INTRODUCTION

As a response to ageing societies, policies in the global northwest have begun to target societal concerns around ageing in the context of Healthy Ageing policy frameworks. In recent years, such policies have been criticized for giving priority to individual responsibilities and responses (such as the promotion of exercise, healthy food programmes and diet regimes), whilst undervaluing the role that the physical, social and economic environments play in determining health outcomes for older adults (see e.g. Cardona, 2008). The discourse on ageing has therefore been marked by dominant paradigms of decline and burden (Ranzijn, 2002; Cardona, 2008). In addition, academic interest has been concentrated in the medical sector as well as bio gerontology, which means that the focus has been on ageing as disease. The implication has been that representations circulate that suggest youthfulness and health can be bought and that an individual is to be blamed for not ageing successfully (see e.g. Biggs, 1997). Critical social gerontologists, such as Jason L. Powell (2001) have contended that differentiated experiences based on social class, gender or ethnicity have remained out of sight. Cardona (2008, p. 477) further argues that there is little room in such discussions for ‘other possibilities of “successful” ageing within narratives of disability or illness’, or for viewing old age not as loss but as affording new freedoms and new relationships as older adults manage to reconstruct their identities based on the structural conditions in which they find themselves (e.g. retirement, welfare institutions). Ultimately, sociologists such as Laz argue that age is ‘something that we do’ (Phoeniz and Sparkes, 2009, p. 221, original emphasis). This means that the ways in which age and ageing is experienced and valued differs between different contexts and interactions of people with institutions, discourses and social structures.

Exploring the conditions of older adults’ lives, choices they make in creating their own contexts for ageing well, and the day-to-day experiences of ageing in different spatial, social and economic contexts contributes to changing knowledges of older people as well as changing representations. This is significant, because, as Asquith (2009, p. 260) pointed out:

How older people are represented in our culture provides a template for how governments provide services for older people, and how individuals (young and old) interact with each other as aged beings.

The role that geographers can play in uncovering different stories of older adults’ lives is important because of their particular engagement with space, place
and policy-implications. Again using Asquith’s (2009, p. 266) words: ‘It is only when we consider the structural factors influencing localized interactions that we can better understand the role that social integration plays in ageing well’. Overall, the engagement of geographers with geographies of older adults is still relatively scarce. Some work has begun to address the regional differences in where ageing is occurring and what the implications may be in policy terms (see e.g. recent work by Kurek, 2011 on Poland and Nancu et al., 2010 on Romania, the articles in this special issue by Fernández-Carro; de Jong and Brouwer, and Briccoli and Marchigiani extend the work at the national and regional scale). Others, using qualitative methodologies, have called for the inclusion of older adults’ biographies in historical geographies of place (Andrews et al., 2006). In 2009, the Professional Geographer devoted a special issue to Geographies of Ageing with articles addressing issues at the regional, local and personal level (see e.g. the introduction to the special issue by Hardill, 2009). A recent European, multidisciplinary contribution to the discussion of ageing and wellbeing, worthy of European Spatial Research and Policy readers’ consideration, was made by participants of the International Conference on Challenges of Ageing in Villages and Cities whose contributions were published as a UNESCO MOST report (Kovacs, 2010).

Some work connecting explicitly geography, ageing and wellbeing was carried out by Wiles et al. (2009) and Smith (2009). Wiles et al. (2009), for instance, argue that attachment to place contributes to wellbeing, in particular for older adults. They tend to develop more intimate knowledge of their environment over time. Holland et al. (2005) maintain that such knowledge can increase older adults’ sense of control over their place and, as a result, their wellbeing. Place attachment and a sense of wellbeing is not necessarily restricted to well-maintained neighbourhoods, as Allison Smith’s (2009) study shows. In her qualitative study on deprived urban neighbourhoods in Manchester and Vancouver, she argues that some older adults experience a high level of attachment. Over time, they have become experts in ‘navigating’ their neighbourhoods, and as a result, they feel comfortable in them. Using Smith’s terms, older adults who experience a high level of ‘environmental press’ can remain strongly attached to a deprived neighbourhood, because of their long-time and intensive involvement in it. Smith argues that such attachment to place can result in a higher quality of life, or wellbeing. A number of articles in this issue follow in the footsteps of Smith’s qualitative work (i.e. the articles by Lager et al. and by van Hoven and Douma). A quantitative study conducted amongst almost 2,000 older adults in four cities and several villages in three different regions in the Netherlands (van der Meer et al., 2008) complements Smith’s findings. The data suggest that environmental press is experienced as problematic when older adults also experience personal and household vulnerability. In this Dutch study, these combined vulnerabilities seem to occur mostly in deprived neighbourhoods.
Smith’s work connects with a broader body of literature on wellbeing. Concerning the focus of this special issue, it is useful to briefly highlight common understandings of the concept of wellbeing. Wellbeing has been used extensively as a measure to study quality of life in the field of sociology (Diener and Suh, 2000). It represents an area of scholarship ‘that includes people’s emotional responses, domain satisfactions, and global judgements of life satisfaction’ (Pavot and Diener, 2004, p. 114). When looking at people’s perceptions of their own wellbeing, the concept of subjective wellbeing (SWB) is often used. Subjective wellbeing is generally seen as consisting of the cognitive indicator of life satisfaction, and the affective indicators of positive and negative feelings. These indicators have most often been measured in quantitative terms, and the relation between age and subjective wellbeing has also largely been studied quantitatively. In general, wellbeing is reported to be stable over the life course; positive and negative affect decreases slowly with ageing, and negative affect gradually increases again in the age-group of 60–80 (Lucas and Gohm, 2000). Similarly, Steverink and Lindenberg (2006) found that the total need for SWB that people experience remains stable with ageing. In addition, wellbeing as experienced by older people has been reported to correlate positively with variables such as socio-economic status, being married, being female, being in good self-reported health, aspirations for self-development, interest in others, feeling control over the environment, and having many and good social relationships (Rioux, 2005).

In a recent commentary on the need for interdisciplinary research on population ageing, Stolk et al. (2009, p. 716) have highlighted that wellbeing (physical, mental, and social wellbeing) is affected ‘by the interplay of factors at multiple societal levels’. These levels are pertinent to the discussions the authors of this special issue provide and we therefore cite at length:

− at the macro level, national institutions regulate access to and quality of prevention, care, and pensions, while population dynamics (e.g. migration) and demographic processes (e.g. declining fertility rates) affect the opportunities and constraints for different institutional solutions;

− at the meso level, informal communities and social networks as well as formal organisations can provide crucial resources for social and material support, thus constituting essential elements for prevention and mitigation of health related problems;

− at the micro level, individuals do not only differ in their health behaviour, physical and mental predispositions, but also in disease related risk factors accumulating during their life course.

We would add to the micro level the relevance of agency, i.e. the ability of people to actively construct and reconstruct their identities as older adults in the different spatial, social and economic circumstances.

In this special issue we hope to keep the focus on older adults in geography ongoing. With a view to the journal’s focus on research and policy, this issue
addresses, in broad terms, the relationship between housing and wellbeing for older people. In so doing, it includes different geographic scales: the international, national, and more local: the neighbourhood. The case studies in the special issue were carried out in various European countries: the Netherlands, Italy and the United Kingdom.

The first two papers in this special issue focus on (inter)national migration behaviour of older adults and its effects on both the moving adult as well as on the age-composition in the in-migration and out-migration areas.

Celia Fernández-Carro discusses, at the European level and in a comparative way, why older people move or stay in their present housing situation. She considers the role of structural barriers or opportunities, such as the organisation of the housing market (social housing versus home ownership) and the status of social policies addressing the needs of older people as a part of differences between national cultures. Fernández-Carro focuses on the household level by considering relationships of dependency (such as being cared for or providing care) within a household, and household composition. From her analysis, three broad categories of countries can be distinguished: areas with high (Denmark, Sweden and the Netherlands), medium (France and Germany) and low mobility (Mediterranean countries). She suggests that more dynamic residential behaviour can be attributed to well-developed welfare policies, high levels of rental housing, and more individualised lifestyles but recommends further research to explore underlying factors in more depth.

The contribution by Petra de Jong and Aleid E. Brouwer focuses on the moving behaviour of older adults in the Netherlands. Their results are largely in line with the results given by Fernández-Carro. Dutch older adults have several motives for moving at an older age and the motivations differ by background variables such as education, former living area and composition of the household as well as by age. Furthermore, the direction of the movement differs by background and age as well. With the ageing of the population it is helpful to have insights into the kind and direction of movements by older adults, also since appropriate housing for older adults will fall short if new buildings will not be developed in the coming decades. The current stock does not provide enough adequate housing, in both design and location.

The three papers by Massimo Bricocoli and Elena Marchigiani, Bettina van Hoven and Linden Douma, and Debbie Lager, Bettina van Hoven and Louise Meijering go some way in illuminating the role of neighbourhoods in improving older people’s housing experiences and their wellbeing.

Bricocoli and Marchigiani’s article focuses on housing policies in Italy that often lead to an inappropriate designation of housing for older people as well as an inflexibility in reallocating housing. The habitat-microareas programme in Trieste serves as a case to explore how a number of health care providers and social services have begun to redevelop their approach to care for older people. By adopting
a neighbourhood approach, they aim to mobilise more local resources as well as
draw on the capabilities of older people themselves. In so doing, a range of loca-
tions and amenities previously not designed to cater for the needs of older people
have become a part of a broader network of care at the local level, thus increasing
people’s wellbeing.

Van Hoven and Douma’s research in Newton Hall (United Kingdom) similarly looks at structural conditions and ‘the personal’ in ageing and wellbeing. However, the case does not address an intervention but assesses the relational as-
pects of ageing, specifically the way in which the built environment can offer both
spaces of inclusion (e.g. through informal chat) and exclusion (by establishing
barriers to accessing urban spaces) within one and the same location. The article
further highlights the agency of older people who are proactive in making use
of spaces for creating and maintaining social networks thus contributing to their
own, high level of wellbeing.

Although the scale of the neighbourhood is also the subject of the article by
Lager, van Hoven and Meijering, this paper focuses on a senior cohousing com-
unity for Antillean migrants to the Netherlands. Again, the example demon-
strates the self-organising capacities of older people. However, rather than the
cohousing community serving as a means to preserve and dwell in the migrants’
past, the community turned out to be a means for migrants to connect to the Dutch
community.

Based on the articles in this volume, we conclude that older people’s well-
being is impacted by different geographic contexts. Housing markets and social
policies can create certain conditions for older people that can enhance or re-
duce their wellbeing and for some, this is a push factor in relocating to a different
residence. Fernández has discussed this at the European level whilst de Jong and
Brouwer have illustrated this at the national level of the Netherlands. Zooming
in more, Briccoli and Marchigiani look at ways in which formal and informal
sources come together to address shortcomings of both housing markets and so-
cial policy in the case of Trieste. The authors already implied the capabilities of
older people themselves and this is the level at which van Hoven and Douma and
Lager et al. provide their examples discussing the cases of Newton Hall (UK) and
Groningen (Netherlands). In particular these latter two articles demonstrate that
older adults, who are involved in (re)creating their everyday places, tend to expe-
rience relatively high levels of wellbeing.

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INVITED ARTICLES

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MOVERS OR STAYERS? HETEROGENEITY OF OLDER ADULTS’ RESIDENTIAL PROFILES ACROSS CONTINENTAL EUROPE

Abstract: Traditionally, the emotional attachment older adults have to their homes and the economic and health burden caused by residential moves have had a deterrent effect on mobility during old age. In spite of this static general trend, 20% of older Europeans change their residential location after the age of 65. Some studies point out that this percentage will increase in the coming decades along with the onset of baby-boom cohorts reaching older ages. The main objective of this article is to describe the residential mobility trends during old age in some European countries and identify the main features of those elderly that move after 65, using data from the Survey of Health, Ageing and Retirement in Europe (SHARE).

Key words: residential mobility, older adults, Continental Europe.

1. INTRODUCTION

Population ageing, due to life expectancy increase, is one of the most significant demographic features of western societies. According to Eurostat data, population older than 65 years old residing in EU151 reached 17% in 2004. In view of the projections made by Eurostat, this figure is expected to almost double by 2025. By then, individuals over 65 will represent 32% of the total population of EU15. However, it is important to point out that the changes in the older population have not only taken place in a structural sense, but also in a qualitative way (Harper, 2006). According to Arber and Evandrou (1997),

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