



Conflicting notions of citizenship in old age: An analysis of an activation practice

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ABSTRACT

Ageing societies and increasing healthcare expenditures are inducing Western welfare states to reform their care arrangements. In a qualitative research project, we explored how citizenship in old age is constructed in a public innovative care practice situated in the southern part of the Netherlands: the shaping of 'life cycle robust neighbourhoods'. Life cycle robustness entails a further not formally defined ideal of age-friendly places, enabling older adults to live independently for longer periods of time. Participation is being presented as an important element towards life cycle robustness. We used ethnographic methods to understand different constructions of citizenship in old age. We analysed documents and interviewed local policymakers and civil servants, managers and directors in the fields of housing, care and welfare, professionals working for these organisations, and older adults living (independently) in these neighbourhoods ($n = 73$). Additionally, we observed formal and informal meetings and organised focus groups.

Our findings demonstrate conflicting notions of old age. Policymakers and civil servants, managers and directors, professionals, and even representatives of older adults share a belief an activation policy is necessary, although they differ in how they interpret this need. Policymakers and civil servants are convinced that societal and financial incentives necessitate current reforms, managers and directors talk about quality and organisational needs, while professionals mainly strive to empower older adults (as citizens). Simultaneously, older adults try to live their lives as independent as possible. We argue that, whereas old age became a distinct category in the last century, we now recognise a new period in which this category is being more and more de-categorised.

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Introduction

Ageing societies and continuous increases in healthcare expenditures are inducing Western welfare states to reform care arrangements (Bond, Peace, Dittmann-Kohli, & Westerhof,

2007). The Dutch national government is emphasising a need to shift from being a welfare society towards becoming a participatory society. Where participatory democracies encourage the democratic participation of citizens, a participatory society builds on neoliberal agendas that emphasise individuals' own responsibilities for their health and well-being, and an activation of people to help each other (Laliberte Rudman, 2015; Lamb, 2014; Newman & Tonkens, 2011). As part of these neoliberal agendas, an increasing amount of governmental and institutional responsibilities are being shifted to individuals (Dunn, 2005). The Dutch government

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expects that the inhabitants become more independent and active in society by taking care of themselves and their immediate environments. Governmental strategies include a redefinition of participation, as part of a broader aim to maintain an affordable healthcare system, as was already illustrated by Newman and Tonkens (2011). No longer considered as a civic entitlement, participation has become a strategic promotion of citizen's moral obligations. Using "positive public moral" citizens are expressively invited to play an active role in society (Tonkens, 2008).

Participation is considered to be an important parameter of modern citizenship and everybody has been asked to participate as much and as actively as possible (part of the yearly Dutch Speech from the Throne, Troonrede, 2013). Until recently, an active (social) citizenship was not expected of older (retired) adults, let alone the older old adults who were 75 years or over. Everybody was allowed, and sometimes even encouraged to pursue active citizenship and to volunteer in many societal roles, but an actual moral obligation was absent. Rather, people were supposed to enjoy their retirement days as much as possible. Expectations are now changing and even older adults are being stimulated to participate and to strive for self-sufficiency to realise a 'full' citizenship. By striving for self-sufficiency, governments mean that individuals should try to manage and regulate their own health and well-being (Lamb, 2014). If help is needed, people are pressed to find and arrange this within their own immediate, informal networks. The term participation is used to explicate the things citizens are supposed to do for their immediate environments, such as keeping an eye on the safety of a frail neighbour, but also by actively contributing within the community, through participating in or organising social activities. Governments ask individuals to help other people and to do something in return. In other words, the rise of participatory societies is inducing new meanings of citizenship in old age, with an important role for active participation in society, while preferably 'ageing-in-place'.

To better understand further existing notions of citizenship in old age, we performed a scoping review of notions of citizenship and participation in six academic journals about ageing: *Age and Ageing*, *Ageing and Society*, *Journal of Aging and Health*, *Journal of Aging & Social Policy*, *Journal of Aging Studies* and *Research on Aging*. Our search for citizenship resulted in 528 studies that appeared to address citizenship, after which we narrowed our search down to 383 studies by adding the term 'participation'. This number of publications indicated that the relationship between notions of ageing, citizenship and participation has been studied thoroughly. However, it appeared that many studies mainly focused on specific issues, such as legal citizen entitlements of specific older minorities. Notions of citizenship in these studies took citizenship as a given construction of entitlements without any further obligations (Barnes, 2005; Gilleard & Higgs, 2000; Walker, 2008). Active, participative citizenship in old age as it is promoted nowadays, is occasionally mentioned and only as a voluntary achievement. The studies described older adults as being entitled to strive for an active, participative citizenship, with some public support if necessary (Craig, 2004; Isin & Turner, 2007; Wharf Higgins, 1999).

As current activation policies aim for active, participative older adults, notions of citizenship and participation change. It is no longer only about managing and regulating one's own health, but also about taking care of others and participating in

the community. Drawing on a large body of literature, we conceptualised citizenship in old age. This paper adds to the literature on ageing, citizenship and participation as it unfolds new understandings of older adult's participation in society, building on a qualitative research in a public innovative care practice.

Contexts of citizenship in old age

Citizenship

In the context of the rise of 'participatory societies' the meaning of citizenship as well as citizenship in old age is being reconstructed, as it is increasingly associated with active participation. "Own responsibility", "own strength", "empowerment", and "to let loose [as a government]" are mentioned as ideals of a participatory society (Rmo, 2013; ROB, 2012; RVZ, 2012; RVZ, 2013; SCP, 2013; WRR, 2012). Some scholars have criticised these ideals and consider the introduction of 'active citizenship' to be a solution for assumed shortcomings in social cohesion, people's consumerist and antisocial behaviour, social exclusion, and a gap between the citizens and policymakers (Tonkens, 2008, p. 5). This debate pays little attention to the notion of 'citizenship in old age'. To understand how current developments affect older adults and perceptions on their citizenship, we need to know more about the evolution of the concepts 'citizenship' and 'old age'.

The concept of citizenship and its evolution is often described based on three main dimensions: legal, political and social citizenship (Huisman & Oosterhuis, 2014; Kymlicka & Norman, 1994). Legal citizenship, introduced in 1789, concerns sovereign citizens' rights. Between 1870 and 1945, a political dimension evolved with the introduction of a right to vote. Social citizenship, recognised and described by Marshall (1949), arose soon after the Second World War, and involves the idea that people who rightfully live in a city are automatically citizens and receive a social right to private and passive citizenship. In our study we have merely explored this social dimension of citizenship. Whereas legal and even political rights are often conferred to most people upon birth, perceptions on social rights are more sensitive to changes, as its demarcations are less agreed upon and can be the subject of negotiations in policy reforms. Van de Wijdeven, de Graaf, and Hendriks (2013) demonstrated how Marshall's social citizenship has enabled a development of active citizenship since the 1970s, encompassing three active citizenship generations: the acquisition of several participation entitlements introduced generations of 'voice' (first generation), coproduction and interactive policymaking (second generation) and a right within civil society to take initiative (third generation). Most recent developments are described using concepts such as 'do-democracy' and 'citizen power'.

Changing perceptions on citizenship have affected ideas about when a person is included as a citizen or considered to be 'a full member of society' (Kymlicka & Norman, 1994). Wharf Higgins (1999, p. 302) explained how "full citizenship (...) distinguishes participants from non-participants", and how citizens need to be empowered to be able to participate in the society (see also Marschall, 2004; Verba, Schlozman, & Brady, 1995, p. 38). Empowerment is considered to be necessary to support citizens in achieving a citizenship status at "the moment they become unemployed, fall ill or become too old to take care

of themselves" (Isin & Turner, 2007). Although participation is described as part of being a 'full citizen', it is also described as a choice. This choice can be valued differently. For example, Harbers (2005, p. 265) mentioned "a political right to laziness", while Bang (2004) and Bang and Sørensen (1999) described people as "free riders" when they choose not to participate, but derive benefits from the participation of other people. More recent ideas about reciprocity are related to the notion that 'free riders' demonstrate a blameworthy behaviour, they revealed how many people feel uncomfortable and dependent when they are unable to return a favour (Bredewold, 2014; Linders, 2009; Tonkens & De Wilde, 2013). Recent studies used concepts of empowerment, inclusiveness, full citizenship, and reciprocity to describe ideals about an independent citizenship status, but they also explored the meaning of 'affective citizenship' (Kampen, Verhoeven, & Verplanke, 2013) or 'ethical citizenship' (Muehlebach, 2012). According to Muehlebach (2012, p. 146), the 'moral neoliberals' developed an idea that people can only 'remain' citizens under the condition that they remain active.

Old age and ageing

Notions about 'old age' and 'older adults' as described in the works of scholars like Bijsterveld (1995) and Bond et al. (2007) evolved as a consequence of the introduction of a welfare state and social rights. Bijsterveld wrote a dissertation on the history of the academic and political discourses on ageing, which included a history of how old age developed as a specific category, while Bond et al. provided an overview of a variety of perspectives on gerontology. Both studies considered the introduction of a notion of retirement in the 1940s to be an important turning point in the way ageing and old age were and have been perceived in Western societies. Preventing unemployment became an issue as a consequence of an ageing society; old age was now categorised as a specific or separate phase of life, a phase of retirement. Based on their age, people were enabled to enter a newly constructed phase in life, where there was no need to remain active and where they could withdraw from social life.

Retirement and the possibility that people could choose to live in retirement homes affected common thoughts about ageing and old age. The choice to live in a retirement home could now be perceived as a choice to stay independent, especially independent from their children. In and around the 1960s, it was mainly the healthy older people who chose to live in these places, among other healthy, often wealthy older people. New nursing homes needed to be built for disabled or chronically ill, unhealthy older adults. At the same time, distinctions were introduced about the meaning of old age and new distinctions were made between being 'young-old' and 'old-old' (Bijsterveld, 1995; Walker, 2008), and between a 'third age' and a 'fourth age' (Laslett, 1987). Autonomy, agency and self-actualisation were considered to be third-age characteristics, while dependence and decrepitude were supposed to characterise the fourth age (Scourfield, 2007). As Gilleard and Higgs (2010) argued, the positive status of the notion of third age, relied on the active exclusion of the (older old) fourth agers.

In relation to the increased institutionalisation of older adults, it became clear that older adults were not a homogeneous group. General characteristics of old age were no longer adjusted to reality, and living arrangements did not consider the

differences between older adults. The possibility of retirement was introduced to solve a social problem of unemployment and housing. Old age was increasingly understood as a new phase of life, a category of older adults, and these people were encouraged to leave their big family houses and move towards retirement homes. As a result of the new categorisation, some older adults found a new independence, but Bijsterveld also described how this categorisation caused feelings of loneliness, being redundant, losing a marginal preferential position and being discriminated against as a minority (although actually almost being a majority). By facilitating older adults to remain contributive and participative, but also by the 'social recognition of a hard-earned life', older adults experience how they are still of value to the society (Milton et al., 2015). Preferences about living at a retirement home in old age changed (Dahlin-Ivanoff, Haak, Fänge, & Iwarsson, 2007; Sixsmith et al., 2014); instead of moving towards retirement homes, a growing number of older adults now prefer to remain living independently in their own homes, although they are also encouraged to do so. The possibility to grow old at home has become valuable, since the home is considered to be a place that reflects a person's own identity and society, enabling options of independence, autonomy and participation (Sixsmith et al., 2014).

Where old age and citizenship meet

The modern concept of citizenship, as introduced in 1789, developed from legal entitlements towards a criterion for being an active member of society. The increasing emphasis on participation and active citizenship by 'all citizens' influenced ideas about ageing and old age. Independence and the ability to participate have come to define a new concept of citizenship within old age. Governments are steering towards an increased independence of citizens, hoping to cut back on a need for public (paid) support. Actual consequences of 'not-participating' seem unclear, but new notions of citizenship might exclude non-conforming people, including people who are unable to organise support to remain independent, which is considered a crucial element of citizenship (Fraser & Gordon, 1994). According to Townsend (1981) a governmental framing of older adults as costly and (socially) dependent was actually "being manufactured socially", by "concepts as retirement, pensionable status, institutional residence and rather passive community care." Older adults were traditionally considered as passive "recipients" of care (Petriwskyj, Gibson, & Webby, 2014). Independence however, is also related to dignity, which is believed to encourage the maintaining of autonomy, relational and self-identity (Black & Dobbs, 2014; Gilleard & Higgs, 2010; Lloyd, Calnan, Cameron, Seymour, & Smith, 2014). Some other enabling elements mentioned in recent studies were empowerment, affectivity, reciprocity and ageing-in-place.

These notions of citizenship in old age express an importance to remain in control of one's own decisions and actions, even when getting physically dependent. Within a current citizenship discourse, 'successful ageing' seems to play a more important role than ever, even though the subject of ageing and defining success is very complicated and heterogeneous (Bülow & Söderqvist, 2014). Robert Havighurst introduced the term successful ageing already in 1961 but a uniform definition is still non-existent and a variety of labels is used, including active

ageing, positive ageing, vital ageing and healthy ageing. The World Health Organization (WHO) encouraged active ageing, as an ageing population necessitates the development of strategies which allow older people to stay engaged and participative within their communities: “active aging [should be] a comprehensive strategy to maximize participation and well-being as people age. It should operate simultaneously at the individual (lifestyle), organizational (management), and societal (policy) levels and at all stages of the life course.” (Walker, 2008; WHO, 2002). Active ageing is considered a “process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2007, p. 5). Although these definitions imply a facilitation of a participative, healthy ageing process based on individual preferences, these definitions do illustrate how possibilities of participation have become important within political, health and more theoretical discourses of ageing and old age. Nonetheless, some studies have criticised a marginalisation of old people who cannot live up to this active ageing standard (Minkler & Holstein, 2008). Lassen and Moreira (2014) argued that if people are to accept active ageing as ‘a way of life’, a place for passivity seems crucial. They warned that following new ideals of a ‘good late life’, might deconstruct former structures and expectations of old age.

In his work, Higgs (1995) demonstrated how older people are sometimes implicitly denied citizenship when the body becomes a defining element for a person's opportunities to participate. Social rights of participation have become increasingly important to retaining a citizenship status, but also define this citizenship status. This status is restricted when a person has limited physical and mental abilities to actually participate. Being unable to leave a place restricts opportunities to genuinely participate. Scholars like Gilleard and Higgs (1998), Higgs (1995) and Persson and Berg (2008) illustrated how older people in welfare states who become ill or disabled are no longer able to use the options of ‘exit’ and ‘voice’, which limits their opportunities for genuine participation. As Persson and Berg (2008) argued: “users of older services in welfare states may be deprived of their ‘exit’ options and face considerable constraints when it comes to raising their ‘voices’”.

Older people who still live independently seem to have more choices than people who live in nursing homes, but they are also limited when they need anything. Several scholars have argued that the living place is assumed to play an important role in older adults' citizenship status. The term ‘ageing-in-place’ is a widely used concept to define this argument (Sixsmith et al., 2014). However, Dahlin-Ivanoff et al. (2007) remarked that the home of an older adult can also change into a workplace for social services and healthcare professionals and noted how this can cause a decrease in independence: “Even if they [frail older adults] consider themselves to be in control of their daily activities, (...) [they] are in the hands of others in terms of not being allowed to decide for themselves”. Having to reorganise one's home and manage the frequent comings and goings of professionals can affect a person's sense of freedom. These frail older adults are no longer independent in the same way as before, and even if they consider themselves to be in control of their daily activities, they are in the hands of others in terms of not being allowed to make their own decisions. Freedom can be limited simply because

older adults can no longer freely decide when and how to do things differently.

Given these notions of citizenship as strongly related to ideals of independency, autonomy, relational and self-identity, further understanding of perceptions of citizenship in old age within a contemporary society requires additional research.

Methodology

Drawing on a qualitative research we explored how citizenship in old age is being constructed in a public innovative care practice, namely the shaping of life cycle robust neighbourhoods in a transition process called ‘Voor Elkaar in Parkstad’ (For Each Other in Parkstad). Following the WHO's concept of age-friendly communities from 2007, these life cycle robust neighbourhoods entail an ideal of age-friendly places where all inhabitants, including older adults, can live independently for longer periods of time. This resonates with ageing-in-place ambitions. Life cycle robust neighbourhoods are introduced as a suggested solution for the challenges induced by a rapidly ageing population and increasing healthcare expenditures in Parkstad (i.e., an area in the south of the Netherlands). However, it is not yet clear what these life cycle robust neighbourhoods should eventually look like. The importance of independent, participating older citizens has been emphasised recurrently in practice by several actors involved. But even definitions in project plans written at the start and during this study did not help in finding a good clarifying definition. In a few sentences these documents only describe an ideal neighbourhood that “enables older adults to live independently and remain self-sufficient for longer periods of time”. This should be achieved by: “not focussing on services, but on the way organisations collaborate”. Eight municipalities, a healthcare insurer, organisations in the fields of housing, welfare and healthcare, and a group of representatives of older adults, initiated this collaboration to face these challenges together. We analysed the process in general and investigated the practices in two specific neighbourhoods in-depth: Heerlerheide, located in the largest urban municipality (population greater than 88,000) and Onderbanken, a small rural municipality (population less than 8000).

We tried to unpack the dynamics and practices of a project that we describe as a policy and care innovation, following insights from science and technology studies (STS) (Jasanoff, Markle, Petersen, & Pinch, 1995). STS helped to deconstruct the actual meaning of citizenship, by granting a way to understand and reflect upon who counts as a citizen, within specific contexts and based on what, besides offering a classical categorisation in inclusion and exclusion (Jasanoff, 2004). The fieldwork in this study drew on ethnographic methods to analyse how citizenship is constructed in practice (Alvesson & Sköldbberg, 2009). Data collection took place from July 2011 until December 2014.

In this paper, we distinguished between many perspectives on (social) citizenship in old age: those of policymakers and civil servants; managers and directors of organisations; care and welfare professionals (i.e. social workers, neighbourhood nurses, specific advisors of older adults); and older adults and their representatives. As the project focussed on independent living older adults of 75 years and older, we mainly investigated the experiences of older adults who were 75 years or over.

The institutional stakeholders (policymakers, managers et cetera) tried to engage older adults by inviting them to send representatives to participate in formal meetings. However, we discovered that other participants considered these representatives often as 'professional older adults' and it is unclear whether they actually represented the genuine voice of older adults, or only interpreted this voice. Participants assumed that these representatives grew biased over time, as they became accustomed to political language and procedures. Most of the representatives were also younger than the group of older adults they were asked to represent. We tried to capture a more genuine voice by interviewing and observing independent living older adults in and about their daily lives.

To understand the underlying ideals and goals, we started with an analysis of relevant documents, such as project plans and minutes from key meetings. In 55 semi-structured in-depth interviews, the first author interviewed 51 policymakers and civil servants, managers and directors, and professionals. Ten interviews were held with more than one representative at a time and eight people were interviewed more than once (two or three times). The main themes we discussed with these institutional stakeholders and which we used in our analysis in this paper, were the aims of this policy and care innovation, interviewees' perceptions on older adults as a target group, and the meaning of life cycle robust neighbourhoods. Albeit topic lists were used, all interviews focussed on those elements considered most important by our interviewees. Our interviewees elaborated for example on how they understood participation and citizenship in old age and how these concepts were or should be operationalised in practice. To understand the perceptions of older adults about this innovative care practice, we also interviewed 28 independent living older adults in 18 interviews (partners were interviewed together). Key themes in these interviews were older adults' perceptions on living and ageing in their neighbourhood, their ideals about living a good life, and their ideas about current changes in politics and society. As older adults described their ideals and experiences, we gained insight in their perceptions of citizenship, participation and ageing. Each interview lasted between 20 and 150 min. Audio recordings were made of 70 interviews and transcribed verbatim in Dutch. Due to practical and technical limitations, during three interviews only notes were taken. The quotes used in this article have been slightly edited for readability.

In addition, the first author made observations during 55 formal and informal meetings, including steering committee meetings, project group meetings and case management meetings, as well as at lunches, handicraft groups and bingo games that included older adults. A few professionals were observed during their daily work, mostly in interaction with older adults or in meetings with other professionals. Six focus groups were organised to gain further information and check for saturation. In these focus groups, professionals, a social neighbourhood team (comprising professionals, civil servants and managers), a project group (comprising managers and civil servants) and a steering committee (comprising policymakers and directors) discussed the collaboration process, successes and failures. The older adults who we interviewed were invited to visit a meeting in their own neighbourhood. Ten older adults attended these meetings, together with five representatives of older adults.

Citizenship in old age: activation policy and celebrating independence

In need of activation policy

Policymakers and civil servants, managers and directors of organisations, and care and welfare professionals agreed that the innovative care practice we studied needs an activation policy. Nevertheless, interviewees developed different narratives about activation and articulated this need differently. In this section we demonstrate how these different actors framed activation of older adults as necessary, while talking about developing life cycle robust neighbourhoods.

'Governmental strategies towards activation'

The stories of policymakers and civil servants made it clear how they construct the socio-political context of their work. They told us how the national government in the Netherlands promotes an activation approach and expects the local governments to translate the decisions made at a national level into local practices and to reduce their healthcare expenditures by shifting governmental and institutional responsibilities to individuals. Our interviewees argued how they experience a need to be able to serve 'more people with less money', while also managing an increasing demand for care and government facilities. An alderman explained: "Because no matter how you look at it, the municipality still has to be able to take care of more people with the same amount of money".

On the one hand policymakers and civil servants feel pressed by the assignment to decrease local healthcare expenditures and activate citizens to be self-sufficient and participative. However, on the other hand, they themselves consider a reform to be necessary and they believe that times have changed and the levels of activation and participation should be raised. Although they acknowledged that some people are still frail and in need of care, policymakers and civil servants think the activation of citizens, in their own neighbourhoods, is achievable. In their view an increasing proportion of the current group of older adults is able to participate in society, or rather, in their own neighbourhood. A civil servant argued: "You have groups of people [who are] more vulnerable, need more support and more care, but there are also more and more older adults who are also still active until they are 75 or 80... or for their whole lives... Could you not make use of them for certain things?" These local policymakers and civil servants appropriated the national activation approach, which is illustrated in the way a civil servant specified his expectations of citizenship in old age within society: "We have always talked a lot about the vulnerable older adults, but of course there are also a lot of older adults who are still very vital. They shouldn't only spend their energy on their grandchildren even if that's a fun and good thing. They should also take some part of the responsibility for the care of the less vital members of their own generation."

In embracing an activation approach, policymakers and civil servants referred to what they now consider to be negative developments from the past. For instance, they explained how former public policies resulted in citizens who became mainly used to certain entitlements, and kept asking for publicly paid help instead of looking for solutions within their own environments. An alderman added: "People are, in the jargon of welfare professionals, pretty much consumption minded. If

services are provided, people love to participate. That's not really the problem, but having them organising things themselves is the hard part. In general, people like to bide their time." In his view, categories like 'older adults' have become obsolete: "Really, those age categories are pretty random and even somewhat funny." He illustrated how he thought that the category of old age did not really apply to him, although he was almost 60 years old: "I already belong to the category that's supposed to drive around in a mobility scooter." Some moments later he added: "My take is that it's more important to think in terms of limitations." Many older adults can remain or become quite active, so policymakers and civil servants prefer to make distinctions based on individuals' abilities and disabilities. All people, including older adults, are expected to participate in society in line with their abilities, preferably in activities taking place in people's own neighbourhood, but also by taking care of themselves and each other. A civil servant explained how an older adult who receives a mobility scooter can help the community by driving up to a primary school in the neighbourhood, and read out books to the children. An underlying idea is that by remaining active in society, problems of social isolation can be prevented, while simultaneously expenditures are cut back by making use of volunteering older adults instead of publicly paid professionals.

Although local policymakers identify with the national activation policies and strive for more participation, they also said they feel that they should express themselves cautiously, as they depend on the local electorate. They struggle to find a balance between attuning to their electorate in local accounts of their policies and the actual implementation of participatory policies. During a meeting, one alderman described his frustration as being misunderstood by the citizens he represents: "...you somehow want to make clear that you are actually opposing the policy, the speed with which things are happening, and that people are not understanding that you're also not supporting these things". Another alderman tried to explain why older citizens will eventually be pleased as well. "Some people are dissatisfied and others are satisfied because they are receiving some specialised care and responding to that like 'gee, how nice'; [they are happy] because people are visiting them at home and in the past they were supposed to visit the city hall first...". In this quote, the alderman expressed a desire to please citizens, but also added that the activation approach is necessary: "Sure, but we are also examining, what you, mister Jansen, can still do yourself".

'A need to organise care differently'

Managers and directors of care and welfare organisations said they have to face the consequences of changes based on national and local policies and the financial impulses to change. A care director illustrated this point by saying: "We have almost exhausted our possibilities, but the demand is going to increase. If you don't succeed in finding different creative solutions, you will really end up with a lot of clients [who] you won't be able to serve, or only could serve in a tremendously reduced capacity". As they are concerned about the consequences of budget cuts to care, like a reduction in jobs and a decrease in quality of care, managers and directors apparently get creative and pursue qualitative improvement. In fact, the initiative for the innovative care practice that we are describing in this study was originally proposed by a healthcare director

who was convinced that care should be organised differently. Managers and directors stress how they think that smart solutions need to combine a decrease in healthcare expenditures while improving the quality of care in a way that does justice to the participation of older adults. They said how they prefer to organise the care system differently, in a way that benefits both the needs of citizens and the needs of the care system. These actors articulated an idea that citizens prefer independence, which can be enabled by encouraging self-management and societal responsibilities of citizens. This will simultaneously help to reduce healthcare expenditures.

By focussing on what people really need, more tailor-made care can be negotiated. A care manager explained: "So on the one hand you have the need, and on the other the vision underlying the fact that people's autonomy is of great value to us. That's not only the case when they start being our clients, but also before and in a time where we might be able to stimulate them somehow so they can move the moment where they enter into our care to a moment far, far ahead or not at all". Older adults should be activated to help each other as much as possible, for example, by cooking for each other and sharing a dinner instead of going to organised day-care. A healthcare director described the ultimate result: "that people not only stay home longer, but that they also just want to stay home for a longer period of time, that they won't be coerced, but will be enticed to find solutions within their own environment or neighbourhood... Solutions which won't result in more severe indications which would result directly in much higher [public] costs." The stories told by managers and directors make it clear that they believe the ambitions of this transition process build on the idea that the promotion of 'ageing-in-place' is genuinely in line with the wishes of older adults.

Managers and directors acknowledged that previous changes in these organisations, like market incentives, have changed care into a bureaucratic financial system and have stimulated people to choose publicly paid care instead of seeking for solutions within their own possibilities. A healthcare director argued: "... In the past couple of years, it used to be extremely easy to obtain certain referrals. And care providers were allowed to renew those referrals. Really, what would you do yourself if you owned a business?" According to a manager of a welfare organisation, the passivity of citizens was caused by the same institutions that now want to change it: "In the past, we provided care to anyone who had the slightest problem... they stopped working and only played bingo or something like that. We discovered that this didn't make people very happy and that they have much more potential." Managers and directors argued that older adults, who have become accustomed to asking for care, now have to become participative. A manager of a welfare organisation said: "the client has to change his or her attitude. It's no longer about claiming rights; no, according to the law you are going to be compensated. If your drive to participate is held back by certain limitations, the Wmo [i.e. the Dutch social support act], in this case the local government, has to tackle this limitation for you."

Managers and directors talked less diplomatically about older adults than policymakers did. One healthcare director explicitly stated that older adults should take more responsibility: "No I think that older adults should notice that it isn't just the government who asks them to take their own responsibility and organise certain things themselves... and that they should actually do that. Which they will take in a bad way, because

they don't enjoy having their responsibilities being pointed out to them. Especially in this region, behaviour tends towards leaning and claiming. But done the right way, it will result in a better ability to support themselves it's questionable whether it's the right thing to do to be this paternalistic, but whatever."

One of the main concerns of managers and directors relates to the assumed success of the activation approach. Sometimes they openly doubted whether the aim of the transition process is practical, whether citizens can be activated as they hope. A director of a welfare organisation stated: "That we won't be able to reach the client, is ultimately still... I'm sure we'll be able to reach the client, but will we be able to mobilise the citizen in reality, and in a way that citizens will have to take responsibility "For Each Other" [i.e. the name of the transition process] and will we be able to make this happen?" A manager of a care organisation also shared her concerns about the deployment of volunteers, who are needed to take care of people who are no longer able to take care of themselves: "We are making claims about how we should use volunteers and write a lot of papers about it, that volunteers are very important." She explained that she thought this to be risky: "I think it's questionable whether we can find them". After adding examples of all the fields where volunteers are expected to fill in public gaps she concluded: "For God's sake, where are we going to find them?"

Managers and directors of welfare organisations found themselves in a difficult position, as they have to carry out the activation policies in practice. Nevertheless, they welcomed the opportunity to reflect on the quality of care again and feel challenged to innovate. In the context of financial limits and the need to activate older adults, quality of care discussions get a new dimension; it is in this context that managers and directors repeatedly discussed the possibility of introducing a quality label for 'life cycle robustness'. The importance of this was explained by one healthcare director: "quality isn't so much defined by, well, if we finish this, then we're done, but more by getting on the same wavelength, agreeing about what is really important. And how are we going to explain what we are doing [i.e. looking for suitable cheaper solutions] to the ordinary citizen and our own employees in a way that makes it clearer and makes it become more tangible?" A quality label was discussed as an instrument, that should help to visualise the intended outcomes of this transition, namely a neighbourhood that mediates citizens' independence and tailor-made care arrangements. Directors and managers expressed they expect that citizens will not understand the changes at first, as their access to publicly paid care or help will be limited. Simultaneously, the reductions on publicly paid care necessitate the director to cut back on his employees. He said he finds it hard to tell his employees that the new ideal of healthcare comes with less publicly paid care, which obviously implies that fewer professionals are needed.

'Love to empower older adults'

For care professionals, the rise of activation policies is not only a problem, but also an opportunity. While they were used to providing care based on formal and standardised regulations with little room for professional discretion, they are now expected to empower people's citizenship. Professionals expressed to experience the call to activate as an opportunity to demonstrate their professionalism and empowerment

capabilities. Their narratives demonstrated they feel challenged, inspired and proud to be 'pioneers': "what I also really enjoy [as my colleague also said] is that this is the direction everybody is going to move in and in that sense we're at the front of the race." They said they like to explore new professional empowerment approaches and to develop new professional identities. A neighbourhood nurse explained: "people always talk about, citizens always talk about having the right that you should be there every evening, from 8:00 until 8:20. But now people are saying 'oh, I'm no longer dependent on the time you show up'."

In accounting for the new activating approaches, professionals referred to policy reforms, but they identified with it quite easily. "Yes, they are now brought to talk about their own responsibilities, aren't they? Not the helplessness, but their own power, if I may say so." Professionals made clear they embrace the activating and empowering approaches as instruments to redefine their professional role, identity and methods. Making older adults more active is perceived to be more rewarding than taking care of a person's 'given needs'. "Yes, we assume—that comes with our profession—the ability of the patients to take care of themselves [as soon as possible]. I'm in neighbourhood X, in the centre actually. A lot of older residents are living there on their own and it is our goal to make sure these people maintain their ability to live on their own." These professionals demonstrated a love to empower citizens and to broaden their repertoire.

However, based on their experiences in daily practices, professionals also pointed to the limits of the activation approach. Although the professionals we observed were very enthusiastic about their new assignment to empower, they thought that local governments and the managers and directors of their own organisations had too-high expectations of their ability to identify new sources of participation. They warned that not all professionals have the capacity to work that way, as they are educated differently, and not all citizens will respond positively to the calls to become more active instead of being nursed. Professionals shared that they expect that some of their peers will feel more comfortable in their former roles: "It's a rather common thing that people want to please the citizens". In a discussion about this new professionalism in a focus group with professionals, a neighbourhood nurse elaborated on how professionals struggle with their new role and their assignment to empower older adults: "But you will notice that citizens are willing to keep an open mind about these things. They are willing to discuss this completely different approach, maybe [the citizen] even more so than certain professionals."

Professionals also stated that the new approach is not suited for very fragile older adults who really need help. In their daily practices, professionals meet a lot of older adults, most of whom pursue independence and will not ask for anything until it is really necessary. One of the downsides of the activation approach is that some older adults, reluctant to ask for help, will be restrained even more. In fact, some professionals question policymakers' assumptions about the claiming of care and the dependent behaviour of older adults. A case manager said: "In my opinion, I think, there are really a lot of older adults who want to be independent as long as possible. Everybody appears to think that every older person thinks, 'I'm entitled to that'." Another professional added: "But those are

not only older adults. Of course there is a group of people who think, 'hey, that's what I'm entitled to; I have to get that, even if I don't have any use for it'. But of course there is also another group who continue alone to an unbelievable level, practically until they are falling down, yes..." Some older adults do need help, and professionals are afraid that some of those needs will not be identified adequately.

Celebrating independence and a right to remain carefree

In the care practice we studied, representatives of older adults were invited by organisations and local governments to participate on behalf of older adults. Through our observations, it became clear how their representation of older adults' needs and ideals actually seems to be a bit different than older adults' own stories. Representatives expressed a need for change: in great part, they seemed to support the activation approach and the ideas about the need to encourage older adults to attain an active and independent lifestyle and to help each other. This was clear in the way representatives talked about and responded to older adults. During a meeting with older adults, a representative tried to support an 89-year-old woman by repeatedly saying "good, good, very good" in approval of all the activities she said she still did, such as singing in a choir and attending a gym class. When the woman explained that she sometimes found it difficult to ask acquaintances for help, a representative responded she should not forget that: "It's entirely possible that the person you might approach for help would tremendously appreciate being asked; that's how things are. You have to get rid of the notion, which my mother had as well, that 'I dare not ask'." By saying this, he tried to make clear how he thinks older adults need to take more initiative to self-manage.

While policymakers, civil servants, managers and directors of care organisations, professionals, and representatives of older adults discussed the need to activate older adults to be less dependent on professional help, the actual practices of older adults are imbued with independence. The statement of an 81-year-old woman, "I'm happy to be independent and to continue to be that way my entire life", is typical of the way most older adults in our study expressed themselves about ageing and their relationships with family, friends and neighbours. For them, active citizenship is not governmental policy, not a necessary organisational or professional change—it is everyday practice. In narrating their lives, older adults demonstrate how they strive for a meaningful and mainly independent old age. They mentioned the importance of family, good neighbours and friends, but also the importance of being independent, self-sufficient and living in their own homes. Autonomy, independence, participation and ageing-in-place seemed to be as important for the older adults we spoke with as for policymakers and civil servants, managers and directors, and care and welfare professionals. However, their interpretations of these notions are quite different.

'Activated already'

The older adults interviewed in this study strive for independence in several ways. Some mentioned that they are owners of and responsible for their own lives: 'you have to do it yourself'. They considered independence to be an important element of their identities, describing 'the merits of being

independent' and 'being proud to have remained independent'. An 89-year-old woman recalled a German saying to describe how she retains her independence: "Look, I'm still really there, I still take an interest in everything. You have to. It's like the Germans are always saying: 'Age is not the number of years, age is not the grey hair; old is when the capacity to see the funny side of things is gone and nothing interests you anymore'." She wanted to emphasise that she did not consider herself to be inactive or dependent, since she was trying to live by this motto, trying not to feel old because of her age. She elaborated on how she was staying active by keeping an interest in what happens in society, besides the physical exercises she did on a daily base.

Most older adults demonstrated pride in their independence, but also revealed an anxiety about asking for help, especially from relatives and friends. For instance, the woman quoted above mentioned how her independence determines her relationship to other people. She explained that she had not asked her neighbour for help after she fell out of bed in the night, because this would have been an act of dependency. Instead, she called the alarm service. She considered being able to arrange professional care to be an act of independence: "When she asked me in the morning, why didn't you call me, I would have done that for you. I said: 'what I can do myself, I will do myself'." Older adults who have watched the transformation of a culture with almost no professional care into a well-organised welfare system with many professionals perceive professional help to be a road towards independence, as it does not force them to ask their own children or neighbours for help.

The older adults we interviewed have thought about their futures and the way they prefer to live their lives, while being aware of their health situations and specific possibilities and constraints. Most of them who live in urban areas and some of them who live in rural areas had moved several years earlier to apartments designed for senior citizens, and they pointed to the adjustments they had made or could still make to their homes to remain able to live there if they became disabled. Many of the older adults in rural areas had been living for more than 40 years in houses they bought or even built themselves. They also described how they had adapted to their circumstances. The possibility that they might not be able to sell their houses quickly in the current market also affected their future visions.

In narrating their lives, older adults did not present themselves as demanding or dependent, as many of the policymakers, civil servants, directors and managers we interviewed and observed assumed in their stories. On the contrary, they stressed how they would only ask for help if they really could not do without it. They made clear they will postpone doing so as long as possible. Stories about their relationships with their general practitioners are illustrative. While many older adults mentioned the general practitioner as the first professional person they would go to in case of a problem, some of them spoke proudly about how they have not visited their general practitioner in a long time. An 80-year-old woman proudly stated: "Three weeks ago, I just visited [name of her GP]. 'Finally' he said, 'you're not letting me make any money'. Well. That's how often I go to the doctor." Most older adults find it hard to ask for help, as explained by an 88-year-old woman: "You only have to ask, and I'm not the asking type. I'm always

afraid to be rebuffed or something, or that they will think of me as... But yes. If you don't ask, they can't help you, of course."

The older adults we interviewed also explained how they feel urged to contribute to their environment, and how they have a kind of social but also a societal obligation to remain participating citizens. For example, a 76-year-old woman spoke about how she struggled on after losing her husband (who passed away when they were both in their early fifties) as well as her son (who committed suicide soon after her husband passed away). She explained that she had to, that you need to move on despite your own private tragedies, although this is not always easy: "But yes, you can't rest on your chair forever, that's not a possibility here. You have to get through things, no matter how difficult that might have been. If just only for the children, the grandchildren and everything, failure is just not an option." During this interview, she elaborated on the different ways she is and has always been active and participating, caring for others and herself. She spoke about the importance of taking care of others and the way this actually leads to reciprocity. She proudly recounted how she "had" to knit many scarves for her acquaintances and family during one of the past winters, a way for her to be able to construct her own citizenship as it enabled her to be of importance for other people: "That's when it starts to itch, I have to work". She elucidated that "no, I can't just sit still, in the winter things are somewhat different, at a time like that you don't, you can't do anything outside, can you... but during the summer... Yes, during the winter, not the last one, the winter before I had to knit 37 scarves."

'We deserve carefree retirement days'

The older adults we interviewed seem not indifferent to the assumptions made and communicated in media by policymakers and other organisational stakeholders. Although they expressed that they understand that the current policy is perhaps considered to be a solution for an urgent issue, they think that the way it has been communicated and translated into real life practices is unjust. Older adults did not recognise themselves as passive consumers, an image put forth by the media. Most of them explained that they have participated already, and feel like everybody has forgotten what they did in the past. They said that they feel a lack of respect that is expressed in different ways: some people are extremely angry, others are more acquiescent, but all of them expressed a lack of confidence in the current government. A 76-year-old man explained: "I'm not complaining, mind you, not at all, but it's true: I earned it and they should leave it alone".

Although these people explained that they do not agree with recent political measures such as cuts in their old age pensions, they also fear for future generations. They are convinced that their children and grandchildren will have much more difficulty in making a living. They spoke about their own experiences, about the way they took care of their own parents for years. The older adults we interviewed explicitly stated that they do not expect, nor want, their children to help them like they did for their parents. One 80-year-old woman stated: "No, no, I should, I hope, never see the day that my children have to take care of me". They also think that in addition to their past contributions, they are still contributing in many ways that are not recognised by policymakers. Most older adults spoke about how their current lives could actually be understood as ongoing working lives: they get up early

every day to manage their households, to work in their gardens or to take care of grandchildren or great-grandchildren. An 81-year-old woman said: "Yes, that's what I've always done. If somebody asks me something, I'm already saying, sure, come to me..."

Recognition and significance in society are important concepts for the people we interviewed. They also felt it was important not to feel pressured, not to feel as if they needed to justify why they have not been working all day long or have not been active as volunteers in their neighbourhoods. The people we interviewed found it important to stress how the things that they do and the things they have done demonstrate that they have actually earned their 'carefree retirement days'. An 81-year-old woman illustrated this argument by describing how she helps her neighbours in her flat. She likes to help her neighbours, for example by giving them a voice on the residents' council, by preparing meals and by providing mental support: "Here they are often claiming, '[own name], you're not the mother of everlasting welfare'. Because I like to cook, to bake and I'm just alone, but I will always make enough so I have something to share." After sharing a list of exemplary situations she expressed: "but I really like doing so." She repeatedly emphasised that she does not need any recognition: "I don't want people to put a crown on my head for doing these things, it shouldn't... that's not why I'm doing this." She illustrated how she thinks remaining active is important for your independence, and she cannot understand why some people choose a more 'passive' life.

Although some of the older adults in this study supported an activation policy in certain cases, they framed this policy differently than local governments and organisations and expressed the need to actually hear the voices of older adults. They defined activity and independence differently than in the institutional activation approach, since they see getting help from a professional as a road towards independence rather than a road to dependency.

Conflicting notions of citizenship in old age

In the sections above we demonstrated different notions of citizenship in old age in a specific public innovative care practice, where policymakers and civil servants, managers and directors, professionals, and older adults and their representatives collectively try to shape life cycle robust neighbourhoods. These neighbourhoods are envisioned as age-friendly places that are meant to enable the pursuing of a participatory society, towards a sustainable care system. Within this practice a shift of public responsibilities to individuals is being promoted. This is in line with neoliberalist ideals of less state and more individual responsibilities emphasising the importance of being able to manage and regulate own health and well-being (cf. Lamb, 2014). Older adults are encouraged to remain independent in their own homes for longer periods of time, to take care of themselves, of others and to participate in society. The reforms did affect the meanings of citizenship and old age. The promotion of an active, participative citizenship within an ideal of a participatory society, assumes that citizenship is a state of being that can be achieved with specific actions or behaviour. Participation has become a tool for defining a citizen's identity. Contrary to existing discourses of positive, successful and active ageing, that build on an idea that

citizenship is a given right, our study reveals how citizenship is becoming a negotiable concept, rather than a given right.

Our findings demonstrate how new and conflicting notions of citizenship in old age appear in practice. Although the practice we studied was initiated to facilitate older adults in their ability to live independently, the stories we heard demonstrate a remarkable change in the perception of old age in relation to citizenship. In the narratives of policymakers, civil servants, managers, directors and professionals, it becomes clear the idea is being shared that an activation policy is necessary, although their views contain different meanings of citizenship in old age. Local policymakers and civil servants interpret the political assignment to reduce healthcare expenditures as a policy object and an opportunity to rearrange current systems, to activate people to become independent, self-sufficient, and participative citizens. Managers and directors see the assignment as an object of care, an opportunity to resolve current system errors and improve the quality of care. Professionals experience their assignment as an object of professionalism, an opportunity to demonstrate and explore their new professionalism.

In the interviews we conducted, older adults construct their own citizenship completely different. They told stories about their lives that are not even heard by their own representatives and which simultaneously confirm a policy-practice gap on citizenship. Their representatives promote an activation policy in line with the narratives we gathered at local governments and organisations, an activation policy as it is also described in the work of other scholars (e.g. Newman & Tonkens, 2011). In the interviews, older adults do not theorise their citizenship, they do not think of citizenship as an object of policy, care or professionalism, and do not consider themselves to be objects in need of activation. They demonstrate their citizenship in the way they act and talk about their lives. On the one hand, older adults celebrate their independence, but on the other, they also argue that they deserve 'their' carefree retirement days. Older adults feel they have an 'own responsibility' for their independence and for the way they construct their lives in general. Being able to arrange professional help is a road to independence for them, while being obliged to ask people in their social networks for help is considered to be an indication of dependence. They construe their citizenship as 'being able to live as independently as possible, with the possibility to socially participate in a non-obligatory way'. By simply living their lives, older adults often 'invisibly' participate in society, taking consciously care 'not to be a burden to others'. Invisible, as it seems their participation is not being recognised as 'participation in society' by governments and organisations, who perceive them as passive and dependent. Governments and organisations perceive citizenship in old age as a tool to shape a life cycle robust neighbourhood. There is a presumption that visible active participation of older adults is necessary, that active participation leads to citizenship and therefore older adults are pushed to enlarge their societal contributions. However, these older adults experience the promotion of active participation as a lack of respect for their current and former contributions and feel like old age is being neglected as a phase of life (cf. Milton et al., 2015). The concept of citizenship in old age and of citizenship in general seems to have shifted from an entitlement to be passive towards an obligation to be active (although the notion 'as far as possible' is often added).

It is unclear where the exact boundaries between active and passive lie. There are some general ideas about the activities related to citizenship ('own responsibility', 'independence') but the specific interpretation differs with each person. Older adults strive for some kind of citizenship through their actions, but they feel that organisations and governments do not recognise their citizenship since the citizenship in practice (in and around the home) differs from ideals in activation policy. What does active citizenship actually mean and are people allowed to choose not to be active (e.g. as in Harbers, 2005)? All older adults we interviewed were living independently, and spoke about how they are already active, busy in and around their own homes. They expressed their wish to be able to age in their own homes (ageing-in-place) and within their own neighbourhoods (Dahlin-Ivanoff et al., 2007; Sixsmith et al., 2014). Older adults pursue active and independent lives by reciprocating the help received (cf. Bredewold, 2014; Linders, 2009; Tonkens & De Wilde, 2013).

Although the worlds of older adults shrink as a result of limitations related to ageing, older people present themselves as quite flexible and capable of adapting to their circumstances. The theories discussed in our conceptualisation (Bijsterveld, 1995; Gilleard & Higgs, 2010; Laslett, 1987) distinguished old age as a separate category, consisting of separate subcategories (i.e., the third and fourth age). Our study demonstrates a new development as old age seems to be increasingly neglected as a specific category and older adults' voices seem not to be heard, not even by their own representatives. Because notions of citizenship are narrowed down to a definition of active participation, some older adults might be excluded due to their physical restraints instead of an actual choice. Participation has become more and more necessary to count as a citizen, as it appears that notions of old age are being de-categorised or dismantled in the practice we studied.

Our study suggests that a new distinction is being made between an active, participative citizenship, situated within society, and a non-participative citizenship, which is not visibly situated in society. Consequences of this new distinction are yet unknown. We focussed on one specific practice, which might limit the value of our conclusions about conflicting notions of citizenship in old age in general. However, by using a rather constructivist approach in which we were following the actors, we described the different perspectives and gave independent living older adults a voice. The topics of our analysis, including citizenship and participation, are widely used and interpretable in many ways. Nevertheless, through the way we conducted this study, we learned about the nature of this innovative care practice and were able to describe the different approaches within this practice that aims to activate older adults as citizens. Our analysis allowed us some space to reflect on the question of how citizenship in old age is currently constructed in a care practice, which presumably can also be recognised in similar 'practices'.

The scoping review of literature, which we described in our introduction, revealed that ageing studies have so far put little emphasis on the current relation between ageing, participation and citizenship, as far as we know. Our results suggest that a further exploration of the relationship between citizenship and older adults and the meaning of 'citizenship in old age' is needed to better understand how current policy changes fit and affect older adults. As we have only explored the meaning

of citizenship within specific boundaries, only investigating the perceptions of a small group of independent living older adults, it might be interesting to investigate the meaning of citizenship for older people who actually seem or feel more dependent. While public policy stimulated the creation of 'old age' as a distinct public problem and a specific policy category in the second half of the twentieth century, the specific public category of 'older adults' appears to be vanishing in the current policy context.

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