**The impact of neighbourhood-based working for access to care of older migrants**

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**Summary**

The goal of this paper is to show to what extent neighbourhood-based forms of working help older migrants access care and social services. In the Netherlands, the neighbourhood is considered an ideal place to organize care and social services, close to citizens and their needs. Municipalities are responsible for translating this view into neighbourhood structures and facilities where providers cooperate. In our two-year qualitative research (June 2017-June 2019), we followed the developments in policies and practices relevant to older migrants in the cities of Nijmegen and The Hague, the Netherlands. Since analysis of research findings from The Hague is still ongoing, the paper only focuses on research findings from Nijmegen. These show that the emphasis on the neighbourhood in the current policy of the municipality can be understood as a reversal of previous policies designed for minority groups. It reflects a largely ‘colour-blind’ approach, with some emphasis on issues faced by specific groups, such as older migrants. We find that the new neighbourhood structures and facilities ensuing from this policy are partly successful in helping older migrants to access care and support. However, older migrants are seeking to connect to their own community, rather than a community of health or social care. In particular, relationships of trust with social workers who speak the same language and/or share the same cultural background as older migrants are important. Also, meaningful relationships arise outside the neighbourhood structures, at the venues of providers of culturally specific care. These findings lend support to the idea that access to care of older migrants ‘happens’ in spaces where the Dutch formal system of care and social support and the lifeworld of older migrants are bridged.

**Introduction**

In comparison with other older people, older migrants and their families reach out to care services relatively late, due to a lack of knowledge about the health care system (Denktaş et al., 2009; De Graaff en Francke, 2009; Green et al., 2014; Ahaddour et al., 2016). As a consequence, older migrants have more health problems and call on general practitioners more often than other older (Suurmond et al., 2016; Verhagen et al., 2014; Denktaş, et al., 2009). General practitioners, nurses, key figures from migrant communities and social workers with a migration background can help older migrants to navigate the care system, but this possible role is not always utilized (Van Wieringen, 2014; Verhagen et al., 2013; Steunenberg en de Wit, 2013).

In the Dutch system of care and social support, the neighbourhood is seen as an almost ‘ideal’ place, close to citizens, in which to provide preventative care, information services, and certain forms of care such as day care and home aid. The emphasis on the neighbourhood can therefore be seen as the current phase in a long process of de-institutionalization (Milligan, 2009). This process has placed the responsibility of caring for older people outside of the traditional care home, and closer to a context which is more familiar to them: visible local frontline workers, social networks and the older people themselves. This article takes the neighbourhood as the starting point for new research regarding the access to care for older migrants. Given that their health and social care needs tend to more treatment focussed than prevention focused (due to their tendency to come to the system at a point of advanced need, as argued above) then the question is whether prevention focussed models suit older migrants.

The aim of this article, then, is to show to what extent and how new, neighbourhood-focused working and discursive practices assist older migrants in accessing care. The paper does not focus on health outcomes, but on the routes and ways in which older migrants approach care providers and vice versa. It is underpinned by findings from a two-year qualitative research (June 2017-June 2019) in the cities of Nijmegen and The Hague, the Netherlands. Since analysis of research findings from The Hague is still ongoing, the paper only focuses on research findings from Nijmegen. In some ways, these findings are unique to Nijmegen, since policies for a number of care and social services, as well as the practices of cooperating and dividing responsibilities between care and welfare organizations differ between Dutch municipalities. Nevertheless, we expect that the pathways to care emerging from this part of the research are also applicable to other (large to medium-sized) municipalities. We hope to be able to deliver a comparative study including research findings from the case study in The Hague later in 2019.

The paper continues with a critical examination of the turn to the neighbourhood through the lens of social policy and integration policy literature, and sources from human geography and health services research. Thereafter, we describe our research methods and present our findings from the Nijmegen case study. This is followed by preliminary conclusions and policy recommendations. The neighbourhood in the current policy can be seen as a turn away from the focus on client and citizen target groups in earlier policy periods. Providers now work for neighbourhood dwellers, with attention to cultural diversity in a broad sense. This attention is articulated in agreements between the municipality and providers of care and services. However, in their daily working practices, social work and care professionals continue to pro-actively look for new pathways to help older migrants access care, often drawing on cultural knowledge and skills and by developing bonds of trust of a swift and more long-term nature.

**The turn to the neighbourhood: two converging discourses**

The emergence of neighbourhood-based ways of working in care and social services can be traced back to two discursive shifts that have taken place in the Netherlands in the last decades. The first entails a growing attachment to the idea that needs of care and services are best met locally, at the level of municipalities, close to recipients and providers. This idea is reflected in a gradual localisation of the welfare state, roughly since 2007, when a new Social Support Act was implemented, in which responsibility for a number of care and support services were transferred from the state to the municipality. In 2015, this responsibility was substantially expanded through reforms of this and two other Acts: the Youth Act and the Participation Act. Crucially, the trend towards localisation is underpinned by an austerity logic, and one of self-reliance of citizens (Lowndes and Sullivan, 2007). The second discursive shift has taken place in the domain of immigrant integration policies, and emphasises assimilation, sameness and, again, self-responsibilisation of immigrants and ethnic minorities (see Schinkel and Van Houdt, 2010) in order to achieve equality (Westerveen and Adam, 2019). The implication of this shift has been an abandonment of target-group policies for minority groups and therewith, effectively, a ‘colour-blindisation’ of policy (ibid). Although municipalities have not uncritically adopted this discourse (see Hoekstra, 2015; Poppelaars and Scholten, 2008), by and large, they have ceased to make specific policies for minority groups (see Uitermark, Rossi en Van Houtum, 2005; Steunenberg en De Wit, 2013).

As part of these developments, the neighbourhood has emerged as a preferred geographical scale for policy formulation and targeted provision of care and services. The emphasis on neighbourhoods can be seen as a trend within the localisation – a phenomenon which has been labelled ‘double devolution’ in the context of localisation in the UK (Lowndes and Sullivan, 2008). The turn to the neighbourhood can first of all be explained by an administrative logic, in which neighbourhoods are bounded entities distinguishable on maps and in statistics, on the basis of income levels, health outcomes and other data. Yet the turn also reflects a nostalgic view of neighbourhoods, which assumes neighbourhood dwellers to have bonds with each other, the public servants present in the neighbourhood, and the neighbourhood itself (Oldenhof, Postma and Bal, 2016). This latter issue fits well with the positive influence of a familiar living environment on the ability to live independently as an older person (Lawton, 1985; Day, 2008; Lui et al., 2009; Menec et al., 2011).

Since 2015, the number of Dutch municipalities taking an explicitly neighbourhood-focused approach to the provision of care and support has strongly increased (Van Arum and Van den Enden, 2018). Today, 80 percent of municipalities uses social neighbourhood teams as an oragnisational unit connecting (potential) receivers of care and support in the neighbourhood, providers, and local governments (Van Arum en Van den Enden, 2018). In Nijmegen, the activities of these teams are attuned to the key issues at play in these neighbourhood. In a neighbourhood with a large part of the population consisting of highly educated people with a native Dutch background, the team focuses on alcohol abuse. In a newly built neighbourhood, it focuses on supporting young families. For teams in multicultural neighbourhoods, the focus is on reaching migrant families (interview with leader of a neighbourhood team, February 2018).

Bannink, Bosselaar en Trommel (2013) describe the ongoing efforts to articulate national-level discourses in local policies and to meet the needs of neighbourhood dwellers following the localisation of the welfare state as ‘crafting practices’. The aims of these crafting practices are not pre-determined, but are allowed to develop through the emerging (working-) relationships between providers in the neighbourhood. Since, in the current localised and prevention-oriented model, municipalities are responsible for diverse groups of vulnerable citizens, the practice of reaching out to older migrants overlaps with other crafting practices. Together, crafting practices constitute a ‘local welfare landscapes’ (ibid) which emphasises links between practices and people. The notion of local welfare landscape echoes a relational understanding of places, which sees places not as bounded entities, but as constructed in and through relations of dependence, involving both the past and the present, with other places, such as the places of origin of those who were once labour migrants and who are now ageing (Boos, 2013; Massey, 2005). From a relational place perspective, facilitating access to care and welfare entails more than organising physical proximity to potential care users in a particular area. This is only one dimension of a complex entity of social (crafting) practices next to bridging social distance and cultural meanings and ideas (Cummins et al., 2007).

Two Amsterdam-based geographers have shown that older migrants living in multicultural neighbourhoods in the city feel connected to their living environment because there are shops and meeting places geared to their communities, yet also because of the presence of social workers and caregivers with a migration background in their neighbourhood (Van der Greft and Drooglever Fortuijn, 2017). This paper has the ambition to provide more insights into this latter dynamic, by studying crafting practices which connect a focus on neighbourhoods with a more relational idea of places and access to care in the post-2015 local welfare landscape of the city of Nijmegen.

**Research methods**

From June 2017-June 2019, developments with respect to reaching out to older migrants in Nijmegen (and The Hague) using a research strategy called praxiography (Bueger, 2014; Mol, 2002). A praxiographic research approach zooms in on particular (crafting) practices, in this case older migrants’ pathways to formal care. By observing such a practice in a large number of locations over time, it is possible to identify the ideas, activities and material aspects which the practice includes. The approach is thus not focused on individual behaviour or organisational choices, such as meal services choosing to offer a replacement for pork. It is also not focused on a particular group of older migrants, which is common in ethnography. Rather, the focus is on older migrants’ pathways to formal care as a crafting practice. This practice develops over time as a result of reflective action and guidance, but mainly through the experience and practical insights of care providers and policy makers.

We have used three research methods which according to Bueger (2014) are the most suitable to understand the content and development of practices: (participant) observation, semi-structured interviews and document analysis. Table 1 provides an overview of the organisations where observations and interviews were conducted. We focused on the information and advice centre and the neighbourhood team because they are important pillars in the neighbourhood structure. We studied the diversity café, the sound board group for older migrants and the network for professionals working with older migrants with dementia because they are platforms for exchanging knowledge, and are therefore important to the local crafting practices of elderly care. We have also included providers of culturally specific day care. These places presented an opportunity to get in contact with older migrants and to observe their role in guiding older migrant in accessing (additional) care. Lastly, documents and representatives from the municipality are of importance, since they have the lead role in shaping diversity policies, policies for care and support, and the contracting of providers.

*Table 1: Overview of observations and interviews*

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| --- | --- | --- |
| Organisation | Nr. of observations | Staff interviews |
| Day care provider with multicultural/Islamic profile | 27\* 3 hours | Activity coordinator  Operational manager  Muslim chaplain |
| Day care provider with Turkish profile | 6\*5 hours | Activity leader  Day care centre coordinator |
| Information and advice centre | 8\*2,5 uur | Counsellor for older people  Coordinator  Supervisor/coach |
| Diversity café | 5\*3 hours |  |
| ‘Netwerk 100’ Working group dementia and older migrants | 3\*3 hours | Intercultural advisor  District nurse elderly care  District nurse elderly care  Advisor diversity and informal care |
| Expert group older migrants (facilitated by mainstream welfare organisation) | 3\*3 hours | Project leader for the municipal platform for day care organizations |
| Mainstream welfare organisation |  | Coordinator of pool of intercultural advisors |
| Social neighbourhood team |  | Team leader |
| Municipality of Nijmegen |  | Policy advisors (4)  Contract manager |

The observations were carried out by the second author. At the day care centres, she has assisted in activities and with serving meals. In the working group for older migrants with dementia and in the sound board group for older migrants, she has actively participated. The interviews have been conducted by the first or second author at the workplace of the interviewees, for example in a health care centre. All interviews were transcribed by the authors and a student assistant.

Table 2 provides an overview of the public documents which were analysed. In addition, we accessed a number of internal documents through the municipality which are used in the contracting of care providers. The documents were selected because they provide insight in the development of the local welfare landscape, as well as the attention to diversity and specific vulnerably groups.

*Table 2: Overview of policy documents*

|  |  |
| --- | --- |
| Content of document | Year of publication |
| Policy framework for the Social Support Act and the Youth Act 2015-2018 | 2014 |
| Reponse to proposal ‘Divers is sterk’ *[Diverse equals strong]*, with an overview of policies and practices with respect to diversity developed by care and welfare providers | 2017a |
| Progress report about social neighbourhood teams and information and advice centres | 2017b |
| Health agenda 2017-2020 | 2017d |
| Two documents on funding of basic welfare infrastructure 2017-2020 | 2017c, 2018 |

A qualitative content analysis was conducted of interview transcripts, fieldnotes and documents using the software Atlas.Ti. We have used a structured coding strategy to map sayings and doings which are part of the practice of guiding older migrants to care. We have paid attention to which services are used and why, how these places are used, and how the use of these places, intentional or not, is relevant for the access to care. In the analysis of interviews with professionals, we have furthermore paid attention to how the interviewees speak of migrants as group(s) in relation to other vulnerable citizens, and wider themes such as diversity and cultural sensitivity.

**Crafting attention to older migrants in the local welfare landscape**

Like other Dutch municipalities, the municipality of Nijmegen has let go of minority policies and now seeks to develop attention to diversity within all relevant policy areas, with an emphasis on equal participation, opportunities and access to services. This, however, should not be characterized as a radical break with previous policy but rather as a change in emphasis (interview policy advisor, September 2018). Within the municipality there are representatives for groups such as older people, LGBT people and refugees. The health of migrants is pointed out as a core issue in the health agenda for 2017-2020. In this agenda, migrants are described as a group with relatively many psychological health problems (Municipality of Nijmegen, 2017d). The policy framework for WMO and youth mentions issues with reaching family careers in migrant families (Nijmegen Municipality, 2014). Research on four big Dutch municipalities in 2011 (including The Hague) found that there is much attention to cultural diversity in the form of expert networks and projects, but that this attention was poorly embedded in municipal policy (Kelderman 2011). If the current development in Nijmegen are to some degree representative for the larger municipalities, much has happened since Kelderman’s report. In the annual subsidies for welfare organizations there are agreements regarding investments in reaching out towards vulnerable groups. In addition, the organizations are encouraged to work in a culturally sensitive way. The municipality offers initial support for training of employees, but organisations are responsible to take cultural diversity further (interview with policy advisor, November 2017).

In the framework that is set up to guide the contracting of care organizations, there is no mention of target groups. Nevertheless, providers are encouraged to take into account specific needs. In some cases of contracting, organizations are required to showcase attention to diversity. However, it is unclear whether the organizations understand what is expected of them (interview policy advisor, September 2017). Thus far, the contract management does not monitor to which extent previous agreements are fulfilled (Nijmegen Municipality, 2017a; interview contract manager, December 2017). Although local citizens are no longer seen as members of minority groups, equal access to care can be achieved with unequal measures, for example if migrants opt our due to difficulties with bureaucracy (interview policy advisor, November 2017).

Our study of the municipal policy and contracting in Nijmegen reveals a tension between the step away from target groups and the desire to reach vulnerable citizens, including older migrants. This tension resonates in a number of ways at the level of neighbourhood-based care. Here, we discuss two examples from an ongoing empirical study. Firstly, the tension between avoiding target groups and reaching vulnerable people can be found in how the social neighbourhood teams are staffed, both in terms of the specific competence of professionals. When the social neighbourhood teams were set up in 2015, the idea was that they should work in a generalist manner (Nijmegen municipality, 2017b). The teams should work in response to issues and requests from the neighbourhood. All types of requests should first be responded to by members of the local team, which were to cooperate and draw on each other’s expertise. Team members were thus required to broaden their skill set in order to work in this generalist manner. Later on, the emphasis on generalist teams was lessened. In 2016, a recruiment effort was made to increase (cultural) diversity within the team (Nijmegen municipality, 2017a). This was not entirely successful and currently a long term strategy is formulated, aimed at making educational programs in care and more attractive to young people with a migrant background (interview policy advisor, June 2018). Furthermore, in 2018 the municipality chose to diversify the functions within the neighbourhood teams, and to focus more on specific welfare issues. This change of direction went under the name ‘the continued development of neighbourhood-based working’ (Nijmegen Municipality, 2018). One of the issues was broadly defined as diversity: more use of community key figures and support to voluntary organizations from migrant communities so that these organizations would be better able to function as a bridge between migrants and welfare workers, and awareness raising of different problems within ‘diverse target groups’ (ibid).

The second example concerns the development of the supply of day care and social activities. In Nijmegen is day care part of the so called ‘basic welfare infrastructure’: public services which can be accessed by potential users without contacting the neighbourhood team (interview policy advisor, September 2017). In line with the step away from target groups, the municipality aims to have a neighbourhood-based offer of day care activities for inhabitants, thus not catering the supply to ethnic or cultural communities (interview coordinator day care, May 2018). The observations at the diversity café show that also within organisations there is ongoing discussion about the advantages and disadvantages of culturally specific care. As things stand, however, the local welfare landscape is characterized by exactly such a supply structure. One of the larger welfare organisations in the city is offering day care for Indonesian and Chinese older people (Nijmegen municipality, 2017a). In addition, there are also care providers which offer day care in the clients’ own language. They attract many older Muslims, with roots in Turkey or other Islamic cultures. Since many migrants live in particular neighbourhoods of the city, the neighbourhood-based model may align with an offer of care for specific groups of older migrants (ibid). However, in practice, the culturally specific providers are based in locations with suitable and affordable facilities. Sometimes these locations are in neighbourhoods where many migrants live and sometimes not. To move locations in line with the neighbourhood-based policy is not financially viable for the organizations. Therefore, the municipality has agreed on a compromise in which day care providers agree to relocate to neighbourhoods with many clients, when they want or need to relocate.

**Relative importance of neighbourhood-based structure and sociocultural relations**

In the Nijmegen neighbourhood model, the already mentioned information and advice centres, together with the social neighbourhood teams, are the most important contact points for potential care users. In the information and advice centre, people can come with different help requests during drop-in hours. These drop-in hours are staffed by social workers and volunteers with different areas of expertise, from family care support to debt relief. The centres have a simple community and waiting space and are visible at activities in the neighbourhood. At least three out of nine centres are regularly visited by migrants from different generations. These three centres are located in multicultural neighbourhoods where a welfare organization focusing on supporting labour migrants and refugees in Nijmegen had been active for a long time. Weekly observations took place in one of these neighbourhoods. In an evaluation of the neighbourhood structure, these information and support places are pointed out as unique in a national perspective (Nijmegen Municipality, 2017b/report by BMC Advies).

An unexpected finding from our observations is therefore that the older migrants visit the centres not so much because of the services there, but to meet up with councillors for older people who have a migrant background themselves. It occurred on several occasions that an older migrant entered the centre, asked for one of these councillors, and left when they were not there. In an interview with one of the councillors with a migration background, we learnt that people regularly come to speak to her, sometimes without concrete questions or requests for help. There is a bond of trust, which has lead also other older migrants to visit the advice centre. To build such a bond of trust takes quite a lot of time:

..in the beginning it was something like, oh you are Moroccan, you will gossip about me! There is mistrust among a lot of people. Therefore it is good that I, how do you call it, that I still build, that I try to create that bond. I let them see that this is my work, and you do not have to worry about anything, if you have a help request ten you need to be open with it (interview councillor for older people, 2017).

Similar observations were made at the day care centres. Here, the activity leaders sometimes take the initiative to help older migrants, although this is not an official task. For example, a fall alarm is requested for one client via the neighbourhood team, and another is referred to the information and advice centre for help with their finances and pension. The bond of trust between clients and care providers speaking the same language and/or sharing a similar cultural background is again of importance. Several older migrants told us that they chose a day care centre where their own language was spoken since they spent too much time alone at home, without anyone to talk to. In the day care centres they find a new place to feel at home. At the day care centres with many Turkish older we experienced a ‘living room feel’ with lively conversations between some older people, whilst others quietly knitted, did crafts or watched television. In line with this atmosphere, the older people also considered the staff as family, and took their advice on referrals seriously. This finding indicates that the perception of formal care is changing within these communities with respect to, say, a decade ago (see De Valk and Schans, 2008). According to Islamic tradition, it is the duty of the children to care as well as possible for their parents. In a more recent interpretation of this tradition, it is no longer necessary that children give care themselves, as long as they make sure that the parent receives appropriate formal care (interview with Muslim chaplain, November 2017).

The neighbourhood teams try to get in contact with older migrants in a number of ways: through informal family care advisors, migrant organizations and culturally specific care providers (interview team leader neighbourhood team, February 2018). This strategy has had some success: the impression is still that older migrants that do not receive care and are socially isolated remain unreached (ibid). There is more doubt regarding how older migrants relate to the function of neighbourhood teams. Since they are not always used to make a division between care and welfare, they sometimes approach the neighbourhood team with welfare issues. The approach of the neighbourhood teams can also lead to confusion, as in the following case:

We just come to look at what would be possible and what would be good support and this is a new way of thinking. For example, I remember a home visit to an older woman, Turkish, I came with, with the social support advisor, a classic social care act case. But there was a grandson older than twenty years old registered on the address of this woman. So, this lady does not get home care, since the grandson is obligated to help. And this she found very unfair, she and he do get the support, these and them too, and I’m old. And I thought, but this is really the rule, that your grandchild should help you. And then it was, oh but he is a man, and then I though yes but he has a job and then he could also organize home care himself, you can also organize this yourselves (interview team leader social neighbourhood team, February 2018).

As this case shows, older migrants can find themselves confronted with a care and support system which does not always fit their ideas about what care is and who provides care. The example further shows that it is no self-evident that older migrants are treated differently in order to enhance their access to care.

In Nijmegen, a working group for professionals in care and welfare who work with older migrants with dementia has become an important forum for discussing and improving access to care. The second author of this paper is part of this working group. The group exists since 2015 (Nijmegen Municipality, 2017a). Among the regular attendees, there are district nurses and general practitioners from health care centres which many migrants visit. These health care centres tend to be located in multicultural neighbourhoods. The two district nurses we interviewed work at health care centres at the edge of a multicultural neighbourhood. These health care centres are the result of a fusion of several GP practices in the area, and many migrant clients have followed their GPs there. Because many of these GP’s have now been succeeded by younger GP’s, district nurses on average have a long experience of informing older migrants about common health problems such as diabetes and dementia. Over the years, they have developed a culturally sensitive working practice through contact with older migrants and their families. The working group has become a place for these professionals to continue to learn and exchange experiences with professionals in other practices or fields, such as geriatric specialists and welfare workers. The group has helped participants to better signal care needs of their patients to each other and to refer patients to other services such as home care (interview district nurse, April 2018). It has also facilitated contact with councillors for older people, whom which the nurses previously had little contact, and social neighbourhood teams (interview district nurse, October 2017 and April 2018). The district nurses notice that they increasingly get in contact with personal assistants who answer the phone or come along to an appointment to translate, instead of family members (interview district nurse, October 2017). These personal assistants are often self-employed, and tend to have clients within a specific migrant community. Also these care workers help their clients by providing additional support, but in this case they do this partly to be able to reimburse more hours with the municipality. The municipality has decided to exclude a few of these self-employed providers from the next contracting round (interview policy advisor, June 2018).

Since 2018, there is a pool of volunteers and professionals with a migration background, who can be asked for help by providers and other organisations, such as schools. This pool emerged out of previous experience with key figures developed in the local welfare landscape. Experience with reaching older migrants was developed in the expert group where we observed, in which key figures cooperate with professionals to organize activities such as information meetings. The volunteers in the pool have an official role as ‘intercultural advisors’, which implies they get reimbursed a volunteer fee and receive training and coaching. This is guided, amongst others, towards how to deal with clients who demand too much loyalty (interview coordinator research pool, September 2018). The intermediary role of key figures is increasingly acknowledged in this way (interview policy advisor, November 2017). It is too early to establish whether the use of intercultural advisors facilitates access to care, but it can be ascertained that the pool is more and more used by social neighbourhood teams (interview coordinator pool, September 2018). As a consequence, some preventative care activities already could be carried out, notably resolving problems with raising children. For older migrants, the pool could be used to find more informal support in people’s networks, to relieve family carers (ibid). Despite the existence of the pool, professionals continue to look for new key figures through professional and personal networks, to pose specific questions (interview team leader neighbourhood team, February 2018). This remains important for older migrants with a background which is not represented in the pool, such as Vietnamese (interview coordinator pool, September 2018).

**Conclusion**

‘Neighbourhood-based working’ is without doubt the dominant frame in care and welfare work in the Netherland at this time. In the last 10 to 15 years, the neighbourhood has surfaced as the key frame for care and welfare, with municipalities seeking to distance themselves from ‘target groups’ in an effort to come closer to ‘the citizens’. The municipality of Nijmegen is, similar to other municipalities, engaged in a continuous process of translating this neighbourhood-based discourse into neighbourhood-based working practices aimed at prevention, information services, and other forms of care and support such as day care and home aid. These developments reproduce an idea of functional hierarchy: the social neighbourhood team is the most important gatekeeper for access to formal care and support, the information and advice centre and welfare organisations provide preventative care, practical support and, if necessary, referral to the neighbourhood team. After having followed the crafting practices in the Nijmegen local welfare landscape, we conclude that different pathways are used for older to access to care.

GPs were and still are important figures in the living environment of older migrants. The same now goes for district nurses, as well as councillors for older people, day care workers, personal assistants and volunteers with a migration background. To understand how social relations are developed and maintained, it is important to acknowledge the spatiality of these relations: older migrants meet professionals at a low-key information and advice centre, and feel at home in specialized day care facilities, to the extent that they start to adopt other forms of professional care. The biannual working group meeting generates new ideas and connections on top of individually acquired experience. The pool with intercultural advisors invokes the idea of a spatial bundling of expert knowledge neighbourhood teams can draw on easily. These findings lend support to the idea that access to care of older migrants ‘happens’ in spaces where the Dutch formal system of care and social support and the lifeworld of older migrants are bridged.

Especially professionals with a migration background are trusted and accepted as care providers by older migrants. Sometimes, they provide guidance and advisory work in addition to their own tasks and roles. Through their work, in-between spaces are created in which multiple meanings about who should provide care come together. In their article entitled ‘New voices in social work’, Hendriks et al. (2015) highlight that many of these professionals have been engaged in social work from a young age, interpreting and speaking for their parents. Like them, we wonder whether these professionals might have too much responsibility to deal with when it comes to helping older migrants to access care. What happens to older migrants in case a trusted councillor takes up a job elsewhere? Do the business-oriented strategies of some personal assistants do justice to the care needs of older migrants? Are the day care workers, in their roles as extended family of older migrants, perhaps taking on too much tasks above their regular working hours?

On the basis of the preliminary findings of our research, two policy recommendations can be suggested. First, the municipality of Nijmegen should put much more effort into monitoring agreements made with contracted providers about enhancing cultural sensitivity among employees. This is a crafting practice in its own right, which possibly helps in preventing an overreliance on professionals with a migration background. Secondly, we suggest to develop case-based knowledge about achieving equal access through unequal measures (Meurs, 2016), using notions of situational, or non-ideal, social justice. Using such an approach, otherwise open-ended crafting practices can be backed up by an explicit normative framework. In this respect, a necessary first step would be to be more explicit in policy documents and other communication about the lifecourse and living circumstances of older migrants.

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