

How do demographic transition and unbalanced population decline affect social support systems of elderly?

A pilot-study on Eastern-Groningen, the Netherlands

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Content

Introduction	3
1 Demographic Transition	3
1.1 General theory	3
1.2 The Netherlands	4
2 Unbalanced population decline in the Netherlands	5
2.1 General theory	5
2.2 The Northern Netherlands	7
3 Pilot study	9
3.1 Municipality of Oldambt	9
3.2 The community of Finsterwolde	12
3.3 The methods used	13
3.4 Results	14
4 Concluding remarks	15
References	17
Appendix: Questionnaire	19

Introduction

The structure and financing of collective long-term care and support in the Netherlands changed dramatically with the introduction of the Social Support Act (WMO) the 1st of January 2015. This act arranged that municipalities assist people to live in their homes for as long as possible by providing various forms of aid and support. This aid and support however, is in addition to the help that people arrange for themselves and / or receive in the form of volunteer aid (mantelzorg) by family, friends and neighbours. Furthermore under this Act people only become eligible for state financed sheltered accommodation in the exceptional case of severe physical or mental illness.

The fact that under the new regime of the Social Support Act municipal support is made additional to volunteer aid, it is important to understand what role family, friends and neighbours potentially can play and in fact do play. This is especially important in regions where unbalanced population decline through out-migration of young people, effectively changes social structures and accelerates the ageing of the population. For this reason we designed a limited pilot-study to test the possibilities and the necessity of a broader study focussing on potential and every day practice concerning volunteer aid for elderly in regions characterized by unbalanced population decline. In this pilot study we will focus on a rural municipality in the north of the Netherlands: Oldambt.

Within the framework of this pilot-study we¹ focussed on living arrangements and social network of two groups of senior citizens; one group of men and women aged 65-79 and one group aged 80 years and over. Based on demographic data kindly made available by the municipal office of Oldambt, in this paper we will draw a picture of these citizens living in the municipality. Going deeper into the material and the municipality's structure we will then focus on one of the municipality's communities, Finsterwolde, with its village, hamlets and surrounding rural area. For the purpose of this pilot-study we constructed a sample of 30 men and women aged 80+-elderly and asked them to fill in a questionnaire. Based on the outcomes of these questionnaires we then had five in-depth interviews with some of them. Finally, on the basis of the gathered material, we will draw some general conclusions while presenting some new questions for further research into the living conditions and social support systems for elderly in a region with unbalanced population decline and accelerated ageing.

1 Demographic Transition

In this paragraph we will focus on demographic transition. First the scholarly discussion will be outlined after which its implications for the Netherlands as a whole will be described.

1.1 General theory

In 1953 Frank Notestein presented the first consistent theory about the relationship between socioeconomic developments and demographic trends. Notestein described

¹ I would like to thank my student Jos Wijnja who worked alongside me collecting data in Finsterwolde.

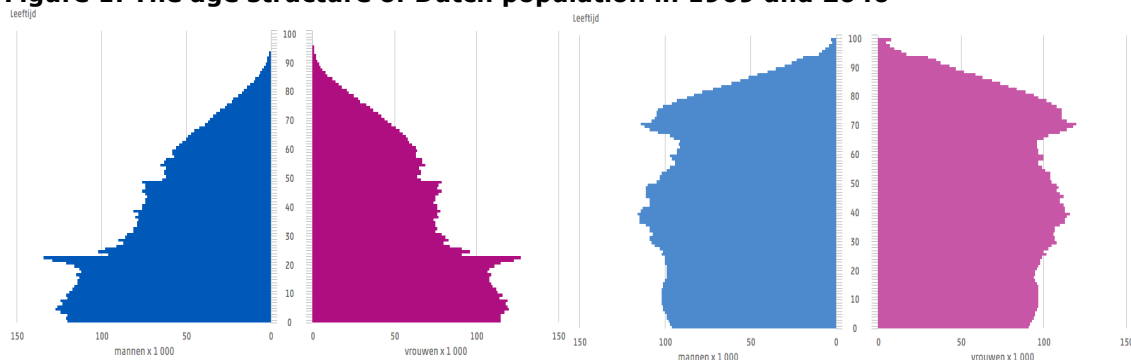
a Demographic Transition (FDT) characterized by a historic decline in mortality and fertility in Western Europe taking place since the eighteenth century and framed this within the context of industrialisation and modernization. The end point of this dramatic transition would be a steadily growing population with an average life expectancy of 70-plus. Despite the critiques of this theory over the years - it was considered too static while lacking sufficient explanatory process variables - the transition itself as well as the resulting ageing of the population of the Western world, were not at issue (Bulder, 1993).

More than thirty years later in 1986 Lesthaeghe and Van der Kaa launched their theory on what they called the Second Demographic Transition (SDT). (Lesthaeghe & Van der Kaa, 1986) This transition, which surfaced in the sixties of the twentieth century in Western Europe and North America, resulted from a significant change in the pattern of norms and values. This led to delayed fertility, a declining population when there was no replenishment through "replacement migration" and an increasing variety of household structures (with a rising number of single-person households). The also occurring rise in life expectancy coupled with declining fertility, evolved into a gradual ageing of the population.

1.2 The Netherlands

For the Netherlands predicted and actual demographic trends fit nicely into the pattern of the demographic transition described by Lesthaeghe and van der Kaa. Due to the introduction of contraceptives and socioeconomic developments like rising prosperity and changing values, fertility gradually declined below the level of replacement (an average of 2.1 children per woman) since the late sixties. According to the latest projections by the Central Bureau of Statistics in the Netherlands (CBS), the Dutch population, in addition to these structural changes, will grow only through immigration (since 2017 – CBSb). Its 18 millionth inhabitant is expected to arrive in 2031 while total population is expected to grow steadily (in a lesser pass) to reach 18,4 million in 2060. (CBSa)

Figure 1: The age structure of Dutch population in 1969 and 2040



Source: CBS

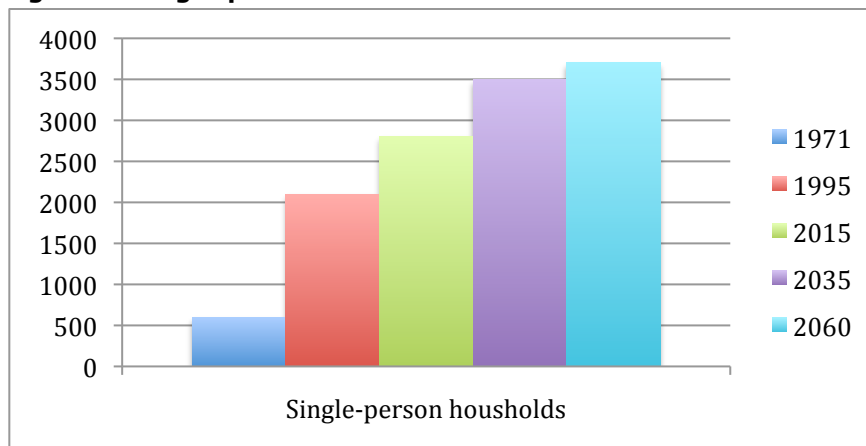
Furthermore the population is ageing and the number of very old people (80-plus) within the population is growing disproportionately (figure 1), while the structure of

households is changing, undermining the dominant position of marriage and the family as institutions. (Van der Kaa, 2008) The observed change in household structures in the Netherlands is completely in accordance with the SDT. In the next decade, a substantial increase in the number of single-person households can be expected. In general there are three phases during the life course where people reside in a single-person household:

1. at a young age; young adults live alone for a couple of years after leaving their parental home. These single-person households are concentrated in the larger cities that attract young people for study and work.
2. during middle age, when people break up a relationship and go back to living alone. This type of household can be found everywhere in the Netherlands.
3. at advanced age, after the death of the partner. This type of household is relatively more common in regions with unbalanced population decline.

According to the latest projections by the Dutch Central Bureau for Statistics the percentage of single-person households will grow from almost 38% from 7.7 mln. households in 2015 to around 43% in 2060. (Van Duin, Stoeldraijer, et al, 2016). In this forecast the ageing of the population accounts for the larger part of this predicted growth of single-person households. (CBS, 2016)

Figure 2: Single-person households in the Netherlands 1971-2060



Source: Van Duin, C, Stoeldraijer, L. Van Roon, D. & Harmsen, C. (2016) Huishoudprognose 2015-2060: jongeren en ouderen langer thuis (The Hague: CBS).

2 Unbalanced population decline in the Netherlands

Demographic transition is a more widely felt demographic process. Unbalanced population decline however, is a process that at this moment only affects certain regions.

2.1 General theory

Migration of people from rural areas to midsized and larger cities in search for better prospects is certainly not a new phenomenon. Based on his observations in Britain, Ernest George Ravenstein formulated - as early as 1885 - his seven laws of migration (Ravenstein, 1885), stating that:

- Most migrants only proceed a short distance, and toward centres of absorption;
- As migrants move toward absorption centres, they leave "gaps" that are filled up by migrants from more remote districts, creating migration flows that reach to "the most remote corner of the kingdom";
- The process of dispersion is inverse to that of absorption;
- Each main current of migration produces a compensating counter-current;
- Migrants proceeding long distances generally go by preference to one of the great centres of commerce or industry;
- The natives of towns are less migratory than those of the rural parts of the country;
- Females are more migratory than males.

Partly in line with Ravensteins reasoning Jan Lucassen and Leo Lucassen (Lucassen & Lucassen, 2011) stated that as a result of commercialisation and proletarianisation in the nineteenth and twentieth centuries many young single men and whole families moved from the countryside to the cities, where the emerging industry was in need of low-skilled workers. Nevertheless, even though some of the aforementioned characteristics of migration and motives for migrating are still topical, current internal migration in the Netherlands shows a different pattern from the ones discussed above.

Tony Fielding launched the metaphor of the escalator, in order to frame the process in which specifically young singles migrate to cities in pursue of higher education and a career, to improve their socio-economic position (Fielding 1992). More recent research has shown that – also for the Northern Netherlands and the Netherlands as a whole - larger cities act as magnets for young singles who want to pursue higher education and subsequently want to move on to a better paying job (PBL a, Venhorst, 2012, Manting & Huisman 2013, Latten et al 2006 and 2008, Kooiman, 2016). In urban areas large companies often offer well-paid jobs and, because of the agglomeration benefits², cities offer a more differentiated set of facilities (Glaeser 2011, Storper and Manville 2006 Storper and Scott 2009).

However, not only the presence or absence of higher education and well-paid jobs determine internal migration. Many studies have been devoted to (regionally determined) migration patterns. Factors that are discussed within these studies are amongst others: the general socio-economic structure of a region, the location of a region in relation to the national border, the character of neighbouring areas, the spatial structures developed through time, the proximity to a growing region, the (quality of the) housing stock and how it corresponds to the desires of (future) residents, local (political and administrative) actors and the quality of an area in terms of environment and nature (Hoekveld 2012, Hoekveld 2014). On the other hand, also factors have been distinguished that explicitly 'bind' people to their region: social and environmental factors such as proximity to parents, a partner and

² Agglomeration benefits like joint access to, for example, the local infrastructure (such as roads and airports) and to high-quality intermediate products and services from suppliers and specialists in the regional labour market. The larger internal market activates companies and institutions to respond better to the different consumer preferences. Subsequently consumers can enjoy a wider range of shops, restaurants, recreation, culture and education

friends and the (self-assigned) characteristics of the home region, turn out to be of great importance for the 'stayers' (Thissen et al 2010, Haartsen and Thissen 2014). From this can be concluded that there are very likely many different factors, exclusively or in various combinations, playing an important role when weighing whether or not to relocate at inter- or intraregional level.

Another important contribution to this discussion that should not go unmentioned within this context is the introduction in 2009 of the concept of unbalanced population decline (Van Nimwegen and Heering 2009). Van Nimwegen states:

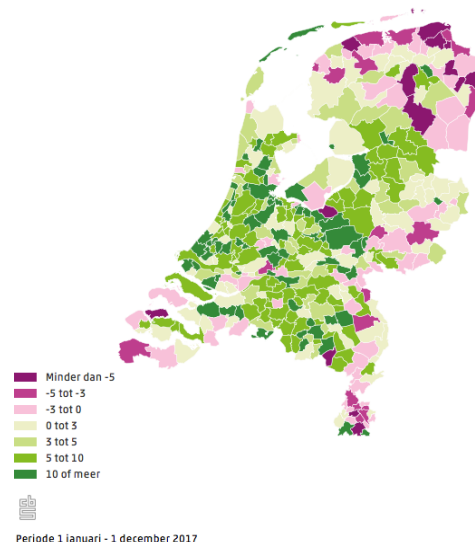
*Krimp kan zich, naast een verandering in de omvang van de bevolking, ook manifesteren als verandering in de samenstelling van de bevolking. In het laatste geval kan worden gesproken van selectieve krimp.*³

This concept enables us, while studying migration, to take into account different motives for different groups in society and the consequences this migration (for example singles in search for education and jobs and senior citizens looking for better facilities) for example has on the social structure and age composition of a region.

2.2 The Northern Netherlands

As stated before, total Dutch population is still projected to grow in scenarios up to 2060, though solely based on immigration. However, some regions in the Netherlands experienced besides demographic transition also population decline as early as 1996.

Figure 3: Population growth and decline in the Netherlands over the year 2017 (per 1,000 inhabitants)



Source: CBS (d)

³ "Population decline can manifest itself, not only as a decline in total population, but also as a changing in the population structure. In this latter case it can be labelled as unbalanced population decline." Translation by the author of this article.

Bevolkingsvraagstukken in Nederland anno 2009. Van groei naar krimp. Een demografische omslag in beeld. N. Van Nimwegen, Liesbeth Heering (red). Amsterdam 2009. Rapport no. 80. P. 6.

The first areas in the Netherlands that were to experience this decline in population were the border-regions Northeast Groningen, Zeeuws-Vlaanderen (Province of Zeeland) and the southern part of the province of Limburg. Especially the town of Delfzijl (Northeast Groningen) was struck hard (purple areas). Especially the unbalanced population decline becoming visible through flows of young singles relocating for higher education and a career and elderly people moving to communities with more facilities are determining the (age) structure of the population and the housing and labour market.

It took until 2009 for the central Dutch authorities to put the issue on their agenda, resulting in an inter-administrative action plan population decline called *Krimpen met Kwaliteit*. In the more than 20 years that have passed since the surfacing of population decline many more regions and towns have seen unbalanced population decline (see figure 3 for the Netherlands and table 1 for the Northern Netherlands).

Table 1: Population decline in declining regions and regions anticipating decline in the Northern Netherlands since the peak year

Region	Type	Peak year Inhabitants in	Inhabitants in peak year (n)	Inhabitants per 1/1/15 (n)	Total population decline since peak (%)***
NE Groningen*	Region with population decline ****	2003**	236.000	222.000	5,9
NE Friesland	Region with population decline	2006	127.000	124.000	2
East Drenthe	Anticipating region*****	2010	197.000	194.000	1,8

Source: Derks, W. *Barometer krimp. Actuele bevolkingsontwikkeling in regio's met structurele bevolkingsdaling*. 7 januari 2016. P. 8

www.vanmeernaarbeter.nl/sites/vanmeernaarbeter.nl/files/BAROMETER%20KRIMP%20jan%202016.pdf

* Municipality of De Marne, the DEAL municipalities and East Groningen are combined in this table because of the availability of data, and therefore fall under the heading NE Groningen

** NE Groningen had a previous peak in 1981.

*** Calculated in unrounded numbers.

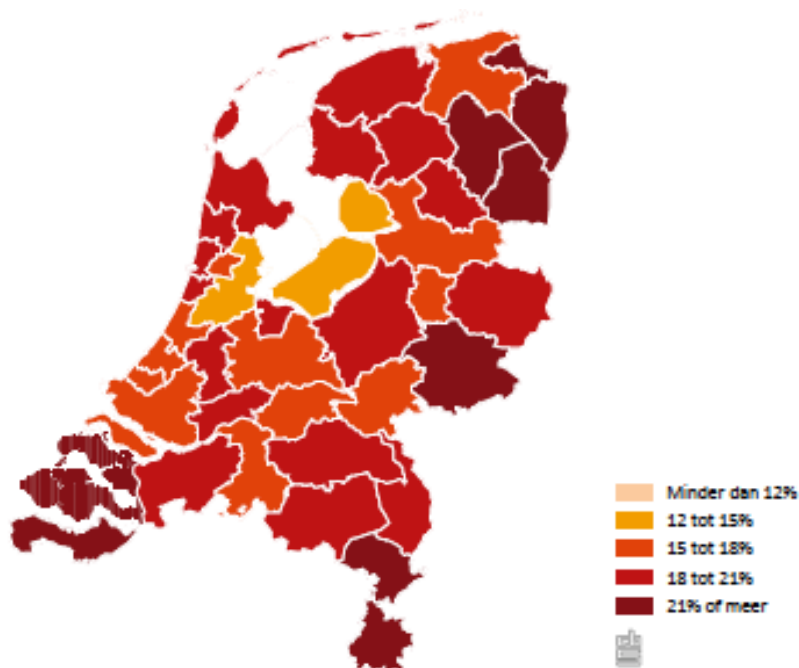
**** Peak declining region: the population is expected to decrease by 16% up to 2040.

***** Anticipating regions: regions where the population is not yet declining, but will decline in the future. Here the number of inhabitants is expected to drop by 4% in 2040.

(<https://www.rijksoverheid.nl/onderwerpen/bevolkingskrimp/inhoud/krimpgebieden-en-anticipeergebieden>)

This unbalanced population decline does have an important side effect. Because of this the ageing of the population is developing more rapidly in the areas confronted with it. Not just the percentage of older people, but also the percentage of very old people, is growing much faster in these areas as compared to regions with a non-declining or growing population (figure 4). As a result unbalanced population decline and the acceleration in the ageing process in regions experiencing this type of population decline can have a profound influence on the availability and the necessity of volunteer care. Based on this we have designed a pilot-study discussed below. Our purpose was to achieving more insight into the living conditions and the social support system of elderly men and women, while focussing on the potential and actual role of family, friends and neighbours when it comes to help and care in a region with unbalanced population decline and accelerated ageing.

Figure 4: Percentage of 65+ in COROP-regions registered 1st January 2015



Source: Kooiman (2016)

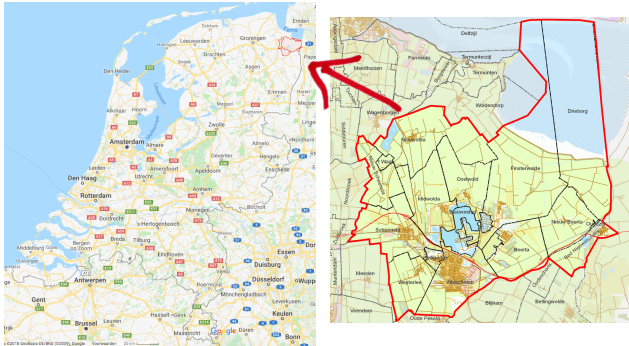
3 Pilot study

In this pilot study we focussed on a municipality in the northeast of the Netherlands, Oldambt, and one of its villages, Finsterwolde. As has been shown Oldambt is a municipality in one of the first regions that was confronted with unbalanced population decline.

3.1 Municipality of Oldambt

Oldambt is a rural municipality (around 38.000 Inhabitants beginning of 2018) in the eastern part of the province of Groningen with one midsized town, Winschoten (around 18.000 Inhabitants), as its centre. Furthermore the municipality holds 14 villages and more than three-dozen hamlets scattered through the outskirts of the municipality. In 2010 Oldambt became a municipality after the merging of three

smaller municipalities, Scheemda, Reiderland and Winschoten. In 2009 the area of Eastern Groningen, of which the new municipality is part, was indicated by the Ministry of Internal Affairs of the Netherlands as one of the three regions in the province experiencing serious population decline.



Source: Google Maps

Table 1 shows total population decline in Oldambt listed for the period 2009-2017. In general it shows that total population has declined by almost 1,400 people over a period of 8 years.

Table 1: Total population (decline) in the municipality of Oldambt 2009-2017

Year	Total population	Population decline
2009	39,464	
2010	39,400	-64
2011	39,100	-300
2012	38,764	-336
2013	38,571	-193
2014	38,427	-144
2015	38,235	-192
2016	38,118	-117
2017	38,078	-40

Source: Municipality of Oldambt

Table 2: Inhabitants per age group for the years 2010 and 2017

	Oldambt 2010 N	Oldambt 2017 N	Oldambt 2010 %	Oldambt 2017 %	Netherlands 2010 %	Netherlands 2017 %
0-64	31,740	29,006	81	76	85	82
65-79	5,591	6,898	14	18	11	14
80 and over	2,055	2,174	5	6	4	4
Total inhabitants	39,386	38,078	100	100	100	100

Source: Municipality of Oldambt (data concerning Oldambt) and CBS (data concerning the Netherlands)

However, Oldambt does not only experience a decline in its total population, it also faces accelerated ageing of its population and a continuing rise in the numbers and percentage of the very old as compared to total Dutch population (table 2). When it is taken into consideration that average life expectancy in the Netherlands at birth in 2014 was 81,3 while average life expectancy in the municipality of Oldambt was 79,3 in that same year (waarstaatjegemeente) the only conclusion that can be drawn in order to explain for the quicker pass of the ageing process in Oldambt is the migration of youngsters and as a consequence of that, lesser babies being born.

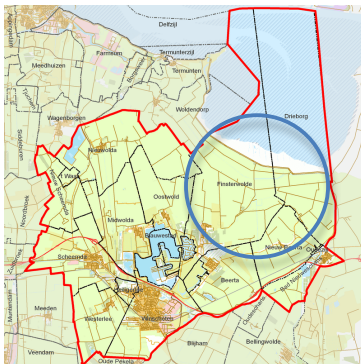
Table 3: Distribution of 65-79 and ≥80 year old man and women over the municipality of Oldambt in percentages of total numbers of the age group living in the municipality

	65-79 %	≥ 80 %
Winschoten	48.5	57.6
Scheemda	14.1	14.5
Beerta	5.9	6.0
Finsterwolde	5.9	4.1
Midwolda	4.5	4.0
Rest of the villages	21.1	13.8

Source: Municipality of Oldambt

Table 3 shows that relatively large groups of elderly inhabitants of Oldambt cluster in Winschoten, the central town of the municipality, and Scheemda, the second large community. This is in line with the generally acknowledged fact that elderly cluster in larger communities because shops and facilities are located there. Furthermore we can see that this tendency is strengthened when people grow older. The villages that are relatively successful in keeping their elderly within their community are those that offer sheltered accommodation, Scheemda and Beerta.

Figure 4: The community of Finsterwolde (village, hamlets and surrounding rural area)



Source: Google Maps

In the above we have shown that the municipality of Oldambt is going through a phase with unbalanced population decline, a demographic process that amongst others accelerates the ageing of its population. Because of this, the municipality is

exemplary for the purpose we had in mind with our pilot-study. Furthermore it can also be assumed that elderly from smaller communities are more inclined to migrate to communities with more facilities or to stay in villages offering sheltered accommodation with rising age. Furthermore elderly become frailer with rising age (figure 5) en thus potentially more in need of aid and care by others. Finally with rising age the number of people living in a single-person household increases, what makes them potentially more dependent on neighbours and family members other than spouses (table 4). Starting from these findings and assumptions we chose to limit our population under study to men and women aged 80 years and over living in the village of Finsterwolde (figure 4).

Figure 5: Chronicle diseases in the Netherlands by age group and gender in 2014 per 1.000 inhabitants (blue=male, red=female)

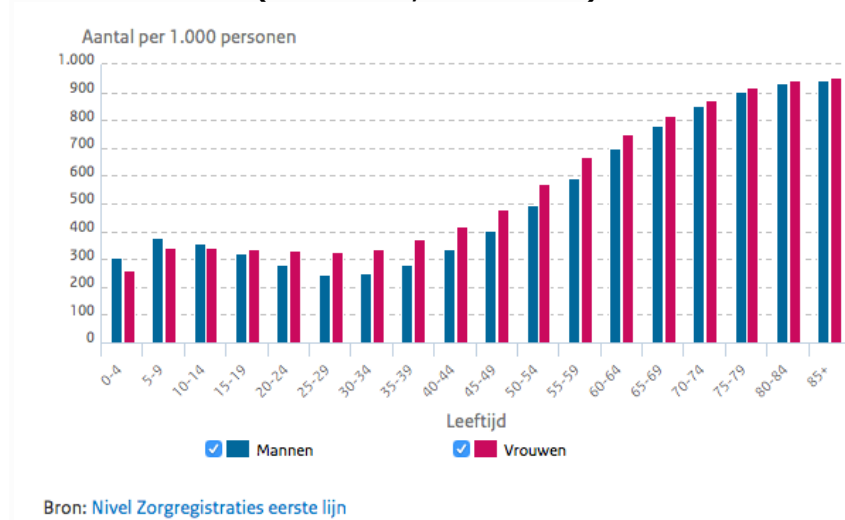


Table 4: Men and women ≥80 years living in a single-person household in the municipality of Oldambt in 2010 and 2017 in total and in %

	2010	2017
Elderly aged 80 years and over	2,055	2,174
Elderly 80 years and over living in a single person household (N)	965	1,044
Elderly 80 years and over living in a single person household (%)	47%	48%

Source: Municipality of Oldambt

3.2 The community of Finsterwolde

The community of Finsterwolde, in the registration kept by the municipal office of Oldambt, consists of one of the larger villages within Oldambt (2,120 inhabitants; 1/1/2017) and a large group of small hamlets. Generally speaking approximately 50% of its inhabitants is living in the main village itself while the other 50% of the people is living relatively scattered in the smaller hamlets or in the surrounding rural area. The distribution of age groups living in the community is listed in table 5. In

comparison with data concerning the Netherlands as a whole here too an accelerated ageing of the population for the total age group 65 and over can be detected.

The village has a small supermarket, one GP and a community centre. One of the hamlets in the outskirts of the community of Finsterwolde is Ganzendijk. The distance that has to be travelled to visit the GP when living in Ganzendijk is 4.6 km while the people living in that hamlet have to travel 3 km for a visit to the supermarket. When measuring the same trips taken from the centre of the village it is respectively 2.1 and 0.5 km. Average distances to these facilities within the community of Finsterwolde are 2.0 and 1.5 km. Even though people have to travel several kilometres this means relatively easy access to the different facilities for everyone living in the community despite its rural character. Nevertheless, the community of Finsterwolde is regarded as one of the more stretched out communities within the municipality.

Table 5: Inhabitants per age group in 2017 for Oldambt, Finsterwolde and the Netherlands in %

	Oldambt 2017 %	Finsterwolde 2017 %	Netherlands 2017 %
0-64	76	77 (N=1,636)	82
65-79	18	19 (N=397)	14
80 and over	6	4 (N=87)	4
Total inhabitants	100	100 (N=2,120)	100

Source: Municipality of Oldambt (Oldambt and Finsterwolde) and CBS (the Netherlands)

3.3 The methods used

To get insight into individual living arrangements we distributed a questionnaire under inhabitants of Finsterwolde aged ≥ 80 years. We had a response of N=30 (ages between 80 and 91). Even though this is a small group this meant that we got data for every third elderly belonging to the target group and living in Finsterwolde. In order to shed more light on specific arrangements we held 5 in-depth interviews. These were mainly used to illustrate our findings because the interviewees were not randomly picked but selected on the basis of their filled out questionnaire. The questionnaires held questions concerning 'mobility', 'living situation', 'social network' and 'health' (see appendix). Within the framework of this paper we will only focus on those results that gave us information concerning the social support system of the elderly aged 80 years and over in Finsterwolde and their role in helping and caring.

3.4 Results

In table 6 the areal distribution of the elderly aged 65-79 and ≥ 80 years for the community of Finsterwolde is shown, while for the elderly aged 80 years and over also household structures were taken into consideration.

Table 6: Areal distribution of elderly aged 65-79 and ≥80 year in Finsterwolde and the household structures in which elderly aged ≥80 years were residing the 31st of December 2017

Age category	Centre village	Outskirt village	With partner	Single person hh
65-79 (N)	121	276	-	-
65-79 (%)	30	70	-	-
80 (N)	36 (total) 26 (single) 10 (=partner)	51 (total) 28 (single) 23 (+partner)	33 (total) 23 (outskirt) 10 (centre)	54 (total) 28 (outskirt) 26 (centre)
≥80 (%)	41	59	38	62

Source: Municipality of Oldambt

As we can see a majority of elderly aged 80 years and over is living in the hamlets or in the rural surroundings of the main village (70%), while also a very large majority, almost 2 out of every 3 elderly (62%), lives in a single-person household.

Starting from the data gathered through the questionnaire within the framework of this paper we focused on 'shopping-arrangements' an activity we labelled as 'assisted activity' an activity we differentiated from 'care' provided by the social network ((grand) children, neighbours, friends). After that we focussed on the type of care people received, distinguishing between volunteer aid and professional aid sponsored by the government.

90% of the respondents stated that they have one or more child(ren). 19 (63%) of the respondents answered that they have (grand) children living in the neighbourhood, some of them even in the same village or hamlet. 80% of them indicating that they have frequent contact with their (grand) children. The other 20% answered that contact was rare because their children were busy with work, raising children and career. In 4 cases people (living in a single-person household) indicated they felt the contact with their children to be not frequent enough. In the interviews sometimes a family quarrel was mentioned as a reason for rare contact. However, the data gathered (questionnaire and interview) also suggest that contact with neighbours (2 of the 4 cases) for the social part compensated this rare contact with children. Still a warm contact with neighbours does not only arise when frequent contact with (grand) children is dearly missed. 8 respondents told they have frequent contact with their children and have a more than warm contact with their neighbours.

Disregarding the fact that they do or do not have regular contact with their children, 20% of the elderly that filled in the questionnaire answered that they frequently experience feelings of loneliness. When confronting the responses to this question with the household structures it showed that for elderly aged ≥80 years living in a single-person household the percentage rose to almost double. Some of them wrote that there were several days in a week they did not see anybody.

Concerning 'assisted activities' 10 (33%) of the respondents answered that a (grand) son or (grand) daughter accompanies them while they do their grocery shopping. The other 20 men and women answered that they were not in need of any

assistance while doing their shopping. Depending on the distance they had to travel they either went by foot and bike (living in the village) or by car (outskirts). For longer, more recreational trips only 3 (10%) of the respondents answered that they drive themselves. So 27 (90%) of the respondents answered that they depend on their (grand) children or neighbours to drive them or they (almost 50% of the respondents) use a WMO-taxi.

With regard to the importance of neighbours 73% of the respondents answered the question 'How important are your neighbours as part of your social network?' with 'very important'. Neighbours provide distraction from daily worries, are the people with who you drink your morning coffee, they give a hand when the garden needs attention, help with grocery shopping and take the elderly on a recreational trip. Besides that they were also often mentioned as the ones providing mental assistance or the shoulder to cry on. This is especially true for neighbours that are somewhat the same age and originate from the same area. This last aspect falls within the category of 'volunteer care'

However, when it comes to physical care and daily care like for example preparation of meals, professionals seem to be important. One out of 5 elderly uses 'meals-on-wheels'-facilities. Most of them do so every day. While almost 2 out of 3 have a professional cleaner once a week. One out of 4 elderly receives homecare concerning smaller care-duties. Only one respondent tells her (grand) daughter is performing care-duties. Not one of the respondents receives intensive treatment at home either from professionals or from family and friends.

4 Concluding remarks

The driver for this pilot-study was to see if there is any reason for organising a much larger research project to investigate if the regulation that makes municipal support additional to the care and support people receive from family and friends is less feasible for regions with unbalanced population decline and accelerated ageing. What we saw for the community of Finsterwolde is that 70% of the respondents aged 80 years and over were living in the neighbourhood of one or more (grand) children. Practical help, labelled by us as 'assisted activities', is often given by these (grand) children. When children were living further away or there were other reasons why their role was less significant, neighbours often took on this role. However, it also showed that neighbours play a very important role, not only concerning 'assisted activities' but also providing mental assistance. Most frequently the neighbours taking on this role are also belonging to the category 'senior citizens'. Nevertheless, when it came to care, professionals were almost exclusively rendering this type of assistance. For this reason it can be argued that professional care cannot be seen as supplementary to the care given by the social network. (Grand) Children and neighbours very rarely take on caring activities apart from some neighbours that 'offer a shoulder tot cry on'. The real importance of neighbours, especially from the same age category, for the continuation of independently living elderly, however, should be researched more intensively. Especially for the dynamics within larger apartment buildings where exclusively elderly people are residing given the continuing ageing of (this) population.

A Larger percentage of the elderly living in the outskirts of the community of Finsterwolde were still sharing a house with a partner. This could mean that elderly living in a single-person household feel the urge to move to the centre of the village or even further away to a village or town with more facilities or sheltered accommodation more strongly. However, within the framework of this pilot-study this was not examined.

We were focussing on the social network of elderly and the care and support they received from their family, friends and neighbours. As a result we found some potentially interesting topics for further research linked to our research-question. Moreover, some additional results came to the surface that could form the basis for other new research-projects. One of them being the outcome of analyses of the data we received from the municipal office of Oldambt, indicating that a large percentage of the elderly living in the community of Finsterwolde are the owner of the house they live in. For the age-group 65-79 years this was 80% (N=321) by the end of 2017 and approximately 50% (N=43) of the age group ≥ 80 years. Given the disturbed mechanism of the housing market in communities that experience population decline this could potentially be a huge problem in guaranteeing health and wellbeing in later life and therefore important to research.

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Data Collection

Data from the municipal office of Oldambt

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Appendix: Questionnaire

Mobiliteit

Waar doet u boodschappen?

- ☐ In het dorp
- ☐ In een ander dorp of Winschoten

Hoe vaak gaat u naar de supermarkt?

- ☐ 1 keer per week
- ☐ 2 of 3 keer per week
- ☐ 4 of 5 keer per week
- ☐ 6 of 7 keer per week

Hoe gaat u naar de supermarkt?

- ☐ Lopend
- ☐ Scootmobiel
- ☐ Fiets
- ☐ Auto
- ☐ Anders namelijk;

Hoe reist u over langere afstanden?

- ☐ Ik reis zelfstandig met de auto
- ☐ Ik word gebracht door vrienden of familie
- ☐ Ik reis met het openbaar vervoer
- ☐ Ik reis met de (Wmo) Taxi

Woonsituatie

Hoelang woont u hier al?

- ☐ Minder dan 1 jaar
- ☐ 1 tot 5 jaar
- ☐ 6 tot 10 jaar
- ☐ Langer dan 10 jaar

Denkt u dat u hier blijft wonen wanneer uw gezondheid achter uit gaat?

- ☐ Ja
- ☐ Nee

Heeft u hiervoor woningaanpassingen gedaan?

- ☐ Zo ja; welke:
- ☐ Nee

Zou wanneer uw gezondheid achter uit gaat willen verhuizen naar seniorenwoning/zorgappartement?

- ☐ Zo ja, naar:
- ☐ Nee, ik wil zelfstandig blijven wonen
- ☐ Nee, maar ik wil wel verhuizen naar een dorp met meer voorzieningen

Sociaal netwerk

Hoeveel dagen in de week ziet/spreekt u niemand anders?

..... dag(en)
Heeft u kinderen?

- ☐ Ja
- ☐ Nee

Wonen uw kinderen in de buurt? (overslaan bij geen kinderen)

- ☐ Zo ja; waar.....
- ☐ Nee

Ziet u ze vaak? (overslaan bij geen kinderen)

- ☐ Ja
- ☐ Zo nee; spreekt u ze vaak?

Hoe belangrijk zijn uw burens voor u?

- ☐ Heel belangrijk, want.....
- ☐ Niet zo belangrijk
- ☐ Niet belangrijk

Voelt u zich wel eens eenzaam?

- ☐ Nooit
- ☐ Regelmatig
- ☐ Vaak

Gezondheid

Maakt u gebruik van tafeltje-dek-je?

- ☐ Zo ja; hoe vaak
- ☐ Nee

Heeft een huishoudelijke hulp?

- ☐ Zo ja; Uren per week
- ☐ Nee

Ontvangt u thuiszorg?

- ☐ Zo ja; voor.....
- ☐ Nee

Krijgt u mantelzorg?

- ☐ Zo ja; van.....
- ☐ Nee