

Article

Space as Capital. or Why Geography Matters for Ageing

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Abstract: Flanders (Belgium) is ageing at a rapid pace. Elderly people will continue to live at home in large numbers, partly because this is encouraged by the government. However, many homes are not adapted to reduced mobility. For example, it is not possible to circulate with a wheelchair. But also the living environment poses challenges for the elderly. Flanders is known for a far-reaching spread of housing and facilities, with the result that daily facilities can often only be reached by car. As a result of this spatial fragmentation, the elderly themselves often live for care providers in unreachable places. This ensures, among other things, that the in-home help travels several car kilometers. And research shows that so-called informal care is not self-evident either. Because what about the elderly who don't have children living nearby? Or with the residents who only see their next neighbor hundreds of meters away, who is also often a little mobile peer? The (untouched) appropriateness of the home, the presence or absence of facilities or neighbors, all of which belongs to what we can call the spatial capital of an environment. If this is not present, an autonomous life for a less mobile elderly person is not possible. The argument is that without sufficient spatial capital, the policy options are to allow the elderly to live in their homes for as long as possible or caring neighborhoods dead ends.

Keywords: Belgium; spatial capital; sprawl; ageing; ageing in place

"People do not age in a spatial vacuum. They all age somewhere, and the place of ageing has impacts" (Krout & Hash, 2015).

"In Flanders we have these horrible ribbon buildings along stone roads: how can an older person continue to live there if he is no longer able to walk well? Then he can no longer even safely cross the stone road to visit a friend or do an errand. We do not dwell enough on such obstacles. If we want everyone to be able to integrate into our society – which already sounds better than 'socialisation of care' – we must ensure, among other things, that there are enough local shops, buses and trams run and activities are organised". (Peter Degadt, former managing director of Zorgnet, 2017)

1. Introduction

By 2040, around 3,50,000 Flemish people, i.e. 5% of the population, will be over 85 years old. By 2070, the ageing population within the ageing population' or 'cashing in' would rise further to 6.5%, which stands for 400,000 over-85s (Federal Planning Bureau & Statbel, 2018; 2021). The effects of the megatrend (Flemish Environment Agency, 2014) 'ageing with cashing in' on the functioning of society in general and the organisation of aid, support and care in particular can hardly be underestimated.

For years, the political debate on ageing has been dominated by the issue of the sustainability of both pensions and health care. Recently, the issue of the availability of care staff has also been added. What remains largely out of the picture is the importance of the home and place of residence for the quality of life and well-being of the elderly. If housing is already discussed, it is about problems with /in the residential care centers and (sometimes) about the role of home ownership as a pension pillar (De Decker, 2013). However, the possibility of ageing well is also fundamentally determined by the reciprocal relationship between the older person and the environment in which he or she lives (Menec, et al. , 2011).

The idea that the environment in which people age has a deep impact has a long history in gerontology (Lawton & Nahernow, 1973), although (for example) the American gerontologist Stephen Golant (2015) continues to wonder about the permanent ignoring of environmental aspects in elderly policy. We read a similar sigh at Krout & Hash (2015) in their book 'Ageing in rural places' when they state that the most discussions about ageing fail to take into account the many aspects of living. And more recently, Hartt et al. (2022) point out that quite a few environments are '*age-unfriendly by design*'. In short and again in the words of Golant (2015): "*It is as if the dwellings, buildings, neighbourhoods, communities, and regions in which they [the elderly] live and their built, natural, social, organizational, and political environment make little difference in whether they enjoy their lives, feel good about themselves, live independently, and achieve healthy lifestyles*".

For those who are not able to walk well, can no longer drive a car or do not have public transport, much is not accessible and (therefore) not available. Quite a few environments do not have daily facilities (anymore) nor are there (for example) (para)medics nearby. When drawing up a policy for the elderly, it is therefore crucial to pay attention to '*borderline environments*'. The house – where elderly people spend an average of 80% of their time (Koelen & Eriksson, 2022) – is a base. It is always 'somewhere', in a village, city, allotment, or along a stone road. It is located in the vicinity of (social) facilities. Or not. A well-equipped living environment can entice people to do things – *to get out of their digs*. But it can also discourage this. However, 'getting outside' and 'seeing people' is of great importance for physical and mental health (De Labra et al., 2015; Falck et al., 2016; Nelissen, 2017; Spitzer, 2019; Sillis, 2022)

Consequently, an older policy should take account of the fact that facilities and activities do not occur to the same extent everywhere. They are not geographically equally distributed. After all, a place of residence is much more than an address or a place on a map. It is a collection of 'resources' (or a lack thereof) – and this has consequences for the lives and well-being of (among others) the elderly.

However, Flemish policy currently takes insufficient or no account of the effects of the spatial organisation of society on the functioning of the elderly and the availability of (informal) care (Volckaert, 2022). It is not because a policy document contains a description of ("*caring*") neighbourhoods (Vandeurzen, 2018), or the importance of a neighbourhood is raised (Beke, 2021), that this has an effect in practice. However, taking spatial planning into account in policy is of crucial importance precisely because the Flemish government, at least in its policy statements, wants the elderly to continue living in their current home for as long as possible (Jambon, 2019; see also: Vandeurzen, 2014; Beke, 2019). This reflects the preference of the elderly themselves. Not only with us, but also elsewhere, most elderly people prefer to stay in their home and their familiar environment and this "*irrespective of physical decline during older age*" (Stones & Gulliver, 2016). In professional jargon: both the elderly and the policy opt for '*ageing in place*' (AiP). However, an AiP policy implies that the policy ensures that every elderly person has the same opportunities and resources available in every place, something that, for example, Vaneeckhout (2022) advocates in such terms. This is at odds with our findings, which we will structure in this chapter around the concept of '*spatial capital*'.

2. What is spatial capital?

Life, and consequently aging, is essential spatially. No matter how small the range of an actor is, it always happens *in* one place – a street, a shop, a hospital – and *from* a place, the home. Places are not abstractions, but realities that can possess '*spatial capital*' (Lévy, 1994). Spatial capital is a set of resources accumulated by an actor, which enables him/her to engage in a place or space in accordance with his/her economic, social and cultural capital¹ (Bourdieu & Passeron, 1970) and capacities

¹ Spatial capital evokes the connotation with Bourdieu's capital concepts. Where the concepts of economic, social and cultural capital (source) are individual characteristics about which a pressowhether or not, or to an unequal extent, the concept of spatial capital refers to the environments in which individual capital may or may not be used.

('capabilities' – Nussbaum, 2011) to make use of the spatial dimensions of society. Spatial capital consists of the advantages arising from a series of *geographical layouts* of which *scale* is determinative and is partly independent of the other capitals mentioned. Put simply: an actor with a low score on one or more of Bourdieu's capital forms can live in an environment with a lot of spatial capital and vice versa, an actor with a lot of economic capital can live in an environment with little spatial capital.

With the concept of '*geographical layout*', we emphasize, as already mentioned, that not all resources are present to the same extent everywhere. This is almost completely ignored in the policy for the elderly. In the best case, lip service is paid to spatial concepts such as the living environment and neighbourhoods. They are mentioned or ideally represented. '² *Scale*' – an aspect of the geographical layout – refers to the scope and hierarchy of facilities. This means that in certain environments there are more and often other facilities than in other areas and that people therefore, if they want to be able to use these facilities, must (be able to) move around. Verachtert et al. (2016) make a distinction between daily, regional and metropolitan facilities. *Daily amenities* are within an acceptable walking or cycling distance. They are necessary to organize daily life and participate in society. Examples are: a food store, a postal point, a kindergarten and primary school, childcare, general practitioner, pharmacy, and (public) meeting spaces inside and outside. *Regional facilities* are facilities with a spacious catchment area that serves various cores in the region. Examples of regional facilities include a high school, a residential care center, a general hospital, judicial services, a shopping center, a cultural center and offices. A cohesive region has a complete package of regional facilities. *Metropolitan facilities* are facilities with a wide range and the potential to distinguish themselves internationally. Specifically, it concerns knowledge institutions, large cultural institutions or tourist attractions that are accessible to entrepreneurs, knowledge workers, students, visitors and citizens from Flanders and beyond.

Lévy (1994) distinguishes two types of spatial capital: '*position capital*' and '*situation capital*'. *Position capital* is about the place and the resources, such as shops, people, facilities, parks and social organizations, that are present. It shows the importance of the location of the property in an area. *Situation capital* ('*space*') concerns the possibilities of actors, in this case the elderly, to use the resources. This is not only about the use of resources (for which knowledge is required), but also about mobility: can one move to those shops, parks, etc.? It is therefore about mastering ('*mastering*' – Golant, 2022) space. After all, when people are mobile, they can compensate for or mitigate the shortcomings of position capital - for example, living in an environment poor in facilities. The question is: can an actor overcome the boundary elements, such as distance, inhospitable stone roads or loose pavement tiles, of the spatial organization? We must also point out that the existing spatial capital will change over time. Processes of, for example, scaling up - including the disappearance of the local shop or the centralizations of administrations -, migration - with the emergence of super-diverse neighborhoods - and gentrification - with an influx of more affluent residents in former working-class neighborhoods - have the effect of changing spatial capital. This can cause disruption in the daily lives of actors.

3. Accessibility, availability and adequacy, and the relationship between them

We briefly focus here on two aspects that are of paramount importance in aging: accessible facilities and available and adequate help, support and care. First, we give some background to the studies conducted. We conclude with a conclusion. We always keep in mind that as people get

² For example Vandeurzen (2014): "A high-quality living and living environment consists of an accessible, life-course-proof space and neighborhoods with nearby, accessible and available basic facilities, realized in flexible, multi-purpose buildings and framed in a socially acceptable policy of urban and village renewal. By filling in the available space in a high-quality way, we can increase the participation of people in need of care in society, ensure the proximity and accessibility of the services, and initiate and promote social cohesion and a healthy lifestyle."

older, their mobility (may) decrease and the immediate environment or the presence of others becomes more important.

The lived experiences of the elderly

In various exploratory studies, we investigated the impact of the 'spatial organisation' of society and thus the presence of spatial capital on the lives of the elderly. We interviewed elderly people from different socio-economic backgrounds, in very different spatial settings. We started with a survey of pension migrants who had moved to the coast. What are their reasons for this and what reasons for moving, housing wishes and future plans do they have? From the (amenity-rich) coastal municipalities, we went to the countryside. We spoke to elderly people in the very rural Westhoek and the slightly more urbanized Kempen. A fourth setting concerns the (large) city of Ghent. Because in the first three cases mainly owners (often in a comfortable financial situation) were discussed, we focused in the city on tenants in poverty. Finally, we surveyed elderly people (mainly owners) in the outskirts of the city.³

We always used qualitative research. Based on in-depth interviews (and coastal focus groups), we wanted to find out how older people experience and perceive their living situation.

Accessible facilities

Position capital is almost 'by definition' unevenly distributed. The Space Report (RURA) 2021 finds that in urban areas almost everyone (99%) has basic facilities in the neighborhood. This contrasts sharply with rural areas where a quarter of the inhabitants have little to very few basic facilities (Pisman et al., 2021). The elderly studies show that more than a third (38%) of the elderly think that facilities are too far away. A grocery store is the most missed (37%), followed by a post office, bank and butcher (all about 30%) and a pharmacy and bakery (both about 25%) (Verté et al., 2018). The Great Housing Survey 2013 also examined the facilities they had in the neighbourhood for the elderly (Winters et al., 2015). Figure 1 shows that all facilities, ranging from bakery to pharmacist to bus or tram stop, are more available in urban areas according to older households.

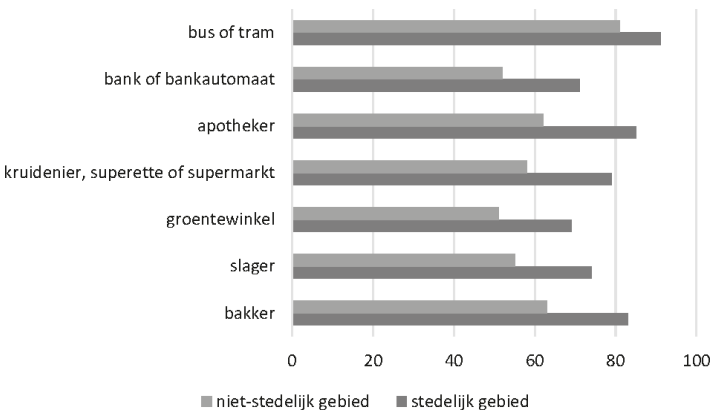


Figure 1. Flanders, facilities within walking distance, perception of older households, 2013.

Source: Thissen & Vanderstraeten (2015).

As we put it: spatial capital evolves. In addition to the fact that many elderly people live in low-facility areas, many places continue to lose facilities. The RURA 2021 sees the number of cores without basic provisions increase from 427 in 2013 to 517 in 2019. This means that in the meantime a third of the cores in Flanders do not have basic facilities and are therefore 'unlivable' for less mobile

³ The investigations were commissioned by, respectively, the Provincie West Flanders (coast), the Flemish Land Agency (Westhoek and Kempen) and the Policy Research Centre for Housing (urban tenants) and city outskirts). See: Vandekerckhove and Others (2015), De Decker and Others (2018), De Decker & Vockaert (2020) and Volckaert (2022).

people. These are mainly small, rural centers with an average of 400 inhabitants (Pisman et al., 2021). Some facilities are disappearing as a result of digitization and automation. In 2019, for example, DPLP announced a deletion of the number of red mailboxes. In cities, there is still a mailbox every half a kilometer. In rural areas, that's every mile and a half. Bank branches and ATMs are also closing. In 2018, the journal *Het Laatste Nieuws* headlined: "⁴*Municipality puts van in to... ATM*", about the municipality of Koksijde that provides a shuttle bus from the municipality of Sint-Idesbald, where there is no longer an ATM⁵. And more importantly, more and more 'food deserts' are emerging – also in Flanders (Cant et al., 2019): places where there are not enough food shops. As a result of economies of scale and regionalisation, several rural villages no longer have basic facilities. There is no baker, no butcher, no grocer. The respondent from the first quote lives in the Westhoek and calls her village 'sad'. All shops are gone. This ensures that one can no longer spontaneously go and get a loaf of bread or "a shrill ham or cheese" (quote 2). But the increase in scale also has an impact on the cities. In the third quote, a private tenant states that affordable shops (i.e. supermarkets) are rather peripheral and therefore not within walking distance for him.

R: *You don't have anything here. No baker, no butcher. You have to say: nothing, nothing, nothing. Really sad.*

I: *It used to be ?*

R: *There was a shop, yes. A butcher in the past, a baker. But now, nothing, nothing. But you just get it though. (...) It is a sad village. I say it: there is nothing here, nothing, nothing.*

(Owner, Westhoek, v, 80 years)

I: *What do you miss most about the village?*

R: *I miss that there is nothing of shop. A butcher and baker, yes. But that there is nothing to get a shrill ham or cheese ...*

(Owner, Westhoek, v, approx. 70 years)

I: *And to the store? Do you also do that on foot?*

R: *Yes, but that's more difficult. Here you have... I'll say, no cheap warehouses... near. You do have a [small shop] here, but that is expensive there. There on the Zwijnaardesteenweg in Nieuw-Gent, you also have a [small shop], also such an Express. And yet they charge for the same thing here, another ten cents more than there. While that is also expensive there. Of course, if you go to the Aldi or the Lidl once, you are much cheaper and you have also eaten well.*

I: *And where do you go to the Lidl?*

R: *That's too far for me... I can't drag that far huh. And that's the problem.*

(Private tenant, city, m, 62 years)

The 62-year-old private tenant from the last quote has a limited income. He doesn't have a car to run errands. After all, in order to be able to make use of 'the space', not only the presence of facilities (*position capital*) is relevant, but also the accessibility (*situation capital*). *Situation capital* is, as it were, permanently under pressure in the elderly in particular. Getting older increases the risk of health problems, which can hinder personal mobility. However, being mobile is of great importance. Not only from a practical point of view – one has to get to the store, to the pharmacy, to friends and family, it is also essential for physical and mental well-being (De Labra et al., 2015; Falck et al., 2019).

⁴ http://www.s/tandaard.be/cnt/dmf20190123_04126732

⁵ www..hln.be/kOksijde/gemeente-legt-van-in-naar-ATM~af62cb26/

'Getting out of the room' is a must. The elderly should be as active as possible. Step. Cycle. They need to see people. The design of the living environment should entice them to do so, not slow them down. This means that it must be passable and passable, without obstacles, stairs or slopes, equipped with sufficient safe crossings and rest benches with the aim of facilitating the coming out of the elderly. We can only conclude that when designing the outdoor space, reduced mobility is rarely taken into account in a serious way. Obstacles are numerous, not infrequently the surfaces are slippery, intersections unclear (see photos) and lack resting places (see quote).

That's a real drama. When I walk here in Drongen, I always go to the side so that I see the cars coming. Because there are so-called footpaths, you see that here too. Those are footpaths, but you can't step on them. Certainly not when you are older. There are those roots of those trees. There are stones there, with that one person it is pits and mountains because nobody does anything about it. (...) Or there are cars on it, which also happens very often.

(Owner, outskirts of town, v, 84 years)



About (self)care

For many elderly people, autonomy is compromised. They no longer get to stores because there are simply none (*position capital*) or because they are not able to move around (*situation capital*). However, the Flemish policy on the elderly underlines that older people must be able to be autonomous for as long as possible and therefore "*take care of themselves*". When it comes to (self)care, the policy for the elderly refers to the so-called 'care circle model' (figure 2). This model, a conceptual framework developed by the WHO (2015), became "the starting point of healthcare policy" under former minister Vandeurzen (2013) (Vandeurzen, 2016: 12). Vandeurzen's successor, Minister Beke, took over the model (Beke, 2019).

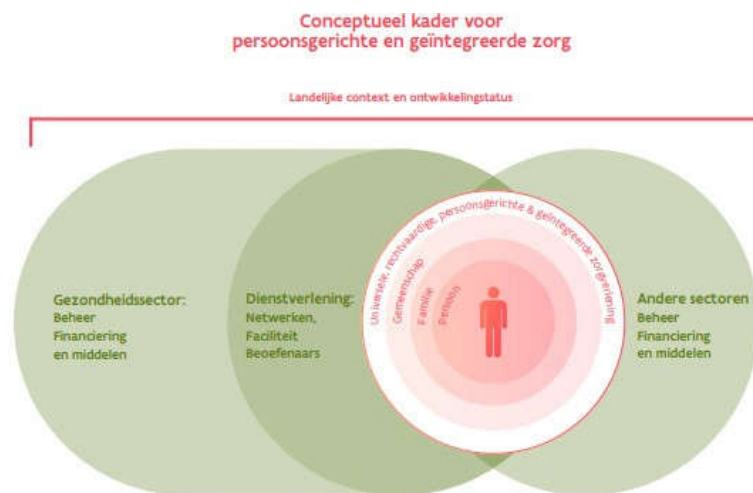


Figure 2. Circular model for (elderly) care according to Minister Beke.

Source: Beke (2021)

The concentric care model has several shells. The (person in need of care) is central. The idea is that, before engaging others, one first looks at what a person in need of care can (still) do himself. Self-care is therefore a first form of informal care and concerns the care that a person devotes to the promotion of his own physical, mental and social health (Bronseleer et al., 2018: 13). Self-care is strongly linked to self-reliance, the extent to which someone can live independently and take care of themselves (Geelen, 2003).

The premise of the circular model is that when 'self-care' is no longer possible, the person looks at his network. According to Vandeurzen (2019), informal care is the best framework to do AiP, because it allows elderly people to receive care without having to move. According to Vandeurzen, informal care is the most 'warm care' that would strengthen solidarity. Minister Beke also assigns an important role to informal care providers (2019: 15-16; 40; 54). Informal care providers are first and foremost the partner, followed by the children, the neighbours and all kinds of voluntary organisations is the environment. It is only when this is no longer possible that formal support and care comes up, first in the form of home nursing and care, and only as a last resort is moved to a residential setting.

This model can be seen as an ideal typical model – something that the policy strives for – or a virtual mirage – something that is not and probably never will be (Volckaert, 2022). The fact is that the model is based on some implicit, unspoken, assumptions.

The implicit is in every shell of the circle model. The emphasis on self-care means that the elderly person is 'fit' enough, as it were, until death to stay in control. Self-care is strongly linked to self-reliance; that is the extent to which someone can live independently and take care of themselves (Geelen, 2003). But, unfortunately, as Golant (2022) puts it: "*Bad things happen when we get older*". He points out that due to physical, mental and cognitive health problems, which most elderly people are

confronted with at some point, their 'residential setting' – read: home and living environment – no longer correspond to the desired lifestyle.

Around the person (self-care) is a circle with family and a circle that represents the community. This means that family members, friends or neighbors are present and want to / can provide help, support and care. As people get older, they are more likely to live alone. For example, 40% of the over-60s live alone and there are therefore no partners to provide 'help, support and care. In addition, the partner must still have the physical and mental capacities to do this. We know from research that partner-informal carers are often older (Bronsele et al., 2018). A few studies revealed that many elderly people cannot count on the support of children either, because they do not live in the area, or because the relationships have been broken (De Decker & Volckaert, 2020; Volckaert, 2022). And apart from the fact that 'the network' in the environment can vary considerably in number of participants and quality for everyone, research shows that friends and neighbors generally do not provide intensive and frequent help. According to Van Vliet and colleagues (2019), they are not part of 'the hard core of care provision'.

In addition to the *availability* of informal help, support and care, our research also points to its spatial dimension. It sounds obvious, but in order to talk about neighborhood care, there must be neighbors. Some of our respondents live in such a rural way that there are hardly any neighbours in the field of vision. A woman from the Westhoek (see quote) would not be able to address neighbors in case of problems.

I: Do you have any neighbors?

R: No. Well, yes, there that farm, at the beginning of the street. And there. But yes. It's a little further. That might be... for later... a minus. If anything... that you don't... yes, you can call of course. But you can't go outside and shout or raise your hand, you can't. That is perhaps a minus, that I do not have close neighbors.

(Owner, Westhoek, v, 60-65 years)

But even in a non-rural context, neighbors can be missing. For example, we spoke to urban elderly people who live in student neighborhoods and declare that there is no one there on weekends and holidays. Or there were the elderly who moved to the coast and who state that there are hardly any people present in their apartment building outside the tourist season. After all, many apartments in tourist places are used as a second home and are only occupied in the summer. A respondent from Nieuwpoort (focus group 60-80 years): *"Where I live, for example, there are only two permanently present. In a block of twelve"*. A respondent from Knokke-Heist (focus group 60-80 years) states that the *"abandoned"* apartment buildings in winter are *"terrifying"* for *"the people who live there permanently"*. For example, they are afraid of being stuck in the elevator.

But other 'sources' of informal help, support and care are also intrinsically spatial. For example, the place of residence of the children determines whether and how frequently one gets help, support and care can receive. The closer the elderly and their children live to each other, the greater the chance that help, support and care will be given (Brandt et al., 2009). Family members living in the same municipality or region are more likely to provide care on a regular basis (Kullberg, 2010). Children who live close to their parents are twice as likely to provide help, support and care as their siblings who live further away.

The distance between the elderly and their children is determined by various factors. Of course, personal preferences play a role, but we also see certain trends on a geographical level. For example, children with a higher level of education on average move further away from the parental home (Dreesen & Vastmans, 2020). The level of facilities of the departure region plays a role in this. Research from the Netherlands shows that when older people live in an urban environment, children are more likely to continue to live nearby (Blaauboer et al., 2011). In the Westhoek, on the other hand,

⁶ Source: Woonsurvey 2018 – calculations K. Heylen (HIVA-KU Leuven).

we saw that many children did not return after the studies, because the region offers little work for highly educated people.

Rv: *But there are a lot of houses for sale and I think that's why... Roesbrugge is a bit out of the question. (...) Because it's far from work. (...)*

Rm: *Of my class, only four have continued to live in Roesbrugge. They're all gone huh. Ghent, Antwerp, Brussels. The work is there. All those who have learned and with a nice job.*

Rv: *And the youth too huh. There is no work here. Here five kilometers further there is a factory. Eurofreez, potato processing they do. There are still a lot of people working there. But yes, they are all... you don't have to have studied to work there.*

(Owner, Westhoek, f&m, 62 years)

In other words, help, support and care can also be part of the spatial capital of the elderly. Are there people who can (and want to) take care (*position capital*)? And do you know how to reach those people, do you have a connection with them (*situation capital*)?

Nor should we count on home care and nursing to make the model conclusive. On the one hand, there is already a large staff shortage, which means that activities are 'rationalized' – read: less time can be spent per person in need of care; on the other hand, the spatial clutter of Flanders means that home care loses a huge amount of time by 'driving around' (De Decker et al., 2015).

5. Conclusions

Because people simply live in a certain place, (also)becoming an elder is essentially 'spatial'. Care, whether this concerns self-care, community care, informal care by neighbors or formal care by home nursing, or in a residential setting, is also spatial. We note that the policy ignores this spatial aspect and therefore assumes that all necessary help, support and care is equally and equally qualitative everywhere. Nothing could be further from the truth. Just as almost all aspects of social organization are distributed spatially unevenly, spatial capital is necessary for qualitative care. After all, adequate self-care implies the presence of facilities; informal help, support and care implies the presence of family members and/or neighbours, formal home care benefits from short distances. Adequate help, support and care also implies the possibility of appropriating resources. This implies passable footpaths, road safety or the presence of public transport.

In the above, we have looked at the elderly policy in a *quick scan* with the lens of spatial capital. This is, given the available space, inevitably limited and superficial. It should be read as a call to rethink the importance of spatial capital in all aspects of older policy and – as is inevitable – to spatially differentiate policy for the elderly.

Viewed from the perspective of the unequal presence of *position capital* – are there resources? – and *situation capital* – can the actor use those resources? , the question that every elderly person and the policy should ask themselves for Alter (2021) is not so much what one can do to stay in the house as long as possible, but rather: 'what will I do if I can no longer drive a car?' According to Alter, poor car-based spatial planning is the biggest threat to *ageing in place*: "*We are in this mess because of the great suburban experiment of designing our world around cars*". Since the post-war developments were also accompanied by an exponential increase in car ownership and use, this Flanders is no different. Renard et al. (2022) point out that in Flanders, in zones with scattered buildings, 77% of the journeys are made by car.

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