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Exploring Older Adults' Experiences of Urban Space in the COVID-19 Lockdowns: Dutch and British Perspectives

Tess Osborne, Arlinde Dul, and Louise Meijering

Introduction

During the COVID-19 pandemic and the consequential lockdowns, the importance of urban neighborhoods as public spaces for people in general, and older adults in particular, has increased (see also [Chapter Ten](#), this volume). This importance has increased because the lockdowns forced/encouraged people to spend the majority of their time at home, only leaving to get some fresh air or go shopping, both activities that often take place locally. In this chapter, we explore various areas in urban neighborhoods in which older adults engage most, and how experiences of service use and green and blue space have been impacted.

For older adults, the local neighborhood typically is an important place. It is where they undertake the majority of their daily activities (such as socializing, shopping, and exercising) and thus experience a strong sense of belonging and attachment (Smith, 2009; Buffel et al, 2014). This sense of

belonging is a fundamental element of ‘ageing in place’ which, in turn, is important to well-being in later life (Wiles et al, 2012): when older adults live in a neighborhood, they typically have a relatively strong local social network, and know how, when, and with whom to engage with its spaces (Boyle et al, 2015).

Another key element for older adults in urban neighborhoods is the quantity and quality of amenities available, such as supermarkets, green space, and health care facilities. Aside from the functional needs of the amenities, spaces such as gardens, parks, ponds, and waterfronts are considered to have restorative and even ‘therapeutic’ qualities (Korpela et al, 2010; Bell et al, 2017): people go there to relax, to spend time on their own (or with other people) away from the hustle and bustle of urban life. More specifically, green and blue space have been found to positively affect perceived mental, physical, and social health in later life, but complicating these positive effects are negative experiences around safety and accessibility (Finlay et al, 2015). To ensure positive ageing in place, these amenities need to be freely accessible and safe for older adults (Van Hoven and Meijering, 2019). However, even if services are nearby, they may not always be accessible for those who use mobility aids or may not be deemed safe (Van Hoven and Meijering, 2019).

Methodology and contexts

This study is part of Meaningful Mobility (2019–24) project which explores mobility patterns and experiences in later life. From the project, 38 older adults (21 Lancashire, UK, and 17 Northern Netherlands), ranging in age from 59 to 82, were recruited for an interview about their everyday experiences and quality of life during the lockdowns. Although the age categorization of ‘vulnerable’, in relation to COVID-19, differed between the UK and the Netherlands (60+ and 70+ respectively), it is important to note that not all of the

participants in this study considered themselves 'vulnerable', but nevertheless chose to or were forced to change their behavior. As such, the participants had different characteristics in terms of health status, living arrangements, location, and lifestyle. Interviews were held via telephone in the native language of the participants and lasted approximately 30 to 60 minutes.

Lancashire and the Northern Netherlands had lower infection numbers compared to other regions in the country meaning that the areas are not the focus of the outbreak, but still bound to the lockdown measures detailed by the governments (National Institute for Public Health and the Environment (RIVM), 2020; Office for National Statistics (ONS), 2020). The Netherlands implemented an 'intelligent lockdown', which included the closure of schools, restaurants and bars, services involving direct contact (for example hairdressers), and public places (for example libraries and museums). A 1.5m person-to-person distancing was encouraged, and while outside activities were permitted it could only be with three or fewer persons, and people were advised to work from home. Compared to the Dutch measures, the UK implemented an obligated person-to-person distance of 2m and people's outside mobility was limited to an hour of exercise or daily essential needs, such as grocery shopping. In both countries, all services were closed except for essential amenities including food retailers and pharmacies among others.

Everyday experiences of lockdown in the UK and the Netherlands

The lockdown measures in both countries had significant implications on the older adults' experiences of their local community and neighborhood since their mobility was restricted to their immediate environments, such as their home and their road/apartment block (see also Volume 1, [Chapter Nineteen](#)).

A prime example of this reconnection with the neighborhood was the weekly ‘Clap for Our Carers’ where there was a round of applause for staff of the National Health Service (NHS) and other key workers on the street each Thursday evening:

‘[We’ve been] going out into the street when we clapped for the NHS at 8 o’clock every Thursday. We’ve graduated from clapping to banging pans and stuff in our street. So that’s actually quite nice because you kind of get to know people, and you see people, and people chat. That’s been a good thing.’ (Ms Foster, UK)

This importance on the neighborhood was echoed among the Dutch participants who had particular weekly events they looked forward to because it was a chance for them to interact with their neighbors as Mr Peeters (NL) demonstrates: “On Friday the fishmonger comes by at 4 pm, I know all this now [laughs]. So, then you see the neighbors and have a little chat”. Prior to the lockdowns, the older adults socialized in the community spaces in the city centers (such as coffee mornings, sports clubs, and restaurants), however, with the lockdown, their face-to-face social worlds have moved to the highly localized public space around the home. This may have resulted in more close social ties with people living in the immediate environment, such as neighbors. The enhanced importance of the local neighborhood was not always experienced as positive. Some participants expressed frustration with the fact that it was not self-evident any more to go out and engage in spontaneous activities, such as walking to the mailbox, visiting other people, doing shopping, or just cycling around to get some fresh air.

In addition to the renewed importance of social worlds in the local community, the older adults refocused their grocery shopping practices to a local level too. For many participants, the supermarkets were perceived to be unsafe spaces and even though most supermarkets allocated specific hours for older adults to shop, our participants disliked that too because “you

trip over the elderly” (Mrs Froolik, NL). Although some of the older adults opted for the quieter hours to do their shopping, many changed their shopping practices and began to avoid places that they assumed would be busy, such as the city center or high streets. So given that the participants’ mobility was often restricted to their local area, some of the participants took the opportunity to explore and try small local shops:

‘I discovered a little corner shop today. Well, I kind of vaguely knew it was there but I hadn’t been. So, I went out this morning and had a chat with the guys who own the shop. That’s a little positive thing.’ (Ms Knight, UK)

Indeed, in both the UK and the Netherlands the participants reported moving their custom from the supermarkets to smaller and local stores including bakers, farm shops, butchers, and corner shops. While these changes were perceived as safer, it was also enjoyable because it provided a chance for the participants to explore new places and quieter quasi-public spaces. Additionally, the participants stressed the importance of growing their own produce in their gardens or in allotments. Unlike the changes in grocery shopping practices, the growing of produce was not necessarily linked to avoiding risk, but gave the participants the chance to get out of their home and interact with nature:

‘I live in a place that means that I can easily go outside. I’m not somebody that’s constrained within four walls, ’cause that would absolutely drive me mad. I’ve got an allotment, which is two minutes’ walks from my house so I can get away.’ (Ms Roberts, UK)

Green spaces (such as the allotments) were very important during the lockdowns (Slater et al, 2020). The vast majority of our participants spoke fondly of their experiences in a variety of green spaces, and often went to specific scenic places such

as nature reserves and the surrounding countryside: “There’s a lot, there’s lots of lovely landscape ’round us. So, I go out every other day, or so and I’ll spend two [or] three hours. So, it’s very pleasant in the sunshine” (Mr Chapman, UK). Yet the increased popularity of natural spaces in the UK and the Netherlands during lockdown meant that these green spaces had increasing numbers of visitors, and were seen by the older adults to be unsafe and therefore avoided:

‘I live a hundred meters from the forest and that is why I can always go for a walk here in the area. And I just notice [...] that it is getting busier and busier. In the beginning when I walked there I saw very few people and now you see more and more. I have to be careful.’
(Mr Kuipers, NL)

So, while the participants enjoyed the green spaces in their neighborhoods, the increased popularity of these spaces meant that they avoided these spaces or engaged with them cautiously or at times when they knew it would be quiet. Thus, the older adults could not fully engage with all the public space in their local neighborhoods, like they did prior to the pandemic.

Conclusion

In this chapter, we explored the similarities and differences in the lockdown experiences of older adults in urban neighborhoods in the UK and the Netherlands. In both countries, we found that everyday experiences became more localized, and that participants concentrated their (food) shopping on one day a week. A notable difference between the two countries was that participants in the UK in particular avoided the city center, as they thought it would be crowded, which Dutch participants did not. However, those UK participants who went into town, described it as a ghost town and rather eerie. In the Netherlands, participants similarly described inner city

experiences as surreal because the streets were deserted. The green spaces in and around the city, however, were much busier than the city center. It is already well established that green space was extremely important during the lockdowns (Slater et al, 2020), yet we have shown that the increased popularity for green space can be an impediment for older adults. With an increased number of people in and using green space, the participants reported that they felt unsafe using these spaces because of the crowding, and therefore began to avoid them. Our data has shown that the shift in scale and avoidance strategies has changed the ways older adults engage with public space. The main drive behind these changes is the perceptions of safety for themselves and others, such as vulnerable members in their household, or those they care for.

The COVID-19 lockdown measures have had major impacts on everyday life, especially for older adults. We have shown that local urban neighborhoods have become even more important spaces for older adults both in the UK and the Netherlands. The participants, as a result of the perceived risk of crowds and busy spaces, often chose to be in and interact with spaces a short distance from their homes, such as local shops, green space, and their neighborhood. While this may imply that older adults were reduced in their mobility, we have shown that for many it has also been a positive experience since it has enriched their social interactions around the immediate neighborhood, and led them to discover new local shops. Therefore, the pandemic may have a positive impact upon ageing in place in the long run, since it has enabled older adults to renew and foster their connections and social worlds in their local areas (see also Volume 2, [Chapter Eleven](#)).

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