Chapter 6
Community Change

An increasing trend towards greater demographic and socio-economic diversity … [has] brought about a more serious focus among scholars on how changing population patterns shape the vulnerability and resiliency of social systems

(Donner and Rodríguez 2008: 1089)

6.1 The Community Perspective

Population aging is well-recognized as a concern for national policy-making, yet its impact is at least equally important at regional and community levels. The national experience of aging is the combined effect of aging in every locality – where effects are more immediate and have conspicuous consequences for community life. Extremes in population aging, diverse trends and rapid change are all part of communities' experience of population aging, rather than the more regular accumulation of changes usually anticipated at the national level. In this chapter, the concept of community refers mainly to spatial units in which older people live and spend much of their time – for example, municipalities, suburbs, shires and counties. It also includes groups or networks of people with a shared interest or identity, especially ethnic communities whose members may be dispersed across a number of locations. Glimpses of the future of aging societies are available in communities that already have a substantial representation of older people. In 2008, 456 counties in the United States, mainly in rural areas, had 20% or more aged 65 and over, compared with 330 counties in 2000 (Rural Policy Research Institute 2011).

The community is not only the setting for most older people's lives but also the site for responses to demographic and social changes, through policies and programs. From the perspective of identifying implications of population aging at the community level, a priority is to understand current trends in the overall distribution of the aged population. This calls for information about the two main processes of change in the numbers of the aged in communities, namely 'aging in place' and net migration.

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Aging in place has become a major focus for policy-making, while migration is the process responsible for many of the uncertainties and extremes in community change. The ensuing discussion of these two processes considers explanations of them from empirical studies and theories, such as the 'elderly mobility transition', together with their consequences, including the growth and aging of ethnic communities and greater population diversity within communities.

6.2 Aging in Place

Aging in place gives rise to much of the aging of local populations, because the majority of people stay in the same residence as they grow older. Older people generally prefer to remain in the same neighbourhood, if not the same residence, where they have lived for many years. Accordingly, the spatial distribution of people in their sixties in developed countries is likely to denote where the majority of the elderly will be living 20 or 30 years later. In regions of the United Kingdom, for example, observed and projected figures for 1975–2031 show aging in place predominating as the cause of changes in the numbers of the aged, except in the south of England where there are appreciable net migration gains of retirees (Rees 1992a: 222–223). Despite this broad pattern, in some regions migration before age 60 reduces or augments the potential for aging in place (ibid.: 223). As well, the details of migration flows of the elderly reveal complex shifts within and between regions (Raymer et al. 2007).

Because of people's attachments to particular localities and social networks within them, aging in place has become a policy principle internationally (see Chap. 12). This principle supports the goal of enabling older people to remain in their own homes, or at least in their home community, for as long as possible. National aging in place or 'community care' policies for the disabled aged emphasize the former, with movement from the home to a hostel or nursing home intended mainly a last resort. Aging in place policies can also extend to making the home community more livable, for instance through providing appropriate and affordable housing, accessible transport and support services, and opportunities for engagement in recreational activities, paid or volunteer work and life-long education. The World Health Organisation's (2007) publication *Global Age-Friendly Cities: A Guide* describes a fairly comprehensive set of features conducive to quality of life and positive experiences of aging in place (Box 6.1).

Evidence of the importance of aging in place is the low proportion of older people who change their place of residence during a fixed interval in a wide range of countries (Bell and Muhidin 2009: 34–40). For example, in the United States only 3.4% of people aged 65 and over lived in a different home in 2009 than they did in 2008 compared with 24% of people aged 20–34 (U.S. Census Bureau 2009a, b). At younger ages, major reasons for moving include marriage or partnering, tertiary education, employment and housing considerations, including the needs of a young family. All of these, apart from housing, have minimal relevance at older ages.

Box 6.1 Characteristics of Age-Friendly Cities

The World Health Organization's notion of age-friendly cities builds on its active aging framework (see Chap. 12). "Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age." In an age-friendly city, policies, services, settings and structures support and enable people to age actively by:

- recognizing their wide range of capacities and resources;
- anticipating and responding flexibly to aging-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable;
- promoting their inclusion in and contribution to all areas of community life.' (WHO 2007: 5).

Global Age-Friendly Cities: A Guide, is a valuable starting point for setting objectives in community planning for older people. It identified an extensive range of core characteristics of age-friendly cities, identified through consultations with 1,500 older people and 750 caregivers and service providers from 33 cities in 22 countries. The outline below indicates the scope of these characteristics (ibid.: 12ff.).

Age-friendly outdoor spaces and buildings: environment, green spaces and walkways, outdoor seating, pavements, roads, traffic, cycle paths, safety, services, buildings, public toilets.

Age-friendly transportation: affordability, reliability and frequency, travel destinations, age-friendly vehicles, specialized services, priority seating, transport drivers, safety and comfort, transport stops and stations, information, community transport, taxis, roads, driving competence, parking.

Age-friendly housing: affordability, essential services, design, modifications, maintenance, aging in place, community integration, housing options, living environment.

Age-friendly social participation: accessibility of events and activities, affordability, range of events and activities, facilities and settings, promotion and awareness of activities, addressing isolation, fostering community integration.

Age-friendly respect and social inclusion: respectful and inclusive services, public images of aging, intergenerational and family interactions, public education, community inclusion, economic inclusion.

Age-friendly civic participation and employment: volunteering options, employment options, training, accessibility, civic participation, valued contributions, entrepreneurship, pay.

(continued)

Box 6.1 (continued)

Age-friendly communication and information: information offer, oral communication, printed information, plain language, automated communication and equipment, computers and the Internet.

Age-friendly community and health services: service accessibility, offer of services, voluntary support, emergency planning and care.

At the same time, there are significant disadvantages of moving in later life, because of stresses and financial costs and breaking ties with the home and familiar environment. Financial losses and emotional strain can result if the shift proves unsatisfactory and a return to the place of origin is necessary. Moving is also an obstacle to social integration through the weakening of established interpersonal ties: cessation of accustomed participation in networks of relatives, friends and associates, and loss of engagement in the activities of recreational, cultural and religious organizations. Moreover modern transportation and the ability of many to afford travel costs enable older people to enjoy sojourns in a wide range of desirable destinations, without the upheaval of migrating. The trend in social policies towards providing care at home through domiciliary services further reduces the need for migration. Aging in place opposes unwanted residential shifts.

Despite the positive benefits of not moving, lack of choice – in terms of appropriate and affordable housing – or the absence of necessary assistance to relocate, create negative consequences of aging in place. Thus it can result in isolation and loneliness as well as deficits in support for independent living arising, for example, from the physical environment of the home and weaknesses in social networks (Sixsmith and Sixsmith 2008). Transport and isolation become issues of mounting importance for people who stay too long at the same address, such as when frailty and poor eyesight limit capacities to drive a car or use public transport. Lack of suitable housing choices within the neighbourhood constrains many of the aged who would like to move and helps to perpetuate under-occupancy of family homes by the older population as a whole. Tax concessions for older people purchasing a smaller home, or other incentives and assistance to downsize accommodation, can result in more efficient use of the housing stock. Yet, overall, not moving is generally much preferred because of the desire to continue to live in familiar surroundings, maintaining ties with family and friends.

The contribution of aging in place to the growth of the older population consists of the net outcome of gains in older age groups, from greater numbers growing older, and losses from deaths. These two processes cause considerable turnover in the membership of populations. Total numbers will vary little in a decade if deaths offset most of the new additions from people passing age 65, but continuing turnover inevitably alters the composition of the community's aged population. Turnover has impacts at several levels. For older individuals it can denote welcome additions to

their ranks, for instance as new retirees join in activities and take up responsibilities, but it can also result in disagreeable or distressing alterations in the circle of relatives, friends and acquaintances. For organizations of the elderly it encompasses the continual gains and losses in membership that affect the maintenance of activities as well as people's sense of camaraderie and belonging. Additionally, for administrators and service providers, turnover augments difficulties in maintaining registers of clients and generates concerns about the viability of particular services and capacities to meet future demands.

6.3 Migration

At the same time, migration can heighten the pace and impact of population aging on communities, but it is invariably the most unpredictable component of community change. It calls for foresight and early responses to meet contingencies that may exceed local resources. Migration at all ages is often the main cause of demographic change and population aging at the community level. Migration causes population aging in communities, both through net losses of the young and through net gains of the aged, especially those under 75. Also, although most moves of older people are short-distance local migrations and reflect preferences to remain in familiar places, the less common process of internal migration in later life commonly targets selected retirement destinations where population aging may be greatly augmented and accelerated. Initially, population growth from retirement migration can transform and revitalize the socio-economic characteristics of the receiving population, especially if the arrivals are enterprising, active and financially secure. However, within 20 years a cohort of largely healthy, independent retirement migrants – who need housing and community infrastructure similar to that for other adult age groups – inevitably becomes a cohort with many disabled and widowed aged who have special housing and transport needs and substantial requirements for health and support services. In the long run retirement migrations can lead to returns to places of origin as well as other departures, for instance because of widowhood or insufficient medical and aged care services.

Besides local migration (within communities) and internal migration (between communities), international migration is also a significant factor in community change. International migration of labour is expected to have a continuing economic role in developed countries, as well as in ameliorating population decline and aging. Yet the consequences of international migration for communities and societies are enduring because former immigrants grow older and many have special needs in their later lives. In high immigration countries recognition of the need for culture-specific care has led to varied initiatives. These include ethno-specific nursing homes and other residential accommodation for particular groups, 'clustering' of small numbers from the same origins in mainstream institutions, domiciliary services for basic needs (e.g. meals and housekeeping) provided, where possible, by members of the same ethnic community, and other integrated 'packages' of

necessary home-delivered care. In Australia the 'packages' may include home help, laundry, shopping and assistance with meals and bathing, which can serve as an alternative to placement in residential care (Rowland 2007).

Government support for home-delivered services accords with common ethnic community expectations of family care for their aged, and also facilitates widespread support for small or scattered groups. Nevertheless, cultural inappropriateness of services is often an obstacle to obtaining needed support, for instance because there are insufficient staff and volunteers who speak the community language. In the United States, such concerns have led to advocacy of 'cultural competence' among health workers and the drafting of national standards for culturally and linguistically appropriate services in health care. Cultural competence entails the ability of health care organizations and employees to understand and respond effectively to the cultural and linguistic needs of service recipients (Office of Minority Health 2000a, b). Inadequate funding and the complexity of responding to diverse and changing client populations are further impediments to achieving equity in access to needed forms of support.

Special needs among the ethnic minority aged originate from the importance to them of their distinctive cultural and social circumstances and associated incompatibilities with attitudes and expectations that influence the provision of mainstream care. Cultural differences in perceptions of successful aging, for example, are evident in that Americans associate it with self-sufficiency and living alone, while aged Chinese in Hong Kong associate it, not with self-sufficiency, but with their families' willingness to meet their needs. Moreover, to Americans self-perceptions of being "optimistic, courageous and motivated" signify successful aging, whereas to the Chinese aged it resides in others thinking of them as "tolerant and easy-going" (Torres 1999: 38). The way social groups perceive successful aging depends on their value system and it is misleading to interpret the perceptions of one culture according to the values of another. Whereas Chinese elderly may consider that being tolerant and easy-going are desirable characteristics in their own right, non-Chinese may interpret such characteristics mainly as practical adaptations to being coresident with younger relatives. Each interpretation arises from a different value orientation; the former conveys a preference for intergenerational living, the latter a preference for individualistic relations with others (ibid.: 38 and 46).

Nevertheless, the population at risk of having ethno-specific needs in aged care is likely to be a fraction of the total ethnic group, expect where immigration from a particular origin was short-lived and the whole group reaches advanced ages together. International migration of people in the young working ages over a limited interval ultimately generates some of the world's oldest ethnic group age structures. Instances include the age structures that evolved at destinations following the international migration of Eastern European refugees after the Second World War.

Planning provision for the aging of ethnic minorities calls for current and projected figures on their overall numbers, subdivided according to whether or not they require aged care, with the latter subdivided again according to whether or not they require culture-specific care. Membership of this last group depends on maintenance of the ethnic culture, the likelihood of which is especially high among

those who have never become proficient in the national language of the country of settlement (Rowland 1999). Censuses and health surveys can provide the data needed for such estimates and projections, or they at least provide approximations that are far more informative than total population numbers.

Although much emphasis is given to disadvantages of being a member of an ethnic community, socially integrated former immigrants may enjoy the best of both worlds, benefiting from participation in their own ethnic group as well as in the structures and organizations of the society as a whole. There are also benefits for the aged generally accruing from information about the advantages for health and well-being bestowed by aspects of ethnic cultures, such as the Mediterranean diet. Clearly, policies for the aged in communities need to be made relevant and implemented for minorities as well as for the majority population. Some ethnic minority groups may have both a disadvantaged socio-economic position and a heightened risk of poor health, sometimes exacerbated by the additional effects of prejudice and racism (Shaw et al 2006: 210–212).

6.4 Explaining Migration

An initial theoretical framework for describing and explaining the migration of older people is Wilbur Zelinski's 'mobility transition'. In his pioneering paper on the hypothesis of the mobility transition Zelinsky (1971) proposed that, paralleling the demographic transition, there are patterned changes though time in rates of different types of movement, such as from the countryside to towns, between towns and between countries. Criticisms of the mobility transition have referred to its Eurocentric focus, overlooking the wide variations in the nature of mobility in countries around the world, as well as the lack of a close correspondence between modernization and certain types of mobility (Bell and Muhidin 2009: 52). Nevertheless, Zelinsky's ideas have stimulated ongoing interest in the characteristics of mobility patterns through time including those of the aged. Various researchers have contributed ideas concerning what Rogers (1989) originally termed the 'elderly mobility transition'. This has sought to provide a broad temporal perspective linking changes in migration with other trends in developed countries.

Currently, however, the existence of a common sequence of changes through time, relevant to different developed countries, is far from confirmed. The three stages of the elderly mobility transition (Box 6.2) derive from descriptions of different settings at different times and generalization has proven difficult because of "considerable inter-country variability" (Bean et al. 1994: 342). As in the demographic transition, diversity in national experience of the elderly mobility transition is to be expected because geographical, social, economic and cultural differences influence the causes of change. Longino and Warnes (2005: 539–541) accordingly restated the mobility transition in their research as "a stage model of types and destinations" with particular reference to retirement migration in English-speaking countries and France.

A development conducive to the supposed third stage (Box 6.2) is the emergence of vast urban regions, which are less dense and compact than single urban areas.

Box 6.2 The Elderly Mobility Transition

This idealized model for industrialized societies has three stages (Rogers 1989: 19; Bean et al. 1994: 341; Rees 1992b: 182; Longino and Warnes 2005):

1. Stage 1 (early twentieth century). Concentrations of the elderly emerge in rural regions of most intense outward migration of the young. Low levels of return migration occur at retirement, from urban areas to widespread rural areas of origin, reflecting rural ties.
2. Stage 2 The second stage brings a decline in return retirement migration to rural areas generally, because fewer urban dwellers have such ties, together with higher levels of retirement moves to selected, environmentally attractive destinations.
3. Stage 3 (late twentieth century). Emergence of more dispersed destinations in non-metropolitan areas as the attractiveness of the original retirement towns decreases, due to rising population numbers and property costs.

Some research suggested that, in the 1990s, the United Kingdom was in the third stage, the United States was approaching the third stage while Japan and Italy were probably still in the first stage (Bean et al 1994: 341). In Japan, there has been little retirement migration, but there have been rising rates of female migration after widowhood (Rees 1992b).

They consist of clusters of cities and towns linked together through commuting and other social and economic ties. Living within less densely settled parts of an urban region can bestow on residents the advantages of a large city (e.g. access to medical services, entertainment, and cultural and sporting activities), while lessening some its disadvantages (e.g. crowding, daily traffic congestion), and potentially expanding choices, including access to scenic and recreational environments. Living in an urban region also provides opportunities for day trips to enjoy the amenities of a range of different places without having to move. Thus short-term mobility within the same urban region enables some older people to achieve the goals of longer distance internal migrations without the upheaval that they entail. Seeking '*urbs in rure*' – places offering advantages of both urban and rural living – are major catalysts for migration in the early part of later life. The irony is that the more people pursue this quest, the faster the degradation of the environmental qualities that attracted them. Also there are doubts about whether opportunities for retirement migration will remain favourable. Obstacles include rising prices of housing and petrol, high rates of relationship breakdown and divorce, and a possible need to remain in the labour force for longer to finance a retirement income. In the United States, migration rates for all age groups have declined since about 1950, especially for moves over shorter distances (Wolf and Longino 2005:1). Nevertheless, rates of interstate movement of people aged 65 and over have remained unchanged, implying that long-distance retirement migration is continuing at previous levels (ibid.: 9).

One of the limitations of the elderly mobility transition is that it emphasizes internal migration, especially retirement migration and shifts between metropolitan and non-metropolitan areas, to the neglect of other more prevalent forms of migration in later life, especially moves within cities associated with housing choices, widowhood and disabilities. Other omissions are international migration either for family reunion with relatives who migrated earlier, such as from Asian countries to the United States, or for retirement to places where housing is cheaper and surroundings more congenial. Examples of the latter are international migrations within the European Union, such as from the UK to Spain (Ackers and Dwyer 2004). Also, retirement migration itself is not simply a pursuit of better surroundings. Cribier (1980) suggested that the pursuit of two different kinds of life styles underlie it, namely 'modernism', associated with leisure and autonomy, and 'traditionalism' associated with returning to the place of upbringing or settling close to sons and daughters. Walter's (2000) revised typology of later life migration in the United States, based on an analysis of multiple characteristics of retired migrants from census sample data, identified three rather than two main types of movement, namely: (i) 'amenity migration' to environmentally favoured locations; (ii) 'assistance migration' associated with low income and the absence of a spouse; and (iii) 'migration in response to severe disability and spouse absence', which tended to result in nursing home residence. This is similar to the general typology proposed by Litwak and Longino (1987) and reflects the importance in relocation decisions of personal resources and life course events or stages (see Chap. 11).

The elderly mobility transition also omits a major driving force for migration in aging populations, namely the progress of the epidemiologic transition. The latter's fourth stage has potential to augment voluntary moves among the aged, as rising proportions anticipate a longer period of active life. Moreover, extended longevity, in conjunction with the wide prevalence of disabling conditions, is conducive to higher lifetime rates of movement to aged care facilities. An ameliorating influence may be some delay in the onset of severe disabilities because of better management of chronic conditions. If the epidemiologic transition brings delayed onset of degenerative diseases, or delayed impact of their more severe effects, aging-in-place would be prolonged in the intervening years. Similarly, home-delivered support services can obviate the need for disability-related migration late in life, provided that they can keep pace with demand and include some nursing care.

The second demographic transition entails a number of changes working towards higher mobility at older ages. These include the greater prevalence of childlessness, which may encourage migration. This is because the childless are likely to have fewer family-based community ties and, having avoided the costs of childrearing, greater life-time savings. Similarly, the higher proportions single or divorced in later life implies that there will be more local moves related to health and housing because more people will need to rely on formal sources of instrumental support. For these and other reasons segments of new generations reaching retirement may have higher rates of migration. This has been suggested concerning the baby-boom generation in the United States, although economic factors and diversity within that generation make prediction hazardous (Haas and Serow 2002: 162). The second demographic transition also brings migration into even greater prominence as a

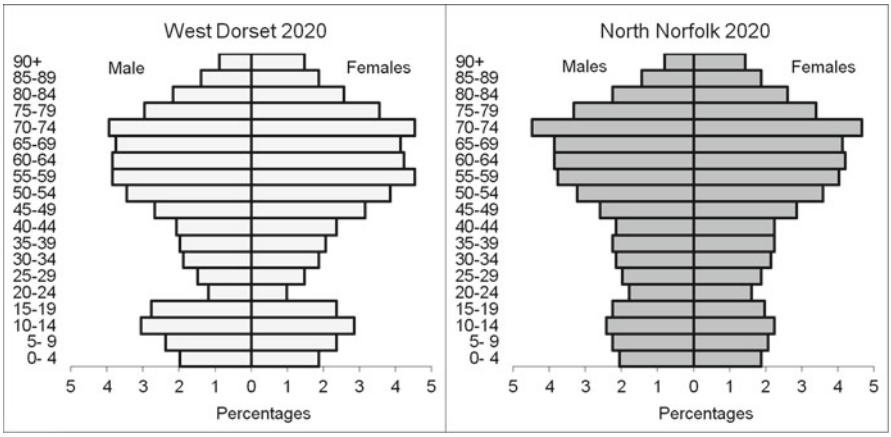

Fig. 6.1 Examples of the UK's oldest local authority area populations: West Dorset and North Norfolk, 2020 (Source: Office for National Statistics 2010)

cause of population change because of low birth rates. These curtail population replacement in some communities where births formerly went far towards offsetting net migration losses.

The oldest community populations typically occur where there has been sustained net outward migration of the young, for example from declining agricultural and industrial regions, or where there has been sustained inward migration of the aged, especially retirees seeking more congenial environments. Both situations create unbalanced, 'top-heavy' age structures that pose considerable challenges for funding and provision of infrastructure, as well as concerns about the sustainability of communities that are declining or growing too fast. Figure 6.1 illustrates projected age structures for two of the UK's oldest populations, in West Dorset (2020 pop, 101,300), on the south coast of England, and North Norfolk (2020 pop. 111,600) on the east coast. A third of their populations are projected to be 65 or over in 2020. The figures refer to the resident population of each place. Net outward migration of young people and net inward migration of the aged can occur simultaneously, as in West Dorset where career prospects for school leavers have been limited but the coastal and rural setting and scenery are attractive to retirees.

6.5 Community Composition

The combined effects of aging-in-place and net migration determine the overall course of changes in communities' aged populations. They are of immediate concern to planners and administrators who have day-to-day responsibility for the provision of infrastructure and services. Percentages in older age groups help to reveal the mix of housing and services needed locally as well as the potential dependency

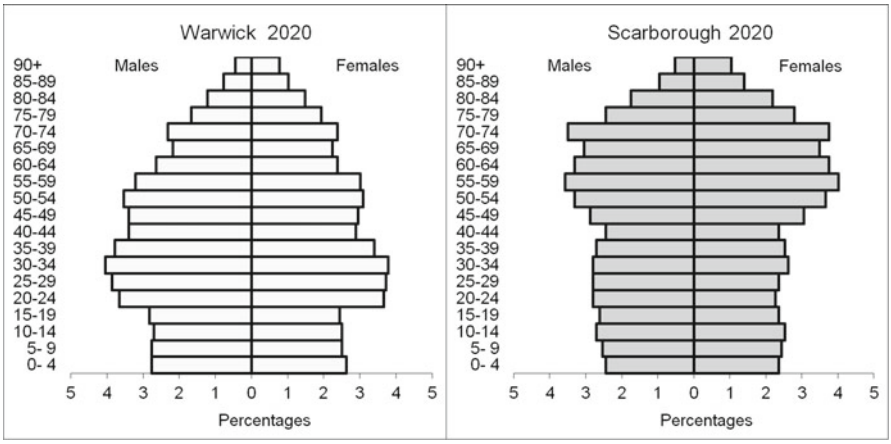

Fig. 6.2 Examples of the UK's local authority area populations with 'mature' and 'aging' profiles: Warwick and Scarborough, 2020 (Source: Office for National Statistics 2010)

burden on local financial arrangements. The total numbers of the aged, especially the numbers of the 'old-old', are the basis for estimating the potential clientele for domiciliary services and aged care accommodation. Because of this, absolute numbers are important even in places where the percentages in older age groups are unremarkable. The planners' task of anticipating changes is more complex where the impact of migration is greatest and where the composition of the local population is diverse in terms of life stages and socio-economic characteristics.

Aging heightens diversity within communities, partly through fostering the development of older, more rectangular, population profiles with a broad representation of different age groups and life stages. Figure 6.2 provides examples of such profiles in which the proportions in different age groups vary within a fairly narrow range. Warwick (2020 pop. 155,800) and Scarborough (2020 pop. 114,600) have age structures similar to the 'mature' and 'aging' types discussed in Chap. 2. A common, superimposed variation in places with tertiary education institutions is a sustained peak through time in the young adult ages. This persists as successive cohorts of students arrive and depart with little impact on the size of other age groups. Students are included in estimates and projections of resident populations because they are taken to be resident at their term time address. Associated with mature and aging profiles is greater variety in the living arrangements of the local population, including an increased prevalence of older single-person households. Population diversity within communities further arises from differences in the types of housing and its age and quality. Recent trends in some countries towards greater variety in the housing market through construction of different types and densities of dwellings – including purpose-built aged-persons accommodation – increase choices as well as demographic and socio-economic variations within residential areas.

Ongoing population turnover and reoccupation of dwellings are also forces for population mixing and diversification. International migration has long contributed to population diversification in the United States, Australia and New Zealand.

A similar development is now evident in European countries which once experienced net emigration but are now receiving inflows from other parts of Europe as well as from Africa and Asia. The growing size and diversity of ethnic groups has led to "more intense spatial segmentation within urban areas" (Champion 2001: 663 and 675). The decentralization of employment away from the centre of cities and the emergence of poly-nucleated urban regions have similar consequences (ibid.: 672). Through these mechanisms many places acquire a mosaic of small area populations within them rather than any semblance of homogeneity.

Augmenting processes of diversification in community composition are extensive changes associated with the new demography of aging and the second demographic transition, including low fertility, heterogeneity in life course experience and the greater variety of family-related events that individuals potentially experience (see Chap. 8). The lesser prevalence of familism, together with obstacles to achieving preferred combinations of family and employment goals, create a setting conducive to heterogeneity within community populations far exceeding that associated with the types of housing available and people's ages and socio-economic status. Given certain similarities between Western countries in current trends in marriage and the family, as well as in the location of employment and other forces fostering a mixing of people at different stages of life, it is likely that heterogeneity in life stages and age composition within communities has become widespread.

Authors have noted that research has been slow to examine the implications of changing demographic regimes for settlement patterns (Champion 2001: 659; Stockdale 2009). The seeming underdevelopment of the academic literature is partly because community characteristics often form part of studies of migration, families, social inequality and other phenomena rather than being a focus in their own right. Also, despite their relevance to understanding social changes and identifying implications, multiple characteristics of communities are difficult to compare through time and between countries. The most frequent use of data on community characteristics for their own sake is in applied research to inform planning and policy development. Yet even univariate statistics on population aging reveal much about the transformations taking place. Maps of the percentage aged 65 and over in local areas of the UK indicate the pervasive and dramatic impact of aging in communities across much of the country (see Office for National Statistics 2011). By 2033, 80% of the 408 local areas are projected to have more than 21% of their total population aged 65 or more, and a third of the areas could have between 28% and 43%. Aging and migration are contributing to a greater range in the representation of older people in different areas, as well as to increases in the number of communities with older populations.

6.6 Conclusion

Because of the conjunction of population aging and the greater mixing of age groups within small areas, older people now comprise an expanding segment of very many community populations. This makes the consequences of greater numbers growing

older more widespread than ever before. The continuation of aging in place implies that the concerns of the aged will be important in a majority of communities well into the future. Aging in place is the most prevalent process in the aging of community populations and the greater its influence the more feasible is the forecasting of prospective developments. Migration adds complexity, extremes and unpredictability to the overall picture, especially in rural areas and smaller towns where migration rates are more likely to be high.

Only at the community level is it possible to identify and act upon many of the issues facing older people in their everyday lives. While national-level policies aim to meet the greatest needs of the greatest numbers, it is at the community level that the consequences of aging are most manifest and constitute everyday concerns for individual residents and their families, together with service providers, planners and administrators. Moreover, change at the community level is often more rapid than at the national level, partly because of the high potential for 'disordered cohort flow' (Waring 1975) – as cohorts of different sizes and characteristics move through the age structure – and partly because migration is a major cause of population change and aging. Finally, while aging in place has gained recognition internationally as a basis for aged care, differences in resources and policies will greatly affect the extent to which it entails family care alone, or family care complementing community support.

References

Ackers, L., & Dwyer, P. (2004). Fixed laws, fluid lives: The citizenship status of post-retirement migrants in the European Union. *Ageing and Society, 24*(3), 451–475.

Bean, F. D., Myers, G. C., Angel, J. L., & Galle, O. R. (1994). Geographic concentration, migration and population redistribution among the elderly. In L. G. Martin & S. H. Preston (Eds.), *Demography of aging* (pp. 319–351). Washington, DC: National Academy Press.

Bell, M., & Muhidin, S. (2009). *Cross-national comparisons of internal migration* (United Nations Development Programme, Human Development Reports, Research Paper 2009/30). New York: United Nations.

Champion, A. G. (2001). A changing demographic regime and evolving polycentric urban regions: Consequences for the size, composition and distribution of city populations. *Urban Studies, 38*(4), 657–677.

Cribier, F. (1980). A European assessment of aged migration. *Research on Aging, 2*, 255–270.

Donner, W., & Rodríguez, H. (2008). Population composition, migration and inequality: The influence of demographic changes on disaster risk and vulnerability. *Social Forces, 87*(2), 1089–1114.

Haas, W. H., & Serow, W. J. (2002). The baby boom, amenity retirement migration, and retirement communities: Will the golden age of retirement continue? *Research on Aging, 24*, 150–164.

Litwak, E., & Longino, C. F. (1987). Migration patterns among the elderly: A developmental perspective. *Journal of Gerontology: Social Science, 27*, 266–272.

Longino, C. F., & Warnes, A. M. (2005). Migration and older people. In M. L. Johnson (Ed.), *The Cambridge handbook of age and ageing* (pp. 538–545). Cambridge: Cambridge University Press.

Office for National Statistics. (2010). *2008-based subnational population projections, Table 2d: All LAs and higher administrative areas within England, 2008–2033, population projections by sex and quinary age*. http://www.statistics.gov.uk/downloads/theme_population/snpp-2008/InteractivePDF_2008-basedSNPP.pdf. Accessed Feb 2011.

Office for National Statistics. (2011). *The ageing of the United Kingdom. (interactive map)*. http://www.statistics.gov.uk/ageingintheuk/agemap.html. Accessed Feb 2011.
Office of Minority Health. (2000a). *Cultural competency*. U.S. Department of Human Services, The Office of Minority Health. http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11. Accessed Feb 2011.
Office of Minority Health. (2000b). *Assuring cultural competence in health care: Recommendations for national standards and an outcomes-focused research agenda*. Washington, DC: U.S. Department of Health and Human Services. http://www.omhrc.gov/CLAS/finalpo.htm. Accessed Feb 2011.
Raymer, J., Abel, G., & Smith, P. W. F. (2007). Combining census and registration data to estimate detailed elderly migration flows in England and Wales. *Journal of the Royal Statistical Society: Series A – Statistics in Society, 170*(4), 891–908.
Rees, P. (1992a). Elderly migration and population redistribution in the United Kingdom. In A. Rogers (Ed.), *Elderly migration and population redistribution* (pp. 203–225). London: Belhaven Press.
Rees, P. (1992b). The elderly mobility transition: Three case studies: Introduction. In A. Rogers (Ed.), *Elderly migration and population redistribution* (pp. 181–184). London: Belhaven Press.
Rogers, A. (1989). The elderly mobility transition: Growth, concentration and tempo. *Research on Aging, 11*(1), 3–32.
Rowland, D. T. (1999). The ethnic aged and the likelihood of special needs. *Australasian Journal on Ageing, 18*(3, Supplement), 50–54.
Rowland, D. T. (2007). Ethnicity and ageing. In A. Borowski, S. Encel, & E. Ozanne (Eds.), *Longevity and social change in Australia* (pp. 117–141). Sydney: University of New South Wales Press.
Rural Policy Research Institute. (2011). *The oldest populations in the U.S*. http://www.rupri.org/upcoming2.php?id=26. Accessed Feb 2011.
Shaw, M., Dorling, D., & Smith, G. D. (2006). Poverty, social exclusion, and minorities. In M. Marmot & R. G. Wilkinson (Eds.), *Social determinants of health* (2nd ed., pp. 196–223). Oxford: Oxford University Press.
Sixsmith, A., & Sixsmith, J. (2008). Ageing in place in the United Kingdom. *Ageing International, 32*(3), 219–235.
Stockdale, A. (2009). A review of demographic ageing in the UK: Opportunities for rural research. *Population, Space and Place, 17*(3), 204–221.
Torres, S. (1999). A culturally-relevant theoretical framework for the study of successful ageing. *Ageing and Society, 19*, 33–51.
U.S. Census Bureau. (2009a). *Current population survey, annual social and economic supplement, 2009. Table 26: Mobility status of the population 55 years and over by sex and age: 2008–2009*. http://www.census.gov/population/www/socdemo/age/older_2009.html. Accessed Feb 2011.
U.S. Census Bureau. (2009b). *Current population survey, March 2009. Table 1. General mobility, by race and Hispanic origin, region, sex, age, relationship to householder, educational attainment, marital status, nativity, tenure, and poverty status: 2008 to 2009*. http://www.census.gov/population/www/socdemo/migrate.html. Accessed Feb 2011.
Walters, W. H. (2000). Types and patterns of later-life migration. *Geografiska Annaler. Series B, Human Geography, 82*(3), 129–147.
Waring, J. M. (1975). Social replenishment and social change: The problem of disordered cohort flow. *The American Behavioral Scientist, 19*, 237–256.
Wolf, D. A., & Longino, C. F. (2005). Our "increasingly mobile society"? The curious persistence of a false belief. *The Gerontologist, 45*(1), 5–11.
World Health Organization (WHO). (2007). *Global age-friendly cities: A guide*. Geneva: WHO.
Zelinsky, W. (1971). The hypothesis of the mobility transition. *Geographical Review, 61*, 219–259.