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Day-care centres for older migrants: spaces to translate practices in the care landscape

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ABSTRACT

Aging populations in Western Europe are increasingly culturally diverse, which raises the question how current care landscapes can meet differentiated care needs. Our study focuses on one possible response: culturally-specific day-care centres for older migrants. By drawing upon practice theory, the paper explores the potential of such centres to shape and be shaped by practices in the wider care landscape. Extensive participant observation and interviews with older clients, managers and professionals, allowed us to zoom in on the 'doing of care' in culturally-specific day-care centres in Nijmegen, the Netherlands. To zoom out on the wider care landscape, we conducted interviews with municipal policy advisors and a day-care coordinator, and engaged in further participant organisation in city-wide events on older migrants and cultural diversity. We find that culturally-specific day-care centres offer staff the opportunity to transform the practice of care. The day-care centres become spaces of interpretation and translation, through which staff connects their clients to other actors in the landscape, such as the municipality and other care providers. Although interpretations and negotiations within culturally-specific care spaces create some creative tension, these spaces potentially increase the responsiveness to cultural diversity of care practices in the care landscape of Nijmegen.

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PALABRAS CLAVE

Cuidado culturalmente específico; migrantes ancianos; espacios de cuidado; paisajes de cuidado; teoría de la práctica; Países Bajos

Centros de cuidado para migrantes ancianos: espacios para traducir prácticas en el paisaje del cuidado

RÉSUMÉ

El envejecimiento de las poblaciones en Europa occidental es cada vez más culturalmente diverso, lo que plantea la interrogante sobre cómo los paisajes actuales del cuidado pueden satisfacer necesidades de atención diferenciada. Nuestro estudio se enfoca en una posible respuesta: centros de cuidado culturalmente específicos para migrantes ancianos. Al recurrir a la teoría de la práctica, el artículo explora el potencial de dichos centros para dar forma a y ser moldeados por las prácticas en el paisaje del cuidado. La observación participante extensa y las entrevistas a clientes ancianos, gerentes y profesionales nos permitieron acercarnos al 'hacer

del cuidado' en centros de cuidado culturalmente específicos en Nijmegen, Países Bajos. Para recoger una perspectiva más amplia sobre el paisaje del cuidado, realizamos entrevistas con asesores de políticas municipales y un coordinador de un centro de cuidado, y tomamos parte de la organización participante de eventos en toda la ciudad sobre migrantes mayores y diversidad cultural. Hallamos que los centros de cuidado culturalmente específicos ofrecen al personal la oportunidad de transformar la práctica del cuidado. Estos centros se convierten en espacios de interpretación y traducción, a través de los cuales el personal conecta a sus clientes con otros actores del paisaje, como el municipio y otros proveedores de cuidado. Aunque las interpretaciones y negociaciones dentro de los espacios de cuidado culturalmente específicos crean cierta tensión creativa, estos espacios potencialmente aumentan la capacidad de respuesta a la diversidad cultural de las prácticas de cuidado en el paisaje del cuidado de Nijmegen.

Centres de jour pour migrants âgés: des espaces pour la traduction des pratiques dans le paysage des soins

RESUMEN

Les populations vieillissantes de l'Europe occidentale présentent une diversité culturelle croissante, ce qui soulève la question: comment les secteurs des soins actuels peuvent-ils répondre à des besoins différenciés. Notre étude se concentre sur une réponse possible: des centres d'accueil de jour pour les migrants âgés qui seraient propres à leur culture. En s'appuyant sur la théorie pratique, cette communication explore le potentiel de ces centres pour former et être formés par les pratiques dans l'univers plus vaste du paysage des soins. Des observations exhaustives et des entretiens avec des clients âgés, des directeurs et des professionnels du secteur nous ont permis de nous concentrer sur « les faits et gestes des soins » dans des centres de jour à caractère culturel spécifique à Nijmegen, aux Pays-Bas. Pour une vue plus globale du secteur des soins, nous avons eu des entretiens avec des conseillers en politique municipale, un coordinateur de centre de jour et nous nous sommes engagés avec plus d'organisations participant à des événements sur les migrants âgés et la diversité culturelle à travers la ville. Nous constatons que les centres de jour à caractère culturel spécifique offrent à leur personnel l'occasion de transformer les pratiques des soins. Les centres de jours deviennent des espaces d'interprétariat et de traduction, par lesquels les employés mettent leurs clients en contact avec d'autres acteurs du paysage, par exemple la municipalité ou d'autres services de soins. Bien que l'interprétation et la négociation dans ces lieux de soins à caractère culturel spécifique créent des tensions créatives, ces derniers augmentent potentiellement la réceptivité à la diversité culturelle des pratiques dans le paysage des soins de Nijmegen.

Introduction

In Western Europe, aging-in-place policies have led to fundamental changes to how and where older people receive care. The practice of care has moved out of the nursing home

and is stretched out across what Milligan (2009, 144) has termed 'a new landscape of care'. The changing landscape of care has given rise to a rich literature describing how 'place shapes, and is actively shaped by, changing forms of care' (Milligan & Power, 2010, p. 579). Geographers have found that the development of the care landscape has transformed existing care spaces, like the home, as formal care provision moves into the private sphere (van Melik & Pijpers, 2017). In addition, new care spaces have emerged to support older people ageing-in-place, such as day-care centres, community gardens, co-housing projects and service houses (Emami, Torres, Lipson, & Ekman, 2000; Meijering & Lager, 2014; Milligan, Gatrell, & Bingley, 2004).

Meeting the needs of an aging and increasingly diverse population poses one of the biggest challenges to local care landscapes across Europe (Lawrence & Torres, 2015). One solution is the emergence of specialised care spaces and services targeting minority groups, such as LGBT and migrant older people (Emami et al., 2000; K. Heikkilä & Ekman, 2000a; Radicioni & Weicht, 2018). For example, there is an increase in culturally-specific care providers in the Netherlands, which offer day and home care with different ethnic, linguistic or cultural profiles. These providers cater to the care needs of older migrants for whom the Dutch language and a lack of culturally-sensitive services constitute barriers to access care (Leyerzapf, Klokgieters, Ghorashi, & Broese Van Groenou, 2017).

Research has shown that culturally-specific care spaces can improve the wellbeing of older migrants, by providing social connections, culturally appropriate activities and a sense of belonging (Emami et al., 2000). However, it is unclear how these new care spaces influence the responsiveness to cultural diversity of the wider care landscape. Therefore, this paper presents a study of how culturally-specific care spaces are shaped by, and help to shape, the local care landscapes in which they are embedded. As such, it aims to advance our theoretical understanding of the connection between the notions of care spaces (e.g. Conradson, 2003, 2005) and care landscapes (e.g. Milligan, 2009) by using practice theory. Specifically, we draw on the work of Reckwitz (2017) and (Nicolini, 2010a, 2010b, 2011) who engage with the role of space in the dynamics and evolution of practices.

The research is empirically situated in Nijmegen, a medium-sized city in the Netherlands with about 175,000 residents, of which 15% is older than sixty-five. Within this group, 19% is from immigrant descent (first generation), mostly from Morocco, Turkey, and the former Dutch colonies.¹ Culturally-specific day-care in Nijmegen is provided by independent organisations, which are contracted as part of a broader approach to care and welfare provision. As such, day-care organisations are embedded in the local landscape of care, while simultaneously operating independently and retaining their specific profile. Therefore, they offer the opportunity to advance our understanding of the relationships between care spaces, care landscapes, and the practices that connect them. Within this context, two questions guided our study: 1) to what extent does the space of the day-care centre allow staff to shape a care practice that is responsive to cultural diversity, and 2) how do these culturally-specific care spaces interact with the wider care landscape in Nijmegen?

The research design is inspired by Nicolini's (2010b) notion of 'zooming in' and 'zooming out' as well as his site-based approach to studying care; conducting participant observation at the day-care centres and interviewing clients, staff and policymakers from the municipality and other relevant organisations. This combination of methods allowed

us to zoom in on the activities of the care space, and zoom out to situate these in the dynamics of the wider local care landscape.

Zooming in on care spaces, we found that the affective atmosphere of the day-care centres is instrumental in connecting day-care to the life world of older migrants. Staff members play an important role as negotiators and interpreters between clients and the institutional world of the care landscape. However, the reinterpretation of care practices in culturally-specific care spaces also creates tension, as day-care centres struggle to both conform to, and reinterpret, dominant norms in the wider care landscape. However, this tension between care space and care landscape also has creative potential, producing new ways of doing care and increasing the visibility and awareness of culturally-specific care.

Below, we first present a literature review on care landscapes and care spaces, outlining how the dynamics within and between these scales can be interpreted from a practice theoretical perspective. We also review literature on care spaces for minority groups. The paper then discusses our research design, followed by the results section in which we first zoom in on care spaces and then zoom out to the wider landscape, identifying moments and places in which translation and negotiation takes place. We conclude with a reflection on the theoretical and methodological potential of practice theory to enhance geographies of care and aging.

Care landscapes

Since frail older people often have several intertwined practical, social and medical care needs, the practice of formal care for older people includes a variety of services, ranging from home-care and specialised nursing to social activities. Milligan (2009) terms this the 'landscape of care', since these organisations service the same group of older users of care. Each individual care organisation – whether providing home-care, day-care or primary care services – cooperates and is locally networked to various degrees on a daily basis. Furthermore, all organisations are influenced by the same or overlapping local and national norms, guidelines and policies for elder care. As such, each space in which care occurs must be considered as embedded in local and national regimes of care (Dyck, Kontos, Angus, & McKeever, 2005).

The notion of 'care landscape' highlights the interconnectedness of the spaces that are part of it, and the practices passing through these spaces. Despite Milligan's (2009) call for a geographical inquiry of how such places shape practice, few studies have since investigated this complex relationship (Andrews & Evans, 2008). One reason may be the theoretical and methodological challenges such research poses, in terms of bridging scales and collecting appropriate data from various actors within the care-practice. Andrews and Evans (2008, 774) suggest to focus on 'workers, their workplaces and practices' to reach a better understanding of how geographies of health are reproduced. Illustrative of such work is Martin, Nancarrow, Parker, Phelps, and Regen (2005) paper on rehabilitative care for older people, which highlights how policy priorities and care workers' decisions are instrumental in shaping the care landscape.

Practice theory applied to the field of health and care also focuses on care workers, but places more emphasis on the spatial, organisational and institutional arrangement of practice. Nicolini (2007) studies the introduction of telemedicine to cardiological health

centres. His work outlines the processes implicated in a spatial redistribution of a care practice; it shows that the introduction of telemedicine is accompanied by changes in ideas, identities and power relations between patients, doctors and nurses. The shift of some cardiological care to the home necessitates a reframing of patients as competent care-recipients, although nurses continue to determine what constitutes good care, sometimes dismissing and correcting patients' self-care practices. Furthermore, the reconstructed care practices brought by telemedicine require nurses to leave 'trails of accountability' in the form of notes and charts for distant actors, such as heart specialists in the hospital, to legitimise new practices within the regime of the hospital (Nicolini, 2007).

Other practice theorists have also shown how places involved in a practice become arranged and connected to facilitate, and even transform, this practice over time (Blue, Shove, Carmona, & Kelly, 2016; Nicolini, 2011; Schatzki, 2009). With the introduction of a new space to a practice, there may be incremental changes to how actors perform the practice and how they relate to each other, within and outside the new care space. Places can thus influence the practice passing through them, and by extension, how that practice is performed elsewhere.

Care spaces

Nicolini's work (2010a, 2011) emphasises how space reconfigures the power relations and the organisation of activities; consequently space both shapes, and is shaped by, 'bundles of practice' characterised by a certain degree of co-presence and spatial proximity (see Shove, Pantzar, & Watson, 2012). By studying these bundles of practice, geographers of care can zoom out from the care space to the landscape in which it is embedded. Nicolini, however, does not fully account for the internal dynamics within care spaces.

Practice theorist Reckwitz (2017) further unpacks the mechanisms that recruit people into social practices within the care space, using the concept of spatial atmosphere. He defines spatial atmosphere as occurring in places where objects and people interrelate in such a way that the place is 'entered and experienced' rather than merely used. Reckwitz (2017, 120) argues that spatial atmosphere is important to social practice, since enrolling someone in a social practice requires not only 'skills and interpretation' corresponding with the practice, but also its 'corresponding desires and fascinations'. This means that the spatial atmosphere can motivate people to engage in the practice performed in that space.

The importance of atmosphere and sense of belonging in creating a therapeutic dynamic in care spaces is well-described in geographical literature. Bridging cultural and medical geography, studies on therapeutic landscapes and places explore how environmental, individual, and societal factors come together in healing processes (Gesler, 1992). Early work often focused on healing in spaces that are considered inherently therapeutic, such as natural landscapes (Bell, Foley, Houghton, Maddrell, & Williams, 2018). Recent work instead investigates how (everyday) spaces come to achieve therapeutic qualities through relational processes. Both Lea (2008) and Foley (2011) describe such care spaces as assemblages, highlighting how therapeutic qualities of place are not inherent, but produced in relationship between people, places and connected discourses and practices.

Drawing on Conradson (2005), Foley concludes his discussion of care spaces as assemblages by stating that ‘therapeutic benefits are negotiable, contingent and framed by affective and performative embodiment in place’ (2011, 7). For a place to be therapeutic, a match is required between an individual’s capabilities and the social, affective and material resources of the care space in question (Duff, 2011), otherwise the care space might be experienced as exclusionary, as research on the experiences of indigenous people and migrants in different care spaces has shown (Bell et al., 2018). For Ahmed (2013), this match is not so much about being receptive to spatial atmosphere or not, but about experiencing shared feelings differently. Preferring the term ‘intense’ spaces instead of ‘spatial atmosphere’, she argues that shared feelings can actually heighten tension and be in tension. As such, Ahmed’s (2013) interpretation of spatial atmosphere is better placed to recognise issues of conflict and power, for example in the form of exclusion.

To overcome experiences of exclusion and relational distancing from to care spaces by minority groups (Bell et al., 2018; Cummins, Curtis, Diez-Roux, & Macintyre, 2007), some interventions focus on adapting the cultural meanings and practices of culturally-specific care spaces. Van Herk, Smith, and Tedford Gold (2012), for example, examine how Aboriginal families in Canada experience preventative care in culturally-specific care centres, in which co-ethnic staff familiar with Aboriginal culture incorporate Aboriginal rituals into the care practice. Consequently, the care space gives the visitors ‘a sense of freedom to live out their cultural values and views of wellness within their care encounters’ (Van Herk et al., 2012, 654). As such, it enables the necessary ‘affective and performative embodiment of place’ (Foley, 2011, p. 7) needed for visitors to reap the therapeutic benefits of the care space.

Van Herk and colleagues (2012) hence highlight the importance of relationships with care staff, and the incorporation of familiar practices in achieving an appropriate care space for cultural minority groups. Conradson (2003) also stresses the importance of interpersonal relationships in care spaces in his study of an English community centre. He shows how the working practices create a certain atmosphere through which visitors, staff and volunteers’ bond and develop a sense of belonging. This belonging increase both visitors’ wellbeing and their adoption of new skills. Through interactions with staff and other visitors, they feel more competent and become increasingly able to access information and services. Care practices can thus draw people in and enrol them in new practices, in addition to creating a sense of wellbeing (Conradson, 2003). Similarly, Thelen (2015) argues that practices precede relationships. In other words, particular relationships will emerge from practices aiming to meet a particular care need.

Care spaces for minorities

With societies becoming more diverse, there has been an increase in care spaces catering to particular groups, such as migrants, indigenous people and sexual minorities (Bell et al., 2018). Such care spaces aim to offer a safe space that relates to the life world of minority groups, which is of particular importance to older migrants. They are a highly diverse group, some of which are able to use general care and services effectively, while others struggle with ageing-in-place, having ‘unmet health and welfare needs and poor capacity to access advice and treatment’ (Warnes, Friedrich, Kellaheer, & Torres, 2004, p. 307). The latter group does not have the capabilities to use available resources, because of

language barriers and lack of knowledge on the health and welfare system (Suurmond, Rosenmöller, El Mesbahi, Lamkaddem, & Essink-Bot, 2016). They might be recently migrated refugees or labour migrants with little education who did not have the opportunity to learn the local language or advance in their occupation.

To meet their needs, culturally-specific care services for older people are becoming more common (Razum & Spallek, 2014). Examples are culturally-specific home-care (Kristiina Heikkilä & Ekman, 2000a), health promotion through ethnic organisations (Sverre, Solbrække, & Eilertsen, 2014) and ethnic day-care centres (Emami et al., 2000). Emami et al. (2000) found that culturally-specific care spaces improve the wellbeing of older Iranians in Sweden by facilitating social interaction and culturally appropriate activities. The day-care functions as an alternative space of belonging, which is manifested by, but not limited to, attentiveness to older migrants' preferences and habits. In turn, this sense of belonging creates a motivation to engage in practices that helps them to re-integrate, such as Swedish language lessons.

As described above, such care spaces also have the potential to change the local care landscape, as evidenced by Radicioni and Weicht's (2018, 10) study on a community and residential building for lesbian, gay, bisexual and transgender (LGBT) older people in Madrid. They show that the building's emergence influenced formal care practices, by constituting 'different, novel understandings of what is public and acceptable' regarding eldercare. Furthermore, the LGBT community challenged dominant norms by claiming spaces for care in the city and producing practices of 'caring democracies based on different gender and sexual norms' (Radicioni et al., 2018, 10). The existence of a dedicated space for LGBT older people is thus both meeting their specific care needs and making these needs more visible to other care providers.

Radicioni et al. (2018) argue that minority-specific care spaces can be conceptualised as contact zones, which Pratt (1991) defines as: 'social spaces where cultures meet, clash, and grapple with each other, often in contexts of highly asymmetrical relations of power.' In the context of care spaces, these clashes and entanglements might be found in tensions between organisational culture, staff and clients' norms regarding care and national and local regulations governing the provision of care. Rather than 'spaces of encounter' (Valentine, 2008) creating fleeting contacts between strangers, these contact zones potentially create prolonged, caring contact between groups, institutions and organisations. These engagements, within the atmosphere of the care space, have the potential to influence the practices of institutional landscape in which the space is embedded.

In sum, we already know that culturally-specific care spaces can increase older migrants' wellbeing. However, how these spaces actually co-shape practices in the wider care landscape is still unclear. This paper presents findings research on how culturally-specific care spaces are shaped by, and help to shape, the local care landscapes in which they are embedded. We aim to get a better understanding of these dynamics by drawing on the conceptualisations of the spatiality of practice offered by Nicolini (2007, 2011) and Reckwitz (2017).

Research design

Similar to Nicolini (2011), we chose a multi-method approach to investigate how culturally-specific care spaces shape and are shaped by the practice of care. This included 225 hours of participant observation in four day-care centres, which provided insight into the daily

performance of the practice of day-care within these care spaces. We also conducted participant observation at several landscape-wide meetings. The landscape-wide meetings included a sound board group of a large welfare organisation, where city wide initiatives, services and signals were brought by community figures from different migrant groups and discussed together with a diversity officer of the organisation. We also attended the meetings of a network for professionals working with older migrants with dementia in Nijmegen. These meetings gave insight into the relationships between different actors in the care landscape. The meetings of the dementia network included general practitioners, geriatric specialists, hospital chaplains, geriatric neighbourhood nurses, day and home care workers and intercultural care consultants. In addition, we conducted 19 interviews with professionals, staff members and clients in the day-care centres (Tables 1 and 2). Throughout the paper, all quotes are derived from interviews, unless stated otherwise.

The fieldwork was conducted from May 2017 to June 2018 and involved comparison between practices at the four studied sites. Consequently, the data analysis became an iterative process. The coding of field notes and interviews was descriptive at first, focusing on day-care practices including organised activities, care norms, administration, and relationships between staff and clients. We then compared how day-care was practiced in each location and reflected on the role of staff and clients in shaping this practice. Furthermore, we analysed how the care spaces shaped older migrants' care-receiving practices and how the day-care centres were connected to other care and welfare organisations, through cooperation, regulations and referrals. This iterative, mixed-methods process was required to achieve our aim: to zoom in on the dynamics of the care space, and to zoom out to trail the connections, negotiations and translations between the care space and practices in the wider landscape.

Zooming in

Zooming in on concrete practices is an analytical move to begin to understand the more complex and layered reality of the wider regime (Nicolini, 2010b). Therefore, we first

Table 1. Overview of fieldwork in day-care centres.

Organisation	Number and duration (in hours) of observations	Interviewed staff (fictitious names)	Interviewed older migrants
<i>Multi-Care</i> Culturally-specific organisation (Multicultural/Islamic profile)	27*3h	Afarin, Dutch-Kurdish intern Zeynep, Dutch-Turkish activity-coordinator Winifred, Dutch operational manager Youssef, Dutch-Moroccan Muslim chaplain Erkaslan, Dutch-Turkish director	3 Dutch-Turkish women 1 Dutch-Iranian woman 1 Dutch-Afghan woman
<i>Colour-Care</i> Culturally-specific organisation (Turkish profile)	6*5h	Meryem, Dutch-Turkish activity-leader Azra, Dutch-Turkish day-care centre coordinator	4 Dutch-Turkish women
<i>Stronger-Care</i> General organisation	6*7h	Anne, Dutch-Indonesian activity-coordinator	2 Dutch- Indonesian women 1 Dutch-Indonesian man
<i>Better-Care</i> General organisation	5*6h	Margareta, Dutch activity-leader	1 Dutch-Curacao woman
Total	183h	8	13

Table 2. Participant observation at landscape-wide meetings and interviews with associated professionals.

Organisation or network	Number and duration (in hours) of observations	Observed activities	Interviewed professionals (fictitious names)
Diversity café Three stream	5*3h	Observation of the debate between volunteers and welfare- and care professionals in Nijmegen	
Monthly meeting hour for professionals	4*3h	Observation of the debate between welfare and care professionals in highly diverse neighbourhood	
Network 100 Work group Dementia and Older migrants	3*3h	Observation of discussions between welfare and care professionals in Nijmegen	Amina, Dutch-Moroccan intercultural care advisor Linda, Dutch gerontological nurse Inez, Dutch gerontological nurse care Yvette, Dutch municipal policy officer Floor, Dutch advisor diversity and informal care
Expert group older migrants (facilitated by Better-Care)	2*3h	Observation of the debate between volunteers and welfare and care professionals	Sara, Dutch project-leader for the municipal platform for day-care organisations
Total	42h		6

'zoomed in' on day-care spaces by conducting participant observation at four day-care centres, one day a week for a period of six weeks at each place (Table 1). A total of 183 hours of observations gave an intimate insight into the daily workings of day-care and allowed us to compare how day-care was performed in culturally specific and general day-care spaces.

For ethical reasons, the names of the four studied centres are fictitious. *Multi-Care* and *Colour-Care* are regarded as culturally-specific, while *Stronger-Care* and *Better-Care* are categorised as general organisations. Multi-Care profiles itself as multicultural and has clients with diverse ethnic and cultural backgrounds. Staff spoke Dutch to each other and mirrored the clients in terms of their background. Quran reading was regularly arranged and attended by half of the clients. Colour-Care also profiles itself as multicultural, but only has Turkish clients and Turkish-speaking staff, many of whom were Muslims. Prayers in a dedicated room were common after lunch. Both organisations have directors of Turkish descent and most staff is first, second or third-generation migrant.

Stronger-Care and Better-Care were selected to provide insight into whether the practice of day-care is performed differently in culturally-specific versus general organisations. Stronger-Care is the largest provider of welfare services for older people in Nijmegen. We conducted participant observation in a group for older Indonesians, although several clients were native Dutch or had another cultural background. Most staff members were Dutch and both clients and staff spoke Dutch. Better-Care is a small care provider. Staff and clients were native Dutch; the majority of clients have a working-class background. Better-Care was chosen as a case since a policy advisor mentioned this day-care as an example of best practice. We use the terms 'culturally-specific' and 'general' for analytical purposes, but acknowledge differences between organisations within the same category. Table 1 provides an overview of the interviews and hours of participant observation conducted at each day-care.

The first author acted as volunteer during participant observation. She assisted in serving meals and drinks, doing dishes, playing games, and doing activities with the clients. Detailed notes were written at the end of each day, describing activities and conversations with staff in a chronological manner. Field notes and observations were guided by an observation protocol which prompted attention to elements of care practice. The day-care organisations consented to participate in the research; nevertheless, staff and clients often mistakenly assumed that the first author was an intern in the field of social work. Hence, she repeatedly underscored that she worked for an academic research project, and that the findings would be published but anonymised.

The position as volunteer was helpful to the research. Seen as an intern, the first author was considered someone who needed to be introduced to and taught the practices we sought to study. As a young white woman from Sweden, with a foreign accent, she also fit the script as outsider needing to be introduced to how things are done. It was a disadvantage to not speak the most common languages at the culturally-specific day-care centres: Turkish, Arabic or Farsi. Staff members or clients were asked for translation and assistance in understanding important events and conversations. Since staff spoke Dutch, communicating with them was not a problem.

After a period of observation, we conducted semi-structured interviews with five staff members who were involved in daily activities at the day-care locations. This gave us an opportunity to investigate how staff understood their work; how they characterised good and culturally-specific care; and what their relationship to other care providers looked like in practice. Interviews were also conducted with thirteen older migrants, often with the assistance of student-translators. We only touch upon these interviews briefly in this paper, as they are discussed in more detail elsewhere

Zooming out

After thoroughly investigating the day-care centres, we ‘zoomed out’ to the wider care landscape by interviewing municipal policy advisors, the coordinator for all day-care organisations in Nijmegen, a Muslim chaplain, and a director as well as managers from both the culturally-specific organisations. Furthermore, we attended fourteen landscape-wide meetings, including meetings of a network of professionals working with older migrants suffering from dementia, and local debates on inclusion in care and welfare called ‘diversity cafes’ (Table 2). These events helped us to zoom out since they revealed how professionals working elsewhere in the care landscape discussed culturally-specific day-care within public and semi-public forums. The names of organisations and all interviewees have been anonymised throughout the paper.

Care practices in culturally-specific day-care centres

In the Netherlands, day-care is a service offered to older people who live at home and are vulnerable to social isolation and depression. Day-care provision is the municipality’s responsibility (van Houten & Verweij, 2015), who contracts different care organisations. The aim of day-care is to ‘improve the wellbeing of older people by providing meaningful, structured activities which improve or support independence’ (van Houten & Verweij, 2015, 6). Clients attend regularly, from one to several days per week. Individual and

collective activities are arranged and lunch is eaten together. In Nijmegen, all residents above sixty-five are eligible to attend day-care; they do not need a medical referral or have to pay.² The municipality aims to cater to older people from all backgrounds, for example by including culturally-specific organisations when contracting day-care. As a form of preventative care for older people culturally-specific day-care centres have ties to the wider care landscape, through contacts with general practitioners, neighbourhood nurses, the municipality and welfare services.

Facilitating a sense of belonging

The spatial atmosphere was both palpable and different in the studied day-care centres. The material aspects were most easily observed: the presence of prayer mats or old-fashioned Dutch furniture; the sound of Indo rock or Turkish TV; and meals with vegetable and rice dishes or potatoes with meat balls. By combining activities, foods, music and language, each day-care centre created a particular spatial atmosphere through which the day-care centre was 'entered and experienced' (Reckwitz, 2017, p. 120)

The sense of belonging that the spatial atmosphere facilitated, manifested itself in interactions between clients and with staff. In the Indonesian group at Stronger-Care, we observed the exchange of phrases in Malay, and friendly teasing of each other, a custom which both clients and staff identified as Indonesian (Fieldnotes). At Colour-Care, spontaneous singing and dancing to well-known Turkish songs, was a way in which staff and clients connected to shared memories and customs (Fieldnotes). Since Multi-Care had clients from many different cultural backgrounds, all did not share a language. Here a Muslim chaplain facilitated togetherness by offering weekly Quran readings. During this time, Iranian, Afghan, Moroccan and Turkish clients left their respective tables and sofa groups where they usually sat separately, to come together around the same table for weekly prayers (Fieldnotes).

Although each studied centre welcomed older people from all backgrounds, clients chose day-care centres with a familiar spatial atmosphere, where they could find a sense of belonging. One Iranian woman first visited a general day-care but left because of the unfriendly atmosphere and a sense of exclusion by other clients. In contrast, she described coming to Multi-Care as 'visiting family', with staff happy to see her, attentive to her needs and interacting in a polite manner. A Turkish client of Colour-Care first attended Multi-Care's day-care centre. However, Multi-Care facilitated fewer religious activities and many clients had a different religious background than herself. Hence, she found Colour-Care to be a better fit. Additionally, older migrants frequently emphasised the possibility to speak their own language as a key reason to attend a culturally-specific day-care centre.

Using the familiar to introduce new practices

Apart from inviting clients to participate in day-care, we found that the spatial atmosphere enrolls older migrants in new activities (Conradson, 2003). Familiar activities such as knitting and watching TV were appreciated and facilitated social interaction. However, as a practice, day-care is not only aimed at fostering social interaction, but should – according to Dutch quality norms for day-care for older people – also strengthen skills

supporting independent living³. Hence, day-cares centres should also facilitate physical activity and other mentally stimulating activities, such as crafts, music and games. For staff at the culturally-specific day-care centres, it was not always easy to convince the older migrants to participate in less familiar, 'childish' activities. One way in which staff at Colour-Care motivated clients to engage in sports, was by including familiar elements of Turkish dancing and music in the activity. Losers in the ball game were punished by having to dance for the others, which caused much laughter in the group (Field notes).

Colour-Care's activity-leader Azra actively sought to also communicate new meanings of care, which were aligned with Dutch understandings of day-care. She explained how she sits down with new clients to explain the purpose of day-care:

You [the client] are coming here with a goal. It is nice and fun here and we are just like a family, but day-care has a goal. You are not here for nothing (...). The municipality subsidises this for you, use it well; by being physically active, by taking part in activities. Think of it, you have many illnesses, physical complaints ...

When Azra tries to explain the meaning of Dutch day-care to her clients, she first emphasises that which is familiar: the atmosphere of the day-care centre and the familial relationships between clients and staff. By appealing to shared 'desires and fascinations' she is then able to convey the 'skills and interpretation' she wishes her clients to gain, which Reckwitz (2017) argues are both necessary to participate fully in a social practice. By creating spatial atmospheres in which older migrants socially interact and feel a sense of belonging, the day-care centres motivate their clients to gain the skills and interpretations necessary to also participate in less familiar practices, similar to findings by Conradson (2003).

(Re)-interpreting and translating practices

To better meet the needs of older migrants, staff adapted and extended the practice of day-care in several ways. Most staff members had a migrant background, but were born in the Netherlands and had a Dutch diploma in care work. Their fluency in Dutch and knowledge of Dutch care and welfare systems meant that they often became interpreters. Though not being an official task of activity-leaders, they thus provided 'navigational assistance' (Green et al., 2014) to clients by translating formal documents and giving advice.

Another extension of the day-care practice involved the incorporation of religious and cultural 'norms and values' (Interview Azra). Contemplation in connection to meal times was observed at both Better-Care and Stronger-Care, through stillness and poetry recitals before eating. However, at Multi-Care, staff went further in incorporating religion into the daily routines of the day-care. When a client passed away, they facilitated a mourning ritual that would normally take place at home. Instead, activity-coordinator Zeynep invited family, friends, clients and staff to come to Multi-Care and cooked a traditional meal for forty guests. To Zeynep, the willingness to go beyond formal expectations, was the essence of day-care at Multi-Care; 'It comes with what we do here.'

By going beyond formal requirements and being part of clients' personal lives, culturally-specific day-care centres reinterpreted the practice of day-care. At Stronger-

Care and Better-Care, staff addressed clients with last names to show respect, but also to 'create distance' (Interview Margareta). At Colour-Care and Multi-Care, staff instead emphasised the importance of closeness to clients. Colour-Care's activity-leader Meryem explained that she approached every client 'as my own grandparent', a statement which was echoed by Multi-Care's manager Winifred stating that staff cared 'with their heart and soul, as if they were their own grandparents'. According to Multi-Care's director Erkaslan, this relational aspect of care is the centre's key strength. In fact, Multi-Care's recruitment policy prioritises the ability to connect with clients over formal diplomas (Interview Erkaslan). Empathy and close relationships were thus central meanings of the culturally-specific care practice, as opposed to ideas of professional 'distance and closeness' common in Dutch care discourse (Dubbeldam & Mooren, 2012).

The reinterpretation of care-meanings is central to how staff and care organisations resolve tensions between the 'system world of formal care' and the 'life world' of older migrants and their families (Froggatt, Hockley, Parker, and Brazil (2011). Similar to Næss and Vabø (2014) and Palmberger (2017), we find that norms regarding filial obligations are changing within the Turkish labour-migrant community. Multi-Care's Muslim chaplain Youssef talked about a reinterpretation of the meaning of formal care. Formal eldercare is 'a rather unknown phenomenon' to Turkish and Moroccan migrant families (Interview Youssef), generally considered a profession for those without other options. However, Youssef's experience with his father made him re-evaluate this. The formal care his father received was 'very good, professional, far better than what a sister or daughter could do; I wished I had done it earlier!' Youssef now finds it his duty to explain to other families that formal care, done with 'professionalism and love', is an appropriate way to fulfil filial obligations to parents. By connecting the idea of professionalism to a loving relationship, care organisations have redefined formal care. This was also echoed in interviews with clients, with a Turkish woman at Colour-Care describing good formal care as someone 'caring like a son or daughter'.

We observed that this reinterpretation of good care extends beyond the internal practice of specific centres, for example when other services in the care landscape are invited into the day-care centre. For the 'day of family carers', Colour-Care arranged an information evening for family members and invited municipal family-care consultant Lovisa to inform about available municipal support. Staff translated Lovisa's talk in Dutch to Turkish, and Turkish traditional music was played and food was served. Turkish family carers were asked to share their struggles and how they came to understand the need for formal support. Lovisa received many questions and a goodie-bag was distributed with further information on available family-care support. By facilitating meetings in a familiar spatial atmosphere, Colour-Care could hence bridge the 'relational distance' (Cummins et al., 2007) between older migrants and another service in the landscape, the family-care consultant.

Conforming to institutional norms

Although staff reinterpreted certain aspects of day-care practices, conforming to institutional norms was also important. Intern Aferin at Multi-Care studied social work and was very aware of the importance of 'activating' older people. She therefore arranged group activities such as crafts and bingo, despite resistance from several clients who preferred to watch television. The organisation of particular activities, such as crafts and sports, aligns with Dutch norms of

active aging (Katz, 2000) and is considered a mark of quality and professionalism. Therefore, pictures were taken during such activities, according to an intern at Colour-Care 'for the inspection, we put it in a file' (Field notes). Pictures from Multi-Care and Colour-Care were also shared on social media. Staff thus left 'accountability trails' and performed certain routines to be recognised by the wider institutional practice (Nicolini, 2007)

The choice of activities at Colour-Care and Multi-Care was not only shaped by the dominant discourse on healthy aging, but also by a pressure to showcase their integration into Dutch society. This became evident when comparing their activities with those of general day-care Better-Care. The municipal policy advisor identified Better-Care as a positive example because of its efforts to activate clients (Interview Yvette). Margareta, Better-Care's activity-leader, found that the group preferred hands-on activities such as crafts. She also arranged cognitive exercises, such as word games, but only for a short time since the group quickly lost interest. Since many clients smoked and suffered from lung disease, she no longer tried to persuade them to do sports. Margareta felt free to choose activities that connected to her clients' cultural background, and avoided those that did not.

At Multi-Care and Colour-Care, staff felt more pressure to do sports and themed crafts with their clients. While sport was on the weekly schedule of the day-care, intern Aferin confessed that it was difficult to motivate the clients: 'you really have to force them' and 'in the beginning they will complain'. Aferin still felt that this should be imposed on the group, and wished that her colleague would help her to do so more often. When the first author told staff at Colour-Care that she had also done research at Multi-Care, she was asked whether they also did 'activities and themes'. Activities following the calendar year, in addition to sport, was the defining factor of quality comparison. Choosing activities was a balancing act between what one 'must' do when practicing day-care in the Netherlands and which activities the clients would enjoy.

To highlight their integration, staff organised both Dutch and Muslim celebrations. One of Colour-Care's activity-leaders took this practice for granted, saying that 'those are themes, we have to follow them' (Field notes). When asked whether celebrating Easter made sense to Muslim clients, Multi-Care's intern Aferin gave a look of disbelief and exclaimed: 'But we have to! We are in the Netherlands!' Although there are no formal requirements to celebrate Dutch holidays at day-care, staff at both Multi-Care and Colour-Care felt the need to demonstrate the centre's integration within the institutional context. This finding should be considered in the context of national discourses regarding migration and integration. Minority citizens are expected to demonstrate integration and affiliation with the values and norms of the dominant culture (Schinkel & Van Houdt, 2010).

Tensions in the care landscape

Directors of the day-care centres also struggled to meet their clients' needs in a way that fulfilled requirements of accountability from the national health inspection agency and the municipality. During interviews with municipal representatives Yvette and Sara, as well as meetings of the city-wide network for older migrants with dementia, the culturally-specific day-cares were characterised as culturally competent and skilled in reaching older migrants. Cooperation between general and culturally-specific organisations was considered desirable, for example in the form of knowledge exchange. However, both Multi-Care and Colour-Care were criticised for having limited engagement with local working

groups and events relating to older migrants. Despite frequent invitations, their representatives rarely attended, which caused frustration within the wider care landscape.

For Sara, municipal project-leader of the platform for day-care organisations, the directors' perceived unwillingness to translate their culturally-specific activities into the broader institutional discourse was also problematic. Sara took Colour-Care's relatively large lunch budget as an example. In the Netherlands, sandwiches and milk constitute a common lunch, but at Colour-Care volunteers cooked traditional meals with fresh ingredients every day. Sara did not oppose the value of this traditional meal, but felt that it was the organisation's responsibility to defend their budget priorities: 'The Dutch norm is the guideline. There are possibilities for exceptions, but then you need to have a very clear story about why you do it.'

In general, Sara saw the directors of culturally-specific care centres as defensive of their way of doing day-care, rather than open to discussion. She lamented this, wishing that culturally-specific care organisations would take on an interpretative role as 'switch boards' between older migrants and general care organisations. Yet according to director Erkaslan, Multi-Care already functions as a 'bridge' to other care providers. He regarded the relationship with the municipality as largely positive and one that improved over time, as municipal staff had realised that 'although there were issues, the organisation still fulfilled many criteria'. The relationship had changed so that Erkaslan now felt that: 'Rather than being opponents, we have become partners, partners for care.'

There is an unmistakable tension between these different perspectives on the relationship between the day-care centres and the municipality and other care providers, which hampers more intense collaborations in the provision of day-care for older migrants. The tension around aligning with institutional norms is further fuelled by an on-going conflict between Multi-Care and the national health care inspection agency. During the study period, the agency repeatedly failed Multi-Care's nursing home, adjacent to its day-care space. Although it acknowledged the 'warm' and 'positive' relationship between staff and clients in its latest report,⁴ the agency expressed significant concern about the quality of care provided at the nursing home, in particular with respect to the safe delivery of medications. It blames the governance culture at Multi-Care for poor division of responsibilities and lack of communication.

In response, director Erkaslan saw these findings as evidence of prejudice on the part of health care inspection agency: 'They came with the attitude that this is a migrant organisation, now we will turn everything upside down and find something wrong.' In a public response letter to the inspection,⁵ Multi-Care's board framed itself as a young, pioneering organisation, experiencing 'growing pains' required to align practices:

The organisation emerged and dreams, and this is still noticeable. The fast growth and sizeable ambitions have, however, left traces. Traces that fit with a pioneering organisation that is ready for the next step in its professional development. In this respect, quality and safety have indeed been given insufficient attention. After receiving a bad report, we started working on these issues very hard, and we have gotten very far.

Over the years, the dispute between Multi-Care and the Health Care Inspection has left a considerable impression upon the wider care landscape, and beyond, since the publicly available inspection reports have resulted in bad press in local media. Consequently, some of Multi-Care's pioneering staff work is marginalised, as other actors in the care landscape continue to associate Multi-Care with poor-quality care instead of positively

fulfilling a need for care in one's own language, let alone bridging a relational gap to other forms of care.

The day-care centre of Multi-Care is embedded within the national practice of formal care, which the Health Care Inspection represents. Multi-Care's struggle to remain embedded in the landscape raises the question of how the wider fields of practice should deal with new care spaces. Furthermore, the changing relationship between Multi-Care, the municipality and the health care inspection agency show both the tension and potential for cooperation that culturally-specific organisations can encounter in relation to other organisations within the local and national care landscape.

Conclusion and discussion

This paper investigated culturally-specific day-care centres through the lens of practice theory, highlighting how these care spaces are embedded in the wider care landscape. Our fieldwork shows that culturally-specific day-care centres are affective spaces, which function as contact zones between the life world of older migrants and the institutional world of the wider care landscape (Froggatt et al., 2011). Culturally-specific day-care centres are spaces in which the meanings, norms and activities of the practice of day-care are translated and negotiated. As such, these spaces play an important role in sparking an atmosphere in which older migrants can be engaged. Following Reckwitz's (2017) reasoning, spatial practices – practices pervading particular spaces – help create a particular spatial atmosphere which, in turn, 'recruits' people to said and other care practices. Staff members are key actors in creating and fuelling spatial atmosphere. Space also allows for a transformation of material aspects of practice, such as meals, music and furniture. Sometimes, these transformations are responsive to people's life worlds, such as their ways of grieving. In other instances, for example when experimenting with physical activities, staff is able to interpret 'Dutch' care norms for older migrants.

Although culturally-specific care spaces have their own internal dynamic, we find that activities in these spaces remain part of wider practices. In the Nijmegen care landscape, both positive and negative emotions circulate about how culturally-specific day-care are currently practiced, although there is a shared aim of responding to the needs of older migrants. Using Ahmed's terminology (2013, 13), culturally-specific day-care is an 'object of feeling', which circulates between actors and hence becomes loaded with diverging emotions. Similar to Nicolini (2010b), we found that while staff at culturally-specific day-care centres are able to transform practices to some degree, they also felt obliged to conform to the dominant practice to prove their professionalism.

The tension between transformation and compliance was also evident in the relationships between culturally-specific day-care centres and general providers. Culturally-specific organisations integrated their practices with the wider landscape through the tendering process and participation in local day-care platforms. Simultaneously, they resisted integration, for example in discussions with the Health Care Inspection, by defending their position as culturally-specific, and therefore different from other types of day-care. The relationship between care space and care landscape thus evolves in and through moments of translation, resistance and conformation.

Culturally-specific care spaces are subtly shifting the power dynamic implicated in how eldercare is performed and practiced. By bringing older migrants and staff with different

cultural backgrounds together within an institutional environment, a space is created where care practices are contested, challenged and intermingled. Though the power relations between them are unequal, it can be argued that both clients and staff have some ability to influence the space and practices that they engage in. This idea of 'agency over care' provides scholars with a critical, yet hopeful lens through which to look at transcultural encounters. In debates on older migrants, this group is often portrayed as vulnerable and dependent (King, Lulle, Sampaio, & Vullnetari, 2017), but culturally-specific care spaces can provide settings in which older migrants can engage with formal care more on their own terms.

The changing nature of care landscapes, and the emergence of both new and reinvented care spaces, have opened exciting avenues of study within health geography. In this paper, we set out to bridge the concepts of care spaces and care landscape. This has proven a challenge, both theoretically and methodologically. We followed Andrews and Evans' (2008) suggestion to focus on how care workers reproduce the health care system by investigating practices: meanings, norms, activities, and issues of administration which are shared among different actors who are part of the practice.

Practice theory has allowed us to trace connections and interactions, and to zoom in and out. This theoretical perspective demands a multi-method research approach, in order to capture different dimensions of the studied practice. In this process we were confronted with various practical challenges. On one hand, there was almost too much data coming out of the observations. On the other hand, there was arguably too little data to show that the practice of culturally-specific day-care is influencing the way actors elsewhere in the landscape think about care provision to diverse older populations. For example, that the municipality had become open towards day-care that meets the background and interests of specific cultural groups. Nevertheless, by considering a national policy stating that day-care spaces should cater to the neighbourhood in which they are located, instead of a previous focus on minority groups, we considered this enough evidence to support our finding. Questions we discussed in the course of using a practice approach include the issue of how to determine what the boundaries are of the care spaces and care landscapes under study. As a solution, we took moments of translation and negotiation of care practices as our analytical lens, which made the dynamic between care space and care landscape more concrete and narrowed our focus.

Despite its limitations, the use of practice theory has helped us to consider the dynamics of the care landscape in all, or much, of its complexity. Previous work on care spaces for minorities primarily focused on processes of healing, exclusion and inclusion within care spaces themselves, making valuable contributions to our understanding of how, when and for whom places become therapeutic. However, with few exceptions (Radicioni & Weicht, 2018), most studies disregarded if and how culturally-specific care spaces influence the wider care landscape. The use of practice theory has the advantage of shedding light on how power relations of exclusion and inclusion within a care space are part of a broader dynamic in the landscape. By analysing moments of translation and negotiation of social practices, we reach a better understanding of both the perils of being embedded in the wider landscape, and the possibilities of care spaces in making the care landscape more inclusive.

Radermacher, Feldman, and Browning (2009) argue for the benefits of partnership between places of culturally-specific care and mainstream services, highlighting how the former might increase access to the latter. From this perspective, culturally-specific care

spaces become bridges to other services in the landscape. Furthermore, culturally-specific care spaces invite us to take a critical view of norms regarding aging and good care inherent in our care practices, which might lack meaning to, or exclude, those who receive or are entitled to the care (Torres, 2001).

By focusing on the role of culturally-specific day-care in Nijmegen, our research calls for further study on how the needs of older migrants are met in increasingly complex care landscapes. The position of the growing older migrant population in the care landscape is already a pressing issue. For the future, we hope for a deepened relationship between culturally-specific care spaces and general care services, so that landscapes of care can become more inclusive for older people in all their diversity.

Notes

1. Unpublished municipal data, available upon request.
2. Two documents on contracting and subsidizing of the Basic Infrastructure Welfare, 2017–2020 (2017c, 2018).
3. HKZ National Certificate for Quality in Care: Norms for Day-Care (2015).
4. Available upon request, but not included as reference to assure Multi-Care's anonymity.
5. Ibid.

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