFAI [The multi dimensional screening of frailty among elderly living at home: CFAI]. Lecture at the REVA fair, Gent, 20 April.

Diez Roux, A. V. (2002). Invited commentary: places, people and health. *Journal of Epidemiology*, 155(6), 516-519. https://doi.org/10.1093/aje/155.6.507

Gielens, G. (2018). Typologie van de Vlaamse en Brusselse Gemeenten in 2017 [Typology of the Flemish and Brussels municipalities in 2017], *Belfius Bank*. Recovered from: https://www.belfius.com/NL/Media/Typologie%20van%20de%20gemeenten%20NL_tcm_80-150638.pdf. (Accessed 29th July 2019)

Golant, S. M. (2015). *Ageing in the right place*. Baltimore/London: Health Professions Press.

Harari, Y. N. (2017). *Sapiens. Een kleine geschiedenis van de mensheid [A brief history of mankind].* Amsterdam: Thomas Rapp.

Heylen, L. (2011*). Oud en eenzaam? Een studie naar de risicofactoren voor sociale en emotionele eenzaamheid bij ouderen (proefschrift) [Old and lonely? A study on the risk factors of social and emotional loneliness with older people*]. Antwerpen: Universiteit Antwerpen.

Huyse, L. (2014). Doe-het-zelf-samenleving [Do it yourself society]. *De Standaard*. Recovered from: http://www.standaard.be/cnt/dmf20140801_01201415 (Accessed 29th July 2019)

Kawachi, I., and Berkman, L. F. (2003). *Neighourhoods and health*. New York: Oxford University Press.

Keating, N. (2008). Revisiting rural ageing. In N. Keating (Ed.) *Rural ageing. A good place to grow old?*, (pp.121-130). Bristol: The Policy Press.

Koning Boudewijnstichting (2012). *Oud word je niet alleen [You do not grow old alone*]. Recovered from: https://www.kuleuven.be/lucas/nl/Publicaties/publi_upload/2012_Rapport_Isolement_Ouderen.pdf (Accessed 29th July 2019)

Krout, J. A., and Hash, K. M. (2015). What is rural? Introduction to aging in rural areas. In K. M. Hash, E. T. Jurkowski, and J. A. Krout (Eds.) *Aging in rural places. Policies, programs, and profession practices* (pp. 1-17). New York: Springer.

Lanspery, S. (2002). Aging in place. In D. J. Ekerdt (ed). *Encyclopedia of aging*. Recovered from: http://www.encyclopedia.com/doc/1G2-3402200026.html. (Accessed 29th July 2019)

Lowe, P., and Speakman, L. (2006). *The ageing countryside. The growing older population of rural England*. London: Age Concern England.

Maes, T., Vanden Bergh, H., and Jacobs, T. (1999). Keerpunten in de woongeschiedenis van ouderen. Enkele snapshots [Turning points in the housing history of elderly. Some snapshots]. In P. De Decker (Ed.), *Wonen onderzocht 1995-1999 [Housing researched 1995-1999]* (pp. 105-128). Brussel: Ministerie van de Vlaamse Gemeenschap, Afdeling woonbeleid.

Maier, A. B. (2017). *Eeuwig houdbaar. De ongekende toekomst van ons lichaam [Sustainable for ever. The unknown future of our body]*. Amsterdam: Prometheus.

Myncke, R. and Vandekerckhove, B. (2007). *De toekomstige ruimtebehoefte voor ouderen in Vlaanderen [The future spatial need for elderly in Flanders]*. Brussel: Kenniscentrum voor een Duurzaam woonbeleid.

Pannecoucke, I. and De Decker, P. (2015). *Grote Woononderzoek 2013. Deel 7. Woontevredenheid en woongeschiedenis [Housing Survey 2013. Part 7. Housing satisfaction and housing history]*. Brussel: Steunpunt Wonen.

Pannecoucke, I. and De Decker, P. (2017). *Woonsituatie en -dynamieken bij ouderen: bijven of verhuizen? [Housing conditions and dynamics among elderly: stay or go?]*. Brussel: Steunpunt Wonen.

PDPO III (2015) Derde Vlaams Programma voor Plattelandsontwikkeling 2014-2020 [Third Flemish Program for Rural Development 2014-2020]. Recovered from: https://lv.vlaanderen.be/nl/landbouwbeleid/plattelandsontwikkeling/pdpo-iii-maatregelen (accessed 14th October 2019).

Peace, S. M., Holland, C., and Kellaher, L. (2006). *Environment and identity in later life*. New York: Open University Press.

Pow, T. (2012). *In another world: among Europe's dying villages*. Edinburgh: Polygon.

Rowles, G. D. (1978). *Prisoners of space? Exploring the geographical experience of older people*. Boulder (Col): Westview Press

Saunders, P. (1986). *Social theory and the urban question*. London: Routledge.

Schillebeeckx, E., Oosterlynck, S., and De Decker, P. (2014). *Internationale immigratie en vergrijzing in Vlaanderen: data en kaarten [International migration and ageing in Flanders: data and maps]*. Brussel: Steunpunt Ruimte.

Smetcoren, A-S. (2016). *Huisvesting bij ouderen: Determinanten die ervoor zorgen dat ouderen op respectvolle wijze in de eigen vertrouwde leefomgeving oud kunnen worden [The housing of elderly: determinants to age well in place in their familiar environment]*. Brussel: VUB -Faculty of Psychology and Educational Sciences.

Sommer, M. (2017, March 4). Herverdelingsmachine [Redistribution Machine]. *De Volkskrant*.

Spicer, A. (2010). Extitutions: the other side of institutions. *Ephemera, 10(1)*, 25-39.

Steunpunt Sociale Planning West-Vlaanderen, VUB and HoGent (2015). *Seniorenbehoeftenonderzoek: regionale analyse West-Vlaanderen 2015 [Belgian Ageing Studies: regional analysis West-Vlaanderen 2015]*. Brugge: Provincie West-Vlaanderen.

Steyaert, J., and Knaeps, J. (2016). Mantelzorg: over wat is en zou kunnen zijn. Unieke kansen voor gezinszorg [Informal care: about what could be]. *Sociaal Net*. Recovered from: https://sociaal.net/analyse-xl/mantelzorg-is-en-zou-kunnen/ (Accessed 29th July 2019)

Thissen, F. (2015). Villagers and villages in changing rural settlements. Presentation to the student of the Master in Urban and Regional Planning, KU Leuven, Faculty of Architecture. Gooik, 4 November.

Thissen, F. and Vanderstraeten, L. (2015). Stad of platteland, de verschillen voor ouderen in Vlaanderen en Nederland [City or country side, the differences for elderly in Flanders and the Netherlands]. *Geron,* (3), 12-16. https://doi.org/10.1007/s40718-015-0056-9

Thissen, F. (2017). De veranderende verscheidenheid van dorp en stad in Nederland en Vlaanderen [The changing diversity of village and city in The Netherlands and Flanders]. *Ruimte and Maatschappij, 8(3*), 49-69.

Vandekerckhove, B., De Luyck, N., Volckaert, E., De Witte, N., and De Decker, P. (2015). *Ook de aangespoelden blijven. Woon- en zorgperspectieven van pensioenmigranten aan de kust [Even the in-migrants stay. Housing and care perspectives of pension migrants at the Belgian coast]* Antwerpen: Garant.

Vanderleyden, L., and Moons, D. (2015). *Informele zorg in Vlaanderen in dalende lijn?! [Informal care in decline?!]*. Brussel: Studiedienst van de Vlaamse Regering.

Vandeurzen, J. (2009). *Beleidsnota Welzijn, Volksgezondheid en Gezin 2009 – 2014 [Policy Note Welfare, Health and the Family 2009-2014]*. Recovered from: http://www.vlaanderen.be/sites/default/files/documents/21_wvg_2009_2014.pdf. (Accessed 29th July 2019)

Vandeurzen, J. (2014). Beleidsnota Welzijn, Volkshgezondheid en Gezin [Policy Note Welfare, Health and the Family]. Recovered from: http://docs.vlaamsparlement.be/pfile?id=1051938 (Accessed 29th July 2019)

Vandeurzen, J. (2016). Vlaams welzijns- en zorgbeleid voor ouderen. Dichtbij en Integraal. Visie en veranderagenda [Flemish Welfare and Care policy for elderly: vision and change programme]. Recovered from: http://www.jovandeurzen.be/sites/jvandeurzen/files/160205_Conceptnota_Vlaams%20welzijns%20en%20zorgbeleid%20voor%20ouderen_0.pdf (Accessed 29th July 2019)

Van de Ven, L. (2014). *Troost. Over ouderdom, zorg en psychologie [Consolation. One ageing, care and pychology]*. Antwerpen: Garant.

Verburg, K. (2015). *Veroudering vertragen [Slow down ageing].* Amsterdam: Bert Bakker

Vermeij, L. (2016). Kleine gebaren. Het belang van dorpsgenoten voor ouderen [Small gestures. The meaning of neighbours for elderly]. Presentation De toekomst van het platteland [The future of rural areas]. Havelte, 17 March.

Von Gaudecker, H.-M., and Scholz, R. D. (2007). Differential mortality by lifetime earnings in Germany. *Demographic Research*, *17(4)*, 83–108.

VRIND (2014) Vlaamse Regionale Indicatoren [Flemish Regional Indicators]. Recovered from: https://www.vlaanderen.be/publicaties/vrind-2014-vlaamse-regionale-indicatoren (accessed 14th October 2019)

Westerdorp, R. (2014). *Oud worden zonder het te zijn [Ageing without being old].* Amsterdam: Altas Contact.

WHO (2006). *Global age-friendly cities project*. Geneva: WHO.