

Age-friendly Leidschenveen-Ypenburg

*A qualitative exploration of the
experiences of older people living
at home*





Colophon

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Foreword

You have before you the report of the Workshop Social Domain The Hague & Leiden on the project 'Towards an age-friendly Leidschenveen-Ypenburg'.

The Older People's Panel 2020 surveyed how Age-friendly the municipality of The Hague and its boroughs are. This showed that age-friendliness in the Leidschenveen-Ypenburg district scored relatively low compared to the other seven districts of the municipality of The Hague.

However, little is known about older people and their experiences behind these figures. That is why the Werkplaats Sociaal Domein, together with the municipality of The Hague and welfare organisation Wijkz, took the initiative to conduct in-depth interviews with older people living at home in Leidschenveen and Ypenburg. This report reports on the findings of the project and provides recommendations for the future.

We would like to thank the participants for their willingness to cooperate in this project. We would also like to thank the professionals involved from the municipality of The Hague and Wijkz who cooperated in this project. In particular, the older people consultant of the district Leidschenveen-Ypenburg, because of the search and recruitment of participants.



1. Introduction

Population ageing and urbanisation represent the culmination of human progress made in the last century (World Health Organisation, 2007; Plouffe & Kalache, 2010). However, these phenomena also bring significant challenges.

The physical environment of our cities is crucial for supporting and maintaining health in old age (WHO, 2007). To achieve this, the WHO Global Network for Age-Friendly Cities and Communities was established, with more than 1,400 cities currently affiliated. Member cities and communities are committed to creating environments where higher-level influences integrate with local policies and actions to enable active and optimal living in older age (WHO, 2023).

In 2015, the Dutch municipality of The Hague joined the global network and committed to prepare an age-friendly action programme based on the Global Guide and the Checklist of Essential Features of Age-Friendly Cities (WHO, 2007a & WHO, 2007b). The features of an age-friendly city are divided into eight domains: housing, social participation, social inclusion, civic participation and employment, communication and information, social and health facilities, outdoor space and buildings, and transport.

As part of its municipal strategy, The Hague periodically evaluates the city's age-friendliness using the validated Age-Friendly Cities and Communities Questionnaire (AFCCQ) (Dikken et al., 2020). This questionnaire includes an additional, ninth domain; finances. The questionnaire can be used to quantitatively assess how older people perceive age-friendliness in all eight WHO domains and an additional domain finance.

1.1 Context

The municipality of The Hague is divided into eight districts. When measuring perceived age-friendliness among older people in 2020, it was found that the Leidschenveen-Ypenburg district had one of the lowest scores in terms of age-friendliness (on the total score and the domains of social participation, social and health facilities, and outdoor spaces and buildings (van Hoof et al., 2022). The combination of low scores, the ever-increasing number of older residents and the fact that the borough's

Leidschenveen-Ypenburg was developed as a sizeable suburban area for the large-scale construction of new housing, were the reason for wanting to understand more deeply how older people experience different aspects of age-friendliness in this district. In order to gain insight into which aspects influence satisfaction and how this can be managed.

Combining quantitative and qualitative research methods to better understand the age-friendliness of cities was already recommended by van Hoof et al (2021), as the phenomenon *"is a complex, dynamic and multidimensional concept that is also highly context-dependent"*, and that *"it does not lend itself easily to standardisation of measurements"* (WHO, 2015).

Previously, several qualitative approaches have been used to evaluate and measure the age-friendliness of cities. Methodologies such as taking and later discussing photographs (van Hoof et al., 2019; Chan et al., 2016; Huisman & Mysyuk, 2020) have been used to capture individuals' perspectives and experiences. As a comprehensive valid quantitative instrument has only recently been developed (Dikken et al., 2020), a follow-up analysis of a district as a form of qualitative validation has not been done before.

While quantitative data offer statistical analysis and numerical insights, qualitative data offer rich, contextualised narratives and personal perspectives. Combining both types of data can lead to the generation of new insights and hypotheses, as quantitative findings can be explored in depth using qualitative methods and vice versa. This process will promote a more nuanced understanding of the age-friendliness of cities and communities, strengthen the validity of findings and generate new insights. In this way, policymakers can, among other things, make informed decisions based on a broader perspective.

Therefore, this project investigated which specific challenges or factors influence the perceived age-friendliness of older people living at home in the Leidschenveen- Ypenburg district of the municipality of The Hague. Through this project, a better understanding of the factors that contribute to age-friendliness is gained.

2. Werkwijze

To answer the research question, a multiple-case study design was used. For each case, interviews and observations were conducted in the authentic living environment to gather valuable insights. In addition, an integral understanding of the context was obtained by consulting various data sources such as (scientific) literature and municipal documents.

The process of triangulating data from different sources can reveal new insights and hypotheses related to this phenomenon. A total of eight case studies were conducted, which allowed the cases to provide convincing support for the entire multiple case study (Yin, 2018).

2.1 Setting

The Leidschenveen-Ypenburg district is a relatively recent neighbourhood developed as a so-called Vinex (Fourth Memorandum on Spatial Planning Extra) location. Such neighbourhoods resulted from a 1991 policy briefing note by the former Dutch Ministry of Housing, Spatial Planning and the Environment. The houses were built in 1996 and 1997 in so-called expansion areas: new housing estates located outside existing cities with core facilities within easy reach (Lörzing, 2006).

Vinex districts are often identified by a distance from the centre of over 5 kilometres. The distance from The Hague's central business district is about 6-7 kilometres for Ypenburg and 8-9 kilometres for Leidschenveen.

Ypenburg has 26,780 residents, of whom 8.7% are aged 65 and older. Leidschenveen has 20,676 inhabitants, of which 10.7% are aged 65 or older, and the proportion of older inhabitants has increased by 2.9% over the past five years (jb Lorenz., 2022).



Figure 1. Impression of the built environment in the Leidschenveen-Ypenburg district.

22 Preparation and participants

Based on previous research, factors such as gender, advanced age, receipt of care and prevalence of chronic diseases have a significant impact on age-friendliness as examined by the AFCCQ (van Hoof et al., 2022). This helped determine the characteristics of the participants. Participants were recruited with several characteristics in mind; age, gender, ethnicity, housing type, education level, marital status, prevalence of chronic diseases and use of mobility aids. In addition, all participants were 65 years or older and living in the Leidschenveen-Ypenburg district.

Participants were recruited through the borough's older people advisor. The older citizen consultant provides independent information, advice and support to older citizens. She works from the district centre and, if desired, makes home visits (Haagse senioren, 2023.). As a result, she has a lot of contact with the target group and is aware of what is going on in Leidschenveen-Ypenburg.

For this project, the older people consultant contacted potential participants. If interested in participating, the researcher then contacted the participant for an appointment. An information letter, consent form and preparation assignment were sent to participants. The purpose of the preparation task, which consisted of the AFCCQ, was to get the participant to think in advance about the domains of age-friendliness. Some additional questions were also formulated to stimulate thinking, such as: What are important activities you undertake (at home or outside the home)? What would you like to show me? What are times when you do/don't experience your neighbourhood as age-friendly? This allowed us to go deeper into the topic during the follow-up interview and gather valuable insights for possible activities that could be carried out during the observations. The planned methodology was tried out by the principal investigator during a pilot case study, which not included in the total number of cases. Table 1 presents the characteristics of the project participants.

Case	Age	Gender	Origin	Property type	Education level (ISCED)	Marital status	Chronic illness	Resource user
1	85	Man	Dutch	Social rent	Low	Married	Yes	Yes
2	80	Man	Surinamese	Private rental	Low	Married	Yes	Yes
3	85	Man	Dutch	Private rental	Low	Married, spouse living away	Yes	Yes
4	85	Woman	Dutch	Buying house	Low	Widow	Yes	Yes
5	75	Woman	Dutch	Social rent	Medium	Segregated	Yes	Yes
6	75	Man	Dutch	Private rental	High	Married	Yes	Yes
7	76	Man	Dutch	Social rent	Low	Married	No	Yes
8	84	Woman	Dutch	Social rent	Low	Widow	Yes	Yes

23 Data collection and methodology

The research team found that conducting interviews was appropriate for collecting data on all nine domains. They also considered that some domains, such as transport and housing, were more visible than others (van Hoof, J. et.al, 2022). But even the less visible domains were observed indirectly. For example, the finance domain is reflected in a participant's living conditions. For example, whether people can pay for their groceries or have a cup of coffee outside the door.

The first step was to conduct interviews at the participants' homes. The interviews were semi-structured, recorded with a voice recorder and the researcher took notes. The main basis for the interview was the topic list (containing the AFCCQ domains and their 23 items), which was discussed further.

In the second step, during a follow-up appointment, observations were conducted outdoors. For this purpose, the Checklist of Essential Features of Age-Friendly Cities (WHO, 2007), which provides a list of features for the different domains, was used. The observations were designed to understand the situation and enrich the interview data. Participants were observed once in their own homes (during the interview) and once in the outdoor environment. Observations inside the home provided insights into the living domain.

In addition, at least one activity was undertaken together with the participant. For example, a social activity such as having tea at the community centre (social participation and transport domain) or an activity such as shopping to gain insight into the outdoor space and buildings domain. The researcher then checked whether a sufficient picture was obtained from all domains. If this was not the case, which was plausible given the variation in domains, a follow-up was organised.

Also during the observations, speech was recorded with a voice recorder. An additional element was the taking of photographs, which allowed the key features of the case to be conveyed to stakeholders. This approach was based on the photo production research by van Hoof et al (2019), which captures the characteristics of the real environment and tells a story through images. The memos and photos were linked together, creating a photo report that was used to analyse and present the results.

24 Data analysis

Data analysis followed the principles of thematic analysis (Braun & Clarke, 2006) to identify which topics matter based on the AFCCQ domains. The analysis is conducted inductively to discover (sub)themes.

First, all interviews and observations were transcribed and coded. Then, the subjects were identified and the researcher together with a fellow researcher examined two transcripts for patterns, differences and similarities. Second, within-case analysis was followed by between-case analysis. For the case-by-case analysis, the cases and the (sub)themes were described together with a fellow researcher. For the cross-case analysis, thematic analysis took place across cases. The aim was to develop generalisations describing similarities and differences between the (sub)themes and cases, while maintaining a holistic approach (Yin, 2018).

25 Ethics

A consent form was required, which was signed by all participants. Data, including quotes and photographic material, have been anonymised.



3. Findings from the interviews and observations

3.1 Description of participants

The table below shows a brief description of the eight participants. Below this, some pictures are shown to provide context.

Case 1

A Ypenburg resident who is a carer for his wife. He faces physical limitations and does not participate in social activities due to his caring responsibilities.

Case 2

A carer with some physical limitations. His role as the main driver of care makes his wife dependent on them. Both are highly dependent on each other.

Case 3

A former carer who now lives alone because his/her partner is in a nursing home. He is still mobile and has sufficient financial resources.

Case 4

Someone with a strong social network and good coping strategies, but experiences physical limitations due to a chronic illness.

Case 5

A person with a strong social network and no physical limitations, currently self-sufficient and able to drive, walk and cycle.

Case 6

A temporary carer living with his wife, who has learned to cope with life changes despite having no physical limitations himself.

Case 7

An individual with a strong social network and no physical limitations, actively involved in organising community activities in Leidschenveen.

Case 8

A widow faces physical limitations that significantly restrict her and she needs more help at home.

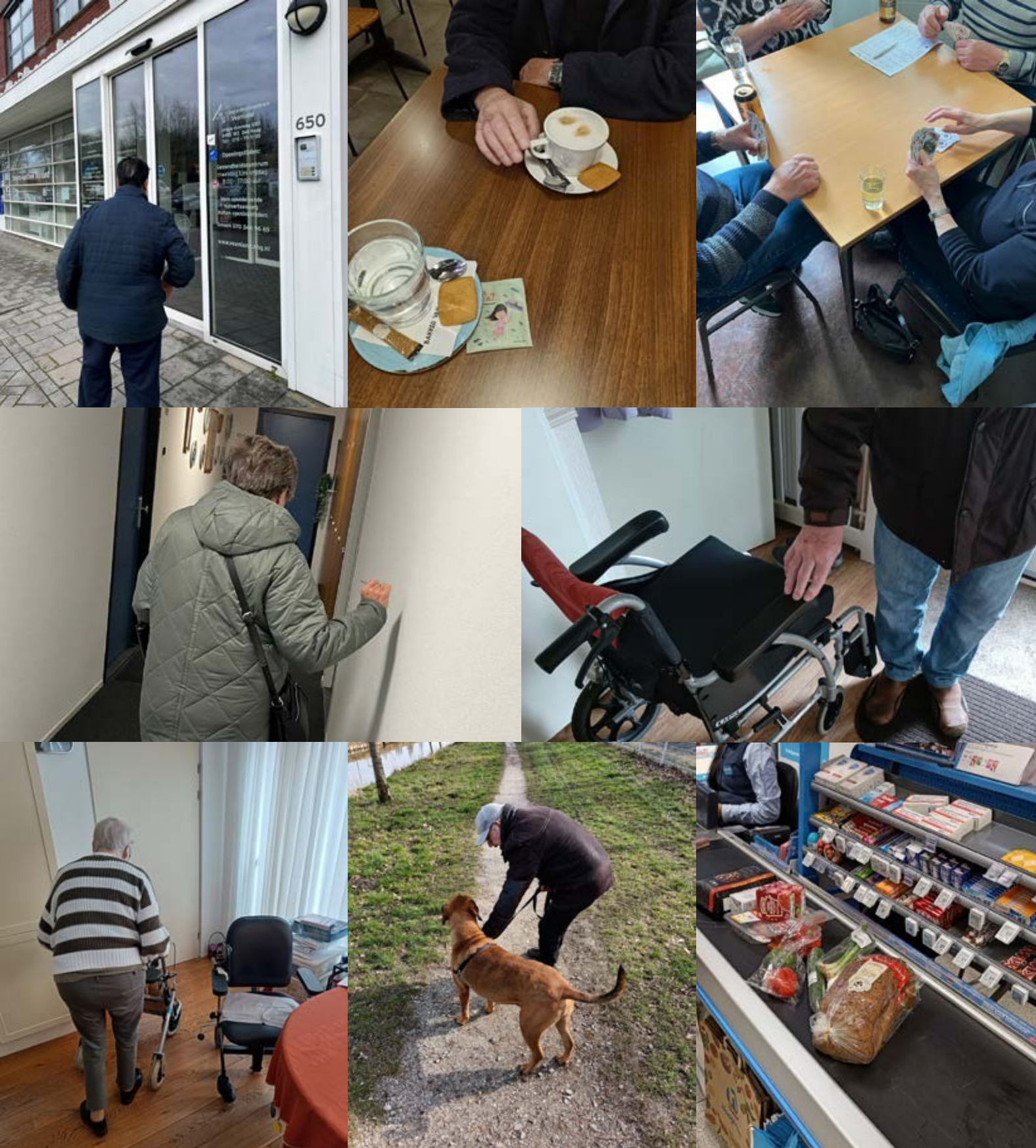


Figure 2. Photo impression of the cases

Factors affecting participants' age-friendly experiences can be categorised into four main themes: social network support, physical limitations, financial situation and coping strategies (Figure 3).

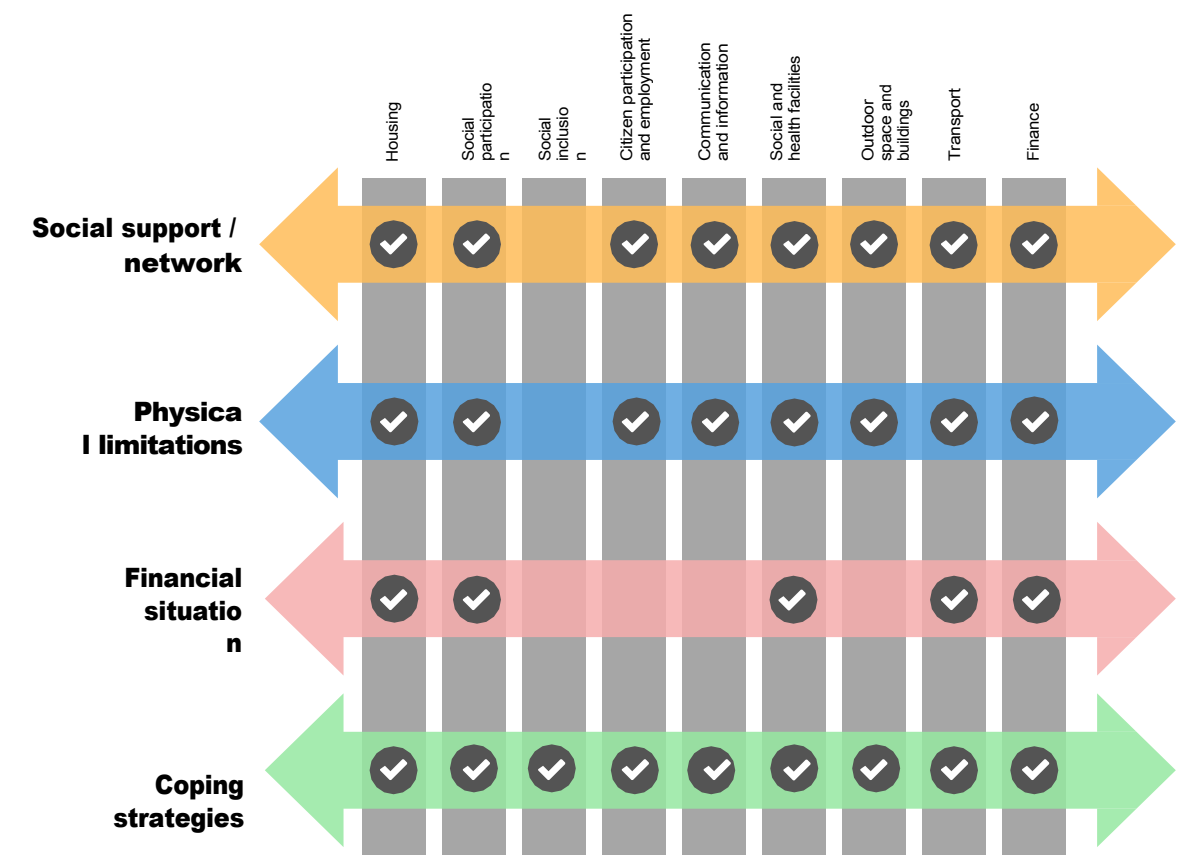


Figure 3. Schematic representation of how the four main themes relate to the AFCCQ domains.

32 Social network support

Social support from the network is one of the recurring themes in all domains except social inclusion. Participants indicated that their social network helps with many things. Financially, their children help out if there is no other way. When case 4 is away from home for an evening, her daughter or neighbour helps get ready for bed. Support is also enlisted from children and grandchildren, for example when appealing to the Social Support Act (Wmo).

Some participants live alone and need more help. Contacting the Wmo can be difficult and a lot of time passes. Children are then brought in to make contact.

"Then my son tried it from home, and he said it can't go on like this. The children already do enough for me and also have their own things/work." (case 8)

The social network also contributes to interaction and a sense of appreciation. In particular, children and grandchildren are the younger generations that older people interact with the most.

One of the participants has built a relationship of trust with the staff at the shopping centre in Ypenburg and another participant feels appreciated when he does something for people during Christmas, for example. And in most cases, having a strong network around you determines whether someone can continue to live in their home.

"There were all Christmas stuff lying around, and nobody was doing anything with it. Then I decorated the hall and got a lot of positive reactions from people. That gave a good feeling. You are still appreciated then, which is important." (case 7)

"I have very good neighbours... Otherwise I wouldn't be able to keep living here. Because then I would have to leave here. If I fall... I do have an alarm but then I grab the phone if I can reach it and then the neighbour comes and lifts me up.... Because if I break a hip and have to leave here, I won't come back here either, so I don't want that." (case 4)

Social support is also essential for reaching places for social activities. One participant sometimes goes to church, but is then picked up by acquaintances. And if a participant needs transport, children sometimes help out. Moreover, several participants engage the social network when mail comes in digitally.

One of the participants is widowed and lives alone. Her husband could handle digital mail, but she could not.

"Digital mail, my husband could do that but I couldn't, we wanted to do a course then but my husband knew how to do it. Mail now comes through my son, who takes care of everything." (case 8)

33 Physical limitations

Physical limitations were experienced by several participants and this is reflected in all domains except social inclusion. Limitations experienced include poor vision, inability to walk far and the effects of chronic conditions such as Parkinson's disease and rheumatism. With regard to receiving mail, it is mentioned

That the readability of information is affected by vision problems. The medical aid, (reading) glasses, proved indispensable. Two participants experienced limited vision and this affects the extent to which information is readable for them. Several participants are physically limited, preventing them from walking or cycling, which affects access to many places is limited. A number of participants can no longer drive a car, making them dependent. In addition, as one participant pointed out, some paths in Leidschenveen should be preserved.

"Pavements and tiles are often uneven, the roots of trees come up. There are many places where you think 'that should be addressed a bit better'... this can cause a lot of problems for older people. Especially for my wife, who suffers from reduced eyesight." (case 7)

"At the moment, I am hardly driving because I am fiddling with my eyes." (case 1)

"I have not been allowed to drive a car for six years because of Parkinson's disease, this is a loss." (case 4)

One participant noted that people cannot participate in activities organised in the community centre due to physical limitations. In addition, physical limitations affect the accessibility and accessibility of social and care facilities and public transport. When going outside, this can lead to the use of a medical device such as a wheelchair or walker. One of the participants indicated that the shopping centre itself and its shops in Leidschenveen are less accessible with a wheelchair.

"I think the municipality should also collect and bring people for free. I think there are many older people who cannot come but want to. With tram or bus, they quickly say, 'That's not for me'. But in their hearts they would like to go there. For me that doesn't apply, I can go anywhere. But I see for some people around me that it is very difficult. For example, they can't go anywhere because of transport problems. The regional taxi, for example, they can't afford it... We have a pension, but many people don't. The municipality takes care of it, but it could be better. I can undertake and organise a lot, but if people have to travel to do that, they don't manage." (case 7)

"The run-up is very steep and the stairs, but if we want to go to the mall we have to go all the way along the cycle path by wheelchair. That's not exactly wheelchair-friendly. Going inside is then too steep and my wife has too much anxiety about that, because of the steepness." (case 6).

Case 8 is physically constrained, limiting her access to very few places. For instance, the distance to the mall is too great to reach on foot. Moreover, she cannot get a use public transport more.

"They can't help you, people don't have time for that. With the rollator, I can't get on the bus, I have to hold on, otherwise I just fall." In the residential complex where the participant lives, the lift temporarily failed" The lift was out of order for six weeks. I couldn't go out then because I couldn't go down. There was a chair lift, but it was broken. So I was inside for over four weeks."

The physical limitations of providing informal care were also found to be an important pillar. It can limit the ability to participate in social activities and reach social services and health facilities. Public transport is often impossible for informal carers to use because the partner uses an assistive device and this puts a strain on one's health.

34 Financial situation

The financial situation of older people is a recurring theme across multiple domains. Finances are linked to housing accessibility. One participant indicated that although there is a parking garage under the housing complex, but that there are costs involved. Because of this, and the available spots on the street, the car park is not used. Furthermore, the accessibility of health facilities mentioned. One of the participants took care of his wife and used a taxi to reach the hospital'

"The council's taxi bus can be called, but they are facing a staff shortage. If I need to go to the hospital, I have to pay. A trip then costs €25, but I also have to return (total €50). That chops it up when you only have an AOW benefit." (case 1)

Planning such trips is important, and when necessary, children intervene to help. Another participant explains that one of the tram lines is temporarily stopping due to some adjustments resulting in extra costs. Therefore, she temporarily visits the physiotherapist once a week instead of twice.

"I'm not so happy about that, with that tram I go to the physiotherapist. You can also take a taxi, I can pay for it, but you are going to feel it in your wallet. For the regional taxi you also have to pay, that also adds up." (case 4)

Many participants indicated that the Stork Pass is used for activities, as some activities can be pricey. This pass helps low-income people and gives discounts on activities such as sports, excursions and memberships. Case 4 likes activities through the Zonnebloem Foundation.

"A day out, I find that quite pricey. I can pay for it, but I think if people who are lonely and want to, they can't afford it. Then you can't put down €50 - €60 to go on a day out. That's for people with bigger wallets. And that's a shame, they need it just as much".

The discount on public transport for over-65s is also used to reach the Hague city centre, for example. Car parking and the associated costs are perceived as obstacles.

"If I really have to be in the city centre of The Hague, I take the tram, simply because it saves me a lot of money because if I walk around there and have to pay €16 for parking I think 'well, I have one of those 65 plus cards, I'd better take the tram and get off in the middle of the city'." (case 5)

Finally, some participants can make ends meet, others barely, as long as they have state pension benefits. In that case, subsidies from the municipality are very important. It was noted that prices have risen, and some may not make ends meet if prices continue to rise.

"Making ends meet is difficult, right now it's just fine, but not if it continues." (case 1)

"We get subsidy from the municipality, without it we can't make ends meet. With a little help, we can manage. But we can no longer buy new things when there are for example, something breaks down. Then the service point helps, and through the church we got money for a dishwasher. But we don't abuse that. And the children help if there is no other way. You can hardly put anything aside these days, everything is expensive." (case 2)

As a result, several participants prioritise supermarket offers and to save energy, the heating is sometimes turned down. High prices prevent buying new appliances when they are broken and saving money is not possible.

35 Coping strategies

The last recurring theme is coping strategies, which emerged within all AFCCQ domains.

For example, many participants made adjustments to their homes.

Thresholds are removed as they use a walker indoors. One participant would like to move to another property, but is dependent on the waiting list and has been registered for assisted living accommodation for two years.

A large number of participants undertake activities themselves and show initiative. They go to the community centre, do shopping and go to a club to be in contact with younger generations. As for medication, several participants indicate that they like to do this themselves in control. Medicines can be delivered; some prefer to collect them themselves. None of the participants experienced age discrimination.

"And if it happens to me, I don't care. Given my age, I think: chatter away." (case 1)

"It's about how you bring yourself out. It largely comes down to how you are yourself and don't act anxious, for example. It's about how you manifest yourself and what you radiate." (case 6)

Within social and health services, participants mentioned that they were not always in control. One participant struggled with applying for help. He cared for his wife at home for a year before finally seeking help from Wmo.

Several participants have learned to cope with the transition to digital mail. Interestingly, among cohabiting participants, one of the two is often the most digitally proficient. Case 5 lives alone and uses a tablet to look everything up. At the moment, she does not need help and if needed, she knows where to go.

Ypenburg shopping centre lacks public toilets, but this is not disturbing to participants as they take this into account in advance.

"Because there are no toilets, I usually go here at home before I go shopping, and then you get back in time." (case 4)

One participant now lives alone and pays a contribution for his wife in the nursing home. He pays extra for washing her clothes, which saves in physical strain as it became too heavy for him.

Coping is also an important characteristic within finances. One participant likes to be in control of finances himself and finds direct debits distracting. Another participant notes that there is no point in being anxious because you don't know what it will be like in the future.

3.6 Observations

The four main themes recurred in all observations. Different aspects were observed in participants' own homes, such as home modifications or the use of medical aids due to physical limitations. Participants with physical limitations regularly reported needing more help in their homes, especially in the area of housekeeping. Consideration was given to the housing complex and the house itself whether it is suitable for the participants (e.g. does it have wide doorways and a lift), or can it be made suitable in the future? The location and accessibility of the home, the distance to the nearest public transport and other facilities such as where to park the car were also observed and discussed.

During the observations, the researcher noted the physical limitations (due to health problems or informal care) and the impact of social support. For example, one participant cycled a different route because of his sight problems. One participant could only go to game night thanks to help from her neighbour. Finances return when discussing wheelchair rent and the increase in service charges for maintenance by the housing association. Coping strategies can be seen in buying a car with a higher entrance or arranging a storage for a mobility scooter at the entrance of the housing complex.

4. Conclusion

The central research question was: *What specific challenges or factors influence the perceived age-friendliness of home-dwelling older people in the Leidschenveen-Ypenburg district of the municipality of The Hague? This is in response to the first city measurement in 2020 which showed that the Leidschenveen-Ypenburg neighbourhood scored lowest on age-friendliness compared to the other neighbourhoods within the municipality of The Hague (van Hoof et al., 2022). Perceived age-friendliness is influenced both positively and negatively by four themes; social network support, physical limitations, financial situation and coping strategies.*

Overall, people perceived their neighbourhoods as age-friendly. One reason was their adaptability and resourcefulness, as they selected, optimised and compensated for their losses due to their age, and they all found solutions that enabled them to live independently (Baltes & Baltes, 1990).

4.1 Interpretation of results

Several AFCCQ domains were more prominent in the interviews and observations than others. In particular, domains related to the physical environment (housing, outdoor space and buildings and transport) can strongly influence personal mobility, safety, security and health behaviour (WHO, 2007) and were therefore frequently mentioned. Social inclusion, civic participation and employment, and communication and information occurred less frequently during the interactions. For instance, some participants indicated that they do not face age discrimination because they do not want to interact with young people. Information from the municipality and other social institutions they generally found understandable, so there was less input on these domains.

Social participation, social and health facilities and outdoor spaces and buildings were described as areas of interest for the municipality due to lower scores (van Hoof et al., 2022). The assumption that this could be due to the Vinex aspect of the neighbourhood seems negligible. Some older people do indeed live further away from the supermarket or community centre, but then perceived physical limitations are the problem (such as walking with a walker, or no longer being able to walk long distances on foot

capture). The Vinex aspect is reflected in a spatial urban design, good public transport connections and sufficient facilities near the participants' homes. Participants mainly live in this part of the city and rarely visit other parts of the city unless they have a car.

This project has also provided insights into how people complete questionnaires such as the AFCCQ. The importance of interpreting questionnaires is something to consider in consideration. For example, one of the participants gave lower scores to social and health services because she is not sick and does not currently need help. This insight highlights why it is important to collect qualitative data to complement quantitative data. In addition to the demographic data of the AFCCQ respondents, it may be useful for further research to expand it to include more information on respondents' social network, physical limitations, financial situation and coping strategies.

42 Evaluation of working method

The combination of qualitative data and quantitative data has more advantages. Although the observations were time-consuming, they served as validation of the data previously collected during the interviews. This makes this method a novel approach, compared to previous qualitative studies in the Netherlands on age friendliness (Cramm et al., 2018; Nieboer & Cramm, 2018; Nieboer & Cramm, 2022). The iterative approach, building on the quantitative data, enriches and provides a new perspective, potentially useful for the entire WHO Global Network for Age-Friendly Cities and Communities, also mentioned in the review by Torku et al. (2021), which suggests new assessment methods and tools for future research.

The sample of this project is relatively small. Not all participants approached by the older people counsellor wanted to participate because they felt it would be too stressful, they could not provide enough input or they suffered from health problems. This makes the project less representative. Although theory (Yin, 2018) mentions that eight cases are sufficient to draw conclusions, we recognise that we are less representative of older people with health literacy and/or serious health problems.

Ideally, more older people of non-Dutch origin should participate in the project, given that 36% of all older people in The Hague have a migration background (The Hague in Figures, 2022). This corresponds to the Leidschenveen-Ypenburg district, where a third of residents have a non-Western migration background (Jb Lorenz., 2022). In the coming years, the number of older migrants will increase faster than the number of older people

of Dutch descent. Monitoring (migrant) older people across the board, i.e. for different groups and for different domains, seems desirable to improve the chances of all older people in the Netherlands having a good old age (de Regt, S. et. al, 2022).

43 Implications for policy

Research shows that inflation has changed the financial situation of older people over the past two years. Pensions have barely increased (NIBUD, 2022) and the purchasing power of older people has actually deteriorated in recent years. Older people have become less affluent and face increasingly higher costs for hospitalisation, energy, shopping and taxi expenses. Policymakers can take this into account in the organising activities, generating information and facilitating facilities.

The results of this project show that people are quite dependent and in some cases the social network is relatively small. The social-emotional selectivity theory by Carstensen confirms that as people age, social networks become smaller, but dependency increases. An intact social network can serve as a buffer against physical and psychological stressors and can reduce morbidity in a wide range of diseases (Löckenhoff & Carstensen, 2004). Positive social relationships, engagement and inclusiveness are important prerequisites for healthy ageing (Lui et al., 2009).

The municipality of The Hague already focuses on activities for older people that enhance their social network, for instance through Haags Ontmoeten. It could be further investigated with older citizens whether this offer is sufficiently in line and whether they actually use it.

When older people experience mobility problems, they often become more disconnected. This affects the experience in all domains; it is a kind of conditional requirement. This can also be seen in quantitative scores. People with good mobility score higher on age-friendliness. Policy could approach this in two ways; How do you make sure people don't isolate themselves because of mobility problems? And how do you make everything accessible to older people with physical disabilities (doors, ramps, etc.)?

In 2022, the second cross-sectional AFCCQ was conducted among a diverse sample of older people in the municipality of The Hague (van Hoof et al., 2023). This recent study (article that is assessed) discovered four personalities through cluster analysis. The multiple case study shows great similarity to the four discovered themes that lead to differences between people. It seems that the AFCCQ can map this well, which is good for validity. It is recommended that policies focus on precisely these clusters, as they correspond more closely to real people (cases) than averages.

4.4 Recommendations towards the older people counsellor

For practice, it is recommended that the four themes be dealt with by the older people counsellor, creating more tailor-made solutions. Among other things, she focuses on solutions for independent living at home, arranging care, providing help with administration and arranging transport.

The results have already been shared with the older people consultant within the district. It largely confirms the signals she received earlier. Because of this project, she will focus on these findings even more in her work. For example; by asking more about the themes during home visits, by (preventively) sharing more information (about the themes) and by investigating how these themes are relevant to current activities undertaken by older people. She was already familiar with the four themes, but the results from the research clearly prioritise them within the Leidschenveen-Ypenburg district. The findings will also be further disseminated in her network, to draw the attention of other welfare professionals to them, and explore opportunities for innovation.

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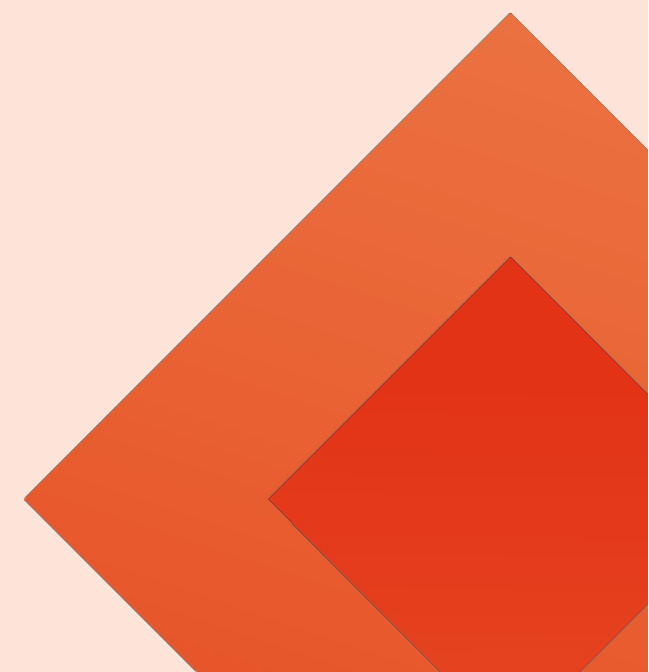
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