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Published in:
Geoforum

DOI:
[10.1016/j.geoforum.2014.12.009](https://doi.org/10.1016/j.geoforum.2014.12.009)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2015

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Lager, D., van Hoven, B., & Huigen, P. (2015). Understanding older adults' social capital in place: Obstacles to and opportunities for social contacts in the neighbourhood. *Geoforum*, 59(0), 87-97.
<https://doi.org/10.1016/j.geoforum.2014.12.009>

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Understanding older adults' social capital *in place*: Obstacles to and opportunities for social contacts in the neighbourhood

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ARTICLE INFO

Article history:

Received 11 August 2014

Received in revised form 4 December 2014

Keywords:

Ageing-in-place

Social capital

Body capital

Qualitative methods

Urban neighbourhoods

The Netherlands

ABSTRACT

Social capital has been a popular concept used in research and policy to stress the value of social contacts for the health and well-being of older adults. However, not much is known about the obstacles to and the opportunities for local social contacts in older adults' everyday lives. In this paper we provide a geographical account of older adults' social capital, by taking the main context of their daily life, the neighbourhood, into consideration. We draw on semi-structured and walking interviews with 17 older adults living in an urban neighbourhood in the Northern Netherlands in order to illustrate the meanings of, the obstacles to and the opportunities for local social contacts. Our findings show that the neighbourhood is not an isotropic surface where opportunities for developing social capital are evenly distributed. The potential benefits of older adults' local social contacts differ depending on the place of social interaction within the neighbourhood and expectations associated with these interactions. Furthermore, different time geographies of older and younger residents as well as ageist stereotypes of older adults' body capital influence the development of social capital in the neighbourhood.

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1. Introduction

In Western societies, national policies regarding older adults promote ageing-in-place (i.e. ageing in one's home and neighbourhood) as a means of contributing to the well-being of older adults, as well as to delay admission to long-term care institutions and thereby reduce health care costs (Van den Heuvel, 1997; Wiles et al., 2012). The organisation of social support, housing and care for older people is increasingly transferred from the public to the private domain (Schwanen et al., 2012b). In 2007, the Social Support Act (Wet Maatschappelijke Ondersteuning, Wmo) was implemented in the Netherlands in order to stimulate this shift from governmental to more individual and community responsibility (Jager-Vreugdenhil, 2012). An assumption implicit in the Social Support Act is that besides support and care received from family and friends, neighbourhoods will act as supportive communities (i.e. residents providing instrumental and social support) for their older and vulnerable residents (Van der Meer et al., 2008). This assumption has recently been questioned by Jager-Vreugdenhil (2012), who demonstrated that the Social Support Act is a poor fit with the social norms that govern local social contacts. She

shows, for example, that people consider themselves and others to be self-reliant when they can arrange their own professional support and care before turning to family and neighbours for help. This example draws attention to the value of local social contacts for older adults and the obstacles to its potential benefits. In this paper, we discuss the concept of social capital to understand the meanings of local social contacts for older adults.

Social capital stands for the ability of individuals or communities to secure benefits from social networks (Portes, 1998). Putnam's (1995) conceptualisation of social capital as 'the features of social organisation such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit' (p. 67) has become highly influential in the social sciences and the policy arena (Holt, 2008). His vision of social capital as a panacea for social problems has legitimised its use by governments as a 'no-cost alternative for social welfare provision' (Naughton, 2013, p. 2). Amongst geographers, Bourdieu's (1986) understanding of social capital has gained popularity (see Holt, 2008; Antoninetti and Garrett, 2012; Naughton, 2013) as it provides a more critical understanding of the concept. His writing draws attention to the mechanisms through which social capital can develop and how the reproduction of sociability can lead to social inequalities (Portes, 1998). As Bourdieu's account of social capital does not explicitly address its relation to geographical space (Cresswell, 2002), Naughton (2013) has recently called for geographical

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accounts of social capital that do justice to the complexities and power dynamics of social networks in people's everyday lives. In line with Naughton, we present in this paper an understanding of older adults' social capital as a 'set of relations, processes, practices and subjectivities that affect, and are affected by, the contexts and spaces in which they operate' (2013, p. 11).

We consider the neighbourhood an important place in which social capital is acquired by older adults (see also Buffel et al., 2013). Social capital is not necessarily neighbourhood-bound, but for people who are less mobile, such as older adults, local social contacts may be an important resource for receiving social and instrumental support (Forrest and Kearns, 2001; Gray, 2009). Particularly in light of diminishing institutionalised resources and the diminishing levels of independence, the ability of older adults to secure benefits from the neighbourhood's social infrastructure may become more important for their well-being (Buffel et al., 2012). Furthermore, as Phillipson et al. (2001) showed, in the past five decades or so, friends and neighbours have taken a more prominent place in the social networks of older adults, which used to be dominated by family ties. Phillipson et al. argue that this shift towards 'personal communities' implies that to a greater extent 'relationships hav[e] to be 'managed' in old age' (p. 253). In light of this trend, it is important to understand the meaning of local social contacts and the factors that impede or promote the social capital of older people in the neighbourhood.

This paper investigates the meanings of, the obstacles to and the opportunities for local social contacts of older adults in an urban neighbourhood in Groningen, a city in the Northern Netherlands. First, we briefly discuss social capital in the context of ageing, health and well-being. We then consider the role of the neighbourhood and body capital in understanding older adults' social capital in place. Next, we introduce the research location, the qualitative data collection methods and the respondents. The analysis focuses on three dimensions of older adults' social capital in place, each highlighting how different dynamics within the interplay of self, others and place facilitate and/or hinder the ability to benefit from local social contacts: contacts with younger neighbours, contacts with other older adults and a sense of belonging to the neighbourhood's social life.

2. Social capital, ageing, health and well-being

In the past decade, there has been a burgeoning interest amongst social gerontologists and health researchers in understanding the quantity and quality of older adults' social networks through the lens of social capital (cf. Pollack and Von Dem Knesebeck, 2004; Boneham and Sixsmith, 2006; Nilsson et al., 2006; Gray, 2009; Nummela et al., 2009; Forsman et al., 2013; Muckenhuber et al., 2013; Bojorquez-Chapela et al., 2012; Nyqvist et al., 2013; Cramm et al., 2013). Particularly since Helliwell and Putnam's (2004) publication *The Social Context of Well-Being*, this literature has stressed the advantages of social capital for the health and well-being of older adults. This interest in social capital can be framed within a neo-liberal discourse in which older people are 'expected to seek out ways of living that promote their own quality of life and autonomy' (Schwanen and Ziegler, 2011, p. 726). In other words, older adults have to increasingly demonstrate responsibility in arranging their own social and instrumental support through the use of their social network.

Putnam's (2000) operationalization of social capital, by the means of proxy variables, may provide another reason for the interest in the relation between social capital and the health and well-being of older adults. Putnam measured social capital through, for example, membership in voluntary and civic organisations, political engagement and having trust in friends and

neighbours. The above-mentioned literature on the social capital of older adults suggests social capital's mitigating effect on loneliness and symptoms of depression (cf. Nyqvist et al., 2013), its benefits for self-rated health and well-being (cf. Muckenhuber et al., 2013) and its positive effect on receiving social and instrumental support (see Gray, 2009). Several factors have been identified that impede older adults' development of social capital and thus negatively influence health and well-being. The most frequently mentioned factors are not having a partner, childlessness and low socio-economic status, which translate into the lack of resources that give access to social and instrumental support (cf. Nilsson et al., 2006; Gray, 2009; Nyqvist et al., 2013). Furthermore, gender has been identified as a factor that can hinder or facilitate the social capital of older people (see Sixsmith and Boneham, 2003; Boneham and Sixsmith, 2006; Bojorquez-Chapela et al., 2012; Muckenhuber et al., 2013). For example, Muckenhuber et al. (2013) showed that there is no age effect in the association between informal social capital (i.e. social interactions that exist outside the context of institutions and formal organisations) and psychological health for women, whilst there is for men. An explanation for this gender difference may be that men, who often were the breadwinner of the family, did not develop the skills for creating informal social capital during their working life, whilst women are more accustomed to establishing contacts with neighbours as they spent more time at home (Sixsmith and Boneham, 2003; Muckenhuber et al., 2013). However, as nowadays it is more common for women to work, these gender differences may diminish for future generations of older people, which in turn can weaken the status of women as community keepers (Phillipson et al., 1999).

Informal local social contacts play an important role in the social capital and well-being of older adults (Walker and Hiller, 2007; Gray, 2009; Forsman et al., 2013). Based on an analysis of the British Household Panel Survey, Gray (2009) found that 'neighbourhood contacts and the frequency of meeting people had a greater effect on the support scores than being active, partnership status or having had children' (p. 28). In a similar vein, Scharf and De Jong Gierveld (2008) concluded that older adults with wider community focused networks (including the engagement in the community and relationships with family, friends and neighbours) were less likely to be lonely than older people with a more private and restricted network. Having social capital in the form of local contacts thus proves an important factor in the well-being of older people as it can serve as a resource for receiving support and it can counteract loneliness. Familiarity with the physical and social neighbourhood, often the result of a long length of residence, can be advantageous for developing and maintaining social capital (Phillipson et al., 1999). Furthermore, it has also been found that older adults, through their involvement in neighbourhood life, contribute to the social capital of their community (cf. Phillipson et al., 1999; Hodgkin, 2012). In this vein, the social capital of older adults can be beneficial for other people.

Through their 'insights and social experiences over the life course, including capacity for resourcefulness and resilience' (Warburton et al., 2013, p. 10) older adults have great opportunities for developing social capital. Whilst social capital has the potential to benefit the health and well-being of older people, the resources for social capital may decline in later life (Nyqvist et al., 2013). The mental decline and death of partners and friends, and declining health and mobility can make it hard for older adults to develop and maintain social capital (Gilroy, 2008; Nyqvist et al., 2013). Gray (2009) furthermore emphasised that 'poor health may limit the capacity to reciprocate, which in turn may mean *attracting less help*' (p. 13, original emphasis). In this sense, the ability to develop and maintain social capital is the result of a good health status. This problem mirrors one of the major critiques of Putnam's

theory, namely that he understands social capital simultaneously as a cause and an effect (Portes, 1998). Instead of understanding social capital as 'pre-existing' or 'added-to fund' and being 'prescriptive about the outcomes' (Naughton, 2013, p. 11) in terms of health and well-being indicators, it may be more interesting to see how social capital comes into existence (Grootaert et al., 2004) at the scale of the neighbourhood in older adults' everyday lives.

3. Older adults' social capital in place: neighbourhoods and body capital

The literature on the relation between social capital and the health and well-being of older people tends to be dominated by a quantitative approach and is therefore not apt to account for social capital's contingent character (Naughton, 2013). Recently, geographers have shown that the ways in which older adults experience issues such as independence and mobility, social participation, and neighbourhood change (see respectively Schwanen et al., 2012a; Ziegler, 2012; Lager et al., 2013) may be contingent on the time of day, the geographical context and the type of interaction with other people. Ziegler (2012), for instance, found that the social participation of older women differed between the neighbourhood in which they lived and the seniors' club they attended. In contrast to the seniors' club, where the women could continue their familiar patterns of interaction, in the neighbourhood a different, unfamiliar kind of sociability impeded their social relationships with neighbours. Additionally, Ziegler showed the role of the ageing body in these social relationships; the women expected support from their younger neighbours because of their 'being old'. This example suggests that in addition to objective indicators of social capital, such as membership of an organisation, the meanings and experiences of the geographical context and the ageing body play a role in older adults' social capital.

The seminal book *The Death and Life of Great American Cities*, published by Jane Jacobs in 1961, offers insight into the relation between the built environment of cities and the social capital of its residents (Lovell, 2009). Jacobs critiqued the city planning of the 1950s for creating dull and uniform neighbourhoods that 'sealed against any vitality and buoyancy of city life' (Wendt, 2009, p. 4) and conferred social problems. She posited that vibrant and safe neighbourhoods are places that enable and encourage social interactions and mutual support through the mix of uses and the provision of sidewalks. The mixture of residence, recreation and commerce in one neighbourhood would contribute to a continuous use of the street. This in turn would promote chance encounters and provide street safety through the voluntary control exerted by the presence of people (i.e. 'eyes upon the street' Jacobs, 1961, p. 35). Similarly, more recent research has shown the association between neighbourhood design and social capital (for a literature review see Wood and Giles-Corti, 2008). Neighbourhood services and facilities have been found to be important for older adults' social capital as they provide opportunities for encounters (see Forsman et al., 2013; Van Hoven and Douma, 2012; Cramm et al., 2013). However, Buffel et al. (2013) noted that the mere presence of these 'local opportunity structures' are not the main predictor of social participation in old age. They argue that it may be 'the extent to which facilities are perceived to be age-friendly is more important for explaining social participation in old age' (Buffel et al., 2013, p. 665, emphasis added).

In addition to the built environment, bodily dispositions have also been found to play a role in older adults' social capital. The physical and cognitive capacities of the body, referred to as body capital by Antoninetti and Garrett (2012), have the potential to either facilitate or hinder social capital. For instance, in a study

on how older people experience independence and mobility, Schwanen et al. (2012a) found that self-reliance and unaided functioning were valued positively by the respondents, which is in line with 'the ideal of the autonomous, self-actualising individual' (p. 1314) that prevails in Anglo-American culture. Valuing independence as unaided functioning affected respondents' social contacts, resulting, for example, in deciding not to ask friends and neighbours for rides. The values that are ascribed to people's bodies (e.g. as old or disabled) have the ability to produce socio-spatial differences (Holt, 2008). Literature on ageism stresses how ageist stereotypes can have 'real consequences' for older people (Minichiello et al., 2000, p. 255), in terms of the way they are treated, how they behave and consequentially their health and well-being (Levy, 2009). In a qualitative study, Minichiello et al. (2000), for instance, found that some of their older respondents withdrew from activities as they experienced that other people perceived their older body as a nuisance (i.e. as stiff and slow). In this sense, social capital can, in part, be seen as a social construct in which other people can impede the development of older adult's social capital (Levy, 2009; Gilleard and Higgs, 2011).

4. Research context: Corpus den Hoorn

Twentieth-century urban design and planning in Western countries envisioned social interactions amongst residents in urban neighbourhoods (Patricios, 2002). The neighbourhood of Corpus den Hoorn, located in the city of Groningen in the Northern Netherlands was built in the period of 1956–60 and was the first neighbourhood in the city that was designed according to the *wijkgedachte* [Neighbourhood Unit] (Hofman, 2007). The *wijkgedachte* was propagated in the Netherlands in 1946, in the publication 'Stad der toekomst, de toekomst der stad' ['City of the future, the future of the city'] by a commission consisting of urban planners, architects and sociologists. The commission believed that due to the chaos and the obscurity of city life, the sense of community was disappearing (Van de Wijdeven, 2012). Inspired by the concept of the Neighbourhood Unit, which was developed by the American sociologist Clarence Perry in 1929, the commission saw self-contained neighbourhoods consisting of small-scale districts as prerequisites for the development of a sense of community (Van de Wijdeven, 2012). In the 1950s, in several Dutch cities, neighbourhoods were designed according to the principles of the *wijkgedachte*. Neighbourhoods that were built according to this model have a centre around which all the facilities and amenities for everyday life are concentrated, such as shops, churches, schools and a community centre. Small-scale districts are clustered around the neighbourhood centre. Correspondingly, in the centre of Corpus den Hoorn a square surrounded by a retail area was built, and green spaces were located on the neighbourhood's fringes. Four churches, several primary schools and six care and retirement homes were built throughout the neighbourhood. The spatial structure of the neighbourhood was characterised by the repetitive use of building blocks with predominantly medium- and high-rise buildings. Because Corpus den Hoorn was built as a residential area, exit roads to motorways and the city centre were incorporated into the neighbourhood design to connect residents to commercial areas (see Fig. 1). Until today, the neighbourhood has remained its residential function with the retail area adjacent to the square.

Until 2002, Corpus den Hoorn had not undergone any significant physical or functional changes and the neighbourhood's public spaces became 'worn out' (Arcadis, 2002). Furthermore, the existing housing stock no longer suited the housing preferences of families. In 2002, the municipality of Groningen implemented a neighbourhood renewal programme as there were concerns that

Fig. 1. The neighbourhood of Corpus den Hoorn (Tamara Kaspers).

real estate developers and shop owners did not want to invest in Corpus den Hoorn, and as a consequence the neighbourhood would lose facilities such as shops and schools (Arcadis, 2002). The aim of this programme was to diversify the neighbourhood's population, which was dominated by older people, singles and childless couples, by attracting more families (Gemeente Groningen, 2010). For this purpose, a block of medium-rise buildings was demolished and replaced by large town houses, which are now predominantly inhabited by dual-income couples with young children. Furthermore, social housing corporations renovated part of their outdated housing stock, and the shopping centre and green spaces were refurbished. Two residential care homes have remained and there is a sufficient supply of senior flats for the growing ageing population. There is a variety of shops that cater for the everyday needs of older residents, such as a supermarket, a post office, a pharmacy, a hairdresser, an optician and a hearing aid specialist, which are located around the square (see Fig. 1). Every Wednesday morning a food market is held at the square. There is a local activity centre in which activities for older adults take place (e.g. a cards club and a handicraft club), and coffee mornings are held in the building that houses the support and information desk, in a church adjacent to the square, and in the care homes. The availability of suitable housing and facilities may explain the relatively large proportion of older residents in Corpus den Hoorn compared to the municipality's average (see Table 1).

Table 1
Age structure of Corpus den Hoorn compared to the municipality's average Source: Onderzoek en Statistiek Groningen (2014).

Age group	Corpus den Hoorn (4571 inhabitants) (%)	Municipality of Groningen (198,395 inhabitants) (%)
0–22	19	30
23–64	56	58
65+	25	12

5. Research approach and methods

The research discussed in this article is based on single, one-to-one in-depth interviews with 14 women and 3 men in their own homes between September 2012 and February 2013. The aim was to elicit the meanings of, obstacles to and opportunities for social contacts in Corpus den Hoorn. Seven of the respondents were also willing (and able) to participate in a follow-up walking interview in which the principal researcher (Debbie Lager) joined each of the respondents in one of their routine walks. The walking interviews were used to gain a deeper and more detailed understanding of how the respondents related to their local neighbourhood (see Kusenbach, 2003). We did not use an interview guide for the walking interviews, but instead asked questions based on the elements in the neighbourhood that prompted reactions by the respondents (i.e. walking probes, see De Leon and Cohen, 2005). The respondents set the route, distance, time of day and duration of the walk within the confines of Corpus den Hoorn (but they could also walk outside the neighbourhood if they so desired). The duration of the walks ranged from thirty to ninety minutes. Respondents chose to walk either around 10 am or 2 pm, which in general reflects the times of day at which Dutch older adults (65+) go outside (Jorritsma and Olde Kalter, 2008).

Potential respondents were recruited through a senior sounding board group¹, a card club in a local activity centre, by snowball sampling and with the help of an employee from a social service committed to the empowerment and participation of vulnerable people in Groningen neighbourhoods. The respondents were all white and most of them can be categorised as old-old (75+) (see Table 2 for main characteristics). Generally, the 'old-old' have a greater chance of experiencing an accumulation of physical and

¹ Senior sounding board groups were initiated by the municipality of Groningen in urban renewal neighbourhoods in order to take into account the concerns and needs of older residents in the neighbourhood renewal process.

Table 2
Characteristics of the respondents.

Name	Gender	Age	Marital status	Length of residence in total	Type of housing	Mobility devices
Aaltje ^{a,b}	F	65–70	Married	37	Apartment	Walker
Antje ^a	F	65–70	Widow	40	Single-family home	x
Emma ^{a,b}	F	70–75	Married	23	Apartment	x
Steventje ^a	F	75–80	Widow	16	Senior apartment	x
Neeltje	F	75–80	Single	5	Senior apartment	x
Jan and Lenie	M	80–85	Married	41	Apartment	Walking stick
	F	75–80				x
Catharina	F	80–85	Widow	40	Apartment	Walker and mobility scooter
Elisabeth	F	80–85	Widow	43	Apartment	Walking stick
Hendrikus and Geertruida	M	80–85	Married	33	Apartment	Walking stick
	F	80–85				Walking stick
Cornelis and Antonia	M	85–90	Married	42	Single-family home	x
	F	80–85				x
Jantje ^a	F	85–90	Divorced	52	Single-family home	Walker
Hendrika ^a	F	85–90	Widow	32	Senior apartment	Walker
Petronella ^a	F	85–90	Widow	5	Senior apartment	x
Alida	F	90–95	Widow	5	Senior apartment	Walker

^a Respondents that participated in a walking interview.

^b Aaltje and Emma are neighbours and were interviewed together.

mental health dysfunctions than the ‘young–old’ (Phillips et al., 2010). In our sample, the majority of the ‘old–old’ were using mobility devices, but none of them suffered from mental health dysfunctions. In the process of recruitment we did not reach older adults with mental health dysfunctions and socially isolated older adults, who could have provided additional knowledge on the obstacles to and opportunities for social contacts in the neighbourhood. The under-representation of men, and specifically the lack of single men and widowers in our research, may be the result of several factors, such as the larger proportion of women in older cohorts, and the small number of older men present at the places in which respondents were recruited (see Marhánková, 2014). Furthermore, the few older single men who were approached for the research showed no interest in participating in an interview about local social contacts. This may indicate that they were not accustomed to ‘small-talk’ about their life in the neighbourhood (Sixsmith and Boneham, 2003) or that they did not have local contacts to talk about.

Ethical approval for this research was obtained from the ethics committee of the Faculty of Spatial Sciences, University of Groningen. The respondents were informed about the research through a letter of introduction that they received by post about a week before the interview. At the start of the interview, the researcher explained the interview procedure and how research outcomes would be disseminated, and obtained informed consent. Respondents’ names and any other information that could be traced were changed to ensure anonymity. Transcripts were coded using qualitative data analysis software (NVivo8) applying thematic analysis (see Kitchen and Tate, 2000). Building on Naughton’s (2013) understanding of social capital as a ‘set of relations, processes, practices and subjectivities that affect, and are affected by, the contexts and spaces in which they operate’ (p. 11), we developed a code tree with the following categories: place, people, type of social contact, meaning of social contact, obstacles and opportunities for social contacts (self/body, others, place and time). We then examined the links between these categories and during this process the key themes of the analysis gradually started to emerge. In the next section, we present our findings according to three key themes.

6. Dimensions of older adults’ social capital in the neighbourhood

In line with other studies, the analysis revealed how local social contacts in the neighbourhood played an important role in respondents’ social capital (cf. Gray, 2009). The majority of respondents spent a large share of their time in their home and in the

neighbourhood as a result of several interrelated factors, such as retirement, lack of money and, in particular, low levels of energy and declining mobility. This increased their need for local sociability such as greeting and having a chat with neighbours. The rhythms of their everyday lives consisted, in general, of a mixture of home-based activities and neighbourhood-based activities (see also Fobker and Grotz, 2006). Most respondents visited the shops at the square once or twice a week and regularly attended the food market on Wednesday mornings. Eight respondents were involved in a local activity that they attended every week (e.g. a card club or a handicraft club). Others visited a coffee morning infrequently or were not involved in any activity. Some respondents also undertook activities outside Corpus den Hoorn to which they travelled by bus, and the few that owned a car also bought their groceries in a nearby town.

We identified many obstacles to and, to a lesser extent, opportunities for maintaining meaningful local social contacts in Corpus den Hoorn. Three themes emerged, which were important for understanding older adults’ social capital in the neighbourhood: contacts with younger neighbours; contacts with other older adults in the neighbourhood; and the various places in Corpus den Hoorn which played a role in impeding or affording social capital.

6.1. Contacts with younger neighbours

In spite of the relatively large proportion of older people (65+) in Corpus den Hoorn, the majority of respondents had younger neighbours. Younger neighbours were referred to by the respondents as people who were still working. As older neighbours died or moved into care homes, respondents expressed the desire for social interaction with their younger neighbours, through greeting, having a chat and receiving instrumental support when needed. However, the different time geographies (see Hagerstrand, 1970) of the respondents and their younger neighbours proved to be an obstacle to developing and benefiting from these interactions.

A time-geographical approach refers to the when and where of people’s activities and the different kind of constraints that may limit the synchronisation of interactions (Hagerstrand, 1970, see also Stjernborg et al., 2014) and, in the case of our research, the development of social capital. Putnam (1995) argued that one of the reasons for the decline in social capital he observed in the United States was the movement of women into the labour force; a lack of time and energy diminished their participation in civic organisations. Most of our female respondents were from a generation in

which women had to stop working after marriage in order to become fulltime housewives. They had their ‘eyes upon the street’ (Jacobs, 1961) as they watched their children play or went grocery shopping. As younger generations of women increasingly entered the labour market, their time geographies shifted from the neighbourhood to places of work and as a consequence this kind of social control disappeared. For the respondents, who would be in the streets in the mornings and afternoons when their younger neighbours were at work, the lack of ‘eyes upon the street’ impeded the ability to benefit from younger residents’ support, as the following quote exemplifies:

The weather was really nice so I went outside to do some gardening. Don’t know how it happened but I fell backwards and then I was sitting there on my bum. I tried to pull myself up, holding onto a bicycle rack, but it didn’t work. I kept on calling: ‘Hellooo, can somebody help me!’ But all the women in the neighbourhood work, so there was nobody who could hear me. (Jantje, female, 85–90)

In addition to obstacles to receiving support, as the above example shows, the different time geographies also limited the opportunities to meet and have a chat with younger neighbours and, thus, the development of social capital. The majority of the respondents stayed at home at night as they felt it would be unsafe for older people to go out at night. In line with Sixsmith and Boneham (2003), their declining body capital resulted in feeling vulnerable to attacks after sunset and, as a consequence, they stayed indoors in the evening when they might have had the opportunity to meet their neighbours at the square or in the shops, where they would do their grocery shopping after coming home from work.

When respondents did encounter their younger neighbours, these contacts often resulted in disappointment as respondents felt their gestures and attempts to make contact were not reciprocated. Similar to Ziegler’s (2012) findings, the respondents understood the neighbourhood as ‘a collection of social relationships which are based on certain norms and expectations’ (p. 5). They expected, for example, that younger neighbours would sweep the snow from the sidewalk for older people. However, this expectation was not met, and most respondents would hoard food and stay indoors during winter time instead of asking their younger neighbours for help. Afraid of not being understood, they did not ask for help, as is shown by Antonia (female, 80–85):

Interviewer: You told me that you wouldn’t ask your neighbours for some practical support.

Antonia: I think they would be surprised if I did, because they think we are still going strong.

Interviewer: You think that they think you can still handle everything?

Antonia: Me and my husband go into town, we go on caravan holidays. They think we are strong. Those younger neighbours, they could be your grandchildren, they haven’t got a clue.

Other respondents similarly assumed that their younger neighbours would think they did not need support as their physical appearance (the clothes they wear and their make-up) and their ‘busy bodies’ (Katz, 2000, p. 135) did not reveal their declining body capital. The ideal of activity in later life (Katz, 2000) may, in this case, actually impede the development of social capital.

The hesitation to ask younger neighbours for support may also be related to not being used to asking for help. Social capital ‘can change over time and in response to different situations’ (Shaefer-McDaniel, 2004, p. 156), and earlier in life respondents did not have to rely on their neighbours for receiving help with, for instance, the changing of a light bulb or grocery shopping.

Social capital does not come naturally and also presupposes an investment (Bourdieu, 1986) by older people themselves, for example in the form of trust, as Elisabeth (female, 80–85) explains:

When I go on a holiday, they [two young students who help in the household] take care of my mail and plants. I give them my key, you must give them trust. If you are standoffish, those kids think, ‘what does this old bag want?’

Bourdieu stresses that social capital takes time to accumulate and comes into being through the exchange of sociability, which ‘presupposes and produces mutual knowledge and recognition’ (1986, p. 8). However, our research shows that the different time geographies of the respondents and younger residents obstructs opportunities for encounters and, thereby, the development of mutual knowledge and trusting relationships. This may provide an explanation for the deficit of young non-kin adults in the networks of older adults in the Netherlands (see Uhlenberg and De Jong Gierveld, 2004).

6.2. Contacts with other older adults in the neighbourhood

As a quarter of Corpus den Hoorn’s population is above the age of 65 and there are several meeting places, coffee mornings and activities for older residents, it may seem as though it is not difficult to develop and maintain social capital. However, the majority of respondents felt they could not easily benefit from local contacts with their peer group. Whereas earlier in life they had more choice in who to interact with and where to go, their decreasing action radius and shrinking size of their social network limited their options of those with whom they could develop contacts. Other older adults in the neighbourhood did not necessarily prove to be a resource for respondents’ social capital, as the following quote illustrates:

I feel lonely sometimes ... I miss the depth of conversation that used to be there in the past. At least, I cannot find it in my local environment, let’s put it that way. (Cornelis, male, 85–90)

This quote furthermore demonstrates how contacts amongst older people do not necessarily equate with bonding social capital. Bonding capital refers to homogeneous social networks (e.g. same ethnicity, age, social class) (Helliwell and Putnam, 2004). For our respondents, age did not result in bonding capital but turned out to be an impediment to benefiting from contacts with older residents at activities and coffee mornings. They negatively valued these places as ‘old-age space[s]’ (Pain et al., 2000, p. 379), characterised by small talk and ‘old people’ conversation topics, as shown in the following quote:

It doesn’t feel like I have real contact with them [people at the coffee morning]. I find that a disadvantage. I have the feeling that they are such old people ... I want to know what happens in the world ... One important topic of conversation is medicines and they also love to talk about troubles with going to the toilet. (Petronella, female, 85–90)

In contrast to the findings by Ziegler (2012) and Pain et al. (2000), the age-graded spaces of activities and coffee mornings did not offer our respondents a positive age-identity but made them contest old age (see Townsend et al., 2006). It may be that respondents’ internalisation of activity as the ideal type of ageing makes them devalue their peers’ inactive and more unhealthy bodies (Biggs et al., 2006), thereby impeding the development of social capital. Having said this, in spite of the negative connotations with these spaces, most respondents kept attending activities and coffee mornings to anticipate for future decreasing mobility and health.

A feeling that they did not belong to the group of older residents that attended activities and coffee mornings also played an important role in respondents' ability to develop meaningful interactions. Bourdieu (1986) argued that the series of social interactions through which social capital comes into being produces the boundaries of a group: who belongs and who does not belong. Social capital seemed to be present amongst Corpus den Hoorn's older residents as respondents frequently talked about groups of older people, but for our respondents, the boundaries of the groups were experienced as impermeable. Some respondents indicated that when they were younger they had other priorities than investing in the neighbourhood's social life, such as hobbies and volunteer work outside of Corpus den Hoorn, and as a consequence they felt they could not take part in conversations of the 'locals'. The respondents who said they had not lived in Corpus den Hoorn for that long, when compared to those living in the neighbourhood for over thirty years (see Table 2), attributed the difficulties with connecting to groups of older people to their short time of residence in the neighbourhood. This is exemplified by Steventje (female, 75–80), who had lived in Corpus den Hoorn for sixteen years:

You can't just join [groups of older people] when you get older. They all got friends and have their appointments and you can't get them to go somewhere. That's the only disadvantage [of moving to Corpus den Hoorn], but that may have been the same at another place. When I, for example, asked 'who would like to make a day-trip by train?', no one wanted to join me.

This quote also shows that investing in social capital is always a risk for the one who invests, as the people who are on the receiving side do not necessarily reciprocate (Bourdieu, 1986).

The ways in which respondents developed their social capital in the neighbourhood with peers seemed to differ along the lines of gender. In Section 5, we discussed the under-representation of men in this research. Most female respondents indicated that the activities and coffee mornings were dominated by older women and that men seemed less interested in attending these places. They believed that men could not entertain themselves and were passive and unwilling in trying new things (see also Marhánková, 2014) and establishing local social contacts, as the following quote by Alida (female, 90–95) exemplifies:

Women can enjoy themselves better than men ... when my husband was still alive, when I went somewhere I said to him: 'you will entertain yourself right'? But when I got home he was watching television, he didn't make things cosy for himself, he did not put on ambient lighting. He was just sitting there by himself. Well that's silly isn't it, that's no fun.

In her research on the involvement of older men and women in senior centres Marhánková (2014) posited that these centres are constructed as feminine spaces, in terms of the activities being offered (such as arts and crafts) and the employee's and older women's perceptions of older men as passive. Such negative perceptions and older women dominated spaces may pose a threshold for older men in developing social capital in the neighbourhood.

Interestingly, the obstacles that respondents experienced in the interactions with other older adults at activities, coffee mornings and other gatherings were not present in the interactions with older neighbours. The benefits that they hoped to derive from contacts with older adults at activities, such as sharing the same interests and making friendships, differed from those they expected to derive from their contacts with older neighbours. Similar to Walker and Hiller (2007), most of our respondents who still had older neighbours positively valued these interactions in terms of the sense of neighbourliness they provided (e.g. greeting, having a chat and the occasional mutual instrumental and social support):

To hold a door open for an older neighbour: we really enjoy doing that to help each other ... It's no big deal. (Jan, male, 80–85)

Walker and Hiller found that in spite of the supportive contacts their older respondents experienced with their older neighbours, these contacts would not 'impinge on their sense of privacy and independence' (2007, p. 1158). Keeping contacts with neighbours on a more 'superficial' level can prevent the disappointment of investing in social capital without receiving a satisfactory return. Especially for those living in (senior)apartment blocks with a shared entrance, as the majority of the respondents did (see Table 2), investing in a friendship with a neighbour can be risky as it may be hard to avoid seeing him or her in the case of a disappointing relationship.

6.3. Sense of belonging to neighbourhood life

This section focuses on how places in the neighbourhood are experienced as contributing to or hindering a sense of belonging to neighbourhood social life. The sense of belonging to neighbourhood's social life can be considered a potential benefit of older adults' social capital. In Corpus den Hoorn, the potential to benefit from this sense of belonging took different shapes in the streets (see Fig. 2), at the neighbourhood's square (see Fig. 3) and in the respondents' homes.

In Section 6.1, we showed how the respondents were not able to benefit from the potential support of the 'eyes upon the street'. The different time geographies of older residents and their younger neighbours not only impeded actual contacts but also evoked a feeling of a lack of liveliness (Gilroy, 2008). This was especially the case for respondents with mobility devices, who were dependent on the proximate environment for their daily walk. These respondents indicated that daily walks were their exercise; walking mitigated their decreasing body capital, both as a way to keep fit and to remain engaged with the outside world (Peace et al., 2006). They longed for lively streets, to see children play and occasionally greet someone, but they were also aware that this was not realistic:

Listen, that's the way it is. I can't get them out on the streets, hahaha. And when they do come outside they get into their cars, that's their holy cow, and they go shopping or go to work. Well, they should do whatever they like to do. (Hendrika, female, 85–90)

Ziegler (2012) and Lager et al. (2013) have also shown how older adults experienced a lack of liveliness and opportunities for chance encounters on the neighbourhood's streets. The empty streets did not offer the respondents an incentive to go outside, and usually they needed to have a purpose – or they would think of a purpose – to get out of their home. For the majority of respondents, the neighbourhood square provided an encouragement for going outside. Antje (female, 68), for example, emphasized how the proximity of the shops at the square served an important role in staying engaged in the neighbourhood's social life:

When I had trouble with walking and was very ill I forced myself to do grocery shopping. I also had to, because I did not receive that much support. But it [going to the square] had its function: that I went outside. I looked around in the shops for silly stuff, got a herring at the market and ran into someone.

In contrast to the streets, the square did play a role in respondents' social capital, as it provided the potential to benefit from other people's presence, through greeting, chatting or seeing familiar faces. Coleman (1988) listed obligations and expectations as one of the benefits of social capital. However, the loose social

Fig. 2. One of Corpus den Hoorn's streets (photo: Debbie Lager, 2014).

Fig. 3. The neighbourhood square (photo: Debbie Lager, 2014).

contacts (or 'weak ties', using the terminology of [Granovetter, 1973](#)) at the square, which did not imply any expectations or obligations, were highly valued by the respondents. This corresponds to the findings in the two previous sections which showed the disappointments of respondents' unmet expectations regarding their social contacts with younger neighbours and other older adults.

When respondents were at home, a sense of belonging to the neighbourhood's social life remained important to them. For those having mobility impairments, information and communication technologies (ICTs) can offer an opportunity to maintain and develop social capital in the community ([Warburton et al., 2013](#)). In our respondents' accounts, ICTs such as the telephone and the Internet did not seem to play an important role in maintaining local social contacts. Our analysis, however, indicates that the social capital of older adults does not only have to come into being in actual communication. Both [Ewart and Luck \(2013\)](#) and [Fobker and Grotz \(2006\)](#) have demonstrated how the ability to see and hear neighbourhood life from the home allowed older adults to maintain a sense of participation in the life on the streets. Jantje (female, 85–90), stressed the contrast between the view from her window, on the empty street, and that of a friend who lived at the square:

A friend of mine lives at the square. When she sits in her chair she sees movement and liveliness. I always say to her: 'it's so cosy where you live'. I miss that ... especially now as I get older and don't go outside that often. When I was younger I went outside to visit old people, my children were young, I used to have enough distraction. But now, this view [from my window] is starting to depress me.

This quote also shows how the location of the home in the neighbourhood can affect respondents' sense of belonging to Corpus den Hoorn's social life, especially for those who are more confined to their home. The *wijkgedachte*, described in the research context, saw the neighbourhood's physical design as inducing social interaction and a sense of community amongst residents. In this section we have shown how older adults' social capital is contingent on different places within Corpus den Hoorn. The streets, the neighbourhood square and the location of the home all influenced respondents' sense of belonging to neighbourhood's social life to a different extent (see also [Buffel et al., 2014](#) who made a similar point regarding older adults' place attachment). [Jacobs \(1961\)](#) advocated the mix of uses for creating lively neighbourhoods. Although Corpus den Hoorn contains retail, recreation

and residence, these uses are not mixed, which for our respondents made the streets lifeless and the square a lively environment. However, it should be noted that the relation between the physical design of the neighbourhood and older adults' social capital is not unidirectional. The different time geographies of our respondents and younger residents as well as the relatively limited action radius of respondents with mobility devices played a role in how the different places in the neighbourhood were experienced.

7. Conclusions

Naughton (2013) encourages geographers to 'reconsider social capital as a vehicle for telling different stories about sociospatial relations for audiences outside the discipline and the academy' (p. 16). With this study we aim to go beyond understanding older adults' social capital as something that is 'good to have' by expressing the contingent and relational nature of social contacts. While literature on older adults' social capital is dominated by its outcome in terms of health and well-being, we examined the mechanisms that hinder or foster the creation of social capital in the context of the neighbourhood. In our research, the neighbourhood turned out to be important for understanding older adults' social capital, but it is not an isotropic surface where the same opportunities for developing social capital are evenly distributed across the neighbourhood. By adopting a qualitative approach we were able to highlight the everyday micro-geographies of older adults' social capital. The neighbourhood streets, the square, the view from the home onto the streets, senior activities and coffee mornings: they all bear different meanings for the respondents in terms of the benefits derived from the social contacts in these places.

The materiality of place is intrinsically interwoven with social capital in the sense that it can afford or impede social contacts to a certain extent. The design of a neighbourhood plays a role in when, where and how older people can meet fellow residents. As our results show, Jacobs' (1961) work is still relevant in understanding the relation between neighbourhood design and social capital. In the case of older adults, we demonstrated that social capital does not only exist in actual communication, but also comes into being through a visual encounter with people in the neighbourhood, even when observed from the home. However, as discussed above, neighbourhood liveliness is under pressure since many younger residents spend much of their days outside the neighbourhood for work. Indeed, in the context of gentrification, Paton (2009), showed how middle-class settlers in a working-class neighbourhood did not use local facilities and services and did not find practices of neighbouring important. This raises the question of how spaces can be created to facilitate encounters between differently mobile groups in neighbourhoods. Can different rhythms and speeds of movement be synchronised and will they result in meaningful encounters? In this vein, it would be fruitful to understand social capital for different groups of people as part of the politics of mobility (Cresswell, 2010).

In addition to place, our empirical evidence demonstrates how the identity of the ageing body in a particular place plays an important role in older adults' social capital. The respondents seem to have internalised the ideal of activity in old age, which in turn may negate their social capital. In the age-graded spaces of the coffee mornings and leisure-time activities, being confronted with 'real' old people impeded respondents to benefit from these social contacts. In terms of the contacts with younger neighbours, respondents' appearance as active made them feel they were not entitled to instrumental support. The emphasis on self-reliance and pro-activity in active ageing and ageing-in-place policies may downplay the limitations of the body in old age to society (see Biggs et al., 2006), and hinder older adults from developing

supportive relationships. In terms of the shift towards care provided by the community (Schwanen et al., 2012b), it would be interesting to see under which circumstances stereotypes of one's own group are activated amongst older adults and how this influences their behaviour (cf. Wheeler and Petty, 2001). Such knowledge could provide more insight in the role of ageism in hindering or fostering older adults' social capital and propose the concept as a socially negotiated construct.

Gray (2009) suggested that it is important for older adults to develop bridging social capital with younger generations in order to secure continuity of social and instrumental support. In the Netherlands, the Social Support Act assumes that this is taking place and assigns great significance to such interactions in their ageing-in-place policies. However, the Eurobarometer on intergenerational solidarity shows that the majority of European Union citizens are of the view that there are insufficient opportunities for older and younger people to meet (The GALLUP Organisation, 2009). Our research also suggests that trusting relationships between older and younger people in neighbourhoods are not easily established, at least in part because of the different time geographies of both groups. Further research is needed that addresses how social capital works in different life stages and between different generations in order to understand the complexity of social interactions in old age (Vanderbeck, 2007).

Although in this study we highlighted the neighbourhood, more spaces and places remain to be explored in understanding older adults' social capital. In light of the significance of younger people in the social capital of older people, the meaning of intergenerational places and activities in the context of community development deserve attention (Thang and Kaplan, 2013). But research on age-graded places, such as senior centres, is also needed in order to gain more insight in the differences and inequalities of social capital amongst older people (cf. Marhánková, 2014; Cronin and King, 2014). Last but not least, the digital world needs to be considered in understanding local social contacts. Nowadays, information dissemination and communication about neighbourhood events and activities increasingly take place through the Internet (Crang et al., 2007). As the Internet can provide 'affordances for neighboring' (Hampton and Wellman, 2003, p. 279), more research is needed that addresses the impediments and opportunities for older adults' development of local social capital through ICTs (cf. Hardill and Olpert, 2012). The linkages between the neighbourhood and other places in which older adults' social capital may develop, and the relative importance of these places to each other remain to be investigated in understanding older adults' social capital in place.

Acknowledgments

The authors would like to thank the respondents for sharing their stories with us. We would also like to thank Rachel Pain for her valuable feedback that helped us improve this paper, Koen Salemink for the many fruitful social capital discussions and Tamara Kaspers for her cartographical work. This research would not have been possible without the financial support of the Ubbo Emmius Fund.

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