
Integrated Service Areas: The experience of the independently living elderly in Hengelo and Peel en Maas

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Colophon

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Summary

This research focuses on the living experience of independently living elderly in the Integrated Service Areas of Hengelo and Peel en Maas. Mostly quantitative research has been carried out on Integrated Service Areas in the past, but a knowledge gap exist for qualitative research. Not much is known about the experience of the elderly themselves. What are the effects of existing services in Integrated Service Areas on the ability to live longer independently and wellbeing? And the effect on health and use of care of elderly? What are the differences between urban and rural Integrated Service Areas? With this research, it is tried to answer these questions. For this purpose, in-depth interviews were in an urban (Berflo Es, Hengelo) and a rural (Helden-Panningen, Peel en Maas) Integrated Service Area.

Living longer independently and wellbeing

Different services are in place in the Integrated Service Areas to make it possible for elderly to live longer independently. These services also affect the wellbeing of people. In both Berflo Es and Helden-Panningen, the majority of elderly have made adaptations to the house. Another part of the elderly considers doing so in the future. Almost all of the respondents in both places mentioned being very satisfied with the house and physical environment. Moreover, people are satisfied with the supermarkets, although those are located quite far away in Berflo Es, and not enough parking lots are available in Helden-Panningen. In both places people make use of organized social activities, which people are very satisfied about. Another service on offer is public transport, which is only used by part of the inhabitants in both places. Multiple elderly find public transport confusing to use.

Health and use of care

Both Integrated Service Areas offer a general practitioner and pharmacy. However, in Berflo Es, part of the elderly have those outside of the neighbourhood. In Helden-Panningen, these services are located in the care center Pantaleon, which offers different types of care. People in both places are satisfied with these services. However, for some people, Pantaleon is located too far away. Furthermore, part of the elderly make use of Wmo care, for example a cleaner, a wheelchair or a regional taxi. Arranging this care can be difficult for people.

Differences between urban and rural

When it comes to the modification of houses, the elderly in Helden-Panningen are more occupied with performing large renovations to the house than elderly in Berflo Es. Also, the elderly in Helden-Panningen seem to value the physical environment more. When looked at the different services, the offer of supermarkets and stores is bigger in Helden-Panningen than in Berflo Es, as well as that the supermarkets are more often in close proximity. When focussing on public transport, it turns out the access is better in Berflo Es. Moreover, elderly in Berflo Es participate more in organized social activities, while the elderly in Helden-Panningen participate more in social activities in the private sphere. Furthermore, more elderly in Berflo Es make use of Wmo care than in Helden-Panningen. Different policy changes in the domain of care have occurred in the period this thesis focuses on. However, it is striking that in both areas these changes do not seem to be of much importance for the elderly. It turns out that changes in personal circumstances are experienced as being most important.

Recommendations Hengelo and Peel en Maas

Recommendations for both Integrated Service Areas could be made as a result of the outcomes of the interviews. As the supermarkets in Berflo Es are located at the edges of the neighbourhood, an advise for the municipality of Hengelo is to establish some sort of supermarket facility which less vital elderly in the middle of Berflo Es can reach. Furthermore, a better promotion and guidance in delivering groceries at home is recommended. In Helden-Panningen, it was mentioned that the bus stops are quite far away for some elderly, so creating a bus route which passes more areas in the neighbourhood would be advised. Moreover, part of the parking lots close to the stores in Helden-Panningen are recommended to be designated to handicapped people and elderly alone, to make up for the difficulties these people face with the shortage of parking lots. Next, the care center in Helden-Panningen is quite far away for part of the inhabitants. Therefore, an annex with at least a general practitioner and pharmacy is advised which is reachable for these people.

Recommendations city and countryside in general

This thesis aims to contribute to the planning practice by highlighting recommendations for Integrated Service Areas in cities and countryside in general. First of all, it is advised to provide more information on the possibilities regarding the adjustment of owned houses. It is also recommended to create more awareness on the possibly inescapable step for elderly of moving out of rented houses when these cannot be modified. Another advise is guiding elderly in the use of public transport as this can be confusing. For countryside areas having less access to public transport, it is recommended to have at least a (small) bus line on offer which covers the whole area as it is sometimes the only way for elderly to get around independently. Moreover, it is advised to have a wide range of organized social activities on offer to meet the needs for different preferences. This can be difficult in the countryside, but it is recommended to have at least a few different organized social activities. The same goes for services like supermarkets, general practitioner and pharmacy. Without these services, people will be forced to move away. Another recommendation is offering guidance for elderly in arranging help from the Wmo, as elderly could find it difficult. The last advise is to offer different types of support for informal caregivers, as this is often experienced as a great burden.

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1. Introduction

1.1 Motivation

The Dutch population is ageing, with a growing share in elderly households as well as that these elderly households will get older in the future (PBL, 2017). Moreover, it is expected this will happen with less physical limitations. More years in good health can be expected (Zorgkrant, 2018). The CBS (*Centraal Bureau voor de Statistiek*) expects a further decreasing death rate and improvement of the health of the population (De Zeeuw, 2018). If elderly stay healthy for a longer period of time, elderly can also live independently for a longer period of time (Rijksoverheid, 2018). As inpatient care is quite expensive, letting people live longer at home can restrain care costs (Doekhie et al., 2014).

In recent years, these societal trends have led to changes in the policies regarding elderly care. Since 2015, new laws are in place to arrange a transition to a new system of care provision. These laws are based on 2 assumptions. First, it is intended that people have to live independently for as long as possible, with moving to a nursing home happening less often. Central to this are the capabilities of people. Support will in the first place be delivered by family and other people in the environment and when necessary, municipalities and health insurances can offer additional support. Second, it is intended that residential care stays accessible for the frailest elderly. Living at home with care is also possible, however only if this can happen in a less expensive way than in a nursing home. The purpose of this transition is to keep care affordable, in the present time and in the future (Zorg voor Beter, 2018). The Wmo (*Wet maatschappelijke ondersteuning*) is in place to support elderly living longer independently. This can for example be by offering organized social activities, a helping hand in the household or alleviate the burden of informal caregivers (Rijksoverheid, 2018).

A common local policy response – which had already taken root before the recent change in government policy – is setting up Integrated Service Areas. These have as the primary purpose to let elderly live longer independently. Herein, integrated services in a small community are offered (RIGO, 2018; Singelenberg et al., 2014). Services are on offer especially for elderly regarding wellbeing, living and care. Moreover, the physical environment and houses have at least been partly modified. When people of older age live in suitable houses, these people can stay in the community which is familiar. Moreover, the social activity of the elderly is promoted by having different social resources in the proximity (RIGO, 2018).

In 2012, qualitative and quantitative research was carried out in 10 different Integrated Service Areas by de Kam et al. (2012). As much has changed since then regarding care policies, it is of added value to carry out a qualitative follow-up research on how elderly have experienced living in the Integrated Service Areas for the past seven years. Follow-up research which was finished in 2018 and 2019 was mostly quantitative, so a qualitative approach can increase the insight into Integrated Service Areas. This thesis investigates the experience of elderly living in Integrated Service Areas. As this has hardly been researched in the past, an explorative approach is used. It is in line with part of the literature discussing the topic of ageing in place to make a comparison between urban and rural, as Rietman (2011) and Broese van Groenou et al. (1999) have done. Therefore, it was chosen to perform qualitative research regarding the experiences of elderly living in an Integrated Service Area in a city

(municipality of Hengelo: The Integrated Service Area of Berflo Es) and in the countryside (municipality of Peel en Maas: The Integrated Service Area of Helden-Panningen).

The purpose of this thesis is to enlarge the insight into how elderly experience living in both Integrated Service Areas. And based upon that, this thesis will deliver recommendations for both of the municipalities on how to improve the living experience of the elderly in both Integrated Service Areas. Moreover, recommendations for Integrated Service Areas in both cities and countryside in general will be made.

1.2 Relevance

The Dutch government is focused on letting elderly live longer independently (Campen et al., 2017; PBL, 2017) in order to keep care affordable (Zorg voor beter, 2018). This results in more pressure being put on the self-reliance of people and on municipalities, as those are responsible for giving needed support. This support is given through the Wmo (PBL, 2017).

Integrated Service Areas were set up with the purpose to let elderly live longer independently (RIGO, 2018). Back in 2012, both quantitative and qualitative research was carried out by de Kam et al. (2012), which focused on the effects of a set of 10 different Integrated Service Areas. In 2017, PBL investigated the contextual requirements of living longer independently, like housing and the financial situation of elderly. Moreover, the effects of living longer independently on different policy domains were investigated (PBL, 2017). In 2018, RIGO measured the performance of the 10 Integrated Service Areas relative to normal neighbourhoods. It showed the extent to which elderly could live longer independently in the Integrated Service Areas, as well as which requirements are inevitable to be able to live longer independently (RIGO, 2018). Most recently, mostly quantitative reports about the performance of each of the 10 different Integrated Service Areas were finished by De Kam (2019a; 2019b). This research also had a minor focus on qualitative issues. However, this consisted of interviews which were carried out with officials and professionals only, not with elderly. therefore, a knowledge gap is existing for up-to-date qualitative data on the experience of the elderly living in Integrated Service Areas. This thesis is expected to increase this knowledge. Focus for this research will be the experience of elderly in Hengelo and Peel en Maas for the past 7 years, as different changes have occurred in this period. For example: less accessibility to nursing homes, a bigger focus on the self-reliance of elderly, and municipalities taking care of frail inhabitants through the Wmo (De Kam et al., 2012; PBL, 2017).

This thesis elaborates on the call of George de Kam and the Planbureau voor de Leefomgeving to carry out qualitative research on Integrated Service Areas. Results of this case study on 2 Integrated Service Areas can also be valuable for both municipalities as it provides more insight in what could be improved on to increase the living experience of the elderly.

Furthermore, the academic relevance of this research is that it will bring more insight into how urban and rural Integrated Service Areas can make it better possible for elderly to live longer independently. This thesis will connect to existing theories on ageing in place, living longer independently, ageing in urban and rural areas, different policy domains (especially Wmo, Wlz and

real-estate) which are of influence on living longer independently, and (urban and rural) Integrated Service Areas. Also, the Integrated Service Areas of Berflo Es and Helden-Panningen will specifically be connected to. New empirical data could shed new light on the experience of elderly living in the Integrated Service Areas of Berflo Es and Helden-Panningen, as well as what the differences in experience are between urban and rural. Moreover, more insight could be created on the relative importance of Wmo policy changes pertaining to non-Wmo related changes and personal circumstances in the experience of the elderly. The case studies of the Integrated Service Areas in Hengelo and Peel en Maas could deliver insights and recommendations for both municipalities, as well as city and countryside. This could in turn serve as an inspiration for new research on Integrated Service Areas.

1.3 Research questions

The aim of this study is to gather more insight into how the independently living elderly have experienced living in the Integrated Service Areas of Hengelo (neighbourhood Berflo Es) and Peel en Maas (villages of Helden and Panningen) for the past 7 years. Based on that, this thesis will deliver recommendations on how the living experience of the elderly living in both Integrated Service Areas could be improved. Moreover, recommendations are made for improving the experience of elderly in Integrated Service Areas in the city and countryside in general. The primary research question that arises is:

How did the independently living elderly experience living in the Integrated Service Areas of Hengelo and Peel en Maas for the past 7 years?

The experience of the inhabitants will be analysed based on different concepts, such as living longer independently, ageing in place, and policy. Multiple additional secondary research questions follow:

-What are the effects of the existing services in the Integrated Service Areas on elderly for the past 7 years regarding

- a) Living longer independently and wellbeing?*
- b) Health and use of care?*

-What are the differences between elderly living in the integrated service area of Hengelo and elderly living in the integrated service area of Peel en Maas?

-What is the relative importance of Wmo policy changes pertaining to non-Wmo related changes and personal circumstances in the experience of the elderly?

-What are recommendations for the Integrated Service Areas of Hengelo and Peel en Maas?

-What are recommendations for Integrated Service Areas in cities and countryside in general?

1.4 Structure of the thesis

This thesis will start with the Theory chapter, wherein the concepts of ageing in place, living longer independently, ageing in rural and urban places, and changes in living independently will be discussed. Next, light will be shed on the chapter Dutch policy, wherein the different domains being of influence on living independently are explained. A chapter on Integrated Service Areas will follow. Herein, Integrated Service Areas in general will be discussed, as well as research done on Integrated Service areas back in 2012 and 2017. Moreover, the differences that these studies have observed between urban and rural areas will be highlighted. After the elaboration on all of these concepts, the conceptual model will show the relations between the factors that contribute to the experience of living independently in Integrated Service Areas which are either urban or rural. The next chapter will discuss the methodology used for this thesis. Herein, the research methodology, units of analysis, data collection, data analysis, and ethical considerations will be highlighted. The following chapter is the Findings chapter, presenting the answers to different secondary questions. The last chapter elaborates on the conclusion and discussion of this thesis. First, the primary research question will be answered, followed by a retrospect on this research. Last, shortcomings of this research and recommendations for further research are provided.

2. Theory

To get more insight into the living experience of independently living elderly in Integrated Service Areas, it is necessary to elaborate on the different concepts which influence this living experience. Therefore, this chapter will discuss the concepts of ageing in place, living longer independently, ageing in urban and rural places, and changes in living independently.

2.1 Ageing in place

The quality of life and the successful active ageing of elderly are for a large part affected by both ageing and place (Andrews & Phillips, 2005). Ageing in place is the process of elderly people ageing in the environment that is familiar (Smith, 2009). For elderly people, the neighbourhood is an important place of ageing, as people spend much time in the physical environment. This is a result of retirement and decreasing health and mobility. Smith (2009) states that elderly can live more independent when ageing in an environment which is familiar. Moreover, Lager (2015) mentions that it is in the best interest of elderly to grow old in the own neighbourhood as people are in a familiar environment. Even when elderly have to endure increasing frailty, the majority of elderly people prefer to stay at home and in the environment that people know (Sixsmith & Sixsmith, 2008; Smith, 2009). Elderly preferring to stay at home can have a pragmatic reason: owning a house which is mortgage free, or living in a neighbourhood where people have social networks and where people can receive help from friends and neighbours (Smith, 2009). For elderly, the social contacts are important for one's wellbeing in the social sphere, as well as for receiving needed support (Lager, 2015). Another reason can be the necessity to age in place as a result of people being physically attached to the environment. It is assumed that physical attachment grows when a person lives in a certain environment for a longer period of time or when a person frequently takes part in activities (Smith, 2009). Moreover, social embeddedness grows when a person lives in the neighbourhood for a longer period of time (Lager, 2015).

Positive aspects of elderly staying at home are that people form 'body awareness' for the details in the physical environment. This awareness of the environment is beneficial when the health of a person declines, as the level to which a person is able to function in the environment and his or her independence is maximized. If people have more knowledge about the environment, people can have a more independent life, regardless of personal abilities (Smith, 2009). It also increases the feeling of control and safety (Lager, 2015) Furthermore, when a person is better physically aware of the environment, he or she can better cope with changes happening in the environment (Smith, 2009). Moreover, when elderly stay at home it increases the well-being, social participation, healthy ageing and independence of the elderly (Sixsmith & Sixsmith, 2008). Ageing in place gives elderly an emotional attachment to the community and home, as well as a sense of being socially embedded (Lager, 2015). Also, staying in the same neighbourhood may lead to place attachment, which in turn affects the wellbeing of elderly (Lager, 2015) However, also negative aspects can be found in letting elderly stay at home for a longer period of time. First of all, physical aspects of the living environment can become a barrier, for example stairs and steps. Different adaptations can be executed in a house, however, those are not always adequate. Moreover, barriers which exist in the living environment of elderly could have social isolation as a result. Other negative aspects of ageing in place are that people reject certain adaptations as people associate it with decline, the control over the personal

space can serve as a hiding place for the decline of a person, and the awareness of frailty can make elderly over-fearful which leads to changing behaviour in for example social participation. Moreover, a poor design of the environment or lacking facilities could serve as a barrier for the elderly (Sixsmith & Sixsmith, 2008). Also, De Kam & Leidelmeijer (2019) mention the pros and cons of ageing in place, but from the perspective of policy interventions. They add that (too much) emphasis on ageing in place can lead to elderly not moving to an environment with better circumstances (De Kam & Leidelmeijer, 2019). However, the benefits of ageing in place are prevailing, as long as attention is given to the right circumstances. Moreover, there must be no coercion. The choice to live somewhere must be the choice of the elderly themselves.

2.2 Living longer independently

The Dutch population is ageing, as there is a larger share of elderly people than in the past, as well as that these people will get older in the future (Doekhie et al., 2014; PBL, 2017). Moreover, it is expected that this will happen with less physical limitations. More years in good health can be expected (Zorgkrant, 2018). Next to this 'grey pressure' stands the fact that health care costs are increasing, especially the long-term care elderly often rely on (Doekhie et al., 2014). Van der Cammen et al. (2012) state as well that more money will be spent on health care in the coming decade as a result of the ageing population. These costs increase with 8,6% every year (Doekhie et al., 2014).

If elderly stay healthy for a longer period of time, elderly can also live independently for a longer period of time (Rijksoverheid, 2018). People prefer to live independently for as long as possible (Doekhie et al., 2014; Singelenberg et al., 2014; Voogd, 2005) as they want to have a say in what happens in life (BeterOud, 2018) and want to be self-reliant (Doekhie et al., 2014). Living longer independently has different effects on elderly. Positive effects are that living longer independently is expected to increase the feeling of happiness and independence amongst elderly. Moreover, persons can stay in a familiar environment with the social contacts already obtained (Langerthuisinhuus, 2017), and people keep a sense of autonomy and control over the home (Walker, 1986). Nonetheless, negative effects could also occur with living longer independently. First of all, there is a chance elderly have to deal with loneliness when living alone or after losing a partner (langerthuisinhuus, 2017). Moreover, not all persons will be able to keep self-reliance in life, or not all persons prefer to be self-reliant (Langerthuisinhuus, 2017). Also, people require to be in good health (Etman et al., 2014) which will not always be the case, not everyone has informal caregivers in the proximity, persons reject to receive care at home, or they cannot afford this care (Doekhie et al., 2014). Negative effects can also occur in the living environment, for example problems with climbing stairs (Smith et al., 1994) and adaptations to houses which are inadequate (Sixsmith & Sixsmith, 2008). Last, informal caregivers have to carry responsibility for more tasks, which can be experienced as being a burden (Peetoom et al., 2016). The pressure on caregivers will increase (Namkee, 1999).

From the theory on ageing in place, the aspects familiar environment, physical attachment, and social networks will be incorporated as components of the conceptual model. For the theory on living longer independently, this will be done for the aspects independence, autonomy, and increased happiness.

2.3 Ageing in urban and rural places

Ageing in place is about the interaction between people and the environment. This thesis especially looks at the distinction between urban and rural environments for elderly.

Multiple differences between elderly living in urban areas and rural areas in the Netherlands can be found in the literature. First of all, when it comes to care, elderly living in the countryside more often receive informal care than elderly living in the city. Elderly in the city on the other hand receive formal care more often. Also, elderly living in the countryside value the physical environment more than the house. In the city it is the other way around as elderly people value a suitable house as being more important than the physical environment. For elderly in the city, an unsuitable home is often a good reason to move (Rietman, 2011). Looking at adaptations necessary to be made, elderly in the countryside are more actively occupied with changing the home in such a way that it is ready for the future. However, this is also better possible in the countryside than in the city as people often have larger houses which are owned. It turns out that people who live in an owned house are less likely to move than people who rent a house (Rietman, 2011). When looked at the mental health of elderly, Broese van Groenou et al. (1999) have researched if characteristics of the physical environment can influence loneliness among elderly. There are regional differences to be found, and the level of urbanisation plays an important role. It turns out that elderly who live in a city are more often lonely than elderly living in the countryside, even when it is controlled for personal circumstances and health. People who originally did not have roots in the area and did not develop locally integrated connections, received less care and support. As a result, this can lead to loneliness (Broese van Groenou et al., 1999).

Against the background of the theory on differences between urban and rural, the aspects of the physical environment, the adjustment of houses, and care have been added to the conceptual model of this thesis.

2.4 Changes in living independently

This study is not only a snapshot of the current situation, it also looks at changes which happened in the past years. In the societal debate there has been much attention for policy changes in the field of care. These will be discussed in Chapter 3, as well as changes in real-estate. However, there are other changes which also affect the experience of elderly living independently. In this paragraph, personal factors will be discussed, followed by societal factors, namely the rise of home automation, a decline in volunteers, and a decline in participation by youth. This thesis aims to explore the relative importance of the different types of change for elderly living in Integrated Service Areas.

When looking at personal factors, the literature shows different aspects which could change the ability to live independently. First of all, health problems are of influence on social life. Being healthy is a prerequisite for being able to function socially and when health is declining, it will lead to a decline in the social functioning of people (Von Faber, 2002). Moreover, the suitability of the living environment depends on personal circumstances, like the mobility of people (Bijdrage aan PBL studie Langer zelfstandig wonen, 2018). Many elderly have to deal with declining mobility when getting older. Elderly can face multiple disabilities and chronic diseases which are the cause of this decline in

mobility (Tinetti, 1986). This decline could affect the living experience of elderly. Also, the the level of self-reliance of elderly plays a role in the living experience. If the level of self-reliance is low, meaning elderly being dependent on care, support, personal assistance, or services regarding limitations, it affects the personal wellbeing (Meesters & Pijpers, 2011). Next, mental wellbeing also has an influence, which for example can be reflected in the fear for getting older and for death, as well as loneliness which can be a result of the loss of people of the same age or family members. Mental stress can occur as a result of financial problems or having to leave the familiar environment when moving (De Kam et al., 2012). Subjective wellbeing consists of satisfaction about life, having pleasant feelings for a longer period of time and the hindsight of unpleasant feelings (Diener, 1994). Elderly who face illnesses have a lower level of subjective wellbeing (Steptoe et al., 2015). Next, if elderly have an initiative, for example moving, this can change due to unforeseen events in the personal circumstances of people (Bijdrage aan PBL studie Langer zelfstandig wonen, 2018).

Moreover, a decline in the number of volunteers is a societal factor related to living independently and wellbeing. Bekkers (2004) stated the interest for performing voluntary work is decreasing, while the quest for voluntary workers is rising as quality requirements within organizations have become stricter and government often takes a step back. Moreover, voluntary workers are more often elderly people, with the number of younger people performing voluntary work decreasing. Problems could occur when no new youth gets involved in voluntary work (Bekkers, 2004). Since 2010, the number of volunteers is decreasing. Furthermore, the number of hours people perform voluntary work per month has also decreased. The reason for this decrease is that people are nowadays more occupied with carrying out informal care (Hetem & Franken, 2017). Furthermore, according to Dekker et al (2008), people have less time for voluntary work as more hours need to be made in the regular job (Dekker et al., 2008).

Another societal change can be seen in the decline of participation in younger age groups. People of younger age groups (people born from 1960 onwards) are less often participating in community life than people of older age groups (people born between 1910 and 1940). A decline in social capital, as well as a decline in civic engagement can be expected when the people of older age groups are being replaced by people of younger age groups (Putnam, 2000, in Stolle & Hooghe, 2004). Clark (2014) states that social capital brings civic, economic and political benefits for the democracy and therefore, a decline is concerning (Clark, 2014). Moreover, Doran (2017) notes that a decline also affects personal happiness.

The above literature shows that multiple changes can occur while living independently. These changes can be a result of personal factors, or could be of societal nature. The different changes, which can be listed under Wmo policy changes, non-Wmo related changes, and personal circumstances, have been included in the conceptual model of this study. Moreover, different policy domains and changes herein can also affect living longer independently. This will be the focus of the next chapter. The different changes in living independently can play a role in the living experience of the elderly. Therefore, these changes are elaborated on in the interviews taken for this research, and the influence of these changes will be analysed in the Findings chapter of this thesis.

3. Dutch policy

This chapter highlights the different policy domains which are of influence on living independently. Moreover, changes within these policy domains are discussed.

3.1 Policy domains related to elderly living independently

Different policy domains affect the extent to which elderly can live longer independently. Especially the domains care, real estate, mobility, and finance. Elderly living longer independently can result in consequences for different aspects in these domains. As a result, the policy of living longer independently turns out to be an integral question wherein different policy domains are affecting each other (PBL, 2017). The domains of mobility and finance will be discussed in Appendix 1.

3.2 Policy changes in care

As mentioned before, an important issue in the domain of care is the rising costs. A budget cut in care has occurred in 2015 (Wong et al., 2018). Therefore, a transition to a new system of care provision to keep care costs manageable was implemented in 2015 (Zorg voor Beter, 2018). Earlier on the AWBZ (*Algemene Wet Bijzondere Ziektekosten*) was in place, but as care became too expensive, it split up in different care policies in 2015. These are The Wlz (*Wet langdurige zorg*), which provides 24-hour care, a law for the labour participation of people with disabilities, a youth law, and the Wmo (*Wet maatschappelijke ondersteuning*), which is in place to support people who are unable to perform certain tasks or face difficulties with performing certain tasks (Ieder(in), 2014). In these 4 new laws it is intended that the groups of people who make use of these laws have to live independently for as long as possible, with moving to a healthcare institution happening less often.

The Wmo is the law which has the biggest influence on elderly. It is therefore a topic which this thesis specifically puts attention to regarding care policy changes. Since 2015, municipalities have a greater responsibility in the execution of the Wmo (Algemene Rekenkamer, 2014). As municipalities are closer to the people, it is expected that municipalities can better respond to the needs of people (Van der Ham et al., 2018). The municipality has to deliver support regarding elderly living longer independently and the participation of elderly in society. Elderly can turn to the Wmo (and therefore, the municipality) for help when it comes to hiring a cleaner, making adaptations to the house like installing a stairlift or higher toilet, arranging a wheelchair, transportation in the physical environment, personal assistance, organized daytime activities, respite care, and support for informal caregivers (Doekhie et al., 2014; Rijksoverheid, 2019). The support coming from the municipality is complementary to what people can still do themselves, and what friends, family and neighbours can do for these people (Rijksoverheid, 2018). The importance of (informal) caregivers, neighbours, district nurses and family members for delivering needed care has therefore increased (Langerthuisinhuus, 2017).

When people are very frail and need care 24 hours a day as a result of illness or constraints, and it is clear this care is needed for the rest of people's lives, people will get care from the Wlz (VWS, 2018). Appendix 2 will give more information on the Wlz.

3.3 Real estate

Real estate also affects the extent to which elderly can live longer independently, as well as that it is often influenced by policy decisions. An example mentioned in the literature are the practical modifications which could be made to existing real estate. For example, setting up alarms to call for help, higher toilets, and railings to hold on to (Voogd, 2005). A stairlift and moving the sleeping room into a room downstairs are also reasonable options (Lips & Meesters, 2011). However, not only adaptations to existing homes are inevitable, also an increase in the share of affordable, suitable houses (BeterOud, 2018; RIGO, 2018) which are small in size and have ground level floors is needed (Doekhie et al., 2014). It is the task of municipalities to work together with housing associations to create suitable renting homes (Doekhie et al., 2014) as living arrangements have to change to meet the care needs of the elderly who stay in the community (Namkee, 1999). Furthermore, the access to inpatient care has become more difficult (De Kam, 2019a; Visser, 2018). As a result of the decline in inpatient care, the quest for clustered housing with services on offer for both elderly and handicapped people is rising (De Kam, 2019a).

As could be read above, real estate can contribute to the ability to live longer independently. When looked at care, the key starting point of the reforms is that elderly keep decisive power and stay self-reliant. The new government policy has quality of life as its main goal, with self-reliance and participation in society being most important. To realize this, it is of great importance that care is as much as possible arranged in the own physical environment and neighbourhood of people (Doekhie et al., 2014). A fine example of offering different services in the own physical environment of people are the Integrated Service Areas, which have been set up at different places in the Netherlands. The next paragraph will discuss this topic.

4. Integrated Service Areas

4.1 Integrated Service Areas in general

Many of the developed countries have an ageing population. Together with the decrease in number of youngsters, innovative ways to support elderly people are necessary. Integrated Service Areas are a new phenomenon that started in northern Europe (VWS, 2017). It started in 2009 when Switzerland, Germany, Denmark and the Netherlands distinguished different types of housing and services. These countries looked for already existing projects that involved housing which is integrated in the community, and that had multidisciplinary support systems which included the active participation of both citizens and government. These projects received the name Integrated Service Areas as suitable housing, social and physical support services and different types of care were all present. These areas, located in both cities and countryside, consisted of a population of mixed ages. These Integrated Service Areas induce a meaningful contribution for elderly to the community. The approaches of Integrated Service Areas are worldwide the same, with the outcomes varying across places (Singelenberg et al., 2014).

By 2012, hundreds of Integrated Service Areas were registered in the Netherlands (Pijpers et al., 2016). In these Integrated Service Areas, services are offered in a small community (Singelenberg et al., 2014). It are villages or neighbourhoods which offer different services for elderly regarding wellbeing, care and living. The homes and physical environment people live in have (partly) been modified in these areas. Moreover, the use of home automation is rising (Hilbers-Modderman & De Bruijn, 2013). In lifetime housing, home automation even is an exigency (Zeiler, 2009). Lifetime housing is the equivalent of a house which is life course resistant, which means the house is suitable to stay in when people get older and have to deal with deteriorating health. The main purpose of the Integrated Service Areas is to let frail elderly (as well as disabled people) live longer independently. When elderly live in suitable, affordable and accessible housing, it creates the opportunity to remain in the community and age in place. Moreover, having different social community resources in close proximity fosters the social activity of elderly (RIGO, 2018). In many municipalities, the Integrated Service Areas have been existent for several years. The main component of these areas is that municipalities, together with care providers and housing associations, select certain areas where different collaborative efforts are taken to make it better possible for elderly to live there longer independently (VWS, 2017).

Integrated Service Areas have certain key points that support the health and wellbeing of elderly (De Kam et al., 2012). For many elderly people the loss of independence, dignity and the feeling of isolation are difficult experiences. The Integrated Service Areas were especially created to prevent these experiences from happening (Singelenberg et al, 2014). Moreover, the involved actors within Integrated Service Areas have created policies with which the physical and social domain are connected (Daalhuizen et al., 2019). In the services on offer, a distinction is made between 'hardware' and 'software'. Hardware incorporates the physical objects like housing, accessible public space and health centers. Software incorporates advise for elderly, neighbourhood teams and organized social activities (De Kam et al., 2012). The different types of hardware and software which could be present in Integrated Service Areas are presented below in table 1.

Hardware	Software
Suitable houses (rent)	Coordinated neighbourhood care team
Suitable houses (owned)	Integral collaboration of neighbourhood teams
Adjusted residential care	Client advisor
Safe and liveable environment	Information point
Neighbourhood service facility	On-call at-home care
Health facility	Activities on offer
	Services (at home)
	Transportation facilities
	Advise on adjusting houses
	Support for voluntary workers
	Support for informal caregivers

Table 1: Hardware and software in the Integrated Service Areas (SEV (2012) p. 10).

Integrated Service Areas have as a purpose to create a supporting interplay between elderly and the physical environment, as this is expected to result in better health and wellbeing of the elderly. Better health and wellbeing in turn are expected to make it possible for elderly to stay at home for a longer period of time, even though limitations are increasing (Bijdrage aan PBL studie Langer zelfstandig wonen, 2018).

4.2 The effects of Integrated Service Areas in 2012

In 2012, research was carried out by De Kam et al. (2012) on the effects Integrated Service Areas have on the daily life of elderly. This research consisted of both quantitative research through surveys, and qualitative research through open questions and a question pattern analysis in 10 different Integrated Service Areas. These Integrated Service Areas were designated as testing grounds and are shown in figure 1 below. In this research, the result was that the Integrated Service Areas meet the wishes of elderly. First of all, suitable or adaptable homes turned out to be essential for elderly to live longer independently, as these homes can for a large part keep elderly with constraints just as satisfied with the living situation as elderly who do not have to deal with constraints (yet). Moreover, elderly do live longer independently in Integrated Service Areas than in normal neighbourhoods (De Kam et al., 2012). Second, the Integrated Service Areas have as an effect that the health situation of elderly does not decline as fast as normal as a result of a neighbourhood-oriented approach. Signals about wellbeing and health are better taken care of, and finetuning of care takes place in a network with diverse organisations. Moreover, the modification of homes leads to less use of at-home care. This has both a positive effect on the effectiveness of care, and the quality of life of the elderly (De Kam et al., 2012). Third, when focussing on personal preferences, living independently turned out to be of great importance for the elderly (De Kam et al., 2012).



1. Bilgaard, Leeuwarden
2. Krakeel, Hoogeveen
3. Berflo Es, Hengelo
4. Meulenvelden, Didam
5. Rond de Regenboog, Dronten
6. De Bilt-West
7. Zeevang, De Verbinding
8. Middelburg Noord-Oost
9. Hoge Vucht, Breda
10. Helden-Panningen

Figure 1: The 10 Integrated Service Areas which were used as testing grounds (De Kam et al. (2012) p. 17).

4.3 The effects of Integrated Service Areas in 2017

During the 7 years that have passed since the above research was carried out, important policy changes have taken place. As we have seen, the municipality has taken greater responsibility for the independently living elderly, and the access to inpatient care has been limited. Elderly living independently has turned out to be an important topic in society. In 2017, the PBL (*Planbureau voor de Leefomgeving*), started research on elderly living independently. Nevertheless, this research did not include Integrated Service Areas, although it was recognized this would be of added value. Therefore, professor George de Kam initiated to once more evaluate the 10 Integrated Service Areas in cooperation with the PBL. In this new research, the situation of 2012 was used as the baseline with which the 2017 situation was compared. This research was also carried out in both a quantitative and qualitative way (VWS, 2017).

In 2018, the finished research was published and it came with various updated insights regarding these Integrated Service Areas. First of all, just like in 2012, there are quite large differences between the different Integrated service areas. Nevertheless, on average it can be said that elderly people are still better able to live longer independently when living in an integrated service area, compared to when living in a normal neighbourhood. More people live independently in an Integrated Service Area than in normal neighbourhoods and people less often move to other neighbourhoods or a care institution. Moreover, houses located in the Integrated Service Areas are more often suitable for elderly living longer independently than houses in normal neighbourhoods (RIGO, 2018). Furthermore, certain aspects make the Integrated Service Areas more suitable to live in than normal neighbourhoods. Public transport and residential care locations are closer by than in normal neighbourhoods, but it turned out there is no difference in the distance to doctors and supermarkets between Integrated Service Areas and normal neighbourhoods. It also turns out that the social environment is better in Integrated Service Areas than in normal neighbourhoods (RIGO, 2018).

4.4 Urban and rural Integrated Service Areas: What is different?

The literature shows multiple differences between urban and rural Integrated Service Areas. First of all, for elderly living in the city, neighbours matter a little bit more than for elderly in the countryside (Pijpers et al., 2016). However, Pijpers et al. (2016) point out that earlier research from Steenbekkers et al. (2006) showed that people in rural areas have more contact with neighbours than people in urban areas, so this is contradictory (Steenbekkers et al. 2006). Next, Pijpers et al. (2016) state people in the countryside attach more value to local societies and clubs than elderly in the city. Moreover, in urban areas, elderly have better access to services and public transport than in the countryside, as well as that there are more housing options. In the countryside, there is often a loss in services, and together with the increasing frailty of elderly, this is a disadvantage. On the other hand, rural areas often have community services being set up to help elderly people age in place (Pijpers et al., 2016).

The research of RIGO (2018) also made a distinction between urban and rural Integrated Service Areas. Herein, it was concluded that elderly living in urban areas more often move than elderly in rural areas, as well as that elderly in urban areas more often move to a healthcare institution. Moreover, more frail elderly live in urban areas than in rural areas. Furthermore, primary services (supermarket, general practitioner, pharmacy, and public transport) are more often within a distance of 500 meter in urban Integrated Service Areas than in rural Integrated Service Areas. When looking at the suitability of the physical environment, the proximity of residential care locations, public transport, supermarket, general practitioner, and pharmacy can be taken into account. Also, the social climate is of importance for the suitability of the physical environment. It turns out that a smaller share of elderly live in an unsuitable physical environment in urban areas than in rural areas. Last, more unsuitable houses can be found in urban Integrated Service Areas than in rural Integrated Service Areas (RIGO, 2018).

As can be read above, quite some research was carried out on the Integrated Service Areas in previous years. Back in 2012, the research was both quantitative as well as qualitative. The 2019 research mainly used a quantitative approach with only a small focus on qualitative data collection. However, in addition to these researches it is valuable to carry out more qualitative research. To get a more comprehensive image of the Integrated Service Areas it will be inevitable to combine quantitative and qualitative research. However, a full integration of the outcomes of both quantitative and qualitative research is beyond the scope of this research. Although sometimes referring to quantitative outcomes produced by others, the focus of this thesis is on providing a better qualitative image on the experiences of the elderly. To achieve this, a comparison is made between an urban and rural integrated Service Area. Those are Berflo Es in the municipality of Hengelo, and Helden-Panningen in the municipality of Peel en Maas. More information on the choice for these Integrated Services Areas and the data collection will be provided in the Methodology chapter.

The previous chapters have discussed the different concepts which play a role in living independently, and changes which have occurred in living independently. Moreover, the Integrated Service Areas have been introduced as a means to make it better possible to live longer independently. The next chapter will show the conceptual model which is used for this research.

5. Conceptual model

The conceptual model on the next page shows the relations between the factors that contribute to the experience of living independently in urban and rural Integrated Service Areas. The conceptual model has structured the questions which were used in the interviews. These questions can be found in the interview guide in Appendix 11. It will also be a frame in the analysis of the findings. To be able to live longer independently, there are some required conditions. These required conditions can be present in both urban and rural areas. Ageing in place also happens in both urban and rural areas. Part of these urban and rural areas with the required conditions are Integrated Service Areas. Different changes have occurred in the Integrated Service Areas. This research focuses on the changes which happened in the urban Integrated Service Area of Berflo Es, and the rural Integrated Service Area of Helden-Panningen. The changes which happened in the Integrated Service Areas influence the experience of the independently living elderly. This thesis focuses on the experience of the independently living elderly in Berflo Es and Helden-Panningen. With the different research questions, outcomes will be given on different aspects of these experiences. Based on these outcomes, recommendations will be made for Berflo Es and Helden-Panningen, as well as for city and countryside in general.

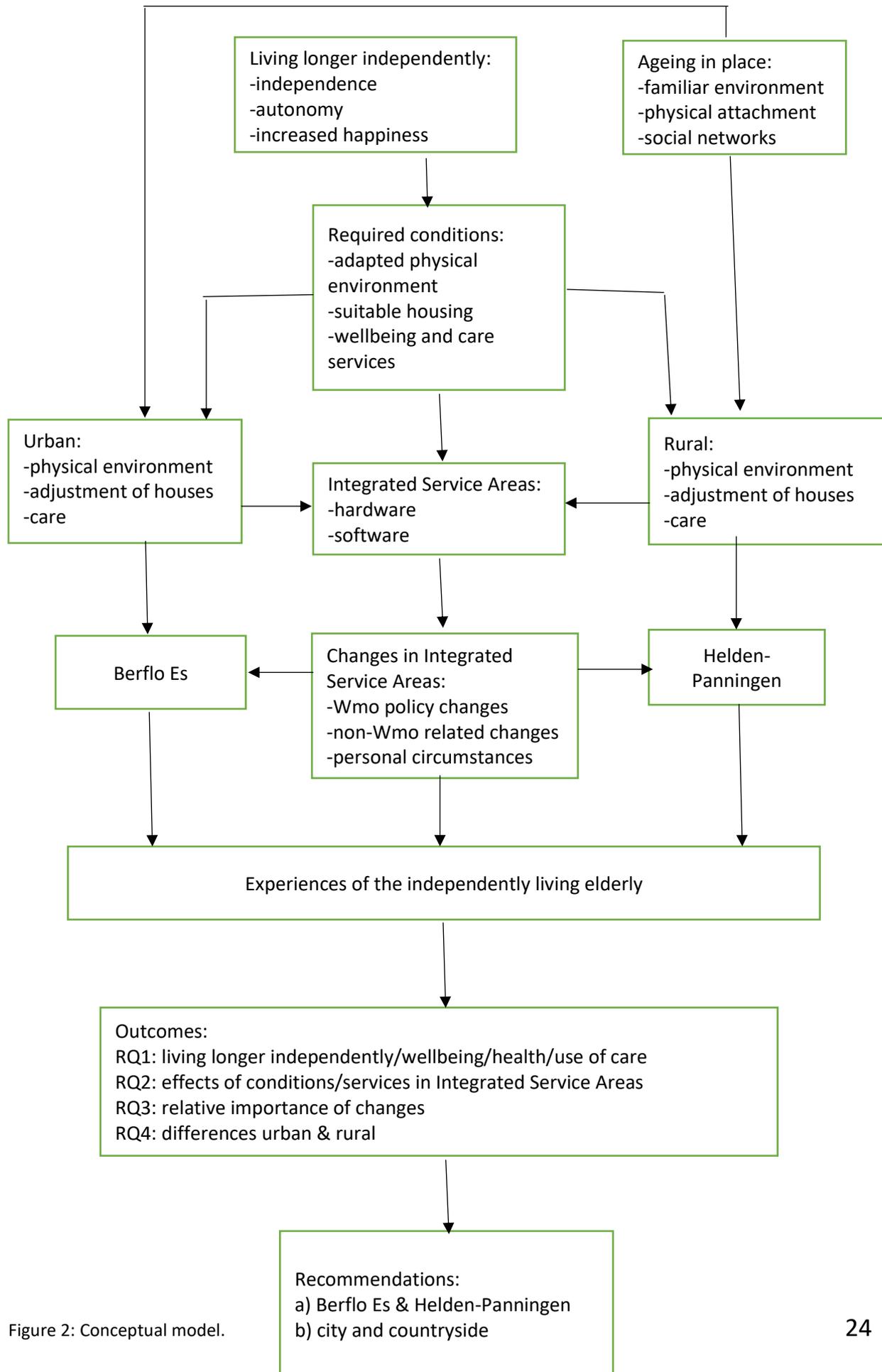


Figure 2: Conceptual model.

6. Methodology

This chapter will focus on the research methods which were used to answer the sub questions, as well as the main question of this thesis. As not much research has been carried out yet on the experience of elderly in Integrated Service Areas, this thesis uses an explorative approach. For this thesis, both primary and secondary data collection were used. Primary data was collected with taking interviews, while secondary data was collected with the use of literature. The concepts which were covered in the theory – as translated in the conceptual model – served as a basis for the empirical research. In this chapter, the research methodology, units of analysis, data collection, data analysis, and ethical considerations will be explained.

6.1 Research methodology

6.1.1 Secondary data collection

For the secondary data collection of this research, different articles, reports, policy documents and interviews with professionals and organisations were used. This literature has formed the basis for the interviews. It provided more insight into the concepts which are of importance regarding elderly living independently within Integrated Service Areas. Sources were obtained through Smartcat, Google Scholar, Google and e-mail.

6.1.2 Primary data collection

For the primary data collection of this research, the choice was made for a qualitative research method. It was in this case most suitable to use a qualitative research method as it was tried to get more insight into the opinions and experiences of inhabitants. The experiences of people are of value with a qualitative research method (Flowerdew & Martin, 2005). With qualitative research, it is possible to create more depth and understanding than with quantitative research (Clifford et al., 2010). According to Emans (2002), interviews can be distinguished from any other type of conversation. Its main goal is to collect information out of the statements that are made by the person who is interviewed, to be able to answer the questions which were prepared on forehand. There are a few more reasons to choose for interviews. First, the researcher can get more insight in the feelings of the respondents (Flowerdew & Martin, 2005). Second, it is possible that information comes to light which the interviewer did not think of (Silverman, 1993, in Flowerdew & Martin, 2005).

The qualitative research for this thesis was carried out by taking multiple semi-structured, in-depth interviews. It was considered to use the same methods as the ones which were used for the qualitative part of the research in 2012. These are open questions and a question pattern analysis. However, it was decided not to do so as the the purely explorative research from 2012 already delivered a certain image of the experience of elderly in Integrated Service Areas (De Kam et al., 2012; De Kam & Damoiseaux, 2012a; De Kam & Damoiseaux, 2012b). With semi-structured interviews, it is possible to build upon this research. Moreover, a question pattern analysis requires a larger group of respondents, for which time and means were not available in this case. For this research the choice was made for semi-structured interviews, as those are very suitable when it is

tried to find answers to the different sub questions. With semi-structured interviews, predetermined questions are prepared, but additional information on important topics can be asked for by both participants. With semi-structured interviews, complex behaviours, emotions and opinions can be investigated. Moreover, it is possible to collect very diverse experiences from people. Using semi-structured interviews will not be a direct route to 'the truth', but it does provide at least a partial insight into what people think and do (Clifford et al., 2010).

6.2 Units of analysis

6.2.1 Description of both Integrated Service Areas

Berflo Es is the urban case, being a city type, network-based Integrated Service Area. This means that services regarding wellbeing and care are connected in a network (De Kam, 2019a; SEV, 2012). The rural case of Helden-Panningen is an Integrated Service Area which consists of 2 villages, namely Helden and Panningen. It is a countryside type Integrated Service Area which is network-based as well (SEV, 2012). More information on both Integrated Service Areas can be found in Appendix 3.

6.2.2 The choice for these 2 Integrated Service Areas

Back in 2012, research was carried out in 10 different Integrated Service Areas in the Netherlands, which were used as testing grounds. These testing grounds are both urban (Leeuwarden, Hoogeveen, Hengelo, Middelburg, and Breda) and rural (Didam, Dronten, De Bilt, Zeevang, and Helden-Panningen). For this follow-up, due to time constraints, it was decided to do a case study in only 1 urban and 1 rural Integrated Service Area for a follow-up research, out of the 10 testing grounds mentioned above. Moreover, collaboration between the municipalities and university was essential for the project. As well-maintained relationships with the municipalities of Hengelo and Peel en Maas were already established, it was decided to use these 2 Integrated Service Areas. Therefore, Berflo Es in the municipality of Hengelo serves as the urban Integrated Service Area, while Helden-Panningen in the municipality of Peel en Maas serves as the rural Integrated Service Area. As it was only possible to choose 2 Integrated Service Areas from the 10 which had already been investigated, with an additional condition of municipal cooperation, it was not possible to choose an extremely urban and extremely rural Integrated Service Area for this research. The Integrated Service Areas of Berflo Es and Helden-Panningen can both be placed close to the middle on a scale ranging from rural to urban. For this research, it could therefore be the case that the differences between urban and rural are less prominent as when 2 extreme cases would have been used.

6.2.3 Changes in both Integrated Service Areas

As mentioned before, core of the changes in elderly care policy is that people have to live independently for as long as possible with the own capabilities of people being of great importance. Through the Wmo, the municipality has now more responsibility in supporting older inhabitants and letting older inhabitants participate in society. The policy changes of 2015 regarding the Wmo have had different effects in the Integrated Service Areas of Hengelo and Peel en Maas. Also, some non-

Wmo related changes are visible. Moreover, personal circumstances could be of influence on people's living experience. This will further be elaborated on in the Findings chapter.

A big change for Berflo Es is that the housing association Welbions wants to spread meeting places across the neighbourhood, and the neighbourhood team Wijkkracht was set up to support elderly with care-related questions. Also, the new shopping center Laan Hart van Zuid was built. Moreover, focus is nowadays on a smaller scale and more communication with inhabitants takes place. Last, Berflo Es is a restructuring neighbourhood whereby many people move out of the neighbourhood and many new people move in (De Kam, 2019a). A big change for Helden-Panningen is that Het Huis van Morgen (The House of Tomorrow) has been established to give homeowners more information about possible adaptations in and around the house. Also, part of the retirement home places have been demolished and were replaced with nursing home places. Last, a new care center called Pantaleon has been realized. This care center offers different types of care (De Kam, 2019b). A more comprehensive image on the changes which happened in both Integrated Service Areas can be found in Appendix 4. The Findings chapter will investigate to what extent the elderly in both Integrated Service Areas have noticed these changes, as well as how the elderly have experienced these changes. Moreover, personal circumstances will be taken into account.

Earlier research of De Kam (2019a; 2019b) showed that quantitatively speaking, Berflo Es performs better than Helden-Panningen. The greatest differences in performance are seen in more people living independently, more frail people living independently, and less people making use of care on indication and support. Berflo Es also performs better on the number of elderly using Wmo care, the proximity to services, the number of elderly in inpatient care, and housing stock. Appendix 5 shows the disquisition for the different categories. With this thesis, it is investigated if the elderly have the same experience when using a qualitative approach. This will further be elaborated on in the Findings chapter.

6.2.4 Qualitative image in 2012

As part of the research of de De Kam et al. (2012), Meesters & Pijpers (2011) investigated different qualitative aspects in the Integrated Service Area of Berflo Es. For this, a question pattern analysis was used. A comparable research was done in Helden-Panningen, where Lips & Meesters (2011) performed a question pattern analysis. The 3 subjects which are most relevant for this research will be used for a comparison between the 2012 situation and the 2019 situation in both Integrated Service Areas. These are: living independently, social relationships, and professional service providers. This thesis does not have a comparison with the 2012 situation as a starting point of research, but it does get more depth when a look back at the earlier experience of the elderly in both areas is provided.

When looked at Berflo Es, the main outcomes were that people like to do everything independently and stay in the neighbourhood for as long as possible. Moreover, neighbours are important when it comes to getting help. Also, the older people greatly value general services like a general practitioner, pharmacy, and stores in the proximity. Regarding social relations, it is important for the elderly to be among other people, as well as to have contact with family members and neighbours.

Moreover, most of the elderly do not need much support. Mostly only hearing aid or a walker were used. Elderly further make use of the general practitioner and a cleaner (Meesters & Pijpers, 2011).

In Helden-Panningen, elderly also prefer to live independently for as long as possible. Many people made modifications to the house to be able to do so. Also, living close to stores is experienced as convenient. People have social relationships with neighbours, through voluntary work, and some people through organized activities. Moreover, people can fall back on neighbours. Furthermore, the general practitioner is important for the elderly. However, people do not like the waiting times. The elderly also mentioned preferring to get a stairlift or a cleaner (Lips & Meesters, 2011).

A more thorough image of the 2012 outcomes can be found in Appendix 6. Throughout the Findings chapter, a comparison will be made with these outcomes.

6.3 Data collection

6.3.1 Selection of the participants

Before the process of data collection started, in both areas conversations were held with the municipality about the target of the thesis and the conduction of interviews. To get a good insight into the experiences of the elderly, it was decided to take 15 interviews in both Integrated Service Areas. The only way to understand and experience the complexity of the real world is through doing research in the field (Roberts, 2010 in Clifford et al., 2010). Conducting fieldwork contributes to the collection of quality data and interesting outcomes (Clifford et al., 2010). It has given the researcher the opportunity to create a better image of these communities. Another student researcher (Esra van der Zaag) has carried out quantitative research in both Integrated Service Areas. She made use of surveys, on which people had the option to write down an email-address and telephone number when interested in participating in a follow-up interview. From this group, a part was still willing to participate. With these people, an appointment was made for taking the interview.

6.3.2 Data collection in the field

From the 18th of March until the 28th of March, the researcher stayed in the municipality of Hengelo to carry out the first set of interviews. A spare room from the housing association Welbions was made available for this purpose. From the 23rd of April until the 2nd of May, the second set of interviews was carried out in Peel en Maas. Here, an Airbnb was hired for this purpose. With staying in the areas of research it was possible to take the interviews one after another. The interviews were taken spread out over the available days, with 2 or 3 interviews per day.

6.3.3 Characteristics of the participants

In both Berflo Es and Helden-Panningen, 15 people of the age of 70 and over were interviewed. The participants in Berflo Es are on average older than the participants in Helden-Panningen. Also, a larger share of participants is female than male in both areas. The minority of elderly mentioned having to face restrictions in daily life or having to make use of a helping tool, for example a walker. A

larger share in Berflo Es mentioned these aspects than in Helden-Panningen. The participants in Helden-Panningen seeming on average more vital reflects the sample findings of the quantitative research of Esra van der Zaag, which was mentioned before. Furthermore, it must be noted that sometimes during the interviews, other people joined next to the initial participant. The comments of these people are only taken into account when it is of influence on the initial participant.

RIGO (2018) divided the population in different age groups and it turns out that for this research, the share of participants in the different age groups sometimes matches with RIGO (2018). In other cases, it does not match. Moreover, RIGO (2018) also makes a distinction between frail and non-frail elderly. As it is interesting to see if certain answers are more often given by specifically frail or non-frail elderly, the aspect of frailty is also taken into account for this research. When people mentioned facing restrictions in daily life 'somewhat' or 'fairly' (see Appendix 7), these people are classified as being frail. The distinction in answers between frail and non-frail people will further be elaborated on in the Findings chapter. When compared with the percentage of elderly from the RIGO (2018) data being frail, it turns out that a somewhat higher percentage of participants for this thesis can be described as being frail.

More thorough information on the characteristics of the participants, as well as a more comprehensive comparison with the RIGO (2018) data can be found in Appendix 7.

6.4 Data analysis

While the interviews were taken, voice recordings were made on a mobile phone and laptop. Shortly after the interviews were taken, transcriptions were made. An example of a transcript can be found in Appendix 8. For the analysis of the interviews, the program Atlas.ti was used. Based on the concepts which were used in the Theory and the answers people had given, different family group codes and sub codes were made. The next chapter will further elaborate on these codes. Next, the text from the transcripts was placed within the different sub codes. An example can be seen in Appendix 8. Based on all the answers which were listed under the different sub codes, this research' sub questions and ultimately the main question were answered. These are found in the next chapter.

6.5 Ethical considerations

6.5.1 Informing the participant

In qualitative research, ethical considerations are very important (Hennink et al., 2011). The interviewer should behave with integrity and acting in a respectful and just way helps to protect the people who take part in the research. Moreover, it ensures the researcher that conducting valuable work can be continued (Hay, 2010 in Clifford et al., 2010). Before the start of an interview, an introduction should provide more clarity so both persons are well informed, and both know what is expected (Emans, 2002). Therefore, an introduction about the research was communicated to the participant before the interview was started. Moreover, approval was asked for the interview being recorded on 2 devices. Next, the participant received an information letter which clarified the purpose of this research in more detail. After the participant read this information letter, and questions were answered, the participant verified participation with filling in an informed consent.

The information letter can be found in Appendix 9, and the informed consent in Appendix 10. The informed consent states that participants have the option not to answer (part of) a question or stop with the interview at any time without the need to clarify the motivation for making that decision. Part of conducting a sound research is by providing participants the results when the research is completed (Clifford et al, 2010). Therefore, the participant could fill in an e-mail address if interested in the finished thesis. After filling in the informed consent, the interview was started. The length of the interviews varied between approximately half an hour and 1,5 hours. The interview guide which was used during the interviews can be found in Appendix 11.

6.5.2 Anonymity

It is important that all the information supplied by the participants will be kept confidential and anonymous (Clifford et al., 2010). From the first step of the process until the end, the participants were kept anonymous. Names and addresses were not recorded or written down. In this way, anonymity of the respondents is guaranteed. Every interview was ascribed a number. Moreover, the sex and year of birth of the participant, as well as the place of residence were written down. It has been agreed that the finished thesis will be sent to the following parties: the municipalities of Hengelo and Peel en Maas, the housing association Welbions, the University of Groningen, the mentor for this thesis, prof. dr. ir. George de Kam, and the elderly who have participated in the interviews and have indicated wanting to receive the finished work. Moreover, other parties besides the ones just mentioned are expected to get access to this thesis. The municipalities which were just mentioned are allowed to disclose this thesis.

7. Findings

This chapter focuses on the results of the interviews which were carried out in Hengelo and Peel en Maas. First, a description of the themes that were illuminated in the interviews will be highlighted, followed by a division in denotation. Next, the different secondary questions will be answered based on the outcomes of the interviews. The primary question of this research will be answered in the Conclusion chapter.

7.1 Themes from the interviews

When the transcriptions of the interviews were coded in Atlas.ti, various themes were differentiated. 5 family group codes were created, based on the answers people gave in the interviews. Within these family group codes, different sub codes were created. A summary is presented below in table 2, showing the five family groups with each the total number of quotes, as well as the 3 most frequently mentioned issues (sub codes) in both areas. The exact names of the different codes, as well as a more comprehensive explanation of the codes can be found in Appendix 8.

Family group code	Sub codes			
	Berflo Es		Helden Panningen	
	Sub code	N	Sub code	N
Living experience	Neighbourhood	40	Neighbourhood	34
	Health related events	39	Moving	29
	General wellbeing	30	Adaptations to the house	26
	Subtotal	390	Subtotal	323
Services	Satisfaction supermarkets	56	Satisfaction supermarkets	56
	Use of supermarkets	30	Use of general practitioner/pharmacy	30
	Use of public transport	29	Use of public transport	26
	Subtotal	281	Subtotal	279
Social activities	Social contact neighbours	67	Social contact neighbours	56
	Participation in social activities	56	Participation in social activities	43
	Transportation	47	Transportation	38
	Subtotal	363	Subtotal	312
Use of (Wmo) care	Living longer independently	56	Living longer independently	39
	Informal care	42	Informal care	35
	Informal care living experience/wellbeing	22	Informal care living experience/wellbeing	27
	Subtotal	203	Subtotal	169
Looking back and to the future	Living independently	30	Change in the future	26
	Biggest change	20	Living independently	24
	Change in the future	20	Biggest change	20
	Subtotal	83	Subtotal	90

Table 2: Family group codes and most frequently mentioned sub codes.

Furthermore, a division in denotation has been made in numbers of participants mentioning certain aspects in the interviews. The table below shows this division.

N	Denotation
Mentioned by none	No one/none
Mentioned by 1	A single/one
Mentioned by 2/3	A few
Mentioned by 4 to 6	Multiple
Mentioned by 7/8	Around half
Mentioned by 9 to 11	The majority
Mentioned by 12 to 14	Almost all
Mentioned by everyone	All

Table 3: Division in denotation.

These denotations have been chosen to facilitate the process of reporting and reading the findings. Only statements for the group of respondents can be made, which are not representative for the total population in the areas.

7.1.1 Effects of existing services

The first secondary question this research tries to answer is: *What are the effects of existing services inside the Integrated Service Areas on elderly for the past 7 years regarding:*

- a) living longer independently and wellbeing*
- b) health and the use of care*

Section A (the outcomes for living longer independently and wellbeing) will be discussed first for both Berflo Es and Helden-Panningen. Section B (the outcomes for health and use of care) will be discussed second for both Integrated Service Areas.

A) Living longer independently and wellbeing

Different services are available inside the Integrated Service Areas which have an effect on the ability of elderly to live longer independently. Moreover, these services influence the wellbeing of elderly. Below, the effects of these different services are explained. Where possible, a link is made with literature from the Theoretical Framework.

1) The house and neighbourhood

One service the municipality offers is the possibility to adjust the house people live in. Not all modifications are provided by the municipality, it differs per type of modification. The majority of the participants in Berflo Es did already made adaptations to the house. Railings to hold on to, creating an extra toilet downstairs, and putting a chair in the shower were mentioned. Multiple participants were also already thinking about future modifications. Interestingly, frail elderly did not make adaptations more often than non-frail elderly. Moreover, multiple participants have moved into a house where modifications were already made. In Berflo Es, almost all respondents mentioned having a pleasant living experience within the house. People often mentioned only wanting to move when necessary. A few mentioned it will be inevitable to move when disabilities appear, as the house is not suitable.

In Helden-Panningen, also the majority of the people mentioned the house was adjusted. Multiple interviewed people renovated the house. This was done in different ways: modernisation, making the entrance to the house more passable, installing an easily accessible bathtub, and creating a bedroom downstairs. Moreover, multiple persons mentioned smaller modifications like installing railings, a higher toilet, or putting a chair in the bathroom. In this case, more frail elderly performed adaptations to the house than non-frail elderly. Back in 2012, many people were occupied with adjusting the house to be able to live longer independently. This image has not changed. Also, a few respondents bought the specific house as it already was lifetime housing. Multiple people mentioned ideas for future adaptations, but some mentioned that it depends on the situation if those are necessary. One participant mentioned having the plan to visit het Huis van Morgen.

Altogether, the majority of the participating elderly in both places have already made efforts to make it better possible to live longer independently at home, or live in lifetime housing. Therefore, the service of the municipality to offer certain modifications seems to foster living longer independently. All participants have a positive living experience within the house. However, around half of the respondents did see problems of different kinds. Mentioned were not being able to get around the house in a wheelchair, and the house or garden becoming too big. Moreover, the majority of the respondents prefer to stay in the house, but it is recognized that moving will be inevitable when health deteriorates.

With respect to the neighbourhood, people in Berflo Es live there pleasantly. A few persons mentioned being satisfied with the refurbishment of the neighbourhood and the creation of the new park. A negative comment which was mentioned was vandalism. Around half of the people mentioned that when moving is necessary, it would also be an option to move to a place outside of the neighbourhood. Part of this group stated having no problem with living somewhere else, the other part stated that moving would probably mean going to a nursing home or other type of elderly home. As those are not located within Berflo Es, moving out would be inevitable:

“If you have to move, you will have to go to a nursing home and those are not in this neighbourhood. Or a sheltered home or an apartment with care.” Participant 15, female (1944 born), Berflo Es.

Frail elderly more often mentioned wanting to stay within the neighbourhood when moving is necessary. In part of these cases the elderly mentioned having lived in the neighbourhood for a long time and therefore not wanting to leave. Interestingly, the image has somewhat changed from 2012. Back then, many people mentioned wanting to stay in the neighbourhood for as long as possible, while nowadays around half of the interviewed elderly mentioned having no problem with moving out.

Most of the participants in Helden-Panningen appreciate the tranquillity and conviviality of the neighbourhood. People mentioned being satisfied with the creation of more greenery, and the municipality very well handling youth nuisance. Furthermore, when moving would be inevitable, the majority of the people prefer to at least stay in the municipality then. More non-frail elderly mentioned this than frail elderly.

2) Services on offer

Another means which helps people in living longer independently is having a supermarket close by, which makes it easier to get daily needed products. When looked at Berflo Es, almost all participants mentioned there is a wide range of different supermarkets, which people are very satisfied with. The choice in different products within the stores is good, the staff members are friendly and the stores are well accessible. It was mentioned in the literature (Appendix 4) by De Kam (2019a), that at the edge of the neighbourhood a new shopping center (Laan Hart van Zuid) has opened. At the other side, the Nettorama is located. As most of the respondents are still vital, these people have no problems with reaching these supermarkets. However, multiple respondents mentioned that for less mobile people, they are located too far away. Interestingly, the frail participants mostly did not recognize this as being problematic, as more non-frail elderly mentioned the distance being too big. In the past, some supermarkets were located at Berfloplein in the centre of Berflo Es, but these supermarkets could not survive the competition with the other stores. Having different stores located at Laan Hart van Zuid can on the one hand promote living independently and wellbeing, but on the other hand having no stores in the centre of Berflo Es anymore is a disadvantage for frail elderly.

When looking at Helden-Panningen, almost all of the respondents are very satisfied with the supermarkets. There is much variation in different supermarkets, as well as much choice in products. a Plus supermarket is located in the smaller village of Helden. Panningen performs more of a regional function with offering many different stores. The interviewed elderly all mentioned having a supermarket close by, which is experienced as convenient. In almost all cases it takes no longer than 10 minutes by bike to reach one. In 2012 the convenience of having stores close by was also mentioned, so this has not changed. Multiple of the elderly in Helden, all being non-frail, mentioned that the groceries are bought in the Plus in Helden, and the bike to Panningen is taken for all the other needed items. None of the interviewed people found problems in reaching the preferred stores. However, it is expected that less mobile elderly living in Helden face problems when something else is needed than groceries from the Plus. Moreover, it was mentioned a few times that the parking area in front of the Albert Heijn in the centre of Panningen does not have enough parking lots, as well as disability parking lots. Another parking area is nearby (in front of the cemetery), but this distance is too far for less vital elderly.

For elderly who are not able to ride a bike or drive a car anymore, public transport can be a means to still get around independently. When taking a look at the use of public transport, Berflo Es has city buses crossing the neighbourhood as well as that it is located next to the train station. This proximity to public transport is beneficial for living longer independently. The majority of the elderly in the interviews stated only making use of public transport every now and then. As many are still vital, there is no use in regularly using public transport. The majority uses it a few times a year (for example during a day out). There is no difference between the share of frail and non-frail elderly who use public transport. Most of the people who make use of it are very satisfied with it. However, multiple participants stated it is difficult to use, as the connections to other locations are not well arranged or people find it confusing to change trains. A single person stated she cannot make use of public transport:

“No, I cannot. I am afraid I fall forward with my walker when I get out. The big busses have a ramp so then I ask the driver if he can let the ramp down, but that small bus which passes here does not have that.” Participant 12, female (1923 born), Berflo Es.

In Helden-Panningen, multiple people mentioned making regularly use of public transport. It is used just as often by frail elderly as by non-frail elderly. People mentioned taking the bus to larger places and travel further by train. Most of these people are satisfied with it. However, multiple elderly experience difficulties with using public transport here as well, as changing to other busses or trains, trains which all of a sudden do not ride anymore and current ticket systems are experienced as confusing. also, it was mentioned once in both Helden and Panningen that a bus stop is too far away. Having public transport in the proximity can foster living longer independently, but the confusion it brings can also be restrictive.

3) Neighbours

Living longer independently can be promoted with the help of neighbours, as an eye can be kept on the people next door or help can be delivered by doing certain chores. In Berflo Es, almost all respondents mentioned the neighbours are willing to help with the execution of different tasks when it is needed. An example from a participant:

“When one of the containers needs to be emptied, I put a note in front of the window so he knows that he can move it to the front.” Participant 12, female (1923 born), Berflo Es.

All respondents mentioned having social contact with the neighbours. This ranges from some only greeting one another, while others regularly meet up for a cup of coffee, birthdays or neighbourhood activities. This has not changed from 2012, when neighbours were also mentioned for getting help and social contact. Almost all of the respondents enjoy the contact with neighbours and are very satisfied with it. People keeping an eye on each other was experienced as pleasant, as well as that it increases the feeling of safety. The negative aspect mentioned by a few of the participants was not having much contact as the neighbours are younger and are busy with jobs. This fits to the literature as Putnam (2000, in Stolle & Hooghe, 2004) mentioned a decline of participation in community life in younger age groups. Doran (2017) mentioned this decline even affects personal happiness. As it is a negative experience for the elderly, this indeed does seem to be the case. Furthermore, it was mentioned by multiple elderly that people moved out of the neighbourhood or passed away, and younger people moved in. This was also mentioned by De Kam (2019a), who stated that Berflo Es is a restructuring neighbourhood wherein many people move in and out. As the younger people participate less and the elderly regret this, the change in the neighbourhood regarding restructuring has a negative effect.

In Helden-Panningen, all respondents mentioned the neighbours are willing to help when this is needed, as well as the respondents in turn are willing to help the neighbours. This was also the case in 2012. Different aspects were mentioned, for example: putting out the garbage, arranging a car ride, helping when someone is ill, exchanging keys, or cutting the hedges. All of the respondents have social contact with the neighbours. The majority of the participants regularly visit one another, do activities together or participate in neighbourhood festivities. Having such profound contact with

neighbours is different from the 2012 image, as those contacts were more often shallow. People mentioned social contact with the neighbours brings safety, help is available when necessary, and it gives a pleasant living experience. However, it was once again mentioned a few times elderly not having much contact with the neighbours as those people are younger and work a lot.

4) Participation in social activities

The offering of social activities positively affects the wellbeing of elderly as it is enjoyable for people, as well as that people have social contacts. When looked at Berflo Es, almost all the respondents are participating in social activities. Within, and sometimes also outside of the neighbourhood. This are both organized social activities accessible for everyone (for example, a coffee morning, dancing, choir, or billiards) and activities organized in the private sphere (for example, meeting up at someone's house for coffee). The different organizations and places which were mentioned vary from meeting rooms in apartment buildings to community centers like Berfloes. De Kam (2019a) already mentioned the desire of Welbions to spread social activities more across the neighbourhood. It turns out a lot is already on offer at different places throughout the neighbourhood. It also seems the case much more is on offer than back in 2012, when people met in the shopping center and neighbourhood center only. It seems like nowadays much more is on offer for people to meet one another. The interviewed elderly in Berflo Es participate more often in organized social activities than in activities in the social sphere. Moreover, organized social activities are more often visited by frail elderly, activities in the social sphere more often by non-frail elderly.

The majority of the elderly are very satisfied with the social activities. It has a positive influence on the wellbeing as people enjoy it, social contact is made with other persons, the elderly stay among others, and people keep an eye on each other. Being among others was also important for elderly back in 2012, so this has not changed. The only negative aspects which were mentioned are that youth is nowadays less participating which leads to ageing within the group of participants, it being preferred that certain social activities are organized more often, and there being a lack of volunteers to organize the social activities. This lower participation of younger people in community life fits to the literature of Putnam (2000, in Stolle & Hooghe, 2004). In Berflo Es, some associations are actually dropping out as a result of the decline in the number of elderly people, while at the same time less youth is joining. The decline in youth participation therefore seems to play a role in the viability of organized social activities. Moreover, the lack in volunteers fits to Bekkers (2004), who mentioned a decrease in the interest of carrying out voluntary work. Hetem & Franken (2017) mentioned this decline being the result of people nowadays having to perform more informal care. Although part of the elderly performing informal care mentioned it influences their participation in social activities, none mentioned it being of influence on doing voluntary work. A few elderly in Berflo Es are doing voluntary work.

In Helden-Panningen, also almost all of the interviewed people participate in social activities within or outside of both villages. Mentioned were for example playing cards, a reading club, line dancing, and singing in a choir. The organized social activities which people participate in within the 2 villages are organized at Kerkeböske, KBO and De Zonnebloem. Back in 2012, only KBO (an organization catering for the interests of elderly) was mentioned as a communal place which people visited. Participation therefore seems to have shifted to more places. People are very satisfied with both the

organized social activities as well as social activities in the private sphere. Things mentioned are that people enjoy it very much, information can be exchanged with others, it is convivial, and people have social contacts. One person mentioned:

“Yes, the contact. Having contact with people. I think that is most important. If you do not have that, you will be lonely, don’t you?” Participant 15, female (1945 born), Helden.

However, it was mentioned once that Kerkeböske is difficult to reach for people who have problems with walking, as it is up-hill. Moreover, one person who joins a meeting for blind people mentioned that more should be organized for these people than only drinking coffee. Also, one person mentioned participation is becoming less as people get older. The majority of the participants chooses to participate in social activities in the private sphere, while frail elderly more often participate in organized social activities. It could be the case that the majority, who are mostly non-frail, do not feel the urge to participate in organized social activities yet as those are often associated with “being old”. Furthermore, the number of voluntary workers amongst the participants is quite high in Helden-Panningen. People do different things, for example visiting lonely elderly, driving a bus, or organizing different activities. Although it is mentioned that the work is getting harder due to ageing, in general the participants experience it as enjoyable as you do others a favour. Back in 2012, it was mentioned people get social relations through voluntary work. However, this was not mentioned by the respondents in this research.

5) The future

When people in Berflo Es were asked about living independently in the future, almost all respondents stated the preference to stay in the house people live in right now for as long as possible. One respondent explained: *“Well, I hope I can stay here until the end.”* Participant 15, female (1944 born), Berflo Es. The majority of the participants agreed that it is impossible to know what the future will bring: *“Actually, it is impossible to answer in a sensible way because you do not know how you will stay.”* Participant 5, female (1938 born), Berflo Es.

In Helden-Panningen, almost all of the interviewed elderly mentioned something of the same scope as in Berflo Es, namely wanting to live at home independently for as long as possible. A few elderly mentioned preferring to move to smaller-scale housing or preferring to move when left alone in the house in the occasion the partner would die first. Also, once again, multiple people mentioned not knowing what would happen as it is impossible to predict the future. Moreover, back in 2012, part of the elderly were not worried about the future, as people were living day by day. This is still the case for part of the elderly in this research.

All things considered, with these outcomes the elderly showed in multiple ways the influence personal factors and societal factors (which were discussed in the Theory) have had on their involvement and participation.

B) Health and use of care

The different health services which are available in the Integrated Service Areas have an influence of people's health and use of care.

1) Care facilities

To be able to live longer independently, having health services like a general practitioner and pharmacy in the proximity are key. It was mentioned by De Kam (2019a) (Appendix 4) that setting up a health care center in Berflo Es failed. For multiple respondents, this is probably not of influence as those people are loyal to the general practitioner and pharmacy further away, outside of the neighbourhood. People mentioned there are a general practitioner and pharmacy in the neighbourhood, but these people prefer to stay at the facilities which are familiar, even if this means traveling further to reach them. For the largest part, it were non-frail elderly who are still vital enough to do so, stating this. One participant explained:

"My general practitioner, I am loyal to my general practitioner, but it is all the way at the hospital."
Participant 8, female (1945 born), Berflo Es.

Back in 2012, people put much value on having general services like a general practitioner and pharmacy close by. As part of the interviewed people have those facilities further away, this does not seem to be the case for this research. Furthermore, people are very satisfied with the general practitioner and pharmacy. Only a heavy door at the entrance and staff members who are not always friendly at the pharmacy in Berflo Es were mentioned as less positive. Moreover, a few participants mentioned making use of the service of the pharmacy to let medicines be delivered at home. For less mobile elderly, this is a good solution for receiving medicines.

In Helden-Panningen, almost all respondents mentioned making use of the new care center Pantaleon in Panningen. This is also the only place where a general practitioner and pharmacy are still located. As mentioned by De Kam (2019b), a wide range of facilities is offered here, from dental surgery to blood testing. Almost all of the interviewed elderly are very satisfied with the different services on offer. The services are experienced as very good and it is convenient that so many services are located at one place:

"In Panningen, I am very satisfied about that. Really very good facilities for us, but especially for older people." Participant 2, female (1944 born), Panningen.

Having different care services located under the same roof fosters living longer independently, as traveling further away to receive care is often not necessary. Moreover, also here a few respondents mentioned getting medicines delivered at home from the pharmacy. A negative aspect which was mentioned multiple times is that Pantaleon is located quite far away. This was mentioned just as often by frail elderly as by non-frail elderly. Pantaleon is located at the western edge of Panningen, which is opposite to the border with Helden. Especially for less mobile elderly not living close to this western edge, difficulties could appear in reaching it. A more positive note can be made when compared to 2012, when it was mentioned people were not always content with the work of

professionals, as well as the long waiting times. In this research, this was not mentioned. It therefore seems like Pantaleon has increased people's satisfaction regarding care services.

2) Use of care

The Wmo is in place to help elderly live longer independently in different ways, as support can be delivered in those domains where elderly can no longer do things themselves or have difficulties with doing so. Also, help outside of the Wmo and informal caregiving can help elderly in living longer independently. Around half of the interviewed elderly living in Berflo Es make use of Wmo care. The majority of this group consists of frail elderly. The mentioned types of support are a cleaner, a parking card for handicapped people, making use of a wheelchair, and a regional taxi. Back in 2012, mostly only devices like a walker or hearing aid were used, and most elderly did not need any other type of support. It seems that for this research, a larger share needs support. Most people using Wmo care stated these services have a positive effect. It increases the living experience, as it makes life easier. The person using the regional taxi stated it feels like a reassurance this service is in place. Another person stated everything related to the Wmo is arranged well by the municipality. Someone mentioned a market was visited where information about the Wmo was given.

Multiple people in Berflo Es mentioned having friends or family members who are not vital enough anymore to live independently. However, these people do not get access to inpatient care. It was mentioned by De Kam (2019a) and Visser (2018) that the access to inpatient care has declined. A few of the interviewed people stated it is a shame inpatient care is so difficult to access nowadays as for some people it is better to live in a nursing home or inpatient care. This restricted access could have a negative influence on the wellbeing of elderly.

Around half of the interviewed elderly in Berflo Es make use of care outside of the Wmo. There is no difference in how often frail and non-frail elderly use it. This could be explained by the fact that often people do not need this help, but do make use of it as it is convenient. Mentioned are at-home care, alarms to give a warning, and a cleaner on private basis. The use of alarms was also mentioned by Hilbers-Modderman & De Bruijn (2013). Alarms are a type of home automation which has been used for quite a while. However, none of the elderly mentioned the use of more complex types of home automation, which can help forestall the future shortage of care staff, as well as that it helps keeping care costs manageable (Hilbers-Modderman & de Bruijn, 2013). In the case of a cleaner, people do not want to deal with the hassle of the municipality, or think the cleaner from the Wmo is attributed a too limited number of hours. Other services the interviewed elderly make use of are a care container to properly dispose medical waste, as well as Wijkkracht sending someone to help out. This is a good example of the support Wijkkracht gives nowadays in Berflo Es (De Kam, 2019a; Visser, 2018). Furthermore, multiple interviewed people make use of physiotherapy within the neighbourhood, which people are satisfied with.

When informal care is taken into account, multiple people gave or currently give informal care to somebody else. A few of this group give heavy demanding informal care, and therefore experience it as being a heavy task. Multiple participants stated getting help from family members or friends, with some even on a weekly basis with different tasks. Most people were also able to fall back on family members back in 2012. However, the majority of the people interviewed do not make use of informal care (yet). Moreover, multiple people mentioned that when help becomes inevitable,

turning to family members or neighbours is not an option. The reason is often because family members are busy with having jobs and children, or family members live far away. Furthermore, neighbours are often too old themselves to be able to perform informal care:

“But who asks their neighbour, you do not do that, right? And your children, do they all live next to you? And they have their own life with their own job. And do you want to burden them? No.”

Participant 8, female (1930 born), Berflo Es.

In Helden-Panningen, multiple people mentioned making use of help from the Wmo, but the majority of vital people do not make use of it (yet). Of the people who do use it, the division is equal for frail and non-frail elderly. This is somewhat surprising as it would be expected that frail elderly make use of it more often. The Wmo care which is used is a parking card for handicapped people, as well as the use of a regional taxi and a cleaner. People mentioned being happy help is in place, and not having to rely on children for help. However, there are also some negative experiences. One person mentioned the regional taxi does sometimes make a big detour, which is inconvenient. Moreover, mistakes are made with the regional taxi quite often. Multiple people mentioned friends or family members having to use Wmo care, with a few of these people having trouble with arranging it. Difficulties are found in people not understanding the rules correctly, it being too difficult getting Wmo care assigned, and having to arrange Wmo care through the internet.

Moreover, multiple people loathed the municipal policy to reduce the number of places in retirement homes (De Kam, 2019b). According to these respondents, having to live without the conviviality of these homes might have a negative effect on elderly facing loneliness. On the other hand, Helden-Panningen replaced retirement homes with nursing home places (De Kam, 2019b) to such an extent that the capacity is comparable to what is often found in cities. It seems the participants did not know about this or did not yet associate this with their own situation, as this was not mentioned.

Multiple participants in Helden-Panningen make use of care outside of the Wmo, or have made use of it in the past during revalidation. Interestingly, this is more often used by non-frail elderly than by frail elderly. But once again this does not say much as people will often not need it, but do make use of it as it is convenient. At-home care help in the household, and a gardener were mentioned. Moreover, a few persons make use of physiotherapy, and a few people make use of a gym in Helden which these people are satisfied with.

When it comes to informal care, the majority of the respondents in Helden-Panningen have experience with giving informal care, or with receiving it. Small tasks like doing groceries, taking the car to the hospital, cooking a meal, working in the garden, and safeguarding the house were mentioned. Also here, a few persons mentioned having experience with performing heavy demanding informal care to a family member:

“I have performed informal care for many years (...). I have been cooking for him all that time. I have always done his laundry and that became a lot of laundry.” Participant 9, female (1947 born), Helden.

Just as in Berflo Es, multiple elderly mentioned not being able to rely on family members or neighbours for informal care. Some people also do not want to rely on them. So, on the one hand, informal caregiving can foster living longer independently. Multiple elderly actually already make use of. However, on the other hand not all people can make use of it. When receiving help from friends or family is not an option, people can turn to the municipality for support.

7.1.2 Differences between urban and rural

Now that we have seen the effects the different services in (urban) Berflo Es and (rural) Helden-Panningen have on living independently and the wellbeing, as well as health and use of care of the elderly, we turn to the next question: *What are the differences between elderly living in the integrated service area of Hengelo and elderly living in the integrated service area of Peel en Maas?*

1) Adjustment of the house

According to Rietman (2011), elderly in de countryside are more actively occupied with performing adaptations to the house in order to be better prepared for the future. The interviews show that the majority of elderly in both Berflo Es and Helden-Panningen already performed modifications to the house. However, there is a difference in the type of modifications. Elderly in Helden-Panningen were more often occupied with carrying out larger renovations, for example modernisation of the house, or creating a bedroom downstairs. In Berflo Es, elderly more often had their focus on smaller adaptations, like installing railings to hold on to or putting a chair in the bathroom. The interviewed elderly in Helden-Panningen are on average younger and more vital, but still these people more often performed large renovations. However, this could partly be explained by the fact that Berflo Es has a larger share of rental housing than Helden-Panningen (De Kam & Damoiseaux, 2012a; De Kam & Damoiseaux, 2012b). With rental houses, large modifications are carried out by the housing associations (De Kam, 2019b). The larger share of home ownership in Helden-Panningen might lead to more people carrying out large adaptations themselves. Therefore, the image of this research seems to fit to that of Rietman (2011), as elderly in the rural area are indeed more occupied with adapting the house for the future.

2) Valuation of the physical environment

Another statement by Rietman (2011) was that elderly living in rural areas value the physical environment more than the house. On the other hand, elderly in the city value a suitable house more than the physical environment. In the interviews, around half of the elderly in Berflo Es indicated not having a problem with moving to other places. As one person puts it:

“Oh, when it is a nice neighbourhood I do not mind. I like living here, you are close to the stores. But I could get used somewhere else as well as long as there are friendly people. I do not have trouble with that at all.” Participant 10, female (1939 born), Berflo Es.

In Helden-Panningen, people have more difficulties with moving away. The elderly have a strong preference to stay in the village, or at least in the municipality. Therefore, it can be concluded that just as Rietman (2011) stated, the participants in the rural area value the physical environment more

than the participants in the urban area. For the valuation of the house, no noticeable differences were found.

3) Services

According to De Kam (2019a), many different facilities have been realized in Berflo Es since 2012. These are: suitable housing, a new shopping center, and a multifunctional center. However, a health center, nursing home and care support point were not realized (De Kam, 2019a). Helden-Panningen does have a care center, namely Pantaleon (De Kam, 2019b). When looking at supermarkets, Helden-Panningen has a larger share of supermarkets which are in closer proximity than in Berflo Es. This contradicts the findings of RIGO (2018), that elderly in urban Integrated Service Areas have more often access to supermarkets within 500 meters. However, not enough parking lots are available in Panningen. On the other hand, the supermarkets in Berflo Es are experienced as very well accessible, but are located further away.

Several publications mention that elderly have better access to public transport in urban areas than in rural areas (Pijpers et al., 2016). This is confirmed by the outcome of RIGO (2018) stating that elderly have more often access to public transport within 500 meters in urban Integrated Service Areas. In the urban area of Berflo Es, elderly mentioned that both the train station and bus stops are in close proximity. In Helden-Panningen, bus stops are often located further away, and no train station is in close proximity. Therefore, elderly in the urban area do indeed experience better access to public transport than elderly in the rural area.

4) Social activities

In the literature it is stated that elderly living in urban areas have more contact with neighbours and neighbours matter slightly more than for elderly in rural areas (Pijpers et al., 2016). However, Pijpers et al. (2016) did already observe a contradiction with earlier research, wherein Steenbekkers et al. (2006) mentioned people in rural areas having more contact with neighbours. The outcomes of the interviews are in agreement with Steenbekkers et al. (2006), as elderly in the rural area of Helden-Panningen are more occupied with having intensive social contact with neighbours. One person mentioned:

"It has turned into real coffee parties where we drink coffee and other stuff every few weeks. We have... How many different groups do we have? We are always asked!" Participant 1, female (1928 born), Helden.

On the other hand, elderly in Berflo Es are more occupied with organized social activities than the elderly in Helden-Panningen, while the social contacts with neighbours is often more volatile or shallow. An explanation could be that the elderly interviewed in Berflo Es are on average older than the elderly in Helden-Panningen, and therefore could more often feel the urge to participate in organized social activities. Another explanation could be that Berflo Es has a larger and more differentiated number of social activities on offer.

Furthermore, elderly in Helden-Panningen are more often occupied with voluntary work, which could be explained by the fact these elderly are on average younger and more vital.

5) Care

More elderly in Berflo Es use Wmo care or care outside of the Wmo than elderly in Helden-Panningen. Rietman (2011) already mentioned that elderly in the city more often receive formal care. A reason for this difference could be that elderly in Helden-Panningen are in general more vital. Another reason could be that the municipality of Peel en Maas does not want to exceed the Wmo means which are handed from the government (De Kam, 2019b), which can result in Peel en Maas less often attributing Wmo support to elderly than Hengelo.

All in all, most findings can be aligned with the literature on urban and rural which was discussed in the Theoretical Framework. The only exception is that for this research, supermarkets are more often found within 500 meters in the rural area. This contradicts the findings of RIGO (2018).

7.1.3 The relative importance of (policy) changes

The third secondary question this thesis answers is *What is the relative importance of Wmo policy changes pertaining to non-Wmo related changes and personal circumstances in the experience of the elderly?* These different changes were shortly mentioned in the Theory and Methodology chapter, and more thoroughly in Appendix 4. As was mentioned already, it is sometimes difficult to make a clear division between changes which are Wmo policy related and changes which are non Wmo-related, as some have aspects which could be linked to both categories. For an extended review of how people experienced the different changes within both Integrated Service Areas, Appendix 12 can be consulted.

Berflo Es has had 3 changes which could be labelled as Wmo-policy changes and which are important for the inhabitants. These are that social activities are more spread across the neighbourhood, Wijkkracht being in place to support elderly in different ways, and an allowance being available to carry out adaptations to the house. The creation of a multifunctional center was mentioned by nobody, so this does not seem to have impacted the elderly. In addition to that, 2 non-Wmo related changes are of importance for the elderly living in Berflo Es. Those are the restructuring of the neighbourhood, and the realization of the new shopping center Laan Hart van Zuid. The change of apartments being available for people of all ages did not happen in reality, therefore this has not been of influence for the elderly. In total, the interviews indicate that the Wmo-policy changes are slightly more important for the elderly than the non-Wmo related changes.

When Wmo-policy changes are mirrored to personal circumstances, a few of the elderly in Berflo Es mentioned events on the personal level affecting the living experience and wellbeing in the past 7 years. For example: the loss of a partner or illness. When looking at the influence of events regarding health, almost all people in Berflo Es have had health problems in the past 7 years. For example, breaking a bone or rheumatism. The majority stated it has affected the wellbeing. When both issues are taken together, it shows that more people are influenced by personal circumstances than by

Wmo-policy changes. Therefore, in Berflo Es personal circumstances are more important for the elderly than the Wmo-policy changes.

In Helden-Panningen, fewer Wmo-policy changes and non-Wmo related changes could be distinguished. Regarding Wmo-policy changes, the move of KBO into the community house was not mentioned and therefore, it does not seem to have impacted the elderly. On the other hand, there are 2 non-Wmo related changes which were important for the inhabitants, namely the realization of the care center Pantaleon, and the retirement homes being demolished. Therefore, the non-Wmo related changes are more important for the elderly than the Wmo-policy changes.

Last, mirroring the non Wmo-related changes to personal circumstances, multiple interviewed elderly in Helden-Panningen had to deal with events on the personal level in the past 7 years, which have affected the living experience or wellbeing. The same holds for events regarding health, with the majority of people mentioning health problems being of influence on wellbeing. Altogether, the interviews indicate that personal circumstances are more important for the elderly than non-Wmo related changes.

With the new Wmo of 2015, more responsibility has been transferred to the municipality. In both places, the majority of the elderly mentioned not having noticed this change. Therefore, it does not seem to be of importance. Altogether, it can be assumed that for the participants in both Integrated Service Areas, personal circumstances are experienced as more important than both Wmo policy changes and non-Wmo related changes. This is not really a surprise. The Wmo should support people who have to deal with personal circumstances. Without the Wmo care, elderly will experience the personal circumstances as even more intense. Therefore, it can be stated that indirectly, the Wmo ensures that people can better deal with personal circumstances.

7.1.4 Policy recommendations

The policy recommendations in this subparagraph will be given for the municipalities of Hengelo and Peel en Maas, and then for Integrated Service Areas in urban and rural areas in general. The first set of recommendations could serve as a guidance for both municipalities to further improve the living experience of the elderly. With the second set of recommendations, this thesis aims to contribute to the planning practice with highlighting recommendations for the further improvement of the experience of independently living elderly in both urban and rural Integrated Service Areas.

Recommendations for Hengelo and Peel en Maas

1) Recommendations for Hengelo

The outcomes of the interviews showed only one shortcoming which was mentioned by more than one person, which is the absence of a supermarket in the centre of the neighbourhood. Part of the elderly stated not having a problem with this, as the elderly are still vital enough to bridge this distance. However, it was stated that less vital people who do not live close to these supermarkets could face difficulties in reaching them. Therefore, it is recommended to establish a small supermarket or comparable type of service at a central location in Berflo Es. It can perform a

neighbourhood function with offering the most essential groceries. When establishing a proprietary supermarket is impossible, it may be an option to consult with community organizations located in the centre of the neighbourhood about opening up a small shop within one of their buildings. For example, in the building of Nivon, or in Uit & Zo. The offering of groceries could attract more elderly to these communal organizations. In turn, that could result in more elderly making use of the services offered by these organizations. Moreover, the promotion of home delivery could be a possibility in getting necessary groceries to frail elderly. As some elderly face difficulties in using the internet, it is advised to use a simpler way of ordering as well, for example with a form upon which people can tick boxes and which is picked up or delivered at the supermarket. Guidance in the process of getting groceries delivered at home is expected to be inevitable.

2) Recommendations for Peel en Maas

The outcomes of the interviews showed 5 shortcomings which were mentioned by more than 1 person. First of all, a few people mentioned a bus stop being too far away. It is recommended to make adaptations to the route of the bus in order to let it pass areas which are not yet covered. A small neighbourhood bus line could also be used for this purpose. This could be valuable for less vital elderly, as public transport can be the only mode of transportation left in getting around independently.

Second, a few elderly mentioned not enough (disability) parking lots being available in the proximity of the Albert Heijn in Panningen. Therefore, it is recommended to assign more of the existing parking lots to handicapped people. For the problem of shortage in parking lots in general, part of the parking lots could also be assigned to elderly people only. Although this could be difficult to uphold, it may result in at least part of the vital people showing the desirable behaviour of parking somewhere else (for example, at the cemetery). Then, more parking lots stay available for elderly people.

Third, it was mentioned that Pantaleon is located too far away for part of the less mobile elderly. Therefore, it is recommended to create some kind of annex at the eastern edge of Panningen or in Helden. This annex could if possible, at least offer a general practitioner and pharmacy. In this way, frail elderly have easier access to these basic services.

Fourth, it was mentioned a few times that people in Helden-Panningen know people facing difficulties with arranging support from the Wmo. A few people mentioned certain social organizations already organizing meetings wherein guidance and information are offered. However, it seems this is not known by most of the elderly. More promotion of these meetings would therefore be valuable. Moreover, a few people mentioned the only way to arrange Wmo care is through the internet. This is problematic for part of the elderly. Recommendations therefore are to offer people the option to fill in a paper form, to assign staff members the task of guiding elderly in arranging Wmo care, or to create a booth at the town hall which people can physically visit. This booth could possibly also offer guidance on how to arrange help from the Wmo.

Fifth, het Huis van Morgen is a very well executed initiative to create more insight into the possibilities for adaptations in and around the house, with volunteers giving guided tours. However,

only one interviewed person mentioned having the plan of visiting het Huis van Morgen. It seems that more publicity is necessary to let it become better known amongst the inhabitants. Although most interviewed elderly are still vital, part of these people did already think about carrying out modifications to the house in the future in order to stay at home longer independently. Visiting het Huis van Morgen could give these people a better insight into the possibilities. Moreover, it would be beneficial to make the people who did not think about adaptations yet aware of the available possibilities, as well as that it could trigger people to start thinking about the future altogether.

3) Recommendations for both Integrated Service Areas

Having to change to other busses or trains, delays, trains not riding anymore, and the current ticket system were experienced as confusing and difficult by multiple elderly in both areas. Therefore, it is recommended that elderly get guidance on the use of public transport. This could especially be done on planning travels in advance to know how to change between trains or busses, and the use of the ticket system. Guidance in the use of public transportation apps could also be of added value. With guidance, elderly may use public transport more often.

Recommendations for city and countryside in general

1) Adjusting the house

To make elderly aware of the possibilities regarding adjusting the owned house, it is recommended that both urban and rural municipalities provide information on this topic. Useful examples for other municipalities in what could be offered can be found in Hengelo and Peel en Maas, where a booth at the town hall for information and a website are available (Gemeente Hengelo, 2019; Informatiewijzer Hengelo, 2019; Gemeente Peel en Maas, 2019a). Providing information can also happen with for example organized meetings, information letters, or opening up a facility like het Huis van Morgen. When looked at elderly renting a house, awareness should be provided by municipalities on the possibly inevitable step to move to lifetime housing in the future. In this way, the elderly will not be overtaken when difficulties in the house start to appear.

2) Using public transport

Public transport is often confusing and difficult to use for elderly, especially in a city with different bus lines and train platforms. It is recommended for both urban and rural areas to provide guidance on the use of public transport. For example, by offering elderly an explanation on the use of it, guidance in purchasing tickets, creating a website with information, or giving an explanation on the use of public transportation apps. When looked at the countryside, it is important to offer public transport throughout the whole area. At least a bus line which covers most of the area is necessary. For the parts of the area which a normal bus line does not pass, a small neighbourhood bus line can be used. Also, trains are often located in the bigger cores, which people often need to reach by bus first. This makes having a bus line in close proximity a necessity. In this way, elderly can move around independently, with independence being of great importance.

3) Organized activities and services

Next, in both urban and rural areas it is a necessity that a range of different activities at different locations is offered. In that way, there are things on offer which are suitable for people with different tastes and different capabilities. Due to a lower number of inhabitants it can be difficult for rural municipalities to offer many organized social activities. It is recommended for countryside-areas to offer at least a few different types of organized social activities as there will always be a demand for it to some extent.

Furthermore, general services like a supermarket, general practitioner and pharmacy are basic needs when it comes to letting elderly in the countryside live independently, and must therefore be provided. Without these services, elderly will be forced to move away. It is a necessity that municipalities keep sight on the smaller cores, as has been done in Helden-Panningen.

4) Arranging Wmo care

People in Berflo Es mentioned getting help from the organization Wijkkracht when having care related questions. This could be the reason that none of the participants there mentioned having trouble with arranging Wmo care. This shows it is a necessity for Integrated Service Areas in both urban and rural areas to have some sort of guidance for elderly to arrange care from the Wmo, like Wijkkracht or a physical place people can go to. The municipality of Hengelo also offers a booth at the town hall which persons with questions can visit (Gemeente Hengelo, 2019). Another way to support elderly related to the use of Wmo care is through a website which offers information, which both Hengelo and Peel en Maas have (Informatiewijzer Hengelo, 2019; Gemeente Peel en Maas, 2019b). Furthermore, it is recommended for municipalities in general to make more promotion of places and meetings where information on Wmo care is given. Also, it is advised to promote websites with relevant information on ageing in general, as it could enlarge people's insight into the topic. For example, the websites of VWS (*Ministerie van Volksgezondheid, Welzijn en Sport*), SCP (*Sociaal en Cultureel Planbureau*), and Platform 31. Moreover, some elderly have difficulties with arranging Wmo care through the internet, therefore guidance is recommended to make this process easier. Having to ask for care is often already experienced as being a difficult step to take, and if the process of doing so is difficult, it will only add up to possible frustration and grief.

5) Support for informal caregivers

Last, informal caregiving can be a big burden. Examples for other municipalities to lighten this burden are found in both Hengelo and Peel en Maas. In Hengelo, Wijkkracht offers individual support, voluntary workers, and different courses (Wijkkracht, 2019), while Peel en Maas offers a cleaner, a support point, and respite care (Gemeente Peel en Maas, 2019c). Offering different types of support is advised for every municipality, as different informal caregivers may have different needs.

8. Conclusion and Discussion

8.1 Conclusion

8.1.1 Answering the primary question

The primary question of this thesis is: *How did the independently living elderly experience living in the Integrated Service Areas of Hengelo and Peel en Maas for the past 7 years?* With the outcomes of the secondary questions in the previous chapter, an answer can be formulated to this question.

1) Neighbourhood and home

The majority of the interviewed elderly live pleasantly in the neighbourhood and home. People can get an allowance for adjusting the house, which seems to have effect as most elderly have already made adaptations, or are planning on doing so in the future. In Helden-Panningen, more frail elderly performed modifications to the house than non-frail elderly. In Berflo Es, there is no difference between the 2 groups. Elderly in Helden-Panningen more often performed large renovations to the house than elderly in Berflo Es. This could partly be explained by the fact that more houses are owner-occupied in Helden-Panningen. Moreover, the majority in both areas stated not wanting to move if it is not necessary. If moving would be inevitable, people in Helden-Panningen more often want to stay in the proximity. This was mentioned more often by non-frail elderly, while in Berflo Es more frail elderly have the preference to stay within the proximity.

2) Services

The creation of the new shopping center in Berflo Es and the care center in Helden-Panningen have had the biggest influence on elderly. In Berflo Es, the elderly are satisfied with the different stores on offer. However, those are located too far away for part of the elderly. Interestingly, this was more often mentioned by non-frail elderly than by frail elderly. In Helden-Panningen, supermarkets are in closer proximity but here, not enough parking lots are available. Furthermore, in both areas most elderly are satisfied with the general practitioner and pharmacy. In Berflo Es, part of the participants have these services outside of the neighbourhood. The new care center in Helden-Panningen offers different types of care, which people are especially satisfied with. However, the location is not optimal, as it is too far away for part of the inhabitant. Frail and non-frail elderly mentioned this just as often. Public transport is available in both areas, with Berflo Es having better access. In Helden-Panningen, bus stops are sometimes located too far away. Part of the inhabitants make use of it, whereby the share of frail and non-frail elderly is the same. Part of the elderly is pleased with the public transport, while others find it confusing.

3) Social activities

In Berflo Es there was the desire to spread meeting places across the neighbourhood. It seems this has succeeded, with many different activities organized at different locations. These meeting places have a positive effect on the elderly, as people value it very much. The opening of the new multifunctional center was mentioned by none of the participants, which means it has not (yet)

impacted the elderly. In Berflo Es, people make more use of organized social activities while in Helden-Panningen, people make more use of social activities in the private sphere. With elderly in Helden-Panningen being on average younger and more vital, it could be possible that these people do not feel the urge yet to participate in organized social activities. It is indeed the case that mostly frail elderly make use of this (as is the case in Berflo Es). Moreover, less organized social activities are on offer than in Berflo Es. This can be explained by the fact that it can be difficult to offer the same number and variety of activities in rural areas as in urban areas. The elderly in Helden-Panningen who do make use of the activities are for the largest part satisfied. The change of KBO moving to the community house in Kepèl does not seem to have impacted the elderly. Furthermore, in both areas people can get help from neighbours when this is needed. Elderly in Helden-Panningen more often have an intense social contact with neighbours. Also, the share of people doing voluntary work is quite higher in Helden-Panningen than in Berflo Es. This could again partly be explained by the participants in Helden-Panningen being on average younger and more vital.

4) Care

When both places are taken together, the majority of elderly do not make use of Wmo services as most people are still vital. More elderly in Berflo Es make use of Wmo care than in Helden-Panningen, which could be due to the fact that the participants in Helden-Panningen are on average more vital and younger. In Berflo Es, more frail elderly make use of it while in Helden-Panningen, the outcome is surprising as there is no difference in the number of frail and non-frail elderly using Wmo care. The people who make use of it, mentioned it makes life easier. However, people in Helden-Panningen mentioned others having difficulties with arranging Wmo care. In Berflo Es, nobody mentioned this. This could be due to Wijkkracht, which helps people with care related questions. In this way, it seems that Wijkkracht has been a positive change for the elderly. Care outside of the Wmo is also used by part of the respondents in both places. Furthermore, part of the elderly perform informal care, which is sometimes a big burden. With the support of the municipality, this burden can be lightened. Moreover, people mentioned it is not always possible to depend on family members or neighbours for help. Therefore, municipality support is also in place. Also, due to policy changes, it is nowadays more difficult to get access to inpatient care. This has had an impact on the elderly, as people in both places mentioned this being a shame as lonely elderly would be better off in inpatient care or a nursing home. Furthermore, with the new Wmo of 2015, more responsibility has been transferred to the municipality. However, the elderly barely noticed this, so it turns out this change has not affected the elderly. Altogether, when looked at the different changes which happened within the Integrated Service Areas, some did affect the elderly, while others did not. It actually turns out that personal circumstances have had a bigger influence on elderly than the different changes.

8.2 Discussion

8.2.1 Retrospect

When looking back on the used theories and conceptual model, it would have been beneficial to focus more on ageing in place during the data collection in the field. Especially familiarity with the environment and the social networks people have was barely shed light on (except for contact with

neighbours), while it could have given more insight into people's living experience. Moreover, in the theory, more emphasis could have been on the independency and increased happiness which people experience when living longer independently. The interviews showed that these are important aspects for the elderly, and therefore would have deserved more attention. Furthermore, it would have given this thesis more strength when the conceptual model had further divided Wmo policy changes, non-Wmo related changes, and personal circumstances into more specific changes. In this way, a better insight would have been obtained on what is of influence for the experience of elderly. Last, it turned out that although there are differences between the urban Integrated Service Area and the rural one, these differences are not major. This may have been because the urban-rural contrast in these cases was not extremely high. Maybe the comparison of an Integrated Service Area to a normal area would have been more interesting for the planning practice, as it could be the case that more striking differences between those 2 had come to light than what is the case now.

8.2.2 Shortcomings and recommendations

A shortcoming of this research is that for the largest part vital elderly were found willing to participate. Also, all elderly are mentally vital as otherwise taking an interview would be difficult. This results in a somewhat one-sided view on the experience of elderly. This research has given more insight into how vital elderly experience living inside Berflo Es and Helden-Panningen, than on how less vital elderly experience living there, as a smaller number of frail elderly was reached.

Another shortcoming is that some elderly illustrated the situation in a better way than it was in reality. For example, people stating not having any difficulties in walking but in reality, it was observed people did have difficulties with it. Moreover, mentioning not having adjusted the house but later telling a stairlift has been installed. It could be the case that people forgot to mention it, or people do not experience certain disabilities as a limitation. This could have led to partly biased answers. Moreover, in the Methodology chapter, it was mentioned that the respondents in Helden-Panningen seem in general more vital than the respondents in Berflo Es. The quantitative research of Esra van der Zaag pointed in the same direction. However, this outcome could be biased due to the aspects mentioned above. This shows that the reliability of statistical research can be reduced as a result of people giving the wrong answers. When quantitative/statistic research is carried out on this target group, alertness for this problem is necessary. Furthermore, it is preferred that quantitative research is supplemented with qualitative research. Although the above information shows that qualitative research can be biased as well, it at least creates a more reliable image of the situation. Moreover, when policy is being made, both quantitative and qualitative research should be taken into account.

With this research, examples are found for differences between the outcomes of the quantitative research of De Kam (2019a; 2019b) and the personal experience of the elderly. The 2019 researches showed that Berflo Es quantitatively performs better than Helden-Panningen when it comes to letting people live longer independently, as more frail elderly live there independently, more people make use of non-Wmo care, the proximity to services is better, and the housing stock is more suitable. However, the outcomes of the interviews for this research showed that it cannot be concluded that Berflo Es performs better on these aspects, as no differences can be found between

the 2 areas for people's level of satisfaction with these aspects. This underlines that with policy making, it is important to also give the floor to the people involved.

As this thesis is one of few researches focussing on the experiences of independently living elderly in Integrated Service Areas, it is recommended to carry out more qualitative research in Integrated Service Areas. With the experiences of elderly in different areas combined, a more profound view on the experiences in cities and countryside in general will be created. Moreover, interviewing a larger group of respondents in Integrated Service Areas will further enlarge the insight in the experiences of elderly. It would also improve the reflection with the elderly population in an area in general.

Furthermore, the researchers empathy with the elderly can be increased by for example interviewing elderly at social activities, talk to elderly in the streets, and take a ride in the local bus. Moreover, collecting experiences on 'the other side of the experience', for example by interviewing informal caregivers and health care providers, could provide a more thorough image of the living experience of elderly.

Last, it would be valuable when it is tried to reach a larger share of frail elderly than what was achieved in this research. The services on offer in Integrated Service Areas could especially be of support for frail elderly having to live longer independently. Therefore, it is interesting to carry out research on how frail elderly experience living inside Integrated Service Areas, and what could be improved on to increase the living experiences of this group of inhabitants. The same goes for handicapped people, as RIGO (2018) mentioned that Integrated Service Areas do not only create better opportunities for living independently for elderly people, but for disabled people as well.

6 References

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Appendices

Appendix 1: The policy domains of mobility and finance

When looking at mobility, literature states that it is important that the physical environment is adapted in such a way that elderly with reduced capabilities are supported. Therefore, personal transportation as well as mass transportation which is suitable for the elderly must be provided. Also, devices like walkers, canes and wheelchairs will be necessary in order to create a basic level of mobility for the elderly (Warner Schaie et al., 2003). When looking at the domain of finance, an example is the debate about how best to finance long-term care (Wittenberg et al., 1998). One type of long-term care is at-home care, for example helping elderly who live independently with cleaning, eating, personal hygiene, and transportation in the physical environment (NIH, 2017). A key issue in the debate is about to what extent elderly need to pay for the demand for care themselves, and to what extent the government should step in for funding. Debate about this topic has started as a result of the expected growth in the number of elderly people, uncertainty about the extent to which elderly people can get support from family members, and uncertainty about how much long-term care is needed (Wittenberg et al., 1998).

Appendix 2: Wlz

When elderly need long-term care of a more intensive nature, people can shift from the Wmo to the Wlz. The Wlz is the type of care people receive when people are very frail and need care 24 hours a day as a result of illness or constraints, and it is clear this care is needed for the rest of people's lives. It consists of different things: the option to live in a healthcare institution, assistance in everyday life, and treatment focused on the improvement of an illness. With Wlz care, people have the right to move to a healthcare institution if this is necessary, but care at home is also possible. Care in the Wlz often has the same names as care in the Wmo, for example: nursing, guidance, daily activities and a helping hand in the household. Care from the Wlz is requested through the CIZ, which is an assessment care center (VWS, 2018).

Appendix 3: Description of both Integrated Service Areas

Berflo Es

In 2011, the municipality of Hengelo had the purpose to set up multiple Integrated Service Areas throughout the city, in collaboration with care providers and housing associations. This was seen as inevitable to be able to react actively to the consequences of an ageing population. The Integrated Service Area of Berflo Es was used as a pilot (Gemeente Hengelo, 2011). When the neighbourhood was transformed to an Integrated Service Area, it counted approximately 7500 inhabitants of which 20% were of the age of 55 and over (Meesters & Pijpers, 2011). The Integrated Service Area of Berflo Es is a city type, network-based Integrated Service Area. This means that services regarding care and wellbeing are connected in a network which is led by a case manager. In this model, the actual

development as well as clustering of services regarding care is less important (De Kam, 2019a; SEV, 2012).

Helden-Panningen

The Integrated Service Area of Helden-Panningen exists of 2 different villages (Helden and Panningen) which have merged together. Both are located in the municipality of Peel en Maas. In 2012, 1.600 independently living elderly at the age of 70 and over lived in Helden-Panningen. Helden-Panningen is a countryside type Integrated Service Area. Just as Berflo Es, it is network-based (SEV, 2012).

Appendix 4: Changes in both Integrated Service Areas

Wmo policy change: Organized social activities

As part of the Wmo, the municipality provides social activities for the inhabitants. There are both customized services like elderly day care, and general services which are accessible for everyone, like meeting places. The municipality also supports the organized activities at associations and community centers (Rijksoverheid, 2019). As part of the social activities on offer inside Integrated Service Areas, Berflo Es has a newly built multifunctional center. However, this multifunctional center does not yet attract the elderly population it was aiming for as only people who make use of one of the services within this multifunctional center enter it. However, it could have a neighbourhood function. It turns out that it is experienced as not being accessible and too modern for the inhabitants. The municipality appealed to Wijkkracht to investigate how to attract more inhabitants towards the multifunctional center. It is of importance to take into account other services which are already in place. The salvation army, which also attracts a group of inhabitants, is close by and offers eating facilities. Moreover, Uit & Zo is a social meeting place where handicapped people work. It was first located somewhere else, but with the relocation the number of people visiting has decreased. Welbions aims for the spreading of meeting places across the neighbourhood as the neighbourhood is quite large. For example, meeting places inside apartment blocks where everyone can walk in or meeting houses in 6 different parts of the neighbourhood (De Kam, 2019a).

In Helden-Panningen, problems have occurred with the use of spaces for social activities in newly built properties as well as that the use of spaces is being terminated. A solution must be found for these communal rooms. However, this is difficult. Sometimes there is also too much competition with other spaces in the proximity. KBO organizes a lot for the elderly in Helden-Panningen and it has a large number of members. It offers different courses, it gives explanations on how to arrange different things, and it promotes save living and accessibility. Moreover, it offers information points and has elderly advisors. KBO found a place in the new communal house In Kepèl (Panningen). The wellbeing organisation Vorkmeer is researching how this communal house can get a vital use. It already carries out daily activities and KBO now joins as well, which was first shattered at different places across the area. In Helden-Panningen, local community is involved in creating a suitable offer of daily activities. As a result, local projects have been set up in both villages to keep elderly in the

neighbourhood with for example daily activities, transportation, and meal care plans (De Kam, 2019b).

Non-Wmo related change: real-estate

Since 2012, the access to inpatient care has become more difficult. Furthermore, elderly get less help in the household and elderly stay at home for a longer period of time without the right means for support (De Kam, 2019a; Visser, 2018). This results in loneliness, next to other problems. As a result of the decline in inpatient care, the quest for clustered housing with services on offer for both elderly and handicapped people is rising. The biggest challenge for Welbions in Berflo Es lies in offering those intermediate housing arrangements, as the diversity in needed care will rise in the future. Collaboration with the municipality for the use of Wmo resources is necessary in this case (De Kam, 2019a). Moreover, an allowance is available for homeowners to carry out adaptations which make the home suitable to live longer independently (De Kam, 2019a). The mindset of Welbions also has changed, it nowadays creates visions for the neighbourhood wherein liveability, affordability, durability, and availability are key. The common interest of the neighbourhood is being sought for. The focus is now on a smaller scale whereby communication with the inhabitants of the area takes place (De Kam, 2019a; Olde Heuvel, 2018).

Also, in 2012, many investments were made in real estate in Berflo Es which focused on lifetime housing, multifunctional buildings and care institutions. The housing associations were society oriented and partnered with municipalities and care organisations. However, due to the crisis and limitations in investments due to housing laws, the scope for creating these new buildings was restricted (Bijdrage aan PBL Studie langer zelfstandig wonen, 2018). Berflo Es is an area of restructuring. The new houses create new living opportunities for inhabitants. On the other side, it also leads to many people moving out of the neighbourhood and new people moving in, which has a change in the composition of the population as a result. The people who do come back into the newbuilt houses do not always feel pleasant there as these people are not comfortable with changes. Integrated Service Areas need enough suitable and adjustable houses for elderly. According to the housing association Welbions, both Hengelo and Berflo Es offer the necessary share of housing for the elderly, although the municipality thinks otherwise. Welbions has decided to not build a large share of new houses. Moreover, houses are no longer labelled as only assigned to people of 65 and over, also younger people can move in (De Kam, 2019a).

In Helden-Panningen, the social aspect is nowadays getting more attention from housing associations. The housing associations are seen as partners of the municipality, which offer housing for different groups of people (Damoiseaux et al., 2016). With the housing association WonenLimburg in Helden-Panningen, rules were set up for the adjustment of houses (De Kam, 2019b). Moreover, the municipality also stimulates homeowners to increase the knowledge about living at home independently for a longer period of time. An important aspect in this is Het Huis van Morgen, which was opened in 2014. The municipality works together with different organisations and the house is located in a typical house from the housing association. Interested people can get a tour from voluntary workers about all the high-tech and low-tech available in and around the house which help elderly to live longer independently. However, the expenses for the adjustment of houses is decreasing in Helden-Panningen, as people have to pay back the municipality for the adaptations

that are being made through a contribution. Moreover, many suitable new houses were built, which is often lifetime housing. From 2019 onwards, the height of the contribution does no longer depend on the height of the income of people anymore. The contribution will get a fixed price for every person, with adaptations to houses also being covered by this contribution in the near future (De Kam, 2019b).

In Helden-Panningen, retirement home places have been replaced for nursing home places. Also, new locations for nursing home places have been built. The result is a duplication in the availability of nursing home places. Also, WonenLimburg experienced that elderly stay at home longer as people prefer to stay in a convenient environment, moving results in costs as well as different emotions, a large share of elderly own a house in this region, and the newly built houses are not always preferred as these houses are often stacked. Moreover, many rented houses are adjusted and together with the help coming from the Wmo, elderly have no reason anymore to move to small apartments. Therefore, WonenLimburg is careful with building new apartments, although the 'grey pressure' is rising. WonenLimburg does invest in infringement and additions while keeping track of the structure of the population. With a large part of the real estate owned by WonenLimburg, sustainability and lifetime housing are going hand in hand (De Kam, 2019b).

Moreover, different means are used in Helden-Panningen to make it possible for elderly to live longer independently. For example, a former school now offers place for respite care as well as having a hospice function. Moreover, the new health center at Ringovenpark which is called Pantaleon works very well with many different care services located under the same roof (De Kam, 2019b).

Non-Wmo related change: Wellbeing

The wellbeing in Integrated Service Areas has become more important in the policies of municipalities. Moreover, municipalities nowadays have a better image of what the needs of its older inhabitants are regarding living longer independently, wellbeing and support. In almost all of the Integrated Service Areas it is stated that policy is not as much exclusively focused on elderly anymore, as it was in 2012. Nowadays, also other groups who need support are on the radar (Bijdrage aan PBL Studie langer zelfstandig wonen, 2018). When taking into account the wellbeing in Berflo Es, the municipality started with Wijkkracht: 4 neighbourhood teams for the collaboration of 4 organisations. Every care related question in Hengelo is dealt with by the neighbourhood team. Some questions are played over to professional organisations. Personal assistance, elderly advisors and dealing with questions of elderly are part of the tasks of Wijkkracht. If a person needs help out of the Wmo, Wijkkracht can arrange it. It also works the other way around with professionals offering Wmo care, and warning Wijkkracht if something is going on (De Kam, 2019a; Visser, 2018). Moreover, the municipality allowed Wijkkracht to start up meeting places for frail elderly (De Kam, 2019a).

Helden-Panningen does not have a financial deficit on the Wmo as the means which are handed from the government must not be exceeded, according to the municipality. Care in Helden-Panningen has been arranged based on getting care behind people's front door. In Ringovenpark, where a building consisting of 50 care apartments with separated living and care has been realized, this starting point was used. However, 7 years ago the plan was to also let vital elderly live in Ringovenpark but this did

not happen. Moreover, Helden-Panningen does not have neighbourhood teams but uses a unique way of working. Professionals who have to deal with the Wmo, youth and participation, work for the municipality as a civil servant. This leads to work being carried out quicker, and formal and informal support are in this way being connected (De Kam, 2019b).

Appendix 5: Quantitative comparison on general performance

Below, table 2 shows the average pecking order of the Integrated Service Areas of Berflo Es and Helden-Panningen, as compared to normal areas and other Integrated Service Areas. This table is based on the research of 2019 comprising of 10 different Integrated Service Areas (De Kam, 2019a; De Kam, 2019b). The Integrated Service Area which was able to distinguish itself most positively from normal areas, receives the highest position: 1. The Integrated Service Area which distinguishes least from normal areas receives the lowest position: 10. This means the lower the Integrated Service Area scores, the better it performs in comparison to the normal areas and other Integrated Service Areas. The table also gives a description of what the low scores mean per indicator. The category 'Use of care from Wmo' has a range between 1 and 4, as only the data of 4 Integrated Service Areas is known for this category.

	Description of what a low score means	Berflo Es	Helden-Panningen
Living independently	More people living independently than normal	1,5	7,3
Frail people living independently	More frail people living independently than normal	2,3	7,5
Use of care from Wmo 2015 (use of cleaner, personal assistance, daily activities, transportation services)	Making more use of Wmo care than normal	2,0 (out of 4,0)	2,75 (out of 4,0)
Use of care (indication for care and support)	Making more use of care and support than normal	2,0	7,6
Services (proximity of supermarket, general practitioner, pharmacy, public transport)	In closer proximity than normal	5,0	6,5
Living and care (use of inpatient care, proximity of inpatient care location)	Less use of inpatient care and closer proximity than normal	5,4	6,6
Housing stock (share of unsuitable/unadaptable houses)	Less unsuitable/unadaptable houses than normal	5,3	7,6

Table 4: The average pecking order of Berflo Es and Helden-Panningen as compared to normal areas and other Integrated Service Areas (De Kam (2019a) p. 30; De Kam (2019b) p. 31).

Table 2 shows that Berflo Es differentiates itself more positively from normal areas and other Integrated Service Areas than Helden-Panningen does. Berflo Es has a lower score (which means it scores better) on all of the 7 categories than Helden-Panningen, with the biggest differences in living independently, frail people living independently and use of care. Berflo Es has less elderly moving out or moving to inpatient care locations and has a higher share of elderly living independently than Helden-Panningen. Moreover, more people make use of Wmo care services, which contributes to elderly being able to live independently. Berflo Es does not score well when it comes to the proximity of supermarkets, herein Helden-Panningen scores a little better. However, proximity to general practitioners, pharmacies and public transport is better in Berflo Es. When looked at inpatient care, Berflo Es also scores better as less people live in inpatient care locations, however this is likely due to the lower capacity of inpatient care in the neighbourhood. Helden-Panningen has a higher capacity of inpatient care which could be an explanation for the higher share of elderly making use of it. As a result, inpatient care locations are also in closer proximity in Helden-Panningen than in Berflo Es which means Helden-Panningen scores better on this aspect. When looking at the housing stock, Berflo Es once again scores better as it has a larger share of suitable and adjustable houses than Helden-Panningen. When looking at people getting older living more often in suitable housing, it is unclear which Integrated Service Area scores better. The results from Helden-Panningen are contradictory, with one indicator showing that the share of elderly living in unsuitable housing declines with age, while another indicator shows that a higher share of older elderly live in unsuitable housing (De Kam, 2019a; De Kam, 2019b).

Appendix 6: The qualitative image back in 2012

The questions pattern analyses which were used back in 2012 (Meesters & Pijpers, 2011; Lips & Meesters, 2011) came with some qualitative insights regarding both Integrated Service Areas. 3 items which are relevant to this thesis will be highlighted here.

The first question that is highlighted is: *How do people look at living independently in the original or adjusted house?*

In Berflo Es, the research showed that people have a positive attitude towards living independently as people prefer to do everything independently for as long as possible. When people cannot do things themselves anymore, people would like to get a cleaner and gardener for the bigger chores. Moreover, neighbours are important for offering help. Elderly put much value on having services like stores, a general practitioner and pharmacy in the proximity. Also, people mentioned preferring to stay in the neighbourhood for as long as possible as people have been living there for a long time and the physical environment is familiar (Meesters & Pijpers, 2011).

In Helden-Panningen, the elderly have in general a positive attitude towards living independently and prefer to live independently for as long as possible. Many people adjust the homes to be able to live there longer independently. Also, people often moved to smaller housing. Moreover, people often make use of a cleaner. Living close to stores is convenient for the elderly. People want to do everything themselves for as long as possible, but if this is not possible anymore, people ask help from in the first place a partner, then children and then organizations. Also, part of the elderly told

being frail and are already thinking about moving to an inpatient care location. Another part is not worried about the future, as those people are living day by day (Lips & Meesters, 2011).

The second question that is highlighted is: *How do people experience social relationships?*

The research in Berflo Es showed that it is important for elderly to be among other people, as well as having contact with family, children and grandchildren. Also, neighbours are mentioned often as those people give conviviality, a helping hand, and social contact. For some this only means greeting one another in the street. Some people mention that the relationship with neighbours was better in the past. When it comes to meeting people, this often happens in the shopping center. Moreover, the neighbourhood center is only opened at specific hours, which leads to some people deciding not to go there (Meesters & Pijpers, 2011).

In Helden-Panningen, many people have social relations through the voluntary work these people are performing. Part of the elderly participate in activities organized by KBO. For the social relations, the direct physical environment is important. Also, people have social relationships with the neighbours. However, those relationships are not profound. People know there is the possibility to fall back on the neighbours when necessary. Moreover, neighbours keep visiting one another when someone has moved (Lips & Meesters, 2011).

The third question that is highlighted is: *How are people supported or taken care of by professional service providers?*

In Berflo Es, the research showed that most elderly do not need much support. The people who do need support, mostly use devices like hearing aid or a walker. Furthermore, people can get support from neighbours and family members. Regarding professional service providers, the general practitioner and a cleaner are made use of (Meesters & Pijpers, 2011).

The research in Helden-Panningen showed that the general practitioner is important for the elderly. People mentioned being bothered by waiting times in the hospital and at the general practitioner. Also, people are not always content with the approach of professionals. Moreover, the preference to get a stairlift and getting help from a cleaner were mentioned (Lips & Meesters, 2011).

Appendix 7: Characteristics of the participants

Tables 3 and 4 shown below provide a list of the participants in the interviews in Hengelo and Peel en Maas. It shows the sex and year of birth of the participant, as well as if the participant had to endure certain restrictions in the past months or years, if the participant endures restrictions in daily life activities, and if the participant makes use of certain helping tools. For Helden-Panningen, it is mentioned if the respondent lives in the village of Helden or Panningen. Eight of the participants live in Helden, 7 live in Panningen. 'Partner joined', 'sister joined', or 'daughter joined' means these people decided to join the interview when the researcher visited. This was not mentioned on forehand and at that moment, the characteristics of these joining participants was not asked for. Moreover, an 'X' means no answer was given to the particular question.

Participant	Sex	Year of birth	Restrictions past months/years	Restrictions in daily life activities	Use of helping tools
1 (Partner joined)	Male	1932	No	No	No
2	Female	1935	No	No	No
3	Female	1939	No	No	No
4	Male	1934	No	Somewhat	No
5	Female	1938	Multiple restrictions in the past 5 years	Somewhat	Walker/help with daily activities
6 (Partner joined)	Male	1946	No	No	No
7	Male	1936	No	No	No
8	Female	1930	No	No	No
9 (Partner joined)	Male	1930	Restrictions for the past 3 months	Somewhat	Walker/help with daily activities
10	Female	1939	No	No	No
11	Male	1944	X	X	X
12	Female	1923	Multiple restrictions in the past 5 years	Somewhat	Walker/help with daily activities
13	Female	1935	Multiple restrictions in the past 5 years	Somewhat	X
14 (Partner joined)	Female	1940	No	No	No
15	Female	1944	Multiple restrictions in the past 5 years	Somewhat	No

Table 5: Characteristics of the participants in Hengelo (Berflo Es).

Participant and place of residence	Sex	Year of birth	Restrictions past months/years	Restrictions in daily life activities	Use of helping tools
1 (Sister joined), Helden	Female	1928	No	No	No
2 Panningen	Female	1944	No	No	No
3 (Daughter and partner joined), Panningen	Female	1944	Restrictions for longer than 3 months	Fairly	Walker/help with daily activities
4 Helden	Female	1937	Restrictions for longer than 3 months	Fairly	Walker/help with daily activities
5 (Partner joined), Helden	Female	1944	No	No	No
6 Panningen	Female	1944	No	No	No
7 (Partner joined), Panningen	Male	1933	No	No	No
8 Panningen	Female	1945	No	No	No
9 Helden	Female	1947	Multiple restrictions in the past 5 years	No	No
10 Panningen	Female	1942	No	No	No
11 Helden	Female	1948	No	No	No
12 Panningen	Male	1926	No	Somewhat	No
13 (Partner joined), Helden	Male	1947	No	Somewhat	No
14 (Partner joined), Helden	Female	1940	No	No	No
15 Helden	Female	1945	No	No	No

Table 6: Characteristics of the participants in Peel en Maas (Helden-Panningen).

The people who were interviewed were of the age of 70 and over, with a mix of ages varying between 71 and 96. The participants in Hengelo have on average an earlier year of birth than the participants in Peel en Maas. Moreover, the selected groups consist of more women than men. This could partly be due to the fact that women are on average getting older. In Hengelo, a larger share of participants is male than in Peel en Maas. In Hengelo, 6 out of 15 participants are male, whereas only 3 out of 15 participants are male in Peel en Maas. When looking at the restrictions people had to face

in the past months or years, 5 out of 15 people in Hengelo had to deal with this, compared to 3 out of 15 in Peel en Maas. Moreover, 6 out of 15 people in Hengelo stated having to suffer from restrictions in daily life activities, compared to 4 out of 15 people in Peel en Maas. Facing restrictions 'fairly' means the person has worse restrictions than facing restrictions 'somewhat'. When looking at the use of helping tools, which are for these participants the use of a walker or the help in daily activities, 3 out of 15 participants make use of this in Hengelo, compared to 2 out of 15 people in Peel en Maas. These higher numbers for Berflo Es could partly be explained by the fact that these people are on average older.

When looking at the population statistics from RIGO (2018), the largest share of older inhabitants in both Integrated Service Areas is between 65 and 69 years of age (32%), followed by 24% being between 70 and 74, and 20% being between 75 and 79. 14% is between 80 and 84, 7% between 85 and 89, 3% between 90 and 94, and 0,4% is 95 and over. When the RIGO (2018) data is compared to the participants in this research, a comparison cannot be made for the first group as only people of 70 and over were used. When looking at the share of people in this research in Berflo Es being between 70 and 74, this group is smaller than the RIGO data, with only 6,7% falling in this group. The share in Helden-Panningen is larger than the RIGO data for this group, namely 33,3%. When it comes to the group of 75 until 79 years, exactly the same percentage of elderly from this research in Berflo Es falls within this group as is the case for the RIGO data, namely 20%. Helden-Panningen has a higher percentage than the RIGO data, namely 40%. In the age group of 80 until 84, the percentage of interviewed elderly for this research is way higher in Berflo Es than the RIGO score, with 40%. Helden-Panningen has a lower score than the RIGO data, with only 6,7%. The next group is between 85 and 89 years old. Hereby, for this research Berflo Es again has a way higher percentage than RIGO, with 26,6%. Helden-Panningen has almost the same percentage as RIGO, with 6,7%. Last, in Helden-Panningen, 13,3% of the interviewed elderly from this research are in the age group of 90 until 94 years. This is a higher percentage than the RIGO data. In Berflo Es, 6,7% of the respondents from this research are in the age group of 95 years and older. This is also a higher percentage than the RIGO data.

RIGO (2018) also makes a distinction between frail and non-frail elderly living independently. The total percentage of frail elderly in the RIGO (2018) research is compared to the people in the interviews who have mentioned facing restrictions in daily life activities. It must be noted that probably not exactly the same features were measured for both groups and therefore, the comparison is not completely trustworthy. When looking at Berflo Es, RIGO (2018) mentions 38% of the elderly living there independently are frail. This percentage is a little higher for the elderly from Berflo Es who were interviewed for this research, where 40% can be described as being frail. In Helden-Panningen, RIGO (2018) states that 23% of the elderly who live there independently are frail. For the interviewed elderly in this research living in Helden-Panningen, this percentage is again higher as 26,7% can be described as being frail.

Appendix 8: Transcript and codes (partly in Dutch)

Underneath is an example of a transcript from an interview in Helden-Panningen. The other transcripts can be obtained by requesting it from the researcher.

Interview 4 Helden (vrouw)

I = Interviewer

V = Vrouw

I: Hoe heeft u het wonen hier in de afgelopen 6 jaar ervaren?

V: Goed.

I: En hoe ervaart u het wonen in uw huis?

V: Ook goed, hij is helemaal aangepast. Er zit een lift in en het is gelijkvloers. In de badkamer een stoeltje en een handvat.

I: Zijn er ook nog dingen die u in de toekomst zou willen laten aanpassen?

V: Op het ogenblik zou ik niet weten wat. Ik weet niet hoe de gezondheid achteruitgaat, dan moet je wel.

I: Zijn er in de afgelopen 6 jaar ook gebeurtenissen op persoonlijk vlak geweest die invloed hebben gehad op hoe u het zelfstandig wonen ervaart?

V: Nee, is eigenlijk hetzelfde gebleven als toen ik hierin kwam.

I: Oké, want hoe lang geleden bent u hier komen wonen?

V: 10 jaar.

I: Zijn er in de laatste 6 jaar ook bepaalde ongemakken wat betreft uw gezondheid geweest?

V: Ja ik heb Parkinson en ik heb een schouderoperatie gehad. Ik heb ook een herniaoperatie gehad 4 weken terug. Daarvoor heb ik ook een hernia gehad. Ik heb een nieuwe heup en een nieuwe knie. Ja het ene is nog niet over en dan komt het andere. Ja dat is slijtage enzo.

I: En dat u Parkinson heeft, hoe beïnvloedt dat uw woonervaring?

V: Ja dan heb je toch wel behoefte aan aanpassingen. Ik zit hier dan bovenaan (in het appartementencomplex). De warmte in de zomerdag, dat heb je de hele morgen tot 's middags 3 uur. En van de gang komt ook de warmte binnen en dat krijg je er niet meer uit. Beneden is een woning vrijgekomen en daar had ik naar gevraagd maar dan moet ik me eerst weer in laten schrijven want vanwege de warmte doen ze het niet. Beneden is het koeler. Voor de rest is het heel mooi wonen hier met een mooi uitzicht. Die warmte wordt niks aan gedaan. Ik heb een airco maar die maakt ook veel lawaai.

I: Dat u dan Parkinson heeft, u beïnvloedt dat uw welzijn, uw dagelijks leven?

V: Ja toch wel helemaal eigenlijk. Met bewegingen. Deze kant heb ik weinig houvast. Dus als ik wat doe dan moet ik aanpassen. En in de keuken, dingen openmaken gaat heel moeilijk. En er komt iedere keer weer wat anders bij. Maar daar zitten dus heel veel mensen mee.

I: En heeft u ook hulp in de huishouding of zoets, of familie...

V: Ik heb hulp in de huishouding, voor het poetswerk. Voor 1 dag. En nou komen ze me 2 keer in de week douchen.

I: Heeft u nog meer hulp, van familie wellicht ook?

V: Ja mijn dochter doet mantelzorg. Als ik geen boodschappen kan doen, doet zij het. Als ik naar de dokter ga, gaat zij mee.

I: U heeft dan Parkinson en u bent een paar keer geopereerd, hoe heeft dat uw gebruik van zorg beïnvloed?

V: Dat hebben ze op een gegeven moment ingekort. Hoeveel operaties heb ik gehad... En toen heb ik er weer wat bij gekregen. Ik had eerst 3 uur maar dat is nu 2 uur en 40 minuten. Voor het poetsen. Poetsen is toch wel nodig zegt iedereen.

I: Gaat u nu ook vaker naar de dokter of het ziekenhuis bijvoorbeeld?

V: Ja de specialist. De neuroloog.

I: Verwacht u dat u nog gaat verhuizen in de toekomst?

V: Nou niet als het niet nodig is. Of je moet je niet meer kunnen redden. Als je helemaal afhankelijk bent van de hulp dan kun je hier niet blijven wonen want hier zijn toch wel veel mensen die hier zijn blijven wonen totdat ze gestorven zijn of naar een verpleeghuis moesten.

I: En stel u zou toch hier weg moeten, zou u dan het liefst verhuizen naar een plek in deze wijk of zou u ook wel ergens anders kunnen wonen?

V: Nou dat zou ook wel ergens anders... Bijvoorbeeld bij de Paters. In Panningen ligt dat. Dat is kleinschalig, beetje zoals vroeger de Wietel was. De Wietel is er niet meer.

I: In welke opzichten denkt u dat het wonen in deze wijk verschilt van het wonen in andere wijken?

V: Nou je kent de omgeving. Voordat ik hier woonde heb ik bij de kerk gewoond. Dus ik ben niet zo ver uit de buurt gaan wonen. Toen ik hier ben gaan wonen kende ik de mensen en zij kenden mij dus dat is heel anders dan als je naar een huis gaat waar je niemand kent... Waar je niemand in de omgeving kent. Dat is toch een nadeel dan he.

I: Weet u ook iets over hoe het anderen bevalt in andere wijken?

V: Ja die naar Panningen zijn gegaan omdat hier geen plaats was, omdat hier een grote wachtlijst is, die bevalt het op den duur ook wel maar de overgang is toch groot.

I: Wat ervaart u precies als uw wijk?

V: Toch wel het hele dorp, ja.

I: Zijn er in de afgelopen 6 jaar ook dingen veranderd in deze wijk?

V: Ik denk het niet. Het is al jaren hetzelfde.

I: Wat vertelt u anderen over uw woonervaring hier?

V: Iedereen zegt: "hier woon je toch wel fijn?". Als er iemand doodgaat of er gaat iemand verhuizen dan staat er weer een rij hoor.

I: En zou u een kennis ook aanraden om hier te komen wonen?

V: Jawel hoor, tuurlijk.

I: Hoe komt u aan de boodschappen?

V: Die kan ik hier bij de Plus halen.

I: Daar gaat u lopend naartoe?

V: Daar ga ik lopend naartoe, als ik mij goed voel. Soms kan ik het wel en soms kan ik het niet. Dan sta je in de winkel en dan willen de benen ineens niet meer. Dus dan gaat mijn dochter mee als het niet gaat.

I: Hoe beleeft u het boodschappen doen, bent u tevreden over de Plus?

V: Jawel.

I: En is ie ook goed bereikbaar en goed toegankelijk voor u?

V: Hij is goed toegankelijk. Alleen zitten de spullen soms te hoog in de la maar daar klaagt iedereen over. Dingen die je nodig hebt moet je iemand vragen om het te pakken of je moet bukken. Maar voor de rest is het goed te doen hoor.

I: Zijn ze daar ook klantvriendelijk?

V: Jawel.

I: En mist u ook nog iets? Bijvoorbeeld iets in het assortiment, een koffiehoeke, bankjes...?

V: Nee dat hoeft niet van mij.

I: Welke voorzieningen maakt u nog meer gebruik van?

V: De apotheek brengen mij de medicijnen hier. Ja met veel moeite, ze hebben moeite gehad met bezorgen. Dan was het niet gekoeld of ze hadden het niet in voorraad. Nu wordt dat landelijk bezorgd en heb ik daar niks meer mee te maken. Ik krijg het voor 3 maanden en dan doe ik het zelf voor de hele week in doosjes. Je kunt ook een rol hebben maar ik hoef geen rol. Ik wil het zelf erin doen.

I: En huisarts?

V: De huisarts zit ver weg.

I: Waar zit uw huisarts?

V: Bij de apotheek en dat is aan de rand van het dorp en als ik niet te voet kan gaan dan ga ik met mijn dochter. En anders ga ik met de fiets, dat lukt dan nog wel.

I: Oké u fietst ook nog?

V: Ik fiets ook nog. Ja op het ogenblik dan niet maar als het een beetje gaat dan wil ik weer gaan fietsen. Eerst zijn het maar korte stukjes.

I: Maakt u ook gebruik van het openbaar vervoer?

V: Ook wel. Ik ga ook met de taxi. Met Valys en de streektaxi

I: En deze taxi, weet u dat, is dat ook vanuit de Wmo of is dat een privétaxi?

V: Nee dat zijn dingen die krijg je toegewezen. Valys ook. Valys kun je landelijk he en streektaxi is hier in de buurt. Ik kan ook met de bus maar als ik niet zo goed ben moet je toch een heel eind lopen naar de bushalte.

I: Deze taxi, hoe vaak gebruikt u die?

V: Toch wel een paar keer in de maand vaak.

I: Bent u hier ook tevreden over?

V: Nee, het gaat wel vaak mis he. Met Valys en de regio taxi. Je bestelt hem en hij komt niet, of hij is te laat. In heel Nederland is dat. En dan denk je, nou gaat het goed. Dan gaat het 2, 3 keer goed en dan ineens gaat het mis. Dan sta je ineens met iemand en dan sta je 3 uur te wachten. Dan moet dat worden omgezet en dan komen ze over een uur. Maar ja je staat er dan wel met 3 mensen.

I: U heeft dus wel deze taxi en daarmee komt u wel op verschillende plekken. Hoe beïnvloedt dit uw welzijn, dat u met deze taxi kunt gaan?

V: Ja toch wel heel veel. Je bent niet zo afhankelijk van de kinderen want die moet je toch al vaak vragen dus als het dan niet nodig is dan vraag ik ze niet.

I: Is er in uw gebruik van voorzieningen ook iets veranderd in de afgelopen 6 jaar?

V: Met de bus kun je pinnen zal ik zeggen en dat is veranderd. Want eerst moest je altijd gepast geld hebben.

I: En gebruikt u ook de trein?

V: Op het ogenblik niet, ik heb wel lang een abonnement gehad. Nee want dat overstappen enzo, en vaak valt er wat uit en dat is heel verwarrend. Ik kan me wel concentreren maar als er iets verandert dan moet ik omschakelen en daar heb ik toch wel moeite mee.

I: Zou u voor mij willen omschrijven wat voor sociale activiteiten u doet?

V: Ik ga naar het eetpunt. Da's 1 keer in de maand hier, in Kerkeböske. En KBO is ook altijd in Kerkeböske. Daar doe ik weleens een reis mee. Als ik denk dat dat lukt dan ga ik wel mee. Als het de hele dag lopen is dan heb ik daar niks te zoeken. Maar ze hebben soms wel leuke programma's waar ik echt wel interesse in heb.

I: Dat eten in Kerkeböske, dat doet u 1 keer per maand. Wordt dat ook vaker georganiseerd of is dat echt 1 keer per maand?

V: Nee dat is 1 keer in de maand. Dat doe ik al meer als 10 jaar. Dat is best gezellig. Het gaat meer om de gezelligheid dan om het eten zelf he. Je zit bijna altijd bij dezelfde mensen aan tafel. Dat is niet de bedoeling maar iedereen zoekt toch z'n eigen plekje.

I: En dan maakt u ook weleens reizen met de KBO zei u, hoe vaak doet u dat?

V: 2 keer in het jaar. De Zonnebloem ben ik ook bij. Af en toe mogen we wel mee doen en af en toe niet, dat is heel wisselend. Mensen die geloof ik thuis bezoek krijgen die horen er altijd bij. Dan hebben we best gezellige middagen, dan word ik gevraagd of ik er mee naartoe wil.

I: En wat wordt er dan georganiseerd?

V: Ja muziek, of ook weleens een film. Dat is van de Zonnebloem.

I: U zei dus het eten in Kerkeböske, de reisjes met KBO die u af en toe doet, de Zonnebloem, dat zijn dus 3 dingen. Bent u tevreden over deze sociale activiteiten?

V: Jawel.

I: Zijn de gebouwen goed bereikbaar en goed toegankelijk?

V: Ja. Als het goed gaat dan ga ik met de fiets. Als je naar Panningen fietst dan kun je van deur tot deur.

I: Ik sprak gister iemand die zei dat het gebouw van Kerkeböske, dat je daarvoor omhoog moet. Dat je trappen op moet klimmen?

V: Ja die weg die loopt omhoog, en de auto's kunnen tot aan de parkeerplaats. En anders moet je trappen op of berg op lopen.

I: En is dat lastig voor u of verder geen probleem?

V: Nee want ik ga met de fiets naar de trappen en dan naar boven toe. En als je met de taxi komt dan stopt die boven.

I: En van die 3 dingen die u doet, zou u voor mij kunnen zeggen waar u het meeste waarde aan hecht?

V: Ik denk De Zonnebloem. Dat is toch meer aangepast dan de KBO.

I: En hoe beïnvloedt de Zonnebloem uw welzijn?

V: Ja ik ben er niet altijd bij dus eh... Ik vind allemaal die dingen wel belangrijk. Contact met de mensen. En met De Zonnebloem ook.

I: Is er in uw gebruik van sociale activiteiten ook iets veranderd in de afgelopen 6 jaar?

V: Ja misschien dat ik meer kritisch bekijk of ik er naartoe ga ja of nee, omdat je zelf niet zo flexibel meer bent en als je lang moet zitten dan vind ik dat ook niet zo prettig. Als je een beetje in beweging kan zijn...

I: Hoe gaat u om met contacten in uw directe omgeving, zoals uw burens?

V: Dat is gewoon. Niet overdreven. We kaarten een paar keer in de week hier beneden. Ja op het ogenblik ligt het stil maar dat wordt steeds minder, de mensen die meedoen aan die activiteit. Alleen als er koffiedrinken en eten is komen de mensen wel.

I: En als u hier mensen tegenkomt op de galerij, groet u ze dan?

V: Dan wordt er gewoon gepraat. Ja hier tegenover die is overleden, die ben je blij dat je kwijt bent af en toe, haha. Dan wil ze binnenkomen en dan moet je een smoesje verzinnen om haar eruit te

krijgen. En dat doet ze bij iedereen, 's avonds dan doet ze haar ronde. Maar dat zijn maar een paar mensen, de rest is allemaal gewoon op zichzelf. Niet overdreven de deur platlopen ofzo. Want daar was ik eerst bang voor als je hier toch zo bij elkaar woont.

I: U gaat bijvoorbeeld geen koffiedrinken ofzo met uw burens?

V: Ja dat hebben we beneden. 1 keer in de maand hebben we koffie-uurtje 's morgens en dan ga ik daar naartoe. Dan ga ik bij deze zitten of bij die.

I: Want hoe beïnvloedt dit koffie-uurtje uw woonervaring hier?

V: Ja ik vind het wel nodig. Dan hoor je weer eens van anderen.

I: En stel u heeft ergens hulp bij nodig, kunt u dan ook de burens vragen?

V: Als het nodig is dan wel. Maar daar pas je ook mee op want het zijn allemaal oude mensen.

I: Is er in het burenscontact ook iets veranderd in de afgelopen 6 jaar?

V: Ja de mensen hier zijn ouder geworden. Toen ik hier kwam was het nog heel actief en nou is er niks meer over als eten en dat vind ik jammer. Voor jaren terug waren er verschillenden die deden fietsen maar ja dat gaat niet meer met deze oude mensen.

I: Wat betreft het vervoer. U zei u loopt nog, u fietst nog weleens, u heeft de taxi en daarnaast uw dochter springt nog weleens in. Heel af en toe gaat u met de bus nog weleens. Vergeet ik er nu nog eentje?

V: Nee. Het lopen gaat ook moeilijk, met de rollator ga ik.

I: Een verandering in de zorg is onder andere dat de overheid stimuleert dat ouderen langer zelfstandig blijven wonen, dus dat ze niet zomaar naar een verzorgingstehuis gaan. Wat heeft u hier zelf van gemerkt?

V: Dat is toen de zorg zo verminderd werd, iedereen kreeg minder uren. Dat ging via de computer. Daar is toen drastisch ingekort terwijl ja... De ene keer kan ik iets wel en de andere keer niet en daar wordt geen rekening mee gehouden. En nou heb ik toch een hulp, die heb ik al lang en die is ook goed. Die kijkt ook niet precies van dat mag niet en dat mag wel.

I: U heeft dus de hulp in de huishouding en er komt iemand om u te wassen. De taxi heeft u. Gebruikt u nog meer voorzieningen uit de Wmo?

V: Ik denk het niet.

I: Dat u deze hulp in de huishouding heeft en dat iemand u helpt met wassen...

V: Ja maar dat is nou weer sinds ik geopereerd ben. Ik hoef maar te bellen en dan komen die wel. Maar het hoeft van mij niet zo. Want dan staat er iemand bij en dan ga je je haasten. Veel meer als wanneer je je alleen gaat douchen.

I: Dat u deze hulp nu krijgt, in hoeverre heeft het uw woonervaring beïnvloed?

V: Nou niet zo.

I: Maakt het uw leven wel makkelijker vindt u, is het een toevoeging?

V: Ja. Als ik geen hulp had dan moet je meer op de kinderen vallen.

I: Daarnaast is het de bedoeling dat ouderenzorg nu meer geregeld wordt door mensen uit de directe omgeving. U heeft dan uw dochter die weleens inspringt want zij doet weleens boodschappen voor u zei u. Wat doet zij nog meer?

V: Ja naar de dokter. En naar de specialist enzo.

I: En dan gaat u daar met de auto naar toe met haar?

V: Ja.

I: Hoe heeft dit uw welzijn beïnvloed?

V: Dat is langzaam gegroeid. Ik heb al 20 jaar nu Parkinson. Ik heb nog een dochter maar zij is druk met kinderen en je kan beter 1 hebben die telkens meegaat en overal van op de hoogte is.

I: Hulp voor ouderen wordt nu meer geregeld door de gemeente, die neemt nu meer verantwoordelijkheid. Wat heeft u hier verder van gemerkt?

V: Ik ben naar die avond geweest toen er uitgelegd werd hoe dat ging en ja nou wordt van daaruit ook geregeld maar de hulp die je hebt, hou je. Zoveel is er nog niet veranderd. Alleen met de betaling, het is heel raar wat er op die afschriften staat.

I: Want u bent toen naar zo'n avond geweest. Daar werd uitgelegd hoe u hulp moet aanvragen bijvoorbeeld?...

V: Ja maar ik had al hulp dus dat is gebleven. Als je meer als 3 uur hebt dan val je weer onder de gemeente. En die is hier geweest en doorgesproken en nou heb ik nog een half uur, kan ik er nog bij hebben voordat ik naar de gemeente moet.

I: Kunt u aangeven wat op alle gebieden de grootste verandering is geweest in de afgelopen 6 jaar?

V: Ik denk toen dat over is gegaan naar de gemeente. Dat was heel vervelend eigenlijk. Dat was net alsof je hulp vroeg wat je niet nodig hebt. De computer geeft dan aan hoeveel hulp je mag hebben.

I: Kunt u aangeven hoe u de toekomst voor u ziet, wat zal er veranderen denkt u?

V: Ik denk dat ik langzaam word, dat is de laatste jaren al. Met Parkinson dan heb je de medicijnen, die helpen om een beetje te kunnen leven maar in het hoofd gaat het verder. Er is geen medicijn om beter te worden, het gaat gewoon verder. En hoe sterk dat dat is, dat is de vraag.

I: Wat zou u graag zien dat er verandert in deze wijk?

V: Dat weet ik niet.

I: De allerlaatste vraag: hoe ziet u de toekomst voor zich met betrekking tot zelfstandig wonen?

V: Ik hoop nog jaren.

Different family codes

Underneath is a description of the different family group codes which were used.

To get more insight into the living experience of the elderly in both Integrated Service Areas, the first family group code called living experience was created. The sub codes within this family code pay attention to the living experience of elderly in the neighbourhood, as well as in the house for the past 7 years. Moreover, adaptations carried out in the house to live there longer independently and plans for future adaptations are highlighted. Also, codes for events which happened on the personal level and health in the past 7 years were created, and the influence this has had on the living experience, wellbeing, and use of care of the elderly. Moreover, codes regarding elderly planning on moving, the scope of the neighbourhood for elderly and the extent to which elderly recommend the neighbourhood to others were created.

The second family group code which was created is about the different services which the elderly make use of, as these services are of influence on the degree to which elderly can live longer independently, as well as the wellbeing. The codes highlight the use of supermarkets, the satisfaction of the elderly with the supermarkets, and the influence the supermarkets have on the wellbeing of elderly. The same was asked for other services people make use of, for example the general practitioner, the pharmacy, and public transport. Moreover, a code was created for the most

important services for people, what people think is still missing, and what has changed in the use of services in the past 7 years.

The third family code is about the social activities which people participate in, which also influences the ability to live longer independently and the wellbeing of elderly. A code was created for the organized social activities elderly participate in, as well as the satisfaction about these activities and the influence it has on the living experience and wellbeing. With organized social activities the general social activities which are accessible for everyone are meant. For example: a coffee morning, choir, or billiards. Moreover, codes were created for the most important social activities for elderly, as well as what has changed in the participation in the past 7 years. Next, codes were created about the type of contact elderly have with neighbours, the influence this has on the living experience and wellbeing, and what has changed in the contact with neighbours in the past 7 years. Last, codes for the different types of transportation elderly use, individual hobbies, and voluntary work were made.

The fourth family code is about the Wmo elderly make use of, which is of importance as it is about the health and use of care of people. The first code highlights the personal opinion of people on living longer independently, as well as Wmo care. Moreover, the influence living longer independently has on the living experience and wellbeing is asked for. The next code is about the use people make of informal care, people giving informal care to other persons, and the influence this has on the living experience and wellbeing. Also, it highlights the experiences of elderly with the municipality taking more responsibility nowadays, what elderly are still capable of doing themselves, and the use of care outside of the Wmo.

The fifth family code which was created is about elderly looking back, as well as to the future. This tells something about the satisfaction of people, as well as wishes people still have. The first code within this family is about the largest change people have experienced in the past 7 years. Also, a code highlights what the elderly think will be the biggest change in the future. Moreover, a code is about the largest change in specifically the neighbourhood in the past 7 years. Last, a code was created which highlights how elderly see the future regarding living longer independently.

Family codes and sub codes (in Dutch)

Underneath, the family codes and sub codes are listed which were created in Atlas.ti in order to analyse the interviews. The different letters were used as it was more efficient with ascribing the text from the transcripts to the right code. For the sub codes, the frequency the items were mentioned is listed between the parentheses. The first parentheses show the number of times participants in Berflo Es mentioned the item. The second show the number for Helden-Panningen. During the analysis of the interviews it turned out not all codes could be used for this research, therefore some codes do not correspond to subjects discussed in this thesis.

- A Woonervaring A wijk (40) (34)
- A Woonervaring B huis (31) (24)
- A Woonervaring C aanpassingen (28) (26)
- A Woonervaring D toekomstige aanpassingen (24) (19)
- A Woonervaring E gebeurtenissen persoonlijk vlak (13) (12)
- A Woonervaring F gebeurtenissen persoonlijk vlak woonervaring/welbevinden (9) (8)

- A Woonervaring G gebeurtenissen gezondheid (26) (15)
- A Woonervaring H gebeurtenissen gezondheid woonervaring/welbevinden (39) (24)
- A Woonervaring I gebeurtenissen gezondheid gebruik zorg (7) (9)
- A Woonervaring J verhuizen (24) (29)
- A Woonervaring K verhuizen andere wijk (21) (16)
- A Woonervaring L verschil andere wijken (21) (18)
- A Woonervaring M bevallen anderen (13) (16)
- A Woonervaring N reikwijdte uw wijk (17) (12)
- A Woonervaring O verandering wijk (20) (19)
- A Woonervaring P vertellen anderen (14) (13)
- A Woonervaring Q aanraden kennis (13) (17)
- A Woonervaring F algemeen welbevinden (30) (12)
- B Voorzieningen A supermarkt (30) (22)
- B Voorzieningen B supermarkt tevredenheid (56) (56)
- B Voorzieningen C supermarkt welbevinden (7) (3)
- B Voorzieningen D huisarts/apotheek (20) (30)
- B Voorzieningen E huisarts/apotheek tevredenheid (18) (29)
- B Voorzieningen F huisarts/apotheek welbevinden (3) (4)
- B Voorzieningen G openbaar vervoer (29) (26)
- B Voorzieningen H openbaar vervoer tevredenheid (21) (22)
- B Voorzieningen I overige voorzieningen (28) (23)
- B Voorzieningen J overige voorzieningen tevredenheid (14) (15)
- B Voorzieningen K overige voorzieningen welbevinden (8) (13)
- B Voorzieningen L belangrijkste (5) (2)
- B Voorzieningen M gemis (29) (21)
- B Voorzieningen N verandering (13) (13)
- C Sociale activiteiten A deelname (56) (43)
- C Sociale activiteiten B tevredenheid (31) (22)
- C Sociale activiteiten C belangrijkste (8) (4)
- C Sociale activiteiten D woonervaring/welbevinden (44) (29)
- C Sociale activiteiten E verandering (17) (16)
- C Sociale activiteiten F bevolkingsopbouw wijk (10) (12)
- C Sociale activiteiten G burenccontact sociaal (67) (56)
- C Sociale activiteiten H burenccontact hulp (24) (27)
- C Sociale activiteiten I burenccontact woonervaring/welbevinden (28) (20)
- C Sociale activiteiten J burenccontact verandering (18) (12)
- C sociale activiteiten K vervoer (47) (38)
- C sociale activiteiten L hobby's individueel (5) (6)
- C sociale activiteiten M vrijwilligerswerk (8) (27)
- D Wmo A langer zelfstandig wonen (56) (39)
- D Wmo B langer zelfstandig wonen woonervaring/welbevinden (21) (27)
- D Wmo C mantelzorg (42) (35)
- D Wmo D mantelzorg woonervaring/welbevinden (22) (21)

- D Wmo E initiatief gemeente (19) (22)
- D Wmo F zelf kunnen (19) (11)
- D Wmo G wensen (4) (3)
- D Wmo H zorggebruik buiten Wmo (20) (11)
- E terugblik/vooruitkijken A grootste verandering (20) (20)
- E terugblik/vooruitkijken B verandering toekomst (20) (26)
- E terugblik/vooruitkijken C verandering wijk (13) (20)
- E terugblik/vooruitkijken D zelfstandig wonen (30) (24)

Transcript in Atlas.ti (in Dutch)

Underneath, part of the transcript which was already shown is displayed again, but then in Atlas.ti. Herein it is shown how different sub codes were added to the transcript.

I: Wat ervaart u precies als uw wijk?
V: Toch wel het hele dorp, ja.
I: Zijn er in de afgelopen 6 jaar ook dingen veranderd in deze wijk?
V: Ik denk het niet. Het is al jaren hetzelfde.
I: Wat vertelt u anderen over uw woonervaring hier?
V: Iedereen zegt: 'hier woon je toch wel fijn?'. Als er iemand doodgaat of er gaat iemand verhuizen dan staat er weer een rij hoor.
I: En zou u een kennis ook aanraden om hier te komen wonen?
V: Jawel hoor, tuurlijk.

I: Hoe komt u aan de boodschappen?
V: Die kan ik hier bij de Plus halen.
I: Daar gaat u lopend naartoe?
V: Daar ga ik lopend naartoe, als ik mij goed voel. Soms kan ik het wel en soms kan ik het niet. Dan sta je in de winkel en dan willen de benen ineens niet meer. Dus dan gaat mijn dochter mee als het niet gaat.
I: Hoe beleeft u het boodschappen doen, bent u tevreden over de Plus?
V: Jawel.
I: En is ie ook goed bereikbaar en goed toegankelijk voor u?
V: Hij is goed toegankelijk. Alleen zitten de spullen soms te hoog in de la maar daar klaagt iedereen over. Dingen die je nodig hebt moet je iemand vragen om het te pakken of je moet bukken.
Maar voor de rest is het goed te doen hoor.
I: Zijn ze daar ook klantvriendelijk?
V: Jawel.
I: En mist u ook nog iets? Bijvoorbeeld iets in het assortiment, een koffiehok, bankjes...?
V: Nee dat hoeft niet van mij.
I: Welke voorzieningen maakt u nog meer gebruik van?
V: De apotheek brengen mij de medicijnen hier. Ja met veel moeite, ze hebben moeite gehad met bezorgen. Dan was het niet gekoeld of ze hadden het niet in voorraad. Nu wordt dat landelijk bezorgd en heb ik daar

The screenshot shows the Atlas.ti interface. On the left is a transcript of a conversation. On the right is a list of sub-codes that have been applied to the transcript. The sub-codes are color-coded and include:

- A woonervaring N reikwijdte u...
- A woonervaring O verandering...
- A woonervaring Q aanraden k...
- B voorzieningen A supermarkt
- C sociale activiteiten K vervoer
- B voorzieningen B supermarkt...
- B voorzieningen B supermarkt...
- B voorzieningen B supermarkt...
- B voorzieningen M gemis
- B voorzieningen D huisarts/ap...

niks meer mee te maken. Ik krijg het voor 3 maanden en dan doe ik het zelf voor de hele week in doosjes. Je kunt ook een rol hebben maar ik hoef geen rol. Ik wil het zelf erin doen.

I: En huisarts?

V: De huisarts zit ver weg.

I: Waar zit uw huisarts?

V: Bij de apotheek en dat is aan de rand van het dorp. En als ik niet te voet moet gaan dan ga ik met mijn dochter. En anders ga ik met de fiets, dat lukt dan nog wel.

I: Oke u fietst ook nog?

V: Ik fiets ook nog. Ja op het ogenblik dan niet maar als het een beetje gaat dan wil ik weer gaan fietsen. Eerst zijn het maar korte stukjes.

I: Maakt u ook gebruik van het openbaar vervoer?

V: Ook wel. Ik ga ook met de taxi. Met Valys en de streektaxi.

I: En deze taxi, weet u dat, is dat ook vanuit de Wmo of is dat een privétaxi.

V: Nee dat zijn dingen die krijg je toegewezen. Valys ook. Valys kun je landelijk he en streektaxi is hier in de buurt. Ik kan ook met de bus maar als ik niet zo goed ben moet je toch een heel eind lopen naar de bushalte.

I: Deze taxi, hoe vaak gebruikt u die?

V: Toch wel een paar keer in de maand vaak.

I: Bent u hier ook tevreden over?

V: Nee, het gaat wel vaak mis he. Met Valys en de regiotaxi. Je bestelt hem en hij komt niet, of hij is te laat. In heel Nederland is dat. En dan denk je, nou gaat het goed. Dan gaat het 2, 3 keer goed en dan ineens gaat het mis. Dan sta je ineens met iemand en dan sta je 3 uur te wachten. Dan moet dat worden omgezet en dan komen ze over een uur. Maarja je staat er dan wel met 3 mensen.

I: U heeft dus wel deze taxi en daarmee komt u wel op verschillende plekken. Hoe beïnvloedt dit uw welzijn, dat u met deze taxi kunt gaan?

V: Ja toch wel heel veel. Je bent niet zo afhankelijk van de kinderen want die moet je toch al vaak vragen dus als het dan niet nodig is dan vraag ik ze niet.

I: Is er in uw gebruik van voorzieningen ook iets veranderd in de afgelopen 6 jaar?

V: Met de bus kun je pinnen zal ik zeggen en dat is veranderd. Want eerst moest je altijd gepast geld hebben.

Figure 3: Transcript in Atlas.ti.



Appendix 9: Information letter (in Dutch)

Informatiebrief voor het onderzoek naar de woonervaring van ouderen in de gemeentes Hengelo en Peel en Maas.

Beste lezer,

U heeft eerder twee vragenlijsten ingevuld en hierbij aangegeven dat u deel zou willen nemen aan een vervolgesprek. Fijn dat u nu aan dit gesprek mee wilt werken. In deze brief wordt beschreven wat er in het gesprek aan de orde zal komen. Als u na het lezen van deze brief nog vragen heeft, kunt u die aan mij stellen. Als u nog vragen heeft na afloop van het gesprek dan kunt u altijd contact met mij opnemen. Mijn telefoonnummer en emailadres staan onder aan de brief vermeld.

- Onderwerpen die in het gesprek aan bod zullen komen:
 - Uw woonervaring
 - Uw gebruik van voorzieningen
 - Uw deelname aan sociale activiteiten
 - De zorgwet genaamd Wet Maatschappelijke Ondersteuning

- De lengte van het gesprek:

U hoeft zich niet voor te bereiden op het gesprek. U kunt alle vragen naar eerlijkheid beantwoorden, er zijn geen foute antwoorden. Het gesprek zal ongeveer 30 tot 45 minuten duren. Als u het gesprek korter wenst te houden dan kan dit ook. U kunt tijdens het gesprek altijd vragen stellen, aangeven dat u even een pauze wilt nemen of dat u wilt stoppen. Ook

kunt u het aangeven wanneer u een vraag niet wilt beantwoorden. Hier hoeft u geen reden voor te geven.

- **Wat er gebeurt met uw gegevens:**
Het gesprek zal worden opgenomen met een mobiele telefoon en een laptop, dit zal alleen de onderzoeker terugluisteren. Het gesprek wordt opgenomen om zeker te weten dat er geen belangrijke informatie verloren gaat. Uw gegevens zullen anoniem blijven en alleen gebruikt worden in dit onderzoek. De uitkomsten van dit onderzoek zullen doorgespeeld worden naar de gemeentes Hengelo en Peel en Maas voor de verbetering van de woonervaring van ouderen in deze gemeentes.

- **Toestemmingsformulier:**
Voor het gesprek begint zal u gevraagd worden of u een toestemmingsformulier wilt ondertekenen. U gaat hiermee geen verplichting aan. Het formulier is er alleen voor om te bevestigen dat u vrijwillig deelneemt aan dit onderzoek.

Met vriendelijke groet,
Lilian Smeenge

Contactgegevens:
Email adres: liliansmeenge@hotmail.com
Telefoonnummer: 06-29450164

Appendix 10: Informed consent (in Dutch)

Toestemmingsformulier voor het onderzoek naar de woonervaring van ouderen in de gemeentes Hengelo en Peel en Maas.

Ik heb de informatiebrief over het onderzoek naar de woonervaring van ouderen in de gemeentes Hengelo en Peel en Maas gelezen. Ik heb aanvullende vragen kunnen stellen. Mijn vragen zijn goed beantwoord.

Ik weet dat meedoen aan dit onderzoek geheel op vrijwillige basis is. Ik weet dat ik op ieder moment kan beslissen te stoppen met het onderzoek. Daarvoor hoef ik geen reden te geven.

Ik geef toestemming om mijn gegevens te gebruiken voor de doeleinden die in de informatiebrief staan.

Ik vind het goed om aan dit onderzoek deel te nemen.

Naam deelnemer:

Handtekening:

Datum: ___ / ___ / 2019

.....

Wanneer het onderzoek is afgerond, kan het naar u opgestuurd worden. U kunt dan zelf zien wat de resultaten van het onderzoek zijn. Het onderzoek zal naar verwachting in september naar u opgestuurd kunnen worden. Als u hier belang bij heeft kunt u hier uw emailadres noteren:

.....

Ik, de onderzoeker, verklaar hierbij dat ik deze deelnemer volledig heb geïnformeerd over het genoemde onderzoek.

Als er tijdens het onderzoek informatie bekend wordt gemaakt die de toestemming van de deelnemer zou kunnen beïnvloeden, dan breng ik hem/haar daarvan tijdig op de hoogte.

Naam onderzoeker: Lilian Smeenge

Handtekening:

Datum: ___ / ___ / 2019

.....

Appendix 11: Interview guide (in Dutch)

Interviewvragen inwoners.

Dit interview bestaat uit meerdere vragen over uw woonervaring, uw gebruik van voorzieningen, uw deelname aan sociale activiteiten en de zorgwet genaamd Wet Maatschappelijke Ondersteuning (Wmo). De eerste paar vragen gaan over uw woonervaring in deze wijk.

- 1) Hoe heeft u het wonen in deze wijk in de afgelopen 6 jaar ervaren?
- 2) Hoe ervaart u het wonen in uw huis? Zijn er al aanpassingen gedaan zodat u hier langer zelfstandig kunt wonen en zo ja, welke? Hoe is uw woonervaring nadat deze aanpassingen aan uw woning zijn gedaan? Wat wilt u in de toekomst nog laten aanpassen aan uw woning?
- 3) Zijn er de afgelopen 6 jaar bepaalde gebeurtenissen op persoonlijk vlak geweest die invloed hebben gehad op hoe u het zelfstandig wonen in dit huis ervaart? (Bijv. overlijden van de partner, een scheiding, kinderen die uit huis zijn gegaan, financiële situatie enz.) Zijn er in de afgelopen 6 jaar bepaalde langdurige ongemakken wat betreft uw gezondheid geweest die de woonervaring in dit huis hebben beïnvloed? (Bijv. een langdurige ziekte.) Zijn er in de afgelopen 6 jaar bepaalde kortstondige ongemakken wat betreft uw gezondheid geweest die uw woonervaring in dit huis hebben beïnvloed? (Bijv. iets gebroken.) In hoeverre hebben deze gebeurtenissen uw welbevinden/welzijn beïnvloed? En uw gebruik van zorg?

4) Verwacht u dat u nog gaat verhuizen in de toekomst? Wat voor soort huis zoekt u dan? Wilt u dan in deze wijk blijven wonen of juist ergens anders?

5) In welke opzichten denkt u dat het wonen in deze wijk verschilt van het wonen in andere wijken? Weet u iets over hoe het anderen bevalt in andere wijken? Wat ervaart u precies als 'uw wijk', wat voelt als 'uw wijk'? Zijn er in de afgelopen 6 jaar ook dingen veranderd in deze wijk en zo ja, wat?

6) Wat vertelt u anderen over uw woonervaring hier? Zou u een kennis aanraden om hier te komen wonen?

De volgende vragen gaan over de verschillende voorzieningen in deze gemeente.

Voorzieningen zijn onder andere:

- Supermarkten
- Huisarts
- Apotheek
- Openbaar vervoer
- Ontmoetingsplekken
- Groenvoorzieningen
- Sportverenigingen
- Bibliotheek

7) Hoe komt u aan de boodschappen? Hoe beleeft u het boodschappen doen, bent u tevreden over de winkels waar u heengaat? Zijn de winkels goed bereikbaar en goed toegankelijk? Zijn ze klantvriendelijk? Mist u nog iets (zoals bijvoorbeeld bepaalde winkels, een koffiehoek, meer bankjes op de route ernaartoe)?

8) Welke voorzieningen maakt u zoal gebruik van? Bent u tevreden over deze voorzieningen? Zijn de voorzieningen goed bereikbaar en goed toegankelijk? Wat is voor u de belangrijkste voorziening, waar hecht u het meeste waarde aan? Hoe zorgt deze belangrijkste voorziening ervoor dat u hier prettig kunt wonen? /Hoe beïnvloedt het uw welbevinden/welzijn? Is er in uw gebruik van voorzieningen ook iets veranderd in de afgelopen 6 jaar? Komt die verandering door een verandering in eigen behoeftes of krachten van buitenaf? Anderen hoor ik over En Deze heeft u niet genoemd, kent u die voorziening? Gebruikt u deze zelf, waarom wel/niet? Heeft deze voorziening nut?

De volgende vragen gaan over de verschillende sociale activiteiten die u in de wijk onderneemt.

Sociale activiteiten zijn onder andere:

- Wijkcentra (Berflohoes, de Tempel, De jeugd, 't Lansink)
- Dagopvang (Vertierkwartier de Klokstee, De Sjoek, Berflohoes)
- Eetpunten (Berflohoes, Buurtmensa Uit & Zo, De Klokstee)
- Winkelvoorzieningen (Esrein, Berfloweg)
- Hengelose Senioren Sport

Sociale activiteiten Helden-Panningen zijn onder andere:

- Gemeenschapshuis Kerkeböske (Helden)
- Gemeenschapshuis in Kepèl (Panningen)
- Open Eettafel in Gemeenschapshuis in Kepèl
- KBO Panningen
- Dorpsdagvoorziening

9) Zou u voor mij willen beschrijven wat voor sociale activiteiten u onderneemt in de week?

10) U noemde ... deze en deze Sociale activiteiten. Bent u tevreden over deze sociale activiteiten? Zijn de sociale activiteiten goed bereikbaar en goed toegankelijk? Wat is voor u de belangrijkste sociale activiteit, waar hecht u het meeste waarde aan? Hoe zorgt deze belangrijkste sociale activiteit ervoor dat u hier prettig kunt wonen? /Hoe beïnvloedt het uw welbevinden/welzijn? Is er in uw gebruik van sociale activiteiten ook iets veranderd in de afgelopen 6 jaar? Komt die verandering door een verandering in eigen behoeftes of krachten van buitenaf?

11) Hoe gaat u om met contacten in uw directe omgeving, zoals uw burens? Hoe gaat dat? (Moeilijk/makkelijk bijv.)? Hoe is de bevolkingsopbouw in deze wijk? Komen mensen hier of gaat u zelf de deur uit? In hoeverre helpen mensen elkaar als er wat is? Hoe zorgen deze contacten ervoor dat u hier prettig kunt wonen? /Hoe beïnvloeden ze uw welbevinden/welzijn? Is hierin iets veranderd in de afgelopen 6 jaar?

12) Als u naar de verschillende voorzieningen of sociale activiteiten toe gaat, hoe komt u hier dan? Als u bij iemand op bezoek gaat, hoe komt u hier dan? Maakt u ook gebruik van het OV? (Hierover doorvragen, bijv. Hoe vaak gebruikt u het OV? Hoe bevalt het OV u?) Gebruikt u ook nog ander vervoer en zo ja, hoe vaak?

De Wet maatschappelijke ondersteuning (Wmo) uit 2015 zorgde voor een aantal veranderingen op het gebied van zorg. De laatste paar vragen gaan hierover.

13) Een verandering in de zorg is onder andere dat de overheid stimuleert dat ouderen langer zelfstandig blijven wonen en niet zomaar meer in een verzorgingstehuis terecht komen. Wat heeft u hier zelf van gemerkt of over gehoord? Maakt u gebruik van voorzieningen vanuit de Wmo? In hoeverre heeft dit uw woonervaring beïnvloed? / In hoeverre heeft het uw welbevinden/welzijn beïnvloed? En uw gebruik van zorg?

14) Daarnaast is het de bedoeling dat de ouderenzorg nu meer geregeld wordt door de mensen uit de directe omgeving, zoals familie die een mantelzorgfunctie heeft, vrijwilligers en via burgerinitiatieven. Wat heeft u hier zelf van gemerkt of over gehoord? In hoeverre heeft dit uw woonervaring beïnvloed? / In hoeverre heeft het uw welbevinden/welzijn beïnvloed? En uw gebruik van zorg?

15) Ook wordt hulp voor ouderen meer geregeld door de gemeente. Wat heeft u hier zelf van gemerkt of over gehoord, dat de gemeente nu meer initiatief neemt? In hoeverre heeft dit uw

woonervaring beïnvloedt? / In hoeverre heeft het uw welbevinden/welzijn beïnvloed? En uw gebruik van zorg?

16) ... Korte terugblik op wat mensen verteld hebben... Kunt u aangeven, en dat mag op alle vlakken zijn, wat de grootste verandering is geweest in de afgelopen 6 jaar? En wat de belangrijkste oorzaken van deze veranderingen zijn geweest? Kunt u aangeven hoe u de toekomst voor u ziet, wat zal er veranderen denkt u? Kunt u aangeven wat u denkt dat de belangrijkste oorzaken van deze veranderingen zullen zijn? Wat zou u graag zien dat er verandert in deze wijk? Hoe ziet u de toekomst voor zich met betrekking tot zelfstandig wonen?

Appendix 12: Relative importance of the different changes

Wmo policy changes

Regarding Wmo policy changes, a few of the changes from the chapter Dutch policy could be linked to the answers the elderly gave in the interviews. First of all, when it comes to the Wmo policy changes in Berflo Es, the multifunctional center was realized to be able to offer people a place for different (social) activities. It was mentioned not many people make use of it yet (De Kam, 2019a). In the interviews, nobody mentioned using it. However, no reasons were mentioned for not going there. Therefore, it could be assumed that the interviewed elderly just do not seem to care about this change which happened in the neighbourhood. Next, Welbions has had the wish to spread meeting places across the neighbourhood, as the neighbourhood is quite large (De Kam, 2019a). This seems to be the case quite well, with the majority of people in Berflo Es participating in many different activities at multiple locations. People are very satisfied with these activities and are happy these activities are in place. One person mentioned:

“When you look down, you see the jeu de boules-court. And my card game nights are up here in the meeting place. That is what is so nice about this. And there are more activities here.” Participant 8, female (1930 born), Berflo Es.

Therefore, it could be assumed that the spreading of meeting places across the neighbourhood has been an important change for people, as value is attached to the activities. When looking at the new organization Wijkkracht, which is in place to support people in different ways (De Kam, 2019a), multiple elderly in Berflo Es make use of the services of Wijkkracht. This happens through social activities which are organized, getting mental support or motivating people to start a certain course. These people all seem satisfied with Wijkkracht and therefore, it could be assumed that the establishment of Wijkkracht has been an important change. Last, homeowners can get an allowance to make it possible to carry out adaptations to the house (De Kam, 2019a). This allowance was already in place in the past but is now part of the Wmo. In Berflo Es, the majority of the respondents have carried out modifications to the house. Part of these consist of adaptations which are financed through the Wmo. Therefore, it can be stated that homeowners having the opportunity of using an allowance to carry out modifications has been important as well.

When looked at Helden-Panningen, KBO moved to the community house In Kepèl (Panningen) instead of being shattered across the neighbourhood at different locations (De Kam, 2019b). A few respondents mentioned making use of the social activities organized by KBO, for example doing bingo, going to a women's meeting, or making a day trip. People were very satisfied with this, but it is not known if the new location of KBO has contributed to this satisfaction. Therefore, it is not known if the moving has been of importance for the elderly.

It was mentioned in the literature that before 2015, the AWBZ was in place. As this became too expensive, it split up in 2015 into different care policies. The Wlz (24-hour care) and Wmo (lighter forms of support for elderly living at home independently) are the policies discussed in this thesis which are part of this. However, the Wlz was not a topic that was asked about in the interviews, and therefore no further statements can be made about it. With the Wmo, more responsibility regarding elderly care has been transmitted to the municipalities. In the interviews, it was asked how people experience the municipality nowadays having more responsibility regarding elderly care. It turned out that the majority of the participants in both places barely or not at all noticed it. Therefore, this change was not of importance for the elderly.

Non-Wmo related changes

When looking at non-Wmo related changes, Berflo Es is a restructuring neighbourhood with many new houses being built (De Kam, 2019a). This change has influenced people in both positive and negative ways. At one side, it is mentioned that many younger people move into the neighbourhood. For the largest part these people participate less in social activities, which part of the elderly find unfortunate. On the other side, the restructuring of the neighbourhood has led to the neighbourhood having a better appearance, which was mentioned by a few people. As this restructuring has in total affected multiple people, both positive and negative, this change has been quite important.

Furthermore, when housing is taken into account, the houses in Berflo Es which were earlier on labelled as only accessible for people of 65 and over are now accessible for people of all ages (De Kam, 2019a). A few of the respondents mentioned the apartments in the block indeed being available for everyone, but still almost only elderly people are living there. Therefore, it seems this change has not been of importance for the interviewed elderly. Last, the new shopping center Laan Hart van Zuid was realized (De Kam, 2019a). All of the respondents make use of it and people are very satisfied with this shopping center so it could be assumed this has been an important change within the neighbourhood. When looked at voluntary work, a decrease of voluntary workers as well as voluntary workers getting older could be expected, according to Bekkers (2004). This could be of influence on the viability of organized social activities. In Berflo Es, one respondent mentioned it is indeed difficult to find volunteers, as well as that these volunteers are getting older. The influence of this on organized social activities has not been mentioned. Therefore, no statements can be made about the importance of this change. Moreover, it was stated in the literature that the viability of organized social activities could also be influenced by youth less often participating in community life (Putnam, 2000, in Stolle & Hooghe, 2004). In Berflo-Es, one person mentioned indeed the quality of the choir declining, as youth is not joining it. Moreover, one person mentioned organizations

dropping out as a result of elderly quitting and no new youth joining it. As only a few respondents mentioned this change, it does not seem to be of great importance for the interviewed elderly.

In Helden-Panningen, the realization of the care center Pantaleon (De Kam, 2019b) has been a large change. Almost all respondents make use of this care center and people are very satisfied with it as it offers many different types of services. Therefore, the realization of Pantaleon has been an important change. Furthermore, in Helden-Panningen, many of the retirement home places have been demolished (De Kam, 2019b), multiple respondents mentioned this change being a shame and therefore it is quite important as well. One person stated:

“Most people say they think it is very unfortunate, and I think that too, that the retirement home has been demolished. They (the municipality) should not have done that.” Participant 1, female (1928 born), Helden.

Personal circumstances

As was discussed in the Theoretical Framework, personal circumstances can have an influence on the living experience of elderly as well. Therefore, the elderly were asked about events which happened on the personal level in the past 7 years, as well as what the influence of these events is on the living experience and wellbeing. This could for example be a divorce, loss of a partner, or financial problems. Moreover, it was asked for events which happened regarding the health of the elderly in the past 7 years, as well as what the influence of these events is on the living experience and wellbeing. This could be both long term events, for example a long-term disease, as well as short term events, for example a broken arm.

When looking at Berflo Es, multiple participants mentioned events happened on the personal level, for example the loss of a family member or the partner getting terminally ill. A few people mentioned this has had an impact on the living experience and wellbeing, for example loneliness and having to deal with setbacks. One person mentioned:

“In the evenings it is a little bit lonely, that is for sure.” Participant 11, male (1944 born), Berflo Es.

When it comes to events which happened regarding the health of the elderly in Berflo Es, almost all of the respondents mentioned having dealt with or still dealing with different issues, for example breaking a bone, rheumatism or having a kidney stone. The majority of these respondents mentioned it did really have an effect on the living experience as people were often still able to do everything, or with help. For some of these people, the health issue did influence the living experience as these people face difficulties in daily life. Also, some people mentioned having faced difficulties in the past but not anymore as people recovered. When looked at the effect these issues had on the wellbeing of people, a few people stated it did not have an influence on the wellbeing at all. Also, some people stated the wellbeing still being influenced by limitations. The majority of the people who faced difficulties mentioned it did have an influence on the wellbeing in the past, but now that people are recovered or have accepted the situation, not anymore

In Helden-Panningen, multiple interviewed elderly have been dealing with events happening on the personal level, for example a divorce and burglary. Most of these people mentioned it has had an impact on the living experience and wellbeing, for example being more fearful and not enjoying living in the house as much anymore.

When looking at events influencing the health of elderly, the majority of the participants mentioned having to deal with health issues, or dealt with it in the past. For example, a hernia and a broken wrist. Multiple people mentioned this had an influence on the living experience in the house, with for example having difficulties in opening jars or walking up the stairs. One person explained:

"So now I cannot do what I would like to. Being occupied, that is not going to happen right now."

Participant 12, male (1946 born), Panningen.

Part of these people mentioned it did not have any influence on the living experience, and a few mentioned it did give difficulties in the past but not anymore. When looking at the influence the events in health had on the wellbeing, one person stated it still brings difficulties, and a few persons stated it did bring difficulties in the past but not anymore. Again, people recovered or accepted the situation.