

# Neighborly Support Among Older Adults in Dutch Social Housing: Who Receives Help?

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## Abstract

Dutch housing associations are dealing with a growing number of aging tenants who have to live independently at home for longer. This requires a residential environment that meets the (social) needs of older adults and strengthens the ties between neighbors. The expectation is that in a socio-spatial environment that facilitates encounters between residents, people will look out for each other more. This article focuses on the question of which seniors in the social housing sector regularly receive help from their fellow residents and which seniors do not. To answer this question, we distinguish four groups of older tenants based on their perceived health and their participation in the residential community. Based on survey data from 2,707 tenants (65+) of the housing association Woonzorg Nederland, we compared these groups according to the help they received from fellow residents. The findings clearly show that residents who are socially embedded in their living environment receive neighborly assistance more often than residents who are not, regardless of their perceived health. Having regular contact with fellow residents therefore appears to be an important condition for receiving neighborly support.

**Keywords:** Neighborly support; Older adults; Social housing

## Introduction

Due to the aging population and a changing housing policy, more older adults are aging in place. This requires a living environment that facilitates this development, which not only requires a suitable home but also a suitable living environment. In the Netherlands, housing associations, together with their partners, are responsible for the housing of independently living older adults within the social rental sector. Therefore, they are increasingly focusing their housing policy on creating livable and cohesive residential communities [1]. It is expected that in residential buildings and neighborhoods where contacts between residents are encouraged, residents will be more likely to look out for each other and even help each other if desired [2,3]. An important question for housing associations is to what extent contacts in the living environment are important for how much neighbors support each other. Do people who participate more in their living environment also receive more help from their neighbors? And a related question: are the less vital residents the ones who benefit most from neighborly support, or do we see this group is overlooked? In other words: Who are the older adults who regularly receive support from fellow residents in the social rental sector?

## Methodology

This exploratory study was conducted as part of a collaborative research project between the HAN University of Applied Sciences, Eindhoven University of Technology and housing association Woonzorg Nederland. This project examines the possible added value of clustered housing for the well-being of older adults. In the summer of 2022, research agency MAGIS Marketing & Research approached around 14,900 independently living senior residents of

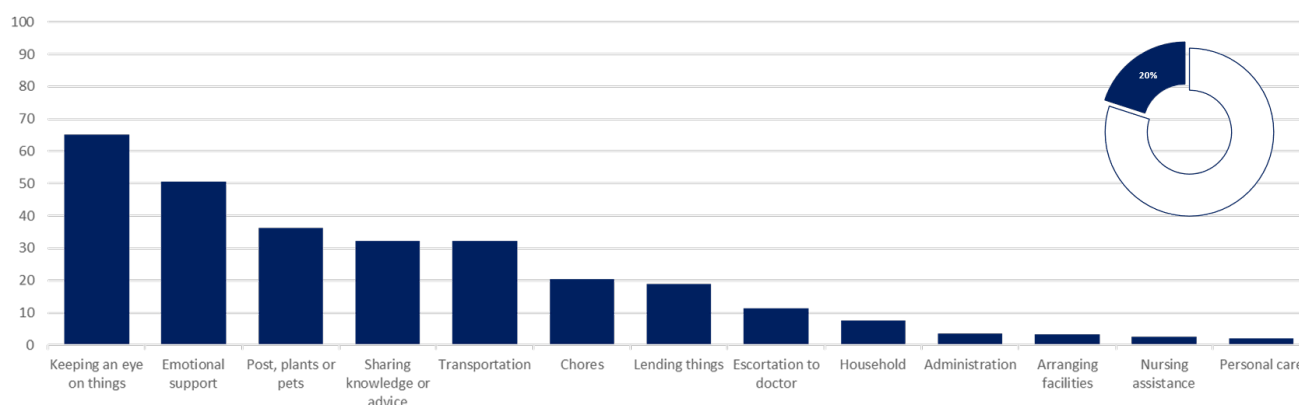
Woonzorg Nederland by email. Approximately 3,700 residents completed the online questionnaire. After cleaning the dataset and excluding respondents under the age of 65, a dataset remains with information on 2,707 senior residents living in apartment complexes. Respondents were asked about, among other things, the frequency and nature of contact with fellow residents (within the residential complex), feelings of loneliness, social attitude and the frequency and nature of neighborly support. Background characteristics, such as gender, household situation, age, level of education and perceived health, were also questioned.

## Results and Analysis

### To what extent are older tenants supported by their fellow residents?

Before we address the question of who receives neighborly support, let's first briefly outline the frequency and nature of this support as indicated by independently living residents (65+) of Woonzorg Nederland. Of the respondents, 8% indicate that they receive help from fellow residents at least weekly and another 12% indicate that they receive support at least monthly, but not weekly.

Figure 1 shows the nature of the support received for the group of respondents who indicated that they received support from fellow residents at least monthly. Most of the received support concerns easily accessible support, such as keeping an eye on things, offering a listening ear, or doing a household chore. However, types of support that require a strong relationship of trust or are more intimate, such as help with administration or personal care, are less common (Figure 1). Nevertheless, in-depth interviews we conducted with older residents show that easily accessible forms of support are also valuable. Older adults experience the feeling that they can turn to others as very pleasant and therefore seem to feel valued. This accessible neighborly support can provide relief not only for the residents themselves, but also for those around them. For example, interviews with informal caregivers show that it can provide peace of mind if informal caregivers can rely on their parents' neighbors to keep an eye on things [4]. Of the group of respondents who do not or rarely receive support from fellow residents (approximately 60%), the majority indicate that there is no need for neighborly support because they do not need help at all, or already receive sufficient help from others (Figure 3).



**Figure 1:** The percentage of residents who indicate that they receive a specific type of neighborly support. For residents that receive neighborly support at least monthly

**Source:** survey data collected in collaboration with housing association Woonzorg Nederland and research agency MAGIS Marketing & Research; own calculations. N=541.

### Four groups of residents by vitality and neighborly contact

The question now remains which residents regularly receive neighborly support and to what extent this is related to a) the perceived health of people and b) their embeddedness in the residential environment. We consider residents to be less vital if they indicate that they are in moderate to (very) poor health. Residents who indicate that they have (almost) daily contact with fellow residents or participate in activities with them at least weekly

are classified as 'socially embedded in the living environment'. By crossing the variables of perceived health and contact with fellow residents, we distinguish four groups of older adults (65+) within the resident population of Woonzorg Nederland: 1. Vital, with regular contact (31%), 2. Vital, without regular contact (23%), 3. Less vital, with regular contact (24%) and 4. Less vital, without regular contact (22%). Table 1 briefly describes how these four groups of residents differ from each other in terms of personal characteristics and more specifically experiences and behaviors in the residential environment.

**Table 1:** A brief description of the characteristics of the four distinct groups of independently living residents (65+) according to their personal characteristics and experiences and behavior towards fellow residents.

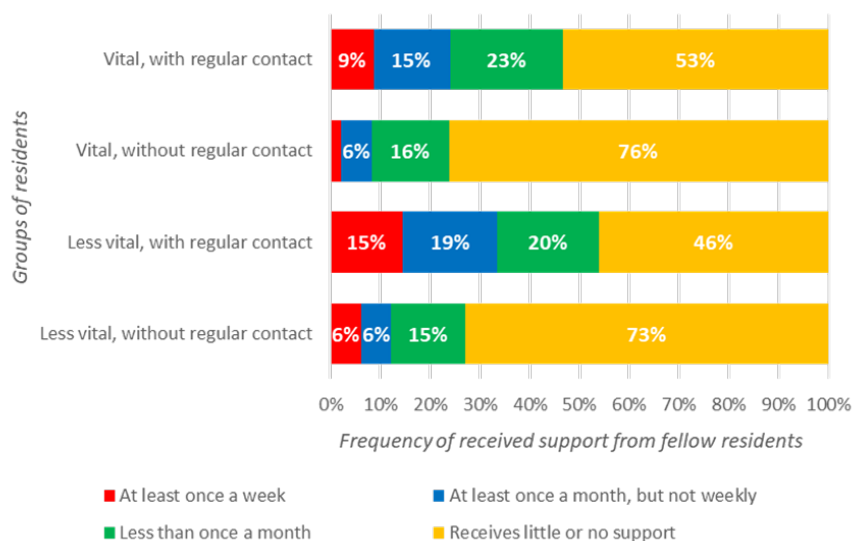
**Source:** survey data collected in collaboration with housing association Woonzorg Nederland and research agency MAGIS Marketing & Research; own calculations. N=2,707.

Vital, with Regular Contact (N=843)	Vital, Without Regular Contact (N=638)	Less Vital, with Regular Contact (N=641)	Less Vital, Without Regular Contact (N=585)
Residents relatively often have friendly contact with fellow residents. Compared to the other groups, they feel more connected to the place where they live and they more often actively contribute to (activities) in the residential environment.	Residents are relatively often middle or highly educated. They feel less connected to their place of residence and their fellow residents but are often satisfied with that.	Residents are physically more vulnerable, participate relatively much in their residential environment. They relatively often have friendly contact with fellow residents.	Residents are relatively physically and socially vulnerable, more likely to be single, more often report feelings of loneliness and feel the least connected to their place of residence compared to other resident groups.

**Which older adults receive help from fellow residents?**

Figure 2 shows how often the different groups of older adults receive support from their fellow residents. What is immediately noticeable is that it is not so much the degree of vulnerability that seems to determine whether they receive neighborly support, but the extent to which residents are socially embedded in their residential environment. The results show a clear dividing line between the resident groups. Older adults who are socially embedded receive help from fellow residents significantly more often than older

adults who have less contact with fellow residents, regardless of the degree of vulnerability. Having pleasant and regular contact with fellow residents seems to be an important condition for being able to count on neighborly support. Does residents' vulnerability not matter at all? It certainly plays a role. If we look within the group of older adults who regularly have contact with fellow residents and within the group of older adults who have less contact, it appears that more vulnerable residents receive support more often. In this sense, more neighborly support is provided to residents who are less vital and may need more help.

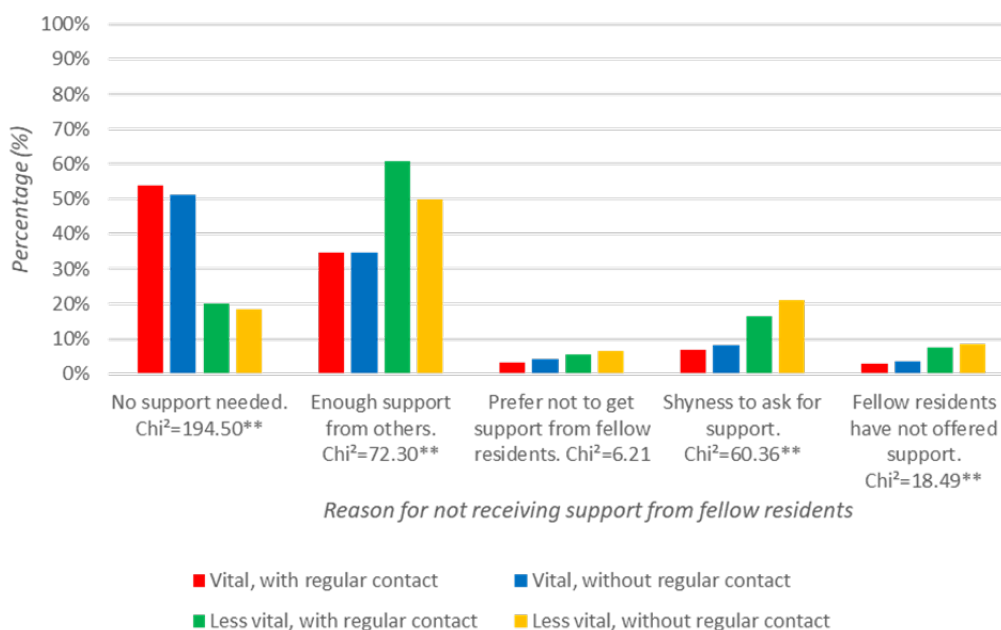


**Figure 2:** Frequency of neighborly support received (in %), for the four groups of residents.

**Source:** survey data collected in collaboration with housing association Woonzorg Nederland and research agency MAGIS Marketing & Research; own calculations. N=2707, Chi<sup>2</sup>=219.90; p<.0001.

If we zoom in on the group of less vital older adults without regular neighborly contact, it turns out that they not only have less contact with fellow residents, but also relatively more often live alone, have little contact with family and friends and more often report feelings of loneliness (Table 1). Figure 3, which shows the reasons why residents do not receive neighborly support, confirms the assumption that relatively many older adults who are more socially vulnerable belong to the group 'Less vital, without

regular contact'. Compared to less vital residents who do have regular neighborly contact, this group reports less often that they receive sufficient help from others. We also see that this category of residents is the most likely to indicate that they find it difficult to ask neighbors for help. Although (part of) this physically and socially vulnerable group of residents could benefit greatly from neighborly support, they seem to be more likely to miss out on it now.



**Figure 3:** Reasons for not receiving support from fellow residents, for the four groups of residents.

**Source:** survey data collected in collaboration with housing association Woonzorg Nederland and research agency MAGIS Marketing & Research; own calculations. N=1658, residents who received little or no help.  $\chi^2$ -test for difference between groups of residents: \* $p \leq .01$ , \*\* $p \leq .001$ .

## Conclusion and Discussion

Now that we know that contact in the residential environment can contribute to receiving neighborly support, it seems that investing in a residential environment that facilitates encounters and thus strengthens social ties between residents is of added value. However, this applies particularly to residents who are able and willing to participate. After all, there is also a group of residents who have less need to actively participate in the residential community or who experience a social and/or physical barrier. The question is therefore whether and, if so how, housing associations and healthcare and welfare professionals can reach residents who are open to contact but experience barriers and encourage them to participate in the residential environment. In addition, it is worth noting that due to the nature of neighborly support, it cannot be claimed that this can partially replace informal caregiving by family members. However, it can be of added value for the informal caregiver if, for example, the neighbors of their relatives in need

of care keep an eye on them. Healthcare and welfare professionals could therefore think about ways to bring together the different networks of older residents so that they can strengthen each other [5].

## References

1. Ministry of the Interior and Kingdom Relations (2022) National Performance Agreements, Public Housing Netherlands, Netherlands.
2. Gray A (2008) The social capital of older people. *Ageing & Society* 29(1): 5-31.
3. Mazumdar S, Learnihan V, Cochrane T, Davey R (2018) The built environment and social capital: A systematic review. *Environment and Behavior* 50(2): 119-158.
4. Maathuis IJ, Bles RM, Van Loon MA, Moor N, Hamers K, et al. (2022) Sharing informal care: What are the considerations? *Magazine Gerontol Geriatr* 53(1): 1-10.
5. Van Dijk HM, Cramm JM, Nieboer AP (2013) The experiences of neighbor, volunteer and professional support-givers in supporting community dwelling older people. *Health Social Care Community* 21(2): 150-158.