Are neighbourhoods age-friendly? Experiences of older Surinamese adults in the Netherlands during the COVID-19 pandemic

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ABSTRACT
Older Surinamese adults in the Netherlands have been disproportionately affected by COVID-19. The ability to provide support in response to older adults’ needs contributes to the age-friendliness of neighbourhoods and may be especially important during public health emergencies such as a pandemic. In this study, older Surinamese adults’ experience of neighbourhood age-friendliness, as indicator of a vital city, in general and during the COVID-19 pandemic was explored. Based on the eight age-friendly domains identified by the WHO, semi-structured interviews were conducted with 17 Surinamese adults (≥70 years) living in Rotterdam and the Hague. Views on the age-friendliness of the neighbourhoods in general and during the pandemic were asked. Despite differences in resilience within and across neighbourhoods, this study showed that certain age-friendly features can support older Surinamese adults in the Netherlands during a pandemic. These findings have implications for policymakers and health service providers seeking to develop age-friendly neighbourhoods, as an indicator of a vital city, in general and during a pandemic.

1. Introduction

In response to the COVID-19 pandemic, countries worldwide adopted policies aiming to reduce viral transmission, which resulted in stay-at-home and physical (or ‘social’) distancing (‘lockdown’) measures. Under these conditions, people became more dependent on their neighbourhoods. As such, neighbourhood age-friendliness is expected to play an essential role in the ability to respond to the needs of older people, especially those who are vulnerable or at risk and especially under conditions such as the COVID-19 pandemic (Fransen et al., 2021; Mao et al., 2020).

Research indicates that older people with a migration background and ethnic minorities are at greater risk of infection of COVID-19, intensive care unit admission and mortality due to the disease, compared to natives (Jaljaa et al., 2022; Pan et al., 2020; Center for Disease Control and Prevention, 2021; Sze et al., 2020). Similarly, in the Netherlands, the relative risks of COVID-19 infection and mortality are greater among people with migration backgrounds than among native Dutch people, particularly in Amsterdam, the Hague and Rotterdam (Stoeldraijer et al., 2021). These risks appear to be greater among people with Surinamese backgrounds compared to people with other migration backgrounds (Stoeldraijer et al., 2021). These findings suggest that older Surinamese adults may have been extra disadvantaged during the COVID-19 pandemic. Furthermore, municipal and societal responses are known to disproportionately affect certain social groups, such as people living in deprived areas (Bibby et al., 2020; Cauil, 2020; Clair, 2020).

People with migration backgrounds are more likely to live in these deprived neighbourhoods (Andersen et al., 2011; Dagevos, 2009). Reduced accessibility of essential physical and social infrastructures during a pandemic raises fundamental questions about the responses required to assist older adults. Additionally, citizens of low-income neighbourhoods are disproportionately affected by COVID-19, as these neighbourhoods have already been impacted by cuts to public services, poor housing quality, a lack of social infrastructure and pressures on the voluntary sector (Buffel et al., 2020).

As described in the introductory article of this special issue, vital cities are better able to absorb shocks (e.g. pandemic effects), recover and positively transform from these shocks than are less vital cities. As parts of vital cities, age-friendly neighbourhoods are expected to offer supportive and adaptive living environments that enable older residents to age within them and optimise their well-being (Fitzgerald & Caro, 2014; World Health Organization, 2007). In (age-friendly)
neighbourhoods, communities can develop in which older adults realise well-being needs together (Nieboer & Cramm, 2022; Völker et al., 2007). The COVID-19 pandemic has dramatically altered older adults’ living environments, restricting access to usual healthcare, daily activities (e.g. grocery shopping) and social support systems (i.e. family and friends). It has provided an example of pandemic challenges to age-friendly neighbourhoods, for example via poor regulations and reduced community participation for older adults (Dabelko-Schoeny et al., 2022). Resilience has been characterised as a dynamic process of maintaining positive adaptation and effective coping strategies in the face of difficulties (Luthar et al., 2000). Age-friendly neighbourhoods have been shown to support older adults in times of shock and crisis, due, for example, to existing partnerships, prior efforts to improve communication with older adults and the presence of volunteer networks (Arigoni, 2020; Dabelko-Schoeny et al., 2022). Thus, we suggest that the experience of one’s neighbourhood as age-friendly can contribute to resilience. In this paper, we use the age-friendly neighbourhood features described by the WHO as indicators of vital cities (World Health Organization, 2007). The current literature recognises the importance of age-friendly neighbourhood features (van Hoof & Marston, 2021), especially in times of crisis such as a pandemic. However, the extent of this importance for older adults with migration backgrounds remains unclear. Given that older adults with Surinamese backgrounds have been disproportionally affected by the COVID-19 pandemic relative to other population groups in the Netherlands insights are needed for future policy to ensure that it fits the needs of older Surinamese adults. Therefore, the aim of this study was to explore how older Surinamese adults experienced their neighbourhood age-friendliness (as indicators of vital cities) in general and during the COVID-19 pandemic.

2. Theoretical framework

In 2007 the WHO developed the ‘age-friendly cities guide’ in which they identified eight domains to describe the age-friendliness of a neighbourhood in which communities can improve their structures and services to meet the needs of older adults and include: 1) community support and health services, 2) social participation, 3) respect and social inclusion, 4) housing, 5) outdoor spaces and buildings, 6) transport, 7) communication and information, and 8) civic participation (World Health Organization, 2007).

Research indicates that age-friendly neighbourhoods have positive impacts on older adults’ health and well-being (Cramm et al., 2018; Cramm & Nieboer, 2014). However, why some neighbourhoods are more age-friendly than others and how age-friendly neighbourhoods are related to the well-being of older adults, especially those with migration backgrounds, remain unclear. In addition, how older adults with migration backgrounds in the Netherlands perceive neighbourhood age-friendliness and whether and how age-friendly neighbourhoods help them realise well-being remain unclear (Nieboer & Cramm, 2022).

Consistent achievement of the eight age-friendly domains has proven to be challenging, due to variations in national income levels and urban–rural gradients (Aboderin et al., 2017; Wang et al., 2017). Rugel et al. (Rugel et al., 2022) recently demonstrated that older adults residing in low- and middle-income countries and rural areas have less access to age-friendly facilities and policies in their neighbourhoods than do those residing in higher-income countries and urban areas. Numerous organisations have defined indicators for the monitoring of improvements in neighbourhood age-friendliness, but research has confirmed that these indicators need to be adapted according to what is most relevant in the local context (World Health Organization, 2015). For example, the presence of a general practitioner may not be a realistic indicator of neighbourhood age-friendliness in all countries.

2.1. Community support and health services

The importance of community support and health services increases with illness and disability in advancing age (García et al., 2008). For older adults, local contacts may be essential resources for social and instrumental support due to mobility and health limitations (Forrest & Kearns, 2001). During the COVID-19 pandemic, older adults in the Netherlands received support, for example, via neighbours’ delivery of groceries and medical prescriptions (Doctinems Vizier, 2021; Kooyman, 2020). In addition, volunteer activities have been implemented to combat social isolation, mental health problems and domestic abuse (Kavada, 2020; McCabe et al., 2020).

Home and community services and support contribute to physical and mental health and well-being (Albert et al., 2005). However, barriers such as the lack of service awareness (Casado et al., 2011; Strain & Blandford, 2002) and affordability (Casado et al., 2011; Li, 2006) may impede their utilisation. As many older adults have declining mobility, these services need to be accessible and nearby (e.g. at walking distance) (Michael et al., 2006; Walker & Hiller, 2007). During the COVID-19 pandemic, digital solutions for the delivery of care to older adults (e.g. online video chatting) were implemented in the Netherlands, but many older adults, lack access to digital services and thus had less access to healthcare (Meurs et al., 2020; Seifert & Cotten, 2020).

2.2. Social participation

The attendance of entertaining activities creates opportunities for older adults to get together and chat with each other, which promotes their community participation and enables them to maintain or establish supportive and caring relationships, thereby enhancing their health and well-being (Avlund et al., 2004; Glass et al., 2006). The benefits of social interaction in neighbourhoods are probably more essential for older than for younger adults, due to the shrinking of social networks in later life (Tang & Lee, 2011; Weis-Perrée et al., 2015; Wruz et al., 2013). In addition, research showed that older adults indicated a decrease in their social life and less in-person social interaction during the COVID-19 pandemic, which was associated with reduced well-being levels (Lebrasseur et al., 2021). Social distancing due to the COVID-19 pandemic, has brought social challenges with it, which might have an impact on the vitality of a community within a neighbourhood.

2.3. Respect and social inclusion

Respect and social inclusion are essential predictors of overall health and well-being of older adults (Ronzi et al., 2018; Yu et al., 2019). Social inclusion gives older adults a sense of purpose and belonging to the community. It enables older adults to stay active within the community and fosters ties that prevents isolation. Older adults’ development of neighbourhood social networks helps to reduce their loneliness (Victor et al., 2005). These favourable social constructs can support the development of health and well-being (Chuang et al., 2013; Reblin & Uchino, 2008; Umberson & Karas, 2010). Greater social inclusion, social capital and social diversity have been associated with better health (Chuang et al., 2013). In order to stay connected with the community, digital platforms such as Zoom, Facetime and Skype were also used for this purpose during the COVID-19 pandemic (Jones et al., 2020). However, older adults indicated that they feel excluded from society due to these digital solutions (Van Jaarsveld, 2020), as it is difficult for older adults in the Netherlands to adapt to new technology (Vorrick et al., 2017).

2.4. Housing

Housing conditions are linked to older adults’ well-being and ability to live independently (Dunn, 1990; Streimikiene, 2015). Convenient housing design and proximity to neighbourhood amenities support older adults’ ageing in place and enables them to cope with (future) challenges
which contributes to an age-friendly neighbourhood. The affordability of housing influences where older adults live. High costs can discourage older adults from moving to more suitable housing. The availability of home modification programmes, which can help older adults adjust their homes to meet their needs, is an important factor.

2.5. Outdoor spaces and buildings

The external environment significantly affects older adults’ mobility, independence and well-being as they age (Cao et al., 2008). A clean neighbourhood with well-kept leisure areas, adequate rest areas and well-maintained pavements enable older adults’ ageing in place. Public spaces and parks provide opportunities to exercise (e.g. walk) and interact socially, which are beneficial for physical and mental health (Adamu et al., 2006; Mikkelsen et al., 2017; Ruegsäger & Booth, 2018). In addition, increased presence of local amenities and neighbourhood proximity to the city centre are strongly associated with the vitality of a neighbourhood (Mouratidis & Poortinga, 2020).

2.6. Transportation

Access to convenient transportation options is important for older adults’ independence and community engagement, and has been associated with a greater well-being (Gilhooley et al., 2003; Montarzino et al., 2007; Reinhard et al., 2018; Shrestha et al., 2017). Public transport should be accessible for people with a range of mobility needs. Helpful drivers might aid older adults’ use of public transport. The availability of parking facilities for older adults should also be kept in mind.

2.7. Communication and information

Adequate information provision enables older adults to stay connected with the community and be informed about neighbourhood events and activities that might promote health and well-being (Bulgard & Håheim, 1998; Gilmour, 2012; Hyypää & Mäki, 2003; Lindström et al., 2004). Such information should be made accessible to older adults, for example, by using a suitable font and text size. In addition, language use should be suitable for older adults with low literacy and older migrants who might not have mastered the native language. In the Netherlands, older adults have received information mainly through national television and local newspapers during the COVID-19 pandemic. Digital platforms have been used to communicate and stay informed, but older adults generally have limited access to internet services, rendering information accessibility for them challenging (Yang et al., 2020). The challenge may be even greater for older adults with vision or hearing impairments and those who have not mastered the native language. Research indicated that during the COVID-19 pandemic older adults had less access to high quality information (Xie et al., 2020).

2.8. Civic participation

Engagement in civic activities helps older adults to maintain social contacts and continue to be involved in neighbourhood events and politics (Burr et al., 2002; Van der Meer, 2008). For example, available, accessible volunteer work can help to keep older adults socially engaged. To encourage their participation, older adults’ preferences, needs, abilities and skills should be considered in the design and offer of volunteer work. In addition, the involvement of older adults in decisions on issues that might impact them is essential. Although civic engagement encompasses diverse activities (e.g. voting, attending community meetings, involvement in public affairs), most research on such engagement among older adults has focused on volunteering (Martinson & Minkler, 2006).

These eight age-friendly neighbourhood domains overlap and interact with each other. For example, housing has an impact on older adults’ need for community support services. Respect and social inclusion are reflected in the accessibility of outdoor spaces and buildings and the variety of opportunities for older adults to participate in social activities. The provision of accessible public transport is an essential feature that enables older adults to participate in family and community life (Rosenbloom, 2009; Zeiter et al., 2012). Conversely, social participation has impacts on social inclusion and access to information. Furthermore, walkability and the existence of nearby public transport stops may enable older adults’ mobility and reduce their isolation. Ultimately, these features may have health benefits and increase older adults’ well-being through social inclusion and participation (Zeiter et al., 2012).

3. Methods

3.1. Study population

Surinamese people form one of the largest groups with non-Western migration backgrounds in the Netherlands. Surinam has a colonial history with the Netherlands and obtained independence in 1975. Surinamese people migrated to the Netherlands seeking higher education and work and due to political unrest in their home country (Van Huis et al., 2004). The population of Surinam is diverse in terms of culture and geographic origin, and includes, Surinamese Chinese, Surinamese Javanese, Surinamese Creole (of West African descent), and Surinamese Hindustani (of Indian descent) (Oudhof et al., 2011), with most Surinamese migrants in the Netherlands having the latter two backgrounds. Other European countries, such as the United Kingdom, also have citizens with Surinamese Creole and Surinamese Hindustani backgrounds. As Dutch is an official language in Surinam and is used in education, government and the media, most Surinamese people speak Dutch well, which distinguishes them from other people who have migrated to the Netherlands (e.g. those with Turkish and Moroccan backgrounds).

3.2. Study setting

This study was conducted (between October 2020 and January 2021) in the municipalities of Rotterdam and the Hague, Province of South Holland, the Netherlands. In January 2020, the population of Rotterdam was slightly >650,000 inhabitants, including 100,312 inhabitants aged >65 years (Gemeente Rotterdam, 2020), of whom 6107 inhabitants had Surinamese backgrounds; the population of the Hague was nearly 550,000 inhabitants, including 79,890 inhabitants aged >65 years (Gemeente Den Haag, 2020b), of whom 5839 inhabitants had Surinamese backgrounds. The Hague is a member of the WHO’s age-friendly cities consortium (Lager et al., 2013), and Rotterdam implements strategies to develop an age-friendly city without being a consortium member.

3.3. COVID-19 measures implemented in the Netherlands

In response to the COVID-19 pandemic, the first measures in the Netherlands were taken in mid-March 2020. Basic rules were established to prevent the spread of the virus. Additional rules were in force during the data collection period, based on infection rates and the pressure on the nation’s healthcare system (Box 1). The enforcement of these additional rules was relaxed when infection rates decreased.

3.4. Recruitment

Multiple recruitment strategies were used to reach potential study participants, including community canvassing, the following of community gatekeepers’ recommendations, social media, and snowball sampling from an initial set of participants. Community gatekeepers facilitated contact with potential participants, after which the first author (WJ; MSc in Vitality and Ageing, female, PhD candidate) visited
Rotterdam or the Hague met the eligibility criteria and agreed to participate in the study.

Additional criteria: 
- Maximum of 3 visitors per day at home 
- Shops closed at 8 p.m. at the latest; shops selling food/basic necessities are excluded 
- Selling alcohol after 8 p.m. was prohibited 
- Special shopping hours for vulnerable people 
- Registration of contact information was needed for clients of contact professions (e.g. hairdresser, beauty salons) 
- Bars, cafés, restaurants (only take out was allowed) were closed 
- Events were prohibited 

3.5. Data collection 

The first author (WJ) conducted semi-structured interviews designed according to the WHO’s eight age-friendly domains to obtain insight into participants’ perceptions and experiences regarding neighbourhood features in general and during the COVID-19 pandemic (e.g. ‘In which (social) activities in your neighbourhood do you participate?’ and ‘How did you maintain your social contacts during the pandemic?’). See supporting information for the complete interview guide (Supplementary Table 1). Participants’ definition of a ‘neighbourhood’ was asked in order to reflect on the geographic scale; participants defined their neighbourhood as ‘in walking distance’. WJ had previously received interview training and had experience with conducting semi-structured interviews. She had no prior connection with the participants.

Participants were given the choice of interview location, including by telephone or video call, to ensure feelings of safety, comfort, and convenience; the majority of interviews were conducted in their homes. Only the participant and researcher were present, except that the participant’s partner was present during the last part of one interview. An opportunity was given to participants to hold the interview by telephone or video call; in total two interviews were conducted by phone and two by video call. Written information about the study and the anonymity of the research, with the first author’s contact information, was provided to each participant on the day of the interview. All participants gave permission to record the interview and provided informed consent to study participation. The interviews lasted about 50–70 min, and were conducted in a conversational style according to the interview guide, which provided open-ended questions that allowed participants to speak freely about what they felt was relevant and essential on the topic of age-friendly neighbourhoods. After each interview, the first author (WJ) composed a summary. The interview guide was tested in February–March 2020 with three older (aged 70–76 years) older Surinamese adults living in Rotterdam or the Hague met the eligibility criteria and agreed to participate in the study.

3.6. Data analysis 

Thematic analysis was applied to the qualitative data. The interviews were transcribed verbatim and uploaded into Atlas.ti (version 9.0.16; Atlas.ti Scientific Software Development GmbH). Data were collected until all ethnic groups within the Surinamese population were well represented and saturation was reached; a situation where no new information, concepts or themes emerged from the data. To avoid researcher bias, which may occur during interpretive data analysis, multiple researchers (WJ, JMC, SD, APN) were involved. The full transcripts were read for familiarization with the data, then structured and...

Table 1. Participants’ definition of a ‘neighbourhood’ as ‘in walking distance’.
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enced to establish a preliminary coding framework based on the WHO’s age-friendly domains (community support and health services, social participation, respect and social inclusion, housing, outdoor spaces and buildings, transportation, communication and information, and civic participation). A code list was maintained throughout the initial coding process to track the development of codes and ideas regarding the data (e.g. the transportation domain consisted initially of the sub-codes ‘car’, ‘public transport’ and ‘tailor-made transport’, which were merged into the sub-code ‘transportation options’). Constant comparison across and within interviews resulted in the development of sub-codes for the larger topics of neighbourhood age-friendliness and COVID-19. The first author coded the data deductively (i.e. following the theoretical framework for age-friendly cities) and inductively (i.e. stemming from participants’ narratives). The research team then reconvened for discussion, refinement and the achievement of consensus on the coding structure. Any disagreement was resolved by discussion.

4. Results

In total, 17 interviews were conducted with Surinamese Chinese (n = 2), Surinamese Creole (n = 5), Surinamese Hindustani (n = 8) and Surinamese Javanese (n = 2) older adults (10 female, 7 male) aged 71–85 years. A minority of the participants lived alone. Most of the participants had at least one chronic condition. The demographic composition of the study sample is shown in Table 1.

5. Overview

The study participants described aspects that increased and decreased the age-friendliness of their neighbourhoods, and suggested ways in which some of the barriers identified could be reduced. In addition, participants indicated shifts in priorities and perceptions of neighbourhood age-friendliness during the COVID-19 pandemic. Overall, the older Surinamese adults indicated that the age-friendliness of neighbourhoods played an important role in their community engagement and the provision of social support, especially during the pandemic. The COVID-19 pandemic had an impact on the experience of neighbourhood age-friendliness of older Surinamese adults within the domains community support and health services, social participation, respect and social inclusion, outdoor spaces and buildings, transportation, communication and information, and civic participation, which are important lessons for policymakers. The analysis revealed sub-themes falling within the WHO’s eight key dimensions of age-friendly cities.

5.1. Community support

5.1.1. Community and family support

Participants reported that they received practical and emotional support from their (grand)children and their neighbours. Whether (grand)children lived in the same neighbourhood (at walking distance) varied among participants; those who did offered more practical support, described as letter reading, the filling out of forms, grocery shopping, cooking and the collection of medication. Participants indicated that trusted people (e.g. their children), rather than others such as neighbours, read personal letters out loud and filled out forms related to their finances. One participant reported that her neighbour had a spare key in case of emergency. One participant reported that her neighbour rang the bell to see how she was doing and to have a chat when she had not seen her for a few days, which she liked very much. Another participant indicated that he kept an eye on a neighbour because she was in her nineties.

I also have a Surinamese Javanese neighbour. If she has not seen me for a day, she will tap on my window, ‘Oh neighbour, I have not seen you. I have missed you’. Then we have a little chat. She keeps an eye on me. I like that, that she still does it.

(Participant 9)

So the neighbours have an essential role in keeping an eye on each other. Receiving support from neighbours and keeping an eye on each other contributed to participants being valued and part of society, increasing their social connectedness.

COVID-19 pandemic. Participants reported shifts in the support that they needed and received during the COVID-19 pandemic. For example, some interviewees reported that to avoid crowded places they went grocery shopping less often or not at all, and that their (grand)children and neighbours helped them with this task more often during the pandemic than previously:

For example, now with COVID-19, not everyone dares to go outside anymore. Fortunately, my children do the grocery shopping, so I do not have to go myself in the crowd.

(Participant 7)

The participants indicated that they appreciated this support. However, this support contributed to their feeling of being a burden, as they did their shopping themselves before the pandemic, these seemingly minor activities gave structure to their daily routines.

The interviewees reported receiving different degrees of emotional support from their neighbours during the pandemic. Some older Surinamese adults indicated that their neighbours asked them how they

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Age</th>
<th>Gender</th>
<th>District, Municipality</th>
<th>Ethnicity</th>
<th>Living situation</th>
<th>Health limitation</th>
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<tr>
<td>1</td>
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were doing more often than before the pandemic, whereas others indicated that they expected more emotional support from their neighbours. Participants received support from neighbours with whom they had regular contact before the pandemic, a majority of the participants indicated that these neighbours also had a Surinamese background. They indicated that support from neighbours is essential when one is vulnerable, such as during the pandemic. They reported that asking neighbours whom they did not know for help was less appealing, even during the pandemic. Some interviewees did not have broad neighbourhood social networks during the pandemic, and contact with neighbours was an important means of overcoming the barrier to asking for help. The interviewees described the current pandemic situation as difficult and lonely, and stated that they expected neighbours to keep an eye on each other, especially on the older population, as they were all in the same boat.

Also, in this situation [the COVID-19 pandemic], no one will come by to ask, ‘How are you doing?’. And you are living in a residential community. I would like it if people would ask how I am doing or if they could do something for me.

( Participant 11)

The interviewees mentioned missing emotional support, such as an occasional hug, from their (grand)children during the pandemic. Some participants indicated that they video-called their (grand)children to remain in contact. Although not all participants were digitally savvy, they tried to use their smartphones to keep in touch with their (grand) children during the pandemic, keeping to the advice to maintain physical distance. Even though, they understood the wisdom of maintaining physical distance, they reported feeling lonely more often than previously.

5.2. Health services

5.2.1. Support from healthcare providers

Most of the study participants indicated that they received domestic help, and some older Surinamese adults reported that they received support in activities of daily living, such as showering or dressing. Participants appreciated such support, as tasks such as making the bed had become difficult for them to perform:

I am not that young anymore and I cannot do everything myself anymore. I am glad that I receive domestic help.

( Participant 5)

COVID-19 pandemic. The interviewees expressed their appreciation that district nursing and home care continued to be available during the pandemic, and that the measures needed to ensure this availability had been taken. They indicated that home care was essential for them, as it had an impact on their daily activities. Participants also reported that they had received more emotional support from home care professionals, during the pandemic. They indicated that more time was spent protecting their well-being, for example by chatting, than before the pandemic. The participants emphasised that they appreciated these professionals more during the pandemic, as they were the only people whom they saw regularly:

For example, I can no longer lift, which is why I need help. We [the domestic helper and participant] do certain things together. I am glad that she still comes during the pandemic. She is the one whom I see regularly.

( Participant 9)

This indicated that the receipt of help from care professionals (e.g. district nurses) is essential for older Surinamese adults’ ability to continue to live independently. In addition, care professionals play a (more) important role in the provision of emotional support as well as care during a pandemic.

5.2.2. Accessibility of health services

The interviewees indicated that they were satisfied with healthcare in the Netherlands, especially in comparison with that in Surinam. They perceived healthcare before the pandemic as accessible, as healthcare services such as general practitioners (GPs) practices and pharmacies were close to their homes. Most interviewees had known their GPs for several years and had good relationships with them, which they indicated was essential to make healthcare accessible and important as they grew old.

COVID-19 pandemic. Older Surinamese adults reported that going to see their GPs for ‘small’ things was difficult during the pandemic, as regular healthcare had been scaled down:

We older adults are already sensitive to everything, especially with the pandemic now. However, you cannot go to the GP for little things now. It is a pity.

( Participant 16)

They also mentioned that they did not know what they could expect from healthcare providers during the pandemic. They wondered how decisions about healthcare, especially for older adults, who are generally in poorer health than younger people, were made in this situation. Despite the implementation of solutions such as the home delivery of medication and digital solutions, the interviewees felt that healthcare was no longer as accessible as before the pandemic since efforts made to keep healthcare as accessible as possible during the pandemic, this did not meet their needs.

5.3. Social participation

5.3.1. Neighbourhood activities

The interviewees’ reported social participation in the neighbourhood varied, and included activities such as meeting for coffee, playing bingo, practicing yoga and being busy in an allotment garden. The interviewees indicated that these activities provided opportunities to be physically active and socialise with other people and functioned as a platform for the meeting of new people and making of friends. They also stated that such activities provided opportunities to remain engaged with and informed about their neighbourhoods. Older Surinamese adults reported that it was their own responsibility to maintain inclusion in the community by going to these neighbourhood activities, as it had a positive impact on their well-being. Most of the activities mentioned took place in interviewees’ own neighbourhoods. However, some older Surinamese adults indicated that they travelled long distances to community centres where activities were organised especially for older adults with Surinamese backgrounds (e.g. playing Surinamese games, singing traditional songs). The interviewees indicated that taking part in cultural activities, such as Deepavali (the festival of lights) or Surinam’s Independence Day, was important to them, and that they travelled outside of their neighbourhoods when necessary to do so. They also mentioned that the participation of people with other backgrounds in such celebrations contributed to their feeling of connectedness. Participants indicated that people purposefully spoke Dutch during these celebrations to include the whole society:

For example, during Divali [the festival of lights], they [the community centre staff] throw parties. People from various backgrounds are present at these parties.

( Participant 10)

Yes, also multicultural. For example, we do not speak Surinamese here either, Srang Tongo, we speak Dutch. It is multicultural, so all people who are present can understand.

( Participant 7)
So, it is important for older Surinamese adults to stay in touch with their culture by going to cultural celebrations, even if they have to travel for this. These celebrations are accessible to all by speaking the Dutch language.

COVID-19 pandemic. Older Surinamese adults reported feeling a loss of engagement in purposeful activities (e.g. activities at community centre, volunteer work) during the pandemic. This loss strongly impacted most interviewees' daily lives, as they had previously engaged in neighbourhood activities several times a week. In addition, the interviewees reported feeling the loss of the social support that they received at these activities. Especially those who lived alone mentioned that they missed having contact with others with whom they could discuss things and that would help disrupt their rumination:

And when you go there [the community centre], you will have fun with other older adults. You can sing and talk with others. If you are worried about something, you can tell someone about it. However, now with the pandemic, that is no longer possible. Now you are alone at home.

(Participant 10)

They felt that a safe place had been taken from them and that they had received nothing in return, which contributed to their loneliness and feeling of a loss of engagement with community life, feelings of exclusion, which eventually had a negative impact on their well-being. The social distancing rules had a detrimental impact on the social support that older Surinamese adults received during community activities, challenging their engagement with the community during the pandemic. Participants indicated that they felt lonelier during than before the pandemic. Participants maintained contact with friends from their community centres by telephoning them, but emphasised that this did not replace the physical contact that they had previously.

Participants adapted to the loss of activities in different ways; a minority of the participants indicated that they actively looked for activities in and around their homes (i.e. doing puzzles and gardening) to keep themselves busy, reflecting variation in resilience:

I used to go away a lot. But that is done now. I like culture, so now I read a lot and I do puzzles. My brains and memory are good and I want to keep it sharp. I can keep it sharp by taking interest in what is happening today and by doing things that keep my brain active.

(Participant 11)

Thus, older Surinamese adults may find it challenging to cope with the loss of activities during the pandemic and require support to enable them to do this and to remain engaged in community life.

5.4. Respect and social inclusion

5.4.1. Social cohesion in the neighbourhood

The study participants indicated that they had lived in their current neighbourhoods for decades and knew their neighbourhoods well. They reported sharing joys and sorrows with neighbours whom they had known for decades, which contributed to a sense of belonging to the community. They stated that they knew the local people and stores and recognised familiar faces, which they perceived as inviting greetings and chatting (e.g. with shopkeepers):

You go to shops where the employees know who you are and know what you come for. We always have a chat. At home I am alone. So when you go outside, you can chat with someone whom you see regularly. You do not have to tell everything, but you can have a chat.

(Participant 15)

COVID-19 pandemic. Older Surinamese adults appreciated this attention from familiar people in their neighbourhood, which made them feel like a part of the community. During the pandemic they missed this attention as they had spent less time outside during the pandemic than previously. The participants indicated that greetings made them feel respected, and that one receives respect when one gives it to others.

Older Surinamese adults reported that the compositions of their neighbourhood had changed over the years, with the loss of neighbours due, for example, to relocation or death. They stated that connecting with new neighbours was not always easy. For example, some interviewees indicated that their neighbourhoods now contained many students or young families, who are often busy. They stated that they would appreciate new neighbours' coming to introduce themselves because they feel it is important to know who lives where:

I am not very active in the neighbourhood; however, it is important to know your neighbours. Knowing you belong to the neighbourhood. When people see me walking on the street or see me standing at the bus stop, then they know ‘Oh yes, that lady lives nearby’.

(Participant 12)

Participants indicated that it used to be common to introduce yourself to the neighbours, but not currently, which has negatively affected the social cohesion of the neighbourhood. Older Surinamese adults indicated that this was essential to know the neighbours, for example, in case of an emergency or to share information about the neighbourhood. The interviewees had mixed experiences with respect towards older adults in their neighbourhoods. For example, addressing someone regarding their behaviour was not always appreciated:

They [boys at the bus stop] started berating me. Say some words that you cannot say. I was with my walker and looked at them, but I said nothing. Otherwise, they would beat me up. Yes, I am afraid of those things.

(Participant 8)

Participants felt that one must think about what one wants to say because some exchanges can lead to arguments, and they feared physical violence, which contributed to their feelings of vulnerability and exclusion and had a negative impact on the social cohesion of the neighbourhood.

5.4.2. Multicultural neighbourhoods

All study participants indicated that they lived in multicultural neighbourhoods (those populated by native people and people with migration backgrounds). They felt that the consideration of cultural norms and values was essential to show respect, as all of them lived in multicultural neighbourhoods. They noted that in general, older adults with, for example, Turkish or Moroccan backgrounds do not master the Dutch language well, making communication with them difficult. The interviewees indicated that they and such people greeted each other, but could not converse more (e.g. ask how the other is doing), which made connecting difficult. Some interviewees indicated that connecting with younger neighbours with Turkish and Moroccan backgrounds was easier, given their better mastery of the Dutch language:

I do feel that it is easier to get in touch with young people than older ones. Especially because the language is a barrier. Older adults who do not speak the Dutch language move a bit in their own group.

(Participant 2)

Although participants could not communicate well with some of their neighbours who do not speak Dutch well, they felt it was important to share cultural practices with them, by sharing food. They stated that such experiences contributed to their feelings of connectedness and inclusion in the community.

Surinamese Creole participants indicated that they had felt discriminated against in the past due to their Surinamese backgrounds, but that the multicultural compositions of their neighbourhoods...
contributed to their feeling of connectedness with their neighbours:
A lot of people from the first batch are gone. Now I do not notice any
discrimination here anymore. More migrants have also come to live
here. The Dutch have made way for the migrants. It is also easier to
make a connection.

(Participant 3)
Their cultural norms and values were more accepted
currently than in the past, and they believed that this acceptance was
also attributable to the multicultural compositions of their
neighbourhoods.

5.5. Housing

5.5.1. Supportive residential complexes
Older Surinamese people indicated that features of their home en-
vironments affected their social lives, independence and, ultimately,
well-being. They stated that barriers in their residential complexes (e.g.
stairs) prevented them from going outside, and potentially impacted
their ability to receive guests, as many of their friends were also older
and would have difficulty, for example, using stairs. The interviewees,
and especially those with mobility limitations, expressed their prefer-
ence for features such as elevators, automatic doors and even floors,
which facilitated their entry and exit from their buildings:

I am not mobile. You have seen, you just have to push those buttons
and those doors fly open and we have an elevator. It is a bit of
sheltered living.

(Participant 11)
This indicates that these features of the residential complexes in a
neighbourhood have a great impact on the (daily) lives of older Sur-
inamese adults.

Older Surinamese adults with mobility limitations had been offered
home modification services, such as the installation of grab bars and
removal of steps in their homes, to support them in their home envi-
rонments. Interviewees with no limitation indicated that they were
familiar with the municipal home modification programmes, but spec-
ified that modifications were offered only to those with health limita-
tions, and not as preventive measures. They felt negative about the
requirement that they had to be ill before they could modify their homes
in a supportive manner; they believed that prevention would be better
than a cure. One participant indicated that she had installed grab bars in
her bathroom on her own, although she did not yet need them, so that
she was prepared for the future.

Some interviewees indicated that they would like to live in senior
housing, where they believed they would receive advanced support for
older adults. However, they felt that staying in their neighbourhoods
was essential. They noted that senior housing in their neighbourhoods
was fully occupied, with long waiting lists:

You are 80 years old and you have to climb the stairs four high with
the groceries. There are a lot of older adults who have to use stairs,
which is an obstacle for them. One of the complaints that you have as
you get older is knee problems. So, when they do not have an
elevator, they do not want to go down and back up. There are senior
residences in the area, but they are all occupied.

(Participant 14)
The interviewees further indicated that housing specifically for older
adults with Surinamese backgrounds was present in their neighbour-
hoods. In addition, Hindustani Surinamese interviewees reported the
availability of group living for Hindustani Surinamese in their neigh-
bourhoods. However, the preference for Surinamese-dedicated or reg-
nular senior housing differed among interviewees. Participants indicated
that norms, cultural aspects, and traditional cuisine were important
considerations contributing to their preferences, as was the need to
move to another neighbourhood (with consequences for social contacts)
due to the unavailability of housing specifically for older Surinamese
adults in some interviewees' neighbourhoods.

5.6. Outdoor spaces and buildings

5.6.1. Accessibility in the neighbourhood
Interviewees without mobility limitations indicated that public
buildings were accessible for them, but that they could imagine that
places such as shops with narrow aisles would not be accessible for older
adults with health impairments (e.g. walking or visual limitation). Those
with mobility limitations indicated that most public buildings were
accessible to them due to features such as automatic doors, doors that
are propped open and elevators:

I think if you are in a wheelchair or when you have a walker, some
places are difficult to access. Some shops. However, nowadays most
shops have sliding doors or doors are kept open. So it is getting better
for older adults.

(Participant 17)
Interviewees noted that the accessibility of public spaces was
essential for social engagement since inaccessible public spaces pre-
vented older adults with mobility limitations to meet with others at
these places.

5.6.2. Places to socialise with others
In addition to providing resting places, benches provide opportu-
nities to socialise with others and contributed to the feeling of inclusion:

Having benches is also inviting to take a walk and then enjoy the
weather. Sometimes you get talking to others.

(Participant 1)
It supported older Surinamese people's ability to go for walks and
engage in active lifestyles. Interviewees described green spaces and
parks as free and accessible places to meet up with friends and to meet
new people, which contributed to community engagement. In general,
the interviewees had positive opinions regarding the availability of
benches in their neighbourhoods. However, the accessibility of park
locations appeared to differ among neighbourhoods. The interviewees
also mentioned libraries as free and accessible places to meet others and
cultivate one's interests, as well as places where activities and lectures
were held. They indicated that going to the library was an important
way for them to take part in society and stay up to date:

Sometimes I go to the library at [...]. But now everything is closed.
There are many people there, so you can meet other people there. All
kinds of people, men, women, older adults. When I go there, I just
talk with them. So, it is a way to meet new people and sometimes you
keep in touch.

(Participant 12)
COVID-19 pandemic. Some interviewees indicated that they went for
walks less often during the pandemic due to the lack of resting places, as
public benches in their neighbourhoods had been removed or made
unavailable. However, other interviewees indicated that benches with
1.5 m spacing of seats, according to the social distancing rule, were
available in their neighbourhoods. Thus, the extent to which commu-
nities supported older adults' ability to go outside and engage with
community life during the pandemic differed among neighbourhoods.

5.6.3. Neighbourhood facilities
The study interviewees stated that they appreciated having shops
that carried traditional Surinamese herbs and vegetables in their
neighbourhoods, as they had previously had to travel long distances to
such shops:
It's nice to have a Surinamese toko nearby, sometimes you want to make a Surinamese dish. (Participant 6)

They mentioned that the availability of a Surinamese toko in the neighbourhood contributed to their feelings of social inclusion and belonging.

**COVID-19 pandemic.** Older Surinamese adults valued having various destinations (e.g. different supermarkets, pharmacies, libraries, cafés) at walking distance in their neighbourhoods, as they made going for walks appealing. They also noted that features such as places to rest and public toilets supported them going out and engagement with the community. They reported that the closure of public toilets during the COVID-19 pandemic reduced their confidence and discouraged them from going outside, and indeed that they had spent less time outside during the pandemic than previously. They emphasised the importance of keeping moving, for their general health and especially when recommended by physiotherapists.

### 5.7. Transportation

#### 5.7.1. Transportation options

The interviewees reported that they used various transportation options, depending on the distance of their destinations. Interviewees with mobility limitations reported that they used mobility scooters to travel longer distances, which allowed them to remain independent and supported them going outside and taking part in society:

> And I have a mobility scooter, which is very convenient for me. I would not be able to do my grocery shopping on my own if I did not have a mobility scooter. (Participant 13)

The interviewees perceived public transport as a key resource that helped them to remain independent and participate regularly in community life. They were satisfied with the public transport in their neighbourhoods, as it was reliable and easy to use, with stops within walking distance from their homes and various options (e.g. tram, bus, metro). Interviewees with health and mobility limitations indicated that they preferred to use tailor-made transport (which was available specifically for people aged \( \geq 75 \) years and those with such limitations) or travel by car as a passenger, because they were brought from door to door so that they did not have to walk long distances. Various travel options for older adults contributed to the age-friendliness of a neighbourhood, as older adults could decide for themselves what was feasible for them.

> You can take tram 1, 9, 15. And on the other side there are other options. You can also take the bus. (Participant 14)

**COVID-19 pandemic.** The study participants indicated that they had used public transport less during the COVID-19 pandemic, in part due to the cancellation of many activities in which they were previously engaged (e.g. social activities at community centres). In addition, despite the health and safety measures implemented for public transport use, they indicated that they would rather use tailor-made transport, where the limitation on the number of passengers made them feel safer:

> Now with the pandemic, I do not want to make use of public transport. You do not know in advance how busy it is. With tailor-made transport they help you and there are fewer passengers. (Participant 5)

#### 5.7.2. Accessibility of transportation

The interviewees reported that the accessibility of public transport varied throughout their neighbourhoods, as some stops were lower than the vehicle entrances. Especially for those who used walkers or wheelchairs, these stops were not accessible:

> Sometimes stops are very low, which makes it difficult to get on or off the tram. They have made some stops a bit higher now, but not all of them. And you do not always know where the stops are too low. (Participant 2)

Some interviewees suggested that public transport users should be made more aware of the accessibility of the next stop, such as by announcements made in the vehicles. In addition, they emphasised that they would appreciate extra time at stops to exit and enter public transport vehicles.

The study participants perceived tailor-made transport as a ‘specialised service’ that was more accessible for older adults than was public transport. They indicated that the tailor-made transport staff seemed to be able to deal well with older adults, helping them to get in and out and putting on their seat belts. In addition, they waited until everyone was seated before driving, which was often not the case on public transport. The interviewees indicated that they appreciated these measures, and for this reason preferred to use tailor-made transport.

### 5.8. Communication and information

#### 5.8.1. Information exchange

Some study participants reported that they communicated with their neighbours through WhatsApp, for example, to inform each other about neighbourhood activities, to alert neighbours of a bicycle in the way or to report noise nuisance:

> We also have a group app with neighbours in it. If there is anything or when we want to give information about occasions in the neighbourhood, we forward it to each other. (Participant 7)

Participants appreciated this way of communication because wider groups of people could be reached. However, not all study participants had smartphones enabling neighbourhood app use, suggesting that they would be excluded from relevant information about their neighbourhoods. The interviewees reported that their main source of information about neighbourhood activities and events was other people. They indicated that they received less information of this type during the pandemic, as they had less contact with other older adults whom they had previously met at neighbourhood activities (e.g. at community centres). The interviewees indicated that they received information about community care and support from their GPs. They also felt that their GPs could inform them about activities specific to older adults:

> I think the GP can also help you with addresses, for example, about home modification. (Participant 2)

These statements suggest that the social network is an important source of information about the neighbourhood, in addition, older Surinamese adults assume that they can obtain information about ‘ageing’ from their GP.

**COVID-19 pandemic.** Information about the current situation in the Netherlands regarding COVID-19, related measures and their relaxation has been provided through press conferences. The interviewees reported that they had watched the news on the public broadcasting outlets to follow national and international developments regarding the pandemic. In general, they indicated that they had understood such information; when something was unclear to them, they had asked their children or someone in their social networks to clarify. Thus, their social networks had had impacts on the information that they received. Indeed, some interviewees mentioned the importance of having a broad
You have to go after a lot of things yourself, if those people [acquaintances] have already done that for you, then they will tell you. Then you do not have to do it from the beginning, that makes a difference.

(Participant 15)

Participants reported that most of the (extra) information (e.g. fact sheets) about the pandemic provided by the Dutch government could be found online. Some participants indicated that they had access to this information through family members or friends who were well versed in digital technology. The majority of the participants indicated that they were unable to find this information themselves.

5.9. Civic participation

5.9.1. Volunteering

The interviewees emphasised the value of community centres, which offer neighbourhood activities and a place where older adults can volunteer. Many interviewees reported that they volunteered to keep themselves busy and in touch with others. However, the interviewees noted that older adults are not able to do everything they could do in the past, for example, due to reduced energy and that volunteer work should be designed to accommodate their capabilities. They described the community centres where they volunteered as open to everyone and as places where people could meet, learn, and socialise, which contributed to their well-being and their feeling of being valued.

COVID-19 pandemic. They mentioned that they missed their volunteer work, which had been suspended with the closure of community centres during the pandemic. They indicated that the disappearance of physical and social activities in which they had previously participated had impacts on their daily lives and social contact. Participants reported that volunteering gave them structure throughout the week and a sense of doing something useful. During the pandemic, the maintenance of such structure was challenging, which reduced their well-being. As mentioned in the section on neighbourhood activities, some participants actively looked for activities to keep themselves busy, but the degree to which they did so varied.

5.9.2. Making decisions about the neighbourhood

The study participants indicated that they were infrequently involved in decision making about their neighbourhoods, which they viewed as a pity, especially as they were getting older and had different needs:

And we older adults we grow older. What we need is, to live as comfortably as possible. You notice it when you get older, you will get other needs.

( Participant 1 )

They mentioned that they would like to raise some points about neighbourhood issues, but that they did not know how or where to do so. Some interviewees felt that such raising of issues was pointless because they had already been 'written off':

We [the participant and partner] have made some suggestions in the past, but they did nothing with them. People from the municipality do not even look at it I guess. They have their own ideas.

( Participant 5 )

These findings indicate that older Surinamese adults feel a need to be involved in choices made about their neighbourhood since their needs change as they grow older. This is especially important in order to adapt policies to the needs of older Surinamese adults.

6. Discussion

This study was conducted to explore how older Surinamese adults in the Netherlands experienced their neighbourhoods’ age-friendliness, as a vital city indicator, in general and during the COVID-19 pandemic. It provides novel insights into this experience and changes in this population's needs concerning neighbourhood age-friendliness during the pandemic. Experiences with the domains of community support and health services, social participation, respect and social inclusion, outdoor spaces and buildings, transportation, communication and information, and civic participation changed during the pandemic.

Several physical and social neighbourhood features were discussed which contributed to the age-friendliness of the neighbourhood (e.g. supportive residential complexes, transportation options); those that detracted from it included for example decision making about neighbourhoods without listening to the needs of older adults and the accessibility of healthcare during the pandemic.

The study participants emphasised the importance of neighbourhood features that had impacts on their social lives, such as social support and social participation, which supported their participation in community life and ultimately had positive impacts on their well-being. They also emphasised the importance of supportive neighbourhood features that enabled them to remain physically active and engaged with community life during the pandemic.

In line with previous research, this study showed that community and family support is essential for older Surinamese adults’ experience of neighbourhood age-friendliness (Menc et al., 2011; World Health Organization, 2007). Neighbours and (grand)children play prominent roles in the provision of support to the study participants. Participants expected more support from neighbours during the pandemic, but not all of them received it, which affected their resilience. Neighbourhoods in which social ties are strong tend to be more resilient, recover more easily and facilitate adaption to crises (Aldrich & Meyer, 2015; Hellwell et al., 2014; Nakagawa & Shaw, 2004). This study shows that in times of a pandemic support from neighbours has a more prominent role among older Surinamese adults, having an impact on their resilience.

The majority of the participants reported that they received support from neighbours with Surinamese backgrounds. Turkish and Moroccan migrants in the Netherlands are more strongly embedded in their neighbourhoods than are Dutch natives, which gives them more access to neighbour support (Kalmijn, 2022), but this factor has not been explored for Surinamese migrants. Given our findings, we suggest that older Surinamese adults’ ethnic backgrounds affect their receipt of support.

The loss of their social support systems, which included their (grand) children, neighbours and friends (from their community centres), as well as social cohesion in the neighbourhood seemed to have a negative impact on older Surinamese adults’ well-being. Participants adapted to this situation by using technology to stay in touch with family and friends, however this did not replace the physical contact with them that they had before the pandemic. Indeed, previous research showed that visiting family and friends, but not daily telephone or digital contact with them, was associated with better well-being of older Surinamese adults (Jagroep et al., 2022); in other words, physical social interaction is more valuable than digital social interaction. Our findings and those of other studies (Knop et al., 2016; Ten Bruggencate, 2019) indicate that although social technology is a way to stay engaged with family and friends even during a pandemic, not all older adults have adapted to digital solutions and it surely does not replace face-to-face contact and the need for an occasional hug.

In the Netherlands, less-urgent healthcare was postponed and care was delivered remotely when possible during the pandemic, which affected the accessibility of healthcare services (Gerritsen & Voshaar, 2020), as confirmed by the participants in this study. Although the Dutch healthcare system adapted to the pandemic by providing telephone and digital consultations, the participants did not mention these...
measures, suggesting that they did not contribute to the accessibility of healthcare for this population group. Indeed, research shows that certain social groups, such as migrants, are disproportionately affected by certain social responses during the pandemic (Bibby et al., 2020; Caul, 2020; Clair, 2020).

Participants indicated that they received more emotional support from district nurses during the pandemic, which had a positive impact on their well-being. Given the pressure on home care in the Netherlands (Rijksinstituut voor Volksgezondheid en Milieu, 2021), it is especially important to find solutions for this since district nurses also give emotional support to older adults besides medical care. In times of the pandemic this was especially important for the participants.

In line with previous research (Bowling & Stafford, 2007), our findings show that neighbourhood activities provided opportunities for older Surinamese adults to have physically and socially active lives. Previous research on the loss of neighbourhood activities during the pandemic has focused mainly on quantitative outcome measures (e.g. the frequency of social interactions or receipt of social support) (Lebrasseur et al., 2021), rather than older adults' experience of this loss. This study revealed that older Surinamese adults felt socially excluded with the loss of neighbourhood activities and that it was challenging for the majority of participants to find activities that they could do during the pandemic, resulting in lower levels of well-being. Not all participants had the skills required to maintain positive adaptation to this loss, resulting in differences in resilience.

The Dutch government has provided tools to help people deal with the COVID-19 pandemic, but most materials have focused on how to comply with the measures implemented, rather than how to deal with the situation in daily life (RijksOverheid, 2021). Telephone helplines were available to answer questions about COVID-19 (Trimbos-instituut, 2020). However, the older Surinamese adults who participated in this study expressed that dealing with the impacts of the pandemic on their daily lives was challenging, suggesting that these resources do not meet the needs of this population.

This study showed that older Surinamese adults prefer to live in residential complexes that support their independence, which has a positive effect on their well-being. The current literature on ageing in place in the Netherlands focuses mainly on the general older population (Cramm et al., 2018; Nieboer & Cramm, 2018; Rusinovic et al., 2020; Van Dijk et al., 2015; van Hoof et al., 2020). As differences in age-related wishes have been detected between and within migrant groups, the inclusion of and separate examination of migrant groups in such research is important (Conkova & Lindenberg, 2020) to improve policy development and the creation of age-friendly environments for all older adults. For example, Surinamese Hindustani interviewees in this study frequently raised the issue of the availability of group living specifically for older adults with Surinamese backgrounds, suggesting that this form of living is more popular in this group than in other groups with Surinamese backgrounds in the Netherlands. Indeed, previous research in the Netherlands has revealed differences in living preferences among Surinamese population groups; for example, Surinamese Creole people prefer to live independently, with or without care (Babel, 2018). As some older Surinamese adults indicated that moving to senior housing in their neighbourhoods was challenging, as such facilities were fully occupied, recognition of the significance of supportive residential complexes for older adults is important. These complexes support older adults' maintenance of positive adaptations during ageing (e.g. with many residents remaining there to live independently and actively in their communities (Jolanki, 2021).

Participants did not mention any pandemic-specific factor in the housing domain, but as they spent more time in their homes during the pandemic, challenges that they experienced at home have been especially important.

Participants identified several features that contributed to the age-friendliness of their neighbourhoods, supporting their engagement in community life and contributing to their feeling of inclusiveness. However, the degree of adaptiveness to support participants' well-being realisation during the pandemic differed across and within neighbourhoods. For example, changes in the physical environments of their neighbourhoods with the implementation of pandemic-related measures (e.g. making benches unavailable due to the 1.5-meter distance requirement) discouraged them from going for walks (e.g. because they had no place to rest). However, such changes that discouraged physical activity were not made in all interviewees' neighbourhoods, revealing differences in the extent to which neighbourhoods in the Netherlands supported older (Surinamese) adults' ability to go outside and engage in active lifestyles during the pandemic. Pandemic-related measures must consider the capabilities of older adults to help them maintain physically active lifestyles, as sedentary behaviour is associated with lower levels of health and well-being (Park et al., 2020; Withall et al., 2014).

With the rapid ageing of populations, the creation of environments that support (native and migrant) older adults' engagement in physically and socially active lives for the realisation of optimal well-being is essential. Research indicates that the involvement of older adults in the creation of age-friendly environments is essential for public health policy (World Health Organization, 2018), as these residents experience challenges and opportunities regarding age-friendliness. As a member of the WHO's age-friendly cities consortium, the Hague involves older adults in this manner (Gemeente Den Haag, 2020a). Although not a consortium member, Rotterdam implements strategies for age-friendly city development, such as the provision of home modification options and free public transport for people aged ≥65 years (Gemeente Rotterdam, n.d.). However, the involvement of older migrants, with their distinct experiences and perceptions, in the development of age-friendly neighbourhoods remains rare. Indeed, our study shows that older Surinamese adults would like to be involved in neighbourhood decisions, but that they do not feel involved and do not know how they can contribute actively. In future research, investigation of the effects of differences in municipal policy on the experience of neighbourhood age-friendliness would be of interest.

In line with other findings (Menec et al., 2011; Ronzi et al., 2020; Scharlach & Lehning, 2013), our findings suggest that the age-friendly domains are highly interconnected. For example, this study showed that participants had to travel long distances to community centres where Surinamese activities were organised. Presumably, older Surinamese adults with travel limitations were not able to attend these activities, resulting in social exclusion. Municipal policies must meet this population’s need for Surinamese activities (social participation), which has an impact on their feeling of social inclusion. Second, research conducted mainly in large cities in the Netherlands has revealed that many older adults live in unsuitable homes (Leidlmeijer et al., 2017). Participants in this study emphasised the importance of having elevators in their residential complexes to make this form of housing suitable for them, as this factor affects their entry into and exit from the building, and thereby their social lives (social inclusion/social participation). Almost half of adults aged ≥65 years in the Netherlands live in unsuitable housing (HEVO, 2022), and policies need to be adapted to address this issue. Lastly, this study showed that neighbourhood activities provided opportunities to be physically and socially active (social participation) and were essential for participants to remain engaged with and informed about their neighbourhoods (communication and information). Interactions between and within age-friendly domains should be considered during the development of age-friendly environments and policies. As an example, policies that older adults often visit, such as neighbourhood centres (social participation), could serve as the main locations where older adults can receive information (communication and information).

7. Strength and limitations

A strength of this study is the timing; the interviews were conducted during the second peak of COVID-19 in the Netherlands. Participants
had already experienced the lockdown measures in the Netherlands at the time of the interviews; they had time to adjust to the situation, however, they were still experiencing it. The inclusion of older adults with various Surinamese backgrounds in this study enabled us to capture an in-depth view of this heterogeneous population’s experiences concerning age-friendly neighbourhoods during the pandemic in the Netherlands. In addition, the first author visited study participants in their homes, which enabled contact with vulnerable people who otherwise would not have been reached. The involvement of multiple researchers in the analysis reduced researcher bias. Despite these strengths, this study has several limitations. Its results apply only to the older Surinamese population in the Netherlands; findings in other population groups in the Netherlands and other countries may be different, despite the similarity of pandemic mitigation measures implemented across the world. In addition, the study participants lived in only two municipalities; future research should include older adults living in a more diverse range of municipalities to ensure better representation which will contribute to our understanding of the barriers to the implementation of age-friendly initiatives in the Netherlands. Additionally, given that this study is qualitative, we only investigated respondent’s experiences of within and between neighbourhood variations.

8. Policy recommendations

Based on the findings of this study, we make several policy suggestions. First, this study revealed the importance of bench availability, which facilitates older Surinamese adults’ walking in their neighbourhoods. This factor is especially important during a pandemic, when older Surinamese adults (and possibly older adults in general) are discouraged from walking outside when benches are not available. This factor has a negative impact on this population’s social life, as benches are places where older Surinamese adults socialise with others. Outdoor spaces and built environments can be structured to promote mobility, socialisation, and safety during a pandemic, such as with the provision of masks, handwashing stations and a variety of sanitised seating options in public places (DeLange et al., 2020). Stickers could be used to indicate where people can sit in accordance with social distancing rules.

Second, study participants indicated that the tools that the Dutch government provided during the pandemic did not meet their needs; they preferred social support, rather than helplines on which they could ask questions about COVID-19. Indeed, the removal of social barriers during the pandemic to reach migrant populations (e.g. at temples) seemed to be essential to inform them about COVID-19 vaccinations (Blankers, 2021), emphasising the importance of social contact for older migrants. We recommend that the government make telephone lines available for volunteers to actively call older adults to ask about their well-being, which would enable monitoring and the provision of support to vulnerable individuals. Additionally, helplines do not require access to the internet or sophisticated digital devices, making them accessible to older adults who are not digitally savvy. Telephone interventions have been shown to effectively reach socially isolated older adults and improve their well-being (Newall & Menec, 2015).

Policymakers could use the findings of the current study to inform their assessment of current policies and to guide future actions and interventions undertaken by various stakeholders, such as municipalities and community organisations. Our findings may also help municipalities to identify gaps in current policies.

9. Conclusion

Research shows that older adults are less likely to be prepared for crises and may experience challenges in responding to crisis situations due to advancing age (Bell et al., 2021); this especially holds for older migrant populations. Age-friendly neighbourhoods have been shown to support older adults in responding better in times of crisis (Arigoni, 2020; Dabelko-Schoeny et al., 2022). This study showed that certain age-friendly features promoted older Surinamese adults’ positive responses to the negative experience of the pandemic. However, resilience seemed to differ within and across neighbourhoods during the pandemic (e.g. support for the maintenance of physically active lifestyles). Some neighbourhoods adapted to such challenges and others did not, reducing older adults’ opportunities to realise well-being needs together (a prerequisite for community development) (Pan et al., 2020; Sze et al., 2020). As parts of vital cities, age-friendly neighbourhoods offer supportive and adaptive living environments that enable older residents to age within them and optimise their well-being (Fransen et al., 2021; Mao et al., 2020). Participants who lived in neighbourhoods with strong social networks seemed to be better supported by their neighbours during the pandemic, indicating that these networks are essential resources. Resources in the neighbourhood, such as supportive neighbours, provide a context for individual resilience on the neighbourhood level (Masten, 2016).

Involving older (Surinamese) adults in the development of age-friendly public policies (related to COVID-19) in the Netherlands could help age-friendly neighbourhood development, as an indicator of a vital city, and make the pandemic manageable for this population.

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CRediT authorship contribution statement

Warsha Jagroep: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft. Jane M. Cramm: Conceptualization, Investigation, Methodology, Supervision, Writing – review & editing. Semhia Denktaş: Conceptualization, Investigation, Methodology, Supervision, Writing – review & editing. Anna P. Nieboer: Conceptualization, Investigation, Methodology, Supervision, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

References


