

对就地养老的反思 ——“人”与“地方”关系视角^①

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摘要:在有关养老的老年学和地理学研究中,“就地养老”是一个广泛使用的概念,并一直被认为是解决老龄人口养老需求的有效政策手段。迄今为止,关于就地养老的研究主要关注了很多能够让老年人健康就地(或在家)养老的物质方面的因素,比如住房条件或家庭照护。有些老年学研究者认识到,就地养老受到居住环境中实体环境和社会、情感因素的共同影响。但我们认为,在养老体验研究中,要更加深入地审视“人”和“地方”之间的复杂关系。特别是,我们主张就地养老成功的因素是地方具有维持良好关系的潜力。提到“地方(place)”一词的时候,人们过分局限于关注老年人身体上接近的地理空间,或是具有实体边界的地方,例如房子或社区。而我们通过回顾现有文献发现,对许多选择就地养老的人来说,更具有意义的是随着时间的推移,他们在不同空间尺度上所建立起来的多元的、网络化的社会和非社会关系。基于这个新的视角,可以更好地理解老年人与地方的多层次的联系,以及从不同尺度和不同类型的人与地方的关系来考察就地养老的意义。

关键词:就地养老; 人际关系; 社区; 老年人; 老龄化; 地方; 人

1 引言

由于在不同的时空背景下人们对年龄的认知非常不同,所以难以明确定义什么是“老年”。现有定义大多很武断地将某一年龄段的人归类为“年老的人”,比如把达到退休年龄(大多数国家为65岁)的人定为“老年人”;相应地也就草率地把所谓“老年人”居住的空间称作养老之地。然而,这种分类方式,可能导致我们误解为一个人(特别是老年人)的绝对年龄决定了其固有价值 and 特征(Walker et al, 2013)。我们必须认识到,一个普适的关于老年的概念是不存在的,因为在不同的社会背景下老龄化、老年人的含义可能会有很大差异(Liang et al, 2012)。不同环境中的人们对于老龄化经历的感知千差万别,甚至同一个人在不同的时间段里对于变

老的体验也是不一样的,也就是说一个人对于老化的自我意识和体验取决于其所处的社会—空间环境(Pain et al, 2000)。正如老年学家和地理学家们广泛讨论的,老龄化的模式和过程在微观、中观及宏观尺度上影响到了社会的各个群体和各个方面,包括劳动力市场、家庭、大众文化和社会观念、国家以及建成环境(Laws, 1995; Pain et al, 2000; Liang et al, 2012; Vanderbeck, 2007)。

就地养老是按照年龄划分的老年人在时间和空间上的分布;是对年龄逐渐增长的老年人留在“原住地”(包含“社区”和“家庭”)养老这一行为的宽泛定义。作为学者常用的词汇和决策部门的理想政策,“就地养老”这一概念产生于老年人的生活照护发生了较大变化的背景下,并受到20世纪80年代引入主要工业国家的新自由主义思潮的很大影

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响。新自由主义包括了对一系列健康和社会服务(其中包括有关老年人的政策)有步骤地去制度化和责任下放(Joseph et al, 1996; Lawson, 2007; Wiles et al, 2003)。这些改革导致市场或者“准”市场在管理和提供老年人照料服务方面的作用得到加强(例如,政府基于市场竞争合同从国营和私人供应商手里购买这些服务),并使得一些新的照护空间和场所发展起来,同时一些过去的服务场所衰落或转行(Joseph et al, 2009)。在此背景下,老年人在步入高龄之后,更加倾向于就地养老而不是迁入专门机构(如养老院),就像 Means(2007)所描述的:“呆在原处(stay put)”,借助位于本地社区内、由社区当局提供的正式和非正式的健康和社会关怀服务实现养老(Gleeson et al, 2001)。

许多老年人也愿意留在自己的家庭和社区养老。他们认为影响其意愿选择的因素,不仅是对其身体上的健康和福利需求的满足,同样重要的是地方和人(Stafford, 2008)。对大多数人来说,购买房产是为了拥有一个温馨的“家”,正是家和社区所带来的归属感和人际关系使得人们愿意选择就地养老(Manzo, 2005)。一所房子,是与以有偿雇佣关系为基础形成的外部冰冷世界完全不同的温馨、私人的庇护所,通常人们谈到一所房子(即通常的由异性夫妻所组成的家庭)中人际关系的性质时,就是基于上述假设的(Dyck et al, 2005; Wiles, 2005a)。上述推论意味着,当老年人逐渐从外部的工作和社会活动中隐退、越来越局限在一座房子的范围内时,将住在自己家中,并由身边的配偶或孩子照顾(Nair, 2005; Pickard, 2015)。这个认知使很多的老年学和地理学者将“地方”简单地等同于“家”。

作为社会期望和经济目标的共同结果,就地养老意味着在工业化或后工业化国家中,大多数居住在社区里的老年人会一直住在长期以来居住的家中。这种现象还导致了对就地养老研究趋向于聚焦老年人居住的房子等问题。到目前为止,这方面研究包括了将家庭作为养老地点的制度化 and 医学化改造(Andrews et al, 2002; Dyck et al, 2005; Wiles, 2005a);家庭提供照护时对空间和时间(重新)安排的必要性(Milligan, 2003; Wiles 2003a; Bowlby, 2012);亲属和非亲属关系在家庭中该如何(重新)协调(Lapierre et al, 2013; Pickard, 2015; Wiles, 2003b);对公共和私人边界的侵犯(Parr, 2003);乡村与城市居民在照护体验和照护获取途径上的差异

性(Herron et al, 2013);老年人如何安排房屋维护事宜及其感受(Howden-Chapman et al, 1999; Rowles et al, 2005; Saville-Smith et al, 2008);以及对房屋有益或有害的因素(Walker et al, 2005)。

家庭在就地养老研究中的中心地位,已经成功地揭示出就地养老中的人与地方之间的递归关系。就地养老的体验来自多重空间尺度,如身体、居所、公共空间如社区。这些尺度可以用不同的方式进行定义。如 Peace 等(2006)提供了对“地方”两种不同的定义。第一个定义将“地方”理解为环境的一个方面而非概念本身,这里的环境是指“包含着个人的地方和空间”(Peace et al, 2006)。在这个描述中,“地方”有时被定义为赋予了个人和社会意义的空间。第二个定义在于“空间”和“地方”的区分,取决于它们是公共还是私人的。在不同场景下,由于情感、社会和自然环境的不同,一个给定的空间可能会被主观地认定为公共、私人(或个人)的地方。例如,私人性的家庭在有陌生人在场时就转变成了公共空间。其他人将“地方”定义为一个具有弹性的过程(Wiles, 2005b; Wiles et al, 2009),强调在不同的地理尺度上,人与“地方”的关联方式不是一成不变的,而是会发生伸缩变化。例如,当某人周围的实体空间很局促时,通过保持与远距离的朋友或家人更多的联系,他/她感觉的空间范围可能得到扩大(Wiles et al, 2009)。

人们对“地方”体验的可变性提醒我们注意,老年人对就地养老特别是居家养老的概念和体验也会发生变化;然而“家”这个词汇赋予人们太多想象(Williams, 2002),我们有时低估了家和独立生活的负面影响(Wiles, 2003a)。老龄化、健康和地方之间关系的复杂性远远超出政府政策和社会认知所及。然而,对“家”的过度关注导致人们忽视了地方对老年人健康状况影响的其他方面(Wight et al, 2010; Witten et al, 2003)。相关研究更关注就地养老中与“家”最近的地方,而忽略了那些距离更远一些的空间。但实际上,家以外的社区空间某种程度上具有概念上和经验上的“可变”特征:一幢房子到哪儿为止,邻人的房子从哪儿开始,应如何划分?在多大距离以外邻里关系对老年人就地养老体验不再产生影响?社区层面与家庭内的体验有何区别?把社区也作为就地养老的地方和社会空间来整体理解,将有助于我们更好地理解和支持就地养老(Wiles, Leibing et al, 2012; Wiles, Wild et al,

2012; Wild et al, 2013)。

本文在此基础上进一步提出,就地养老的体验离不开社会—空间的背景,对居住空间的研究不能仅局限于“家”,而应该更多关注住宅周围更广阔范围内的社会—空间环境,即通常所称的邻里/社区。从这个意义上说,邻里关系是“有实体边界和主观感知范围的空间”(Gardner, 2011)。例如,如果人们没有修建栅栏,那么房子、家和邻里之间就没有实体边界;这时,就仅存主观上的界限。同样地,邻里们很难接受超出国家规定的正式边界范围外的特定边界(这个边界通常与居民的看法无关)。因此,房屋、家和邻里之间边界的界定在各个方面上都是可变并且无形的(Peace et al, 2006)。对家庭和邻里的开放性解释在环境老年学得到公认,并且开始获得学者们广泛的关注(Lawton, 1985; Rowles, 1978; Wahl et al, 2003)。例如, Hillcoat-Nallétamby 等(2014)发现,就地养老的综合方法应由家庭和社区共同实施;还应从整体上考虑家—社区两者相互作用形成的心理—社会环境对老年人生活质量产生的影响。他们发现,老年人留在原居所或搬迁的决心,“可能更多地是由其对“人”,而不是对“地方”的依恋所决定的”(Hillcoat-Nallétamby et al, 2014)。

我们的观点是,就地养老的老年人的生活质量也许取决于地方通过各种方式维持与人的良好关系的能力。这对空间规划设计和供给具有重要的意义,不仅是为了支持老年人就地养老,更是为了社区这一整体。我们发现,大多数学者对就地养老的思考局限在与老年人居所地理位置上邻近的或具有实体边界的空间(如房子)。基于现有文献,下面将讨论就地养老背景下人际关系的种类及其重要性,并验证上述观点是否正确;以及对现有研究进行总结,进而对就地养老的未来研究方向提供一些建议,特别是在科技日益发达的当今社会,远程监护政策的引入也许可以从根本上改变老年人对就地养老中人与地方关系的体验。

2 就地养老中“人”与“地方”关系的再思考

人口结构趋向老龄化已经成为大多数发达国家的既定事实,尽管政府部门对老龄化问题的应对措施数量不少,但范围比较狭窄。政府对于老龄化关注的主题有两个,即老年人的健康(患病)和经济上的贡献(或负担)(Moulaert et al, 2013)。虽然老年

人身体的衰老不可避免,但由于过度强调老龄和健康不佳状态之间的关系,使得老龄化问题主要被当作了一个医学问题和医疗保健负担(Kearns et al, 2005)。因此在有关老龄化的官方话语中,充斥着“要用有限的资源来充分支撑巨大的社会和保健需求及其产生的相关费用”的假设(Biggs et al, 2013)。在此背景下,虽然社区或居家养老的理念值得称道,但这种地理上分散的照护模式下要实现标准统一的照护可能会非常昂贵(Andrews et al, 2002; Milligan, 2000)。所以如果没有充足的非正式或者志愿照护网络来协助提供社区照料,就地养老就不能达到政府所期望的节省成本的目标。

2.1 照护关系是探讨就地养老的核心

对身体老化的不断强调使照护理念和实践成为探讨老龄化体验研究的核心。不可否认的事实是,随着年龄的增长,人们对经常性和专业化的健康和社会保健的需求量会越来越多。这种增长并不仅与年龄有关,还源于一个普遍存在的事实:大家都依赖于别人的照顾,每个人一生中都是既受他人照顾也照顾他人。基于此,我们不提倡将独立性和依赖性、或照顾者和受照顾者绝对化;相反,建议加强对老龄化过程中相互依存关系的理解(Power, 2010; Wiles, 2011)。也许,一个可用于解释老年人之间的相互依存关系而不是照护供给关系的模式将更具建设性(Power, 2010; Atkinson et al, 2011)。

走向衰老的身体始终处于照护关系组成的网络中,而不是表征公共健康政策合理性和责任感的由一系列事件组成的线性链上(Evans et al, 2011)。大多数有关照护的地理学研究(尤其是有关老龄化)文献,都将“照护”视为一种“关心”的感觉,和“照顾”的相关行动(Conradson, 2003; England et al, 2011; Bowlby, 2012)。在最基本的水平上,照护分为精神上的安慰和身体上的照顾,两者缺一不可。照护关系经常被分为非正式(不付费)和正式的(付费)两类;而卫生服务和社会保健由位于不同地点的多种主体提供的特点,意味着照护者的多元性,既有正式、非正式之分,又有非属和非亲属的不同(Andrews et al, 2008; England et al, 2011)。由地理学家提出和频繁使用的术语“照护景观 (landscapes of care)”,正是用来描述网络化的、动态的照护关系的。Milligan等(2010)指出,照护景观通常是指由照护关系所产生的(有时是新的)空间性,这种空间性将照护细化到了组织层次,并且包含了诸如医院、家庭、济贫院、日托中心、收容所以及养老院等多种

照护设施。Barrett等(2012)认为,正式的卫生服务与社会保健的供给是就地养老的有利组成部分。当绝大部分学者都集中关注就地养老的经济维度时,Barrett等(2012)注意到,老年人的自我认同及社会关系不断变化,如何维持其社会连续性和包容性是成功就地养老的重点(Wiles, 2003 a)。

在情感维度上,照护者以及被照护对象之间更是超越了家的局限,在不同的时空尺度中得以扩展。这意味着人们可以跨越空间界限而维系多元和相互关联的“照护”关系(Pile, 2010)。例如,Milligan等(2010)认为,地理位置上的邻近不是“照护”所需的前提条件。如居住在海外的成年子女可以通过每天保持与父母联系,远程安排和监控正式照护人员的行为,来参与对老年父母的照护。Atkinson等(2011)指出,照护行为的影响超出个体范畴,其影响的不仅是情感和个人资源流,而且是经济流——从地方到全球范围内流动的人口、劳动力和资本。与老年人情感关怀相关的空间问题逐步引起了对地方和空间的重新审视,发现在就地养老的动态过程中,邻里关系是极为重要的部分。

将家庭视为养老的灵丹妙药或说照护的理想模式和地点的想法需要改变。人们认识到,其实每一个家庭都是有差异的,所以很难说就地养老必然具备哪些优势(Dyck et al, 2005; Blaschke et al, 2009)。只是因为长期居住在一个地方,并不一定能产生积极的情感纽带。老年人呆在家里的时间比年轻的家人更多,如果家居及周围环境有害健康,其所受的生理或心理伤害也会随着时间而加剧。即使对生活在有利环境的老年人来说,就地养老中引入的照护和支持服务也可能会打乱其固有生活方式并影响其主体性(Wiles, 2003a; Dyck et al, 2005; Barrett et al, 2012)。同样地,家庭也不应该被视为对老年人进行照护的所谓“新”地点,因为在家庭里各种照护是一直存在的。在家庭中已存在的照护关系在其形式和意义上存在差异:既有终生都要维持的长期关系,比如配偶之间或父母与子女之间的关系;也有即时的日常身体保健照护关系;以及人与非人类生命如宠物,或者无生命的物体如房屋等的关系(Twigg, 1999, 2000; Bowlby, 2012)。即使在家庭变成了照护地点之后,这些业已存在的关系也不会消失,而是在该家庭既有空间格局的基础上进行重新安排(Wiles, 2003a)。因此,照护是基于特定的关系和背景的,而且“这些照护关系的性质、程度以及形式都会受其所在地点的影响”。对地理

学家来说,照护不仅仅涉及人际关系,而且还有人与地方关系(Milligan et al, 2010)。因此,我们不可否认在老年人就地养老所形成的人与地方关系中,“地方”是一个重要组成部分。我们只是提倡关注重点的转移,强调对大多数选择就地养老的人来说,地方具有的支持当地人建立良好关系的能力更重要。

现行的政治实践决定了“只有当照护在家庭内部失效时,才会进入公共或市场领域”(Milligan, 2003; Wiles et al, 2003)。这种情况影响到了就地养老中受到学者关注的人际和照护关系。新自由主义的理性原则发展到使社区中的许多老年个体需要自我照顾或者自行寻找照护提供者——一般是非正式的、家人亲戚的照顾为主,正式的医疗和社会保健服务为辅(Keating et al, 2003)。Lawson(2007)反对这种做法,他主张在理想的个人实践和政治目标之间寻找一个合适的平衡点。

2.2 人际关系对健康养老的影响

随着就地养老研究范围由家庭逐渐扩展至整个社区,其他照护类型和照护关系——如非亲属的朋友和邻居的作用——开始进入人们的视野(Lapierre et al, 2013; Walker et al, 2007)。这开启了老龄化和地方关系研究的新议题,尤其是以下观点引起重视:即“人”的作用和照护关系中的连续性和情感维度是老年人选择就地养老的决定因素。对一些老人来说,与人的关系比与自然环境之间的关系重要得多。正如Lawton(1989)所说:“在最基本层面上,环境只有通过思想而存在”,这也是我们理解周围环境的起点。社区首先是一个被人感知的空间,包括基于个人感知的对社区社会—空间质量的客观评价和主观评判;然后才是一个实体空间(La Gory et al, 1985)。例如,基于个人对社区中邻居的主观感知和与自己的对比,有些老年人的幸福感和健康状况会受到一定影响。也就是说,当个体感到自己在社区中的社会或物质条件处在相对较低的位置时,其健康状况和幸福感会随之降低,在情绪和行为两方面受到影响(Ellaway et al, 2001)。可见,与实体空间相比,人的因素对就地养老的体验影响更大。

人与家里家外的地方都是有关联的。Wiles等(2012)通过研究一些晚年时曾搬离原居所之后又返回的老年调查对象,发现他们搬回到故居所寻求的并不是一所房子或是如同海滨一样宜人的好区位,而是能够重建当年的社交圈。这样的社交圈能够

满足他们在就地养老中的情感需求。Hillcoat-Nallétamby 等(2014)指出,与积极参与社会活动的人相比,那些与社交关系脱节的人更倾向于搬家。有充分证据表明,与家庭以外的人保持良好人际关系对就地养老的老人身心健康非常重要,特别是在克服社会孤立感和孤独感方面大有好处。英国的一项研究表明,社会孤立感和孤独感对身心的伤害程度比肥胖还大,对致死率的影响相当于每天吸15根香烟(Holt-Lunstad et al, 2012; Victor et al, 2012; Milligan, 2014)。当然,以上结果中并没有考虑融入社区所带来的情感和精神两方面的幸福感。例如,Wiles 等(2013)发现,老年人对他们所居住社区做出更多的贡献,而不是被动接受照护或总是依赖于他人。这种老年人从事的“照料地方”(care for place)工作,通常包括联系和关心同住在社区的人,及维护社区的自然环境。

该领域的研究工作证明,人际关系的质量(而不是数量)是培养老年人幸福感和缓解社会孤立感和孤独感的关键。例如,Barrett 等(2012)发现,“接受照护的老人更加关注的是照护关系中的人际交流,而并非照护本身的实用价值”。另外,Keating 等(2003)在研究个人社交能力对其获得所需照护支持的作用时,发现老年人社交圈子的数量和规模并不能决定其是否能获得满意的照护。一个人在其社交网络中,可能只与少部分社交对象的关系比较紧密(Keating et al, 2003)。据估计,老年人的社交网络中大约有1500个连接对象,但在美国和英国,分别只有20个或12~13个联接对象会为其照护有所帮助(Keating et al, 2003)。这项研究反映了老年人所希望的社交模式:一些老年人并不寻求过大的社交圈,实际上更倾向于保持相对少量而有意义的社会交往。

Wiles 等(2012)还发现,联系紧密、有意义的社交关系可以帮助减轻由周围环境带来的潜在负面情绪。这些发现让我们认识到就地养老的空间受居住在其中的人们所影响,并促使我们考虑如何有针对性地制订和实施就地养老的相关干预政策。例如,就地养老政策受到“婴儿潮”(即第二次世界大战后期,20世纪40年代-60年代初期生育率大幅度提高)时期出生的一代人主导,这些人中的一部分占有了大量的社会财富(Twigg, 2012),却俨然成了整代人的代表。然而据统计,2008年英国有180万65岁以上的老人生活在人均贫困线以下(Thane,

2012)。这说明并不是所有老年人都处在类似的生活环境中,他们的生活质量是由其社会—文化背景和经济地位所决定的。这反过来影响到就地养老的物质享受和情感体验。Means(2007)调查了英国的3个就地养老案例,包括无家可归的痴呆症患者,租住私人房屋的房客和拥有自己住宅的业主。调查发现,对于这些老年人来说,就地养老未必是合适的居住选择,而只是众多选项中的一个。Means(2007)的研究也指出,房屋所有权和经济保障本身并不足以使一所房屋成为就地养老的适宜环境。就算是拥有自己住宅的老人,要用自己的财产去满足不断变化的需求,可能仍会感受到社会情感和财务压力。同样地,Means(2007)也指出,就算是通常被视为非主流的居住安排,如老年人承租他人房屋,也能享受到就地养老诸多好处,如能建立地方依恋和社区关系的积极情感。

2.3 居住地点对健康养老的作用

人与地方动态关系的学术研究中,另一个对立的焦点是人所处的位置。值得注意的是,本文提及的大部分研究都是将老年人对社区的体验视为均质的。而真实的情况是,即使同住一个社区的人(不管老年人或其他人),仍可能完全处于不同的“环境世界”和“生活世界”(La Gory et al, 1985)。换言之,空间上非常邻近的人们可能具有不同的生活与地方体验、经历、社会地位和心理—社会态度。对社区的感受取决于个体的经验因素如所具有社交关系的类型和数量,而不同生活世界的人与社区互动方式和获得的体验都是不同的(La Gory et al, 1985)。同时,社区也会随着时间推移而发生改变,因为社区和居民的关系是一个相互影响和不断重塑的过程。尽管社区中有些元素是保持不变的,比如街道名称、地理位置或者地形特征(如山脉或河流),但除此之外几乎所有其他元素都处于动态变化之中。社区中住户有的搬进有的搬出,景观、服务和便利设施也不断变化,这些变化往往会弱化而不是增强地方依恋。

那么,我们应如何从概念和经验上来区分就地养老中发生的,由空间所产生的情感影响到底是源于环境中的人还是地方呢? 尽管社区作为一种社会空间对于就地养老者具有显著意义,社区中的“人”能够很大程度上影响其体验或提供积极支持,但并没有直接证据表明,居住环境的物质条件对就地养老的体验不重要。也不是说那些确实非常在

意地方中的物质方面的人,就会忽略社区中的社会关系。有一项被广泛认可的研究在社区尺度上调查了地方对健康的影响。社区环境可能因设计合理、有利于社区内个体的体育锻炼和社交活动,从而对居民健康和幸福感产生正面影响(Pikora et al, 2003);也可能因为噪音和空气污染而产生负面影响(Abbott, 2009; Moser, 2009);社区居民的社会—经济地位(SES)也会影响健康状况(Stevenson et al, 2009)。当然,通过发展和维护良性的社交关系,可以使社区充满积极友好的氛围(Young et al, 2004)。一个理想的社区可通过紧密、丰富的社会关系,为居民带来归属感和舒适感,同时提供物质上的便利,如交通方便的商业服务和康乐设施,这些都将对居民的身体健康和幸福感体验产生积极影响(Sampson, 2003)。越来越多的研究关注康复景观(therapeutic landscapes),认识到自然条件对身心健康的恢复作用,认为地方的力量在培养人们幸福感中所起的作用远大于社会关系(Kearns et al, 2014)。

2.4 对就地养老的新认识

Cutchin(2003)在评论就地养老的效用时,曾强调其更多的是“代表一种政策理想”,而不是对“老年人与地方互动的复杂过程”科学、严谨的探索,这和我们的观点非常类似。本文试图质疑就地养老的概念,以鼓励老年学家和地理学者以新的视角去分析20多年前就已出现的养老问题,重新考虑就地养老体验中的人与地方关系,特别是考虑到“人”和“地”都无时不在发生变化。尽管该目标无论从实践还是概念上都是一个挑战,因为我们试图理解的社会—空间过程是无形的;但是若想更好地理解养老体验的不同组成部分如何共同促进健康、成功的就地养老,这却是一项必须的工作。

现在还有很多新的学术研究方向不断兴起,例如,由借助技术手段的远程监护及由此形成的社会关系。正如Crang等(1999)曾说,技术可以帮助建立“远处和近处、在场和不在场、人和技术、自我和环境之间新的联系”。技术为照护关系添加了一个维度,使得照护工作不仅与人和地方有关,还有技术设备的参与(Oudshoorn, 2012)。过去对老年人的照护只能通过陪伴和共处一室才能进行,技术的出现改变了这一固有传统,这也暗示着老年人养老的外在环境和社会、情感体验都会有所改变(Bowlby, 2012; Herron et al, 2013)。远程照护(telecare)作为一种通过信息和通信技术(ICTs)提供的社会保障服

务(有别于保健服务),正在被引入下一代的社会保障体系和就地养老的政策之中。远程照护预示着老年人的照护观念将从照护地理学逐渐向“科技照护地理学(technogeography)”范畴转移,并以与就地养老同样的方式、从社会和物质两方面重塑老年人的养老模式(Oudshoorn, 2012; Roberts et al, 2012)。

3 结论

本文试图证明就地养老的过程中人与其居住地之间存在错综复杂的交互关系。这个观点并不奇怪,因为受身份和经历的影响,每个老年人的体验各不相同。然而,就地养老中人与地方的关系不断发生着动态变化,以至于迄今关于什么是就地养老的关键决定因素(尽管许多国家的就地养老政策已经持续存在20多年),人们尚未找到满意的答案。究其原因,我们认为这是由于将注意力过于局限在“地方”上,即在地理上与老年人邻近或存在实体边界的空间(如房子)。然而,我们通过对近期文献的综述发现,聚焦于家庭之外更广阔范围的很多研究都证明,正是地方在维持良好关系方面发挥的作用,才是就地养老成功实施的关键。

综上所述,就地养老要采取一种确保老年人拥有高质量生活和健康养老条件的机制,不仅要保障住房条件和照护供给,还要在社区层面提供支持。社区不单是一个自然环境,而是人们之间建立跨越不同时间和空间范围的情感纽带的社会空间。每个老年个体与人和地方间之形成的关系并不是同质的。老年人与“人”和“地方”建立了多元的网络化的社会和非社会关系,这些关系跨越了复杂的、非线性的时空尺度,包括与家人、朋友、邻居、正式和非正式照护人员之间的互惠关系。地方弹性在不同地理尺度上的伸缩性,逐渐使得照护关系可以远程或通过数字媒体技术来实现。同时,需要注意就地养老体验不是均质的。例如,那些社交网络较小、无家可归或承租私人房屋的老人其养老体验与其他群体是不同的。换句话说,物质条件是老年人成功实现就地养老的一个虽不充分但必要的条件。事实上,随着新的通信技术和远程照护方式的出现,老年人通过空间上大大扩展了的扩理关系和居住地本身的物质资源条件所获得的地方感,正在逐渐塑造当代养老体验。

参考文献:见英文稿。

Rethinking ageing in place: the ‘people’ and ‘place’ nexus

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Abstract: ‘Ageing in place’ is a well-established concept within gerontological and geographical literatures as well as continuing to be mobilised as a potentially effective policy mechanism for addressing the needs and choices of ageing populations. To date, ageing in place research has highlighted many factors that enable older adults to age well in the (home) place focusing on the physical dimensions of housing or the home as a site of care. Gerontological researchers also recognise that ageing in place, or community living, implies a two-way relationship between the physical contexts and the social and emotional places of ageing. However we argue for a subtle, yet crucial, inversion of the roles of people and place in the experiences of ageing. In particular we suggest that what makes ageing in place successful is the potential of place to support meaningful relationships. We suggest that too often the word ‘place’ constrains focus to those spaces that are geographically proximate to the ageing body or are physically bounded such as the house or neighbourhood. Instead, drawing on a review of current literature, we explore the idea that what is of greater consequence to many people who are ageing in place is the multiple, networked social and non-social relations they develop across different spatial scales and over time. This revised approach to ageing in place allows us to understand better older adults’ layered connectivity to place and well as the ability to differentiate the meaning of ageing in place by the scale and types of relationships.

Key words: ageing in place; relationships; neighbourhood; older adults; ageing; place; people

1 Introduction

Defining ‘old age’ is problematic given the many different ways people experience ageing across space and time, with most definitions vary arbitrary designations to those being categorised as ‘old’. One often-used mechanism for defining people as ‘aged’ or ‘older’ is the idea of a retirement age, which for many nations is 65 years old. These socially inscribed processes for defining old age also serve to determine the social and physical spaces that older adults occupy. However, this fosters a hidden risk of categorical thinking. It traps us into believing that numerical age, specifically older age, conveys something of the intrinsic value and character of a person(Walker et al, 2013). It is crucial to recognise one-size-fits-all concepts of ageing are unhelpful, because the context in which aging occurs matters(Liang et al, 2012). Ageing is experienced differently in different contexts and even for the same person over time, one’s sense

of self and experiences of ageing can vary depending on the socio-spatial context(Pain et al, 2000). As has been extensively debated by gerontologists and geographers these patterns and processes occur at the micro, meso and macro scales affecting all social groups in society including the labour market, the household, popular culture and societal attitudes, the state and the built environment(Laws, 1995; Pain et al, 2000; Liang et al, 2012; Vanderbeck, 2007).

Ageing in place is one example of these temporal and spatial distributions of chronologically aged bodies; a loosely defined concept that older people remain ‘in place’ as they age, with interpretations of ‘in place’ spanning from ‘community’ to ‘home’. Ageing in place, as employed by academic researchers and as a policy ideal, arose from a change in the living arrangements of older adults which was heavily influenced by the introduction of neo-liberal politics from the 1980s in primarily industrialised nations. Neo-liberalism saw the systematic deinstitution-

alisation and devolution of responsibility across a range of health and social care services including those for older adults (Joseph et al, 1996; Lawson, 2007; Wiles et al, 2003). These reforms led to increasing use of market, and in some places ‘quasi’ market approaches (i.e. the purchasing by governments of both state and private suppliers of services, based on competitive contracts), for managing and providing care and also saw new spaces and places of care come in to being as well as the abandonment and ‘recycling’ of former care places (Joseph et al, 2009). Instead of shifting to institutions such as rest homes in advanced age, older adults are more likely to remain in place, or as Means (2007) terms it, to ‘stay put’ and use health and social care located in and administered by the community, by means of both formal and informal caregiving (Gleeson et al, 2001).

Many older adults themselves also express a clear preference to remain in their homes and communities; when older adults’ talk about what matters to them they speak not just of a need to manage their physical health and wellbeing but of the significance of place and people (Stafford, 2008). The importance of locality and relationships as drivers to ageing in place is connected to the fact that for many, buying a house is a social aspiration associated with idealised notions of ‘home’ (Manzo, 2005). Inferences are commonly drawn about the nature of the relationships that will take place within the house, namely that of heteronormative familial relations which carry with them assumptions that the house is a feminine, private domain sheltered from the masculine sphere of paid employment (Dyck et al, 2005; Wiles, 2005a). There is the connotation that older adults, who according to some occupy diminishing social and physical worlds and are increasingly confined to the physical house, will live in their own home and have a spouse or child who resides close by with the ability and willingness to provide care (Nair, 2005; Pickard, 2015). This recognition has caused many gerontological and geographical researchers to make the overly simple equation of ‘place’ with ‘home’.

As a result of both social desires and economic goals, ageing in place has thus come to mean that most community-dwelling older adults in industri-

alised or post-industrial nations continue to reside in what are often their long-term homes. This situation has also resulted in a tendency for research on ageing in place to coalesce around issues associated with the physical house. Inquiry to date includes the institutionalisation and medicalisation of the home as a site of care (Andrews et al, 2002; Dyck et al, 2005; Wiles, 2005a); the obligatory spatial and temporal (re)arrangements of homes for providing care (Milligan, 2003; Wiles 2003a; Bowlby, 2012); how familial and non-kin relationships are (re)negotiated in the home (Lapierre et al, 2013; Pickard, 2015; Wiles, 2003b); the transgression of public and private boundaries (Parr, 2003); differential experiences of, and access to, care in rural as compared to urban environment (Herron et al, 2013); how older people experience and manage home maintenance (Howden-Chapman et al, 1999; Rowles et al, 2005; Saville-Smith et al, 2008); and the healthful or health damaging elements of housing (Walker et al, 2005).

The centrality of the home in ageing in place research has successfully and perhaps unsurprisingly revealed that there is a recursive relationship between person and place. Ageing in place is experienced across a multitude of sites such as ageing in the body, the house and in public or community spaces. These scales can be conceptualised in a number of ways. Peace et al (2006) offer two competing definitions of place. The first perceives place to be an aspect of environment, rather than a concept in its own right, whereby environment is taken “to mean both the place and space that encompass the person” (Peace et al, 2006). In this description, place is sometimes defined as being space invested with personal and social meaning. The second distinguishes between space and place depending on whether they are public, private or personal. At different times and due to different emotional, social or physical contexts, a given space will subjectively be transformed into a public, private or personal place. For instance, the private home becomes a public place in the presence of strangers. Others conceptualise place as a process (Wiles, 2005b; Wiles et al, 2009) and highlight the elasticity of place, or the ways different connections to place change and stretch or constrict across differ-

ent geographic scales, rather than being fixed, and may even simultaneously contract and broaden. For example as someone's physical use of space becomes restricted they may simultaneously have a broadened perspective through greater connection to friends or family far away(Wiles et al, 2009).

The variability in experiences of place reminds us to be aware that ageing in place, especially receiving home-based care, is not a stable construct or experience yet home is a powerful term that captures our imaginations(Williams, 2002), with the negative effects of home and independent living sometimes being underestimated(Wiles, 2003a). The relationship between ageing, health and place is much more complex than government policies or societal perceptions permit. However, the heightened level of attention on the home conceals broader considerations about the impact of place on health outcomes for older adults (Wight et al, 2010; Witten et al, 2003). The dominating motif of the home has also seen research on the geographies of care in relation to older adults evolve such that geographically distant spaces of ageing in place have been overlooked in favour of those which are proximate. Places such as the neighbourhood which extend beyond the physical house are characterised by conceptual and empirical fluidity to a degree; where does a house end and a neighbourhood begin? Where do neighbourhoods cease to affect the experience of ageing in place for older adults? How are neighbourhood-level experiences understood as distinct from those of the home? A more holistic understanding of neighbourhoods as places and social spaces of ageing would mean we are able to better understand and support ageing in place(Wiles, Leibing et al, 2012; Wiles, Wild et al, 2012; Wild et al, 2013).

In this paper we build further on this position that no human experience occurs within a socio-spatial vacuum and residential spaces are not discrete entities; rather they exist within a broader socio-spatial context, most commonly suburban neighbourhoods. Neighbourhoods in this sense are “physically and subjectively bordered spaces”(Gardner, 2011). For instance, when people do not have a fence there is no physical boundary between house, home and neighbourhood; it is a boundary in the mind only. Likewise

it is often difficult for neighbours to agree on the specific borders that define their neighbourhood outside of the formal boundaries defined by the state (which often bear little connection to the perception of inhabitants). Boundaries and borders between the physical house, home and the neighbourhood are thus in many ways arbitrary and intangible(Peace et al, 2006). These open interpretations of home and neighbourhood are acknowledged in environmental gerontology (Lawton, 1985; Rowles, 1978; Wahl et al, 2003) and are beginning to capture the wider attention of academics. For example Hillcoat-Nallétamby et al(2014) believe that an integrative approach to ageing in place should be adopted whereby housing and neighbourhoods, and the psycho-social milieu that arises as a result from interaction between the two, should not be considered independently of one another or their influence on older adults' quality of life. Evidencing this claim, they found the decision to remain in place or move in later life “may be shaped more by a desire to ‘attach’ to people, than to remain in situ through preference for preserving any ‘attachment to place’”(Hillcoat-Nallétamby et al, 2014).

We explore the contention that the quality of life of those ageing in place may be determined by the ways that place, in all its complexity, is able to support meaningful relationships. This has important implications for spatial planning and design and service provision, not just for older adults and as a means to support ageing in place, but for communities as a whole. We contend that many academics have too narrowly confined their thinking on ageing in place to those spaces that are geographically proximate to the ageing body or physically bounded such as the house. The next section will draw upon the existing literature to discuss what we already know of the types and significance of inter-personal relationships in the context of ageing in place to determine the validity of this claim. We will then offer some concluding thoughts and suggested future directions of ageing in place research, particularly as an increasingly technologically mediated world and the introduction of telecare policies might fundamentally reformulate the types of people-place interactions older people who remain ‘in place’ experience.

2 Ageing in Place: (Re)Considering The ‘People’ and ‘Place’ Nexus.

The demographic transition to an ageing population is a reality for most developed nations but while formal and political responses to ageing have been prolific in nature, they have traditionally been narrow in scope. Official discourses on ageing are often stratified by the two strongly recurrent themes of the (ill) health and the economic contribution (or burden), of older adults (Moulaert et al, 2013). Whilst there is an inescapable physicality to ageing, the correlation between ageing and ill-health has been over emphasised, acting to construct older adults as a medical problem and healthcare burden (Kearns et al, 2005). The implication of this situation has been that in ageing-related political discourse, assumptions have been made regarding the volume of social and health care requirements and the associated costs of providing it, with finite resources to adequately do so (Biggs et al, 2013). As a result although the philosophy of community or home-based care is commendable, consistent standards of care can be expensive to achieve across geographically dispersed models of care (Andrews et al, 2002; Milligan, 2000). Consequently, the concern arises that, without adequate informal or voluntary care networks to assist with community caregiving, ageing in place does not provide the cost efficiencies governments have been attempting to achieve.

2.1 Nursing relationship is the core of ageing in place

The sustained emphasis on the physicality of ageing highlights that notions of care and care practices are central to debates on and experiences of ageing. There exists the irreducible fact that adults may require more frequent and specialised health and social care provision as they age. This increase is not caused by ageing necessarily; rather it is a universally human reality that we are all reliant on receiving care, and are entangled in networks of reciprocal care provision throughout our lives. It is on this basis that we advocate a move away from notions of a straightforward dichotomy between independence and dependence, or of a carer – cared-for dyad. Instead we pro-

pose working towards understanding the different interdependencies associated with ageing (Power, 2010; Wiles, 2011). Perhaps a more constructive frame through which to interpret the purpose of caregiving relationships in older age might be a shift to supported interdependence (Power, 2010; Atkinson et al, 2011).

The ageing body is constantly entangled in a web of caring relations, not the linear chain of events on which the rationalities and responsibilities of public health policies tend to rely (Evans et al, 2011). Much of the geographies of care literature, specifically those in relation to ageing, sees ‘care’ as signifying a feeling or intent (caring about) and an associated set of actions (caring for) (Conradson, 2003; England et al, 2011; Bowlby, 2012). At the most basic level, care precipitates emotional states and physical actions, each interdependent on the other. These caregiving relationships are often typified as pertaining to either informal (unpaid) care or formal (paid) care, and the multi-sited, multi-agency nature of health and social care means that it is usually provided by a hierarchy of carers being shared amongst formal and informal, familial and non-kin, care workers (Andrews et al, 2008; England et al, 2011). The term ‘landscapes of care’ has arisen from, and is frequently employed by geographers, to encapsulate these networked dynamics of care. Milligan et al (2010) articulate landscapes of care more generally to be the (sometimes new) spatialities that arise from relationships of care, which traverse the body to the organisational level and include for instance care settings such as hospitals, homes, hospices, daycare centres, homeless shelters and retirement villages. For Barrett, Hale et al (2012) the provision of formal health and social care is an enabling element of ageing in place. Where the majority of academic literature seeks to focus on the economics of ageing in place, Barrett et al (2012) see the maintenance of older adults’ changing self-identities and social relationships for the purposes of social continuity and inclusion as what most need to be supported in order to age in place well (Wiles, 2003a).

The emotional dimensions of caring, and being cared for, spread beyond the confines of the home

and stretch across spatially and temporally dislocated scales. This breadth of care practices means that people are continually entangled within multiple, interconnected ‘caring’ relationships across space(Pile, 2010). For example, Milligan et al(2010) argue that physical proximity is not a prerequisite for care to happen and offer the example of adult children who live overseas from their ageing parent(s) but maintain daily contact and are involved in arranging, and monitoring, formal caregiving from afar. Atkinson et al (2011) also conceptualise care as having a greater impact beyond individuals themselves through their ability to influence not only emotions and personal resource flows but also as an economic resource which flows from the local to the global level affecting the movement of people, labour and capital. The spatialities associated with the emotional work of care for older adults has cumulatively led to a re-examining of the spaces and places where care locates itself in the dynamics of ageing in place with ‘the neighbourhood’ being a significant setting.

The need to move away from seeing the home as a panacea or idealised model and place for care to occur has led to an understanding that every home is different, making it difficult to generalise about the specific outcomes of ageing in place(Dyck et al, 2005; Blaschke et al, 2009). Simply residing in a location for a sustained period of time does not ensure positive affective bonds form. As older adults spend a greater proportion of time in the home compared to their younger counterparts, for those residing in health damaging environments, the physical or psychologically damaging effects of place may be compounded over time. Even for those for whom the home is an enabling and positive environment, the introduction of care and support services to support ageing in place can be disruptive to established meanings and routines and the embodied subjectivity of the care recipient(Wiles, 2003a; Dyck et al, 2005; Barrett et al, 2012). Nor should homes be generalised as ‘new’ sites of care for older people since numerous care(ing) relations are perpetually being lived out in homes. Pre-existing care(ing) relations that take place in the home vary in their form and significance: from those that have been sustained throughout life, such

as marital or parental relations; to the immediate temporalities of daily bodily rhythms and self-care; as well as with non-humans such as pets or inanimate objects such as the house itself(Twigg, 1999, 2000; Bowlby, 2012). Even once the home is (re)ordered into a site of care, these pre-existing care relations do not cease to exist. Rather, they are rearranged in much the same way that the physical spaces of the home are(Wiles, 2003a). Thus care is relational and contextual, and “the nature, extent and form of these [care] relationships are affected by where they take place. For geographers, then, care involves not just interpersonal relations but also people-place relationships”(Milligan et al, 2010). Therefore we are not rejecting the notion that ‘place’ is a critical component of the people-place nexus that arises as older adults ‘stay put’. We are simply advocating for a shift in emphasis whereby what is of greater consequence to many people who are ageing in place is the ability of place to support meaningful relationships.

The current politics of practice dictate that it “is only when care within domestic space breaks down that it enters the public or market sphere”(Milligan, 2003; Wiles et al, 2003). This situation has influenced the types of interpersonal and trans-human care relations of those ageing in place that have come to the attention of researchers. The rationalities of neo-liberalism have evolved such that many community dwelling individuals must care for themselves or seek their own care-giving resources and support as required with informal, familial based modes of assistance the primary means of caregiving and with supplementation by formal health and social care services (Keating et al, 2003). Lawson(2007) cautions against this approach and advocates that an appropriate equilibrium between the ideals of care as personalised practice and as politics must be reached.

2.2 The effect of interpersonal relationships on health care of the elderly

As the scope of ageing in place research has begun to move slowly outwards beyond the borders of the home to neighbourhoods, other types of caregiving and caring relationships have begun to be considered such as the role of non-kin ties or friends and neighbours(Lapierre et al, 2013; Walker et al, 2007).

This work has facilitated new openings in the ageing and place research agenda, particularly the idea that the role of people and the continuity and emotional dimensions of these relationships are what sustain people's desire and decision to age in place. For some these relationships might be stronger than that with the physical environment. As stated by Lawton(1989) "at the most basic level environment exists only through the mind" and this is where our experience of environment begins. Before neighbourhoods manifest themselves as physical places they begin as conceptual spaces, with experiences of neighbourhood equally contingent upon both the perceived objective socio-spatial qualities of the neighbourhood as well as the subjectivities of the individual making the assessment(La Gory et al, 1985). For example, based on a person's subjective perception of who lives in their neighbourhood, their wellbeing and health can be influenced by how they perceive themselves relative to their neighbours. Individual health and wellbeing can be diminished when people feel they are socially or materially disadvantaged compared to their neighbours, which can manifest in emotions and behaviours that affect the socio-biological composition of the body(Ellaway et al, 2001). It is people who play an especially instrumental role in experiences of ageing in place, as compared with physical spaces.

People are the connective tissue of place, both within the home and beyond. Wiles, Leibing et al (2012) report among their participants those seniors who had moved in later life but since returned to their original communities sought, not a physical house or a desirable physical location such as the beach, but a re-establishment of connections with social communities. These relationships also facilitated the emotional resilience required for ageing in place. Hillcoat-Nallétamby et al(2014) found those who were disengaged from social activities had a greater propensity to move houses, than their socially more active counterparts. There is also clear evidence reinforcing the idea that meaningful relationships with people beyond the home are central to emotional and physical wellbeing for those ageing in place, particularly in the area of social isolation and loneliness. Research conducted in the United Kingdom (UK) found that

experiencing social isolation or loneliness was more health damaging than obesity and the effect was equivalent to smoking 15 cigarettes per day on rates of mortality(Holt-Lunstad et al, 2012; Victor et al, 2012; Milligan, 2014). This claim, of course, does not take into account the significant impacts on emotional and mental wellbeing of being connected. For example Wiles et al(2013) found that older people make significant contributions to the places in which they live (rather than always being passive recipients of care or dependent on others). The types of 'care for place' work these older adults engaged in were often concerned with connecting and caring for people in their community, as well as the physical environment.

Work in this domain also attests to the fact that it is quality of interpersonal connections, not quantity, which is crucial for older adults in nurturing emotional wellbeing and alleviating feelings of social isolation or loneliness. Barrett et al(2012) found, for instance, that "receivers of care were less concerned with the performance of the practical, physical care tasks than with the personal connection implicit in the care relationship". Relatedly, Keating et al(2003) have researched the capacity of personal social networks to evolve into support networks and found that the number of "tie ins" and size of, an older person's social network is not necessarily a predictor of the capacity to 'care'. Within a person's social network there will be a potentially very small personal network of people whose ties to the individual are closer than others(Keating et al, 2003). They estimate that an older person's social network may comprise as many as 1,500 connections; but that in the United States and the UK people will have only 20 or 12-13 personal ties respectively in their personal network, which more accurately predict caring capacity(Keating et al, 2003). We suggest this trend also reflects the types of networks that older people desire; some older adults do not seek large social networks and actually prefer (and perhaps always have) relatively small numbers of meaningful social contacts.

Wiles, Leibing et al(2012) also found that good quality and meaningful social relationships acted in part to alleviate potential negative emotions associat-

ed with the physical environment. This finding gives weight to the idea that the spaces of ageing in place are influenced by the people that populate them and prompts us to think about how ageing in place policy interventions should be targeted and implemented. For instance, ageing in place policies are dominated by the idea of the 'baby boomer' generation (those born in a post-World War II period of increased fertility rates spanning the 1940s to the early 1960s), a select subset of older adults which has come to dominate a significant proportion of capital and resources in society (Twigg, 2012), but who have become representative of the generation as a whole. However, in the UK as of 2008, 1.8 million people aged over 65 years of age lived below the commonly accepted poverty line (Thane, 2012). This situation exemplifies that not all ageing bodies are the same and that ageing bodies are produced qualitatively and quantitatively differently depending on their socio-cultural and economic position. This then, in turn, affects the material opportunities for, and experiences of, ageing in place. Means (2007) explored three UK case studies of ageing in place; those older adults with dementia who are homeless, privately rent, or are owner occupiers. For the people included in these case studies, ageing in place was not necessarily an appropriate housing option and should only be one of many options available to older adults. Means (2007) also emphasised that home ownership and financial security per se does not make a house an adequate living environment in which to age in place. Even those older adults who own a house may still experience social and emotional stress in adapting their property to fit their changing needs, as well as financial barriers. Similarly, Means (2007) found that living arrangements generally perceived as being non-mainstream, such as being a private renter in older age, did not exclude older adults from many of the benefits associated with ageing in place such as developing positive feelings of place attachment and community ties.

2.3 The effect of living place on health care of the elderly

Another central antagonism of the person-place dynamic in scholarly research is where people are located. It is important to remember that much of the research discussed here presents older people's experi-

ences of their neighbourhoods as homogenous. In reality, every person old or otherwise, even if they reside in the same neighbourhood, occupies a different 'environmental world' or 'life world' (La Gory et al, 1985). That is, people may be in close spatial proximity to one another but have different life and place experiences, histories, social positions, and psycho-social attitudes. As neighbourhoods are also dependent on experiential elements such as the type and number of community ties an individual has, people with different life worlds will choose to interact with and experience their neighbourhood differently (La Gory et al, 1985). Conversely, the neighbourhood can change over time as the relationship between neighbourhood and resident can be thought of as reciprocal and mutually constitutive, with the physical and social attributes of people and neighbourhoods actively shaped by one another. Whilst some aspects of a neighbourhood usually remain constant such as street names, locations, or topographic features such as mountains or rivers, almost all other features of a neighbourhood are dynamic and unstable living constructs. Different people may move in, others will leave the neighbourhood, the aesthetics, the services and amenities available are also variable and such changes may result in a weakening, rather than strengthening, of place attachment.

So how are we able to conceptually and empirically differentiate between the emotio-spatial outcomes as determined by person(s) and by place(s)? Despite the evident significance of the neighbourhood as a social space and the influence of people in mediating experiences of, and supporting, those ageing in place, there is no automatic conclusion that the physical places of ageing are inconsequential. Nor is this to say that, for those who do have a deep connection to a physical place, this cannot be in tandem with social relationships. Rather there is a well-established argument for the role of place which investigates the health attributes at the neighbourhood level. The local environment impacts health and wellbeing through the ways in which it can be physically designed to enhance physical activity and social interaction (Pikora et al, 2003); the physical attributes of a neighbourhood such as noise and air pollution affect

health and well-being (Abbott, 2009; Moser, 2009); the socio-economic status (SES) of a neighbourhood's residents can affect health (Stevenson et al, 2009); and of course through the development and maintenance of social relationships the neighbourhood becomes a socially and emotionally supportive arena (Young et al, 2004). These strong social relationships can provide people with a sense of support and comfort as well as providing material assistance such as transport to services and amenities, resulting in a positive impact on an individual's physical health and general wellbeing (Sampson, 2003). There is also a developing literature evolving from the concept of therapeutic landscapes which considers the restorative elements of 'natural' settings and recognises the agency of places in fostering wellbeing above and beyond over-riding social relations (Kearns et al, 2014).

2.4 The new understanding of ageing in place

Our view is most aligned with Cutchin (2003) who, remarking on the utility of the concept of ageing in place, argues that it most frequently "denotes a policy ideal" rather than representing an intellectually rigorous exploration of the "complex process of interaction between older adult and place". In this paper we seek to de-stabilise the notion of ageing in place so as to encourage gerontologists and geographers alike to freshly look at questions which arose more than 20 years ago, and to rethink the nexus between person and place in experiences of ageing in place, particularly given the dynamism of both people and place. Although this goal is empirically and conceptually challenging due to the intangibility of the socio-spatial processes we seek to understand, it is important work if we as academics are to be more attuned to how the constituent parts of the ageing experience converge to facilitate positive experiences of ageing in place.

There are further new critical openings for research emerging such as technology-mediated telecare and social relationships. As stated by Crang, Crang and May (1999), technology can be seen to produce "new articulations of near and far, present and absent, body and technology, self and environment". Technology adds yet another dimension to care relationships necessitating the redistribution of care work

among not only people and place but technological devices too (Oudshoorn, 2012). Where care traditionally relies on bodily proximity and co-presence to be effectual, technology challenges these assertions, which has implications for the physical contexts and the social and emotional places of ageing (Bowlby, 2012; Herron et al, 2013). Telecare, the provision of social care services (as differentiated from health care services) via information and communication technologies (ICTs), is being introduced as the next generation of social care and as an extension of ageing in place policies. Telecare signals a shift in care ideology away from the geographies of care towards the 'technogeography of care' reconstituting the social and physical realities of ageing for older adults in much the same way ageing in place has (Oudshoorn, 2012; Roberts et al, 2012).

3 Conclusion

Our paper has sought to demonstrate that there is a complex interaction between people and place involved in the process of ageing in place. This contention maybe unsurprising as the experience of ageing is not uniform: older people remain social persons affected by intersecting identities and experiences. However, the dynamism of people and place is such that the questions of what enables people to age well in place (despite over two decades of ageing in place policies in many countries), are yet to be fully satisfied. We attribute this gap to an overly restrictive focus on 'place' as those spaces that are geographically proximate to the ageing body or physically bounded, such as the house. However, we argue that our review of the current literature demonstrates how a broadened focus on places beyond the home shows how what makes ageing successful is the role of place in supporting meaningful relationships.

This demonstrates a need to ensure that ageing in place is but one mechanism deployed to ensure that older adults have a good quality of life and are given the opportunity to age well with initiatives to support 'ageing in place' including interventions not just in housing and care provision, but also at the level of neighbourhoods. Neighbourhoods, more than be-

ing physical environments, are social spaces with which people form affective bonds, bonds that stretch over time and place. The relationships with people and place that older adults form are not uniform or homogenous. Older adults form multiple, networked social and non-social relations with people and place across numerous, non-linear spatial and temporal scales. This process includes reciprocal relationships with family, friends, neighbours, formal and informal carers; with the elasticity of place stretching or constricting across different geographic scales such that increasingly these relationships are conducted at distance or via digital media. At the same time, we caution against homogenising experiences of ageing in place. For example, those who desire smaller social networks or who are homeless or private renters will experience ageing in place distinctively. In other words, we conclude that the material dimensions of place are a necessary but not sufficient ingredient for successful ageing in place. Indeed, as new technologies for communication and the delivery of care emerge, it is the experience of place as a stretched out set of relations as well as a localised assemblage of material resources that increasingly shape contemporary ageing experience.

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