Geoforum 59 (2015) 87–97

Contents lists available at ScienceDirect

Geoforum

journal homepage: www.elsevier.com/locate/geoforum

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

Debbie Lager *, Bettina Van Hoven, Paulus P.P. Huigen

Cultural Geography Department, Faculty of Spatial Sciences, University of Groningen, PO Box 800, 9700 AV Groningen, The Netherlands

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

* Corresponding author.
E-mail addresses: d.r.lager@rug.nl (D. Lager), b.van.hoven@rug.nl (B. Van Hoven), p.p.p.huigen@rug.nl (P.P.P. Huigen).

http://dx.doi.org/10.1016/j.geoforum.2014.12.009
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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

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