III Interdisciplinary Conference on Depopulation

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Regional depopulation and community welfare in Northern Netherlands (Groningen), 1950 – 2022

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Abstract:

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From the 19th century onwards, the Netherlands has experienced continuous population growth.[1] Despite this overall growth and a long-standing public debate centred on the country being "full, more than full,"[2] some regions have faced depopulation. Regional depopulation has been a pressing issue especially in the border regions of the Netherlands in the period after the Second World War. Outmigration and low fertility rates, combined with the increasing longevity in Dutch society and the fact that youth tends to migrate more readily, have resulted in the depopulation and ageing of communities in these regions. Those who work and live in depopulating communities have experienced declining connectivity and reduced access to facilities such as schools and general practitioners.[3]

While the causes of regional depopulation and its impact on population structures have been studied extensively, the effects on the people and communities that remained in depopulating areas have received little historical attention. Even though "shrinking" is projected to continue and intensify in the future, we know little about how depopulating communities have coped with the loss of health and care facilities, the coming and going of various private and voluntary welfare organisations, and the outmigration of population subgroups potentially disrupting informal care networks. Researching the effects that depopulation could have had on community welfare is especially interesting because regional depopulation took off while the Dutch welfare state was being established and subsequently went through significant changes – all impacting the ways in which welfare was provided in depopulating regions.[4]

This PhD project aims to examine the links between depopulation and community welfare in the Dutch province of Groningen, from the 1950s until 2022, from the perspectives of the people who lived and worked in the communities. While depopulation is often associated with structural

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[1] Engelen, *Van 2 naar 16 miljoen mensen*.

[2] Addie Schulte, 'Nederland te vol? Die vraag wordt al meer dan 70 jaar gesteld', *NRC*, 2 January 2023, https://www.nrc.nl/nieuws/2023/01/02/nederland-te-vol-die-vraag-wordt-al-meer-dan-70-jaar-gesteld-2-a4153094.

[3] 'Waar groeit of krimpt de bevolking?', *Centraal Bureau voor de Statistiek (CBS)*, https://www.cbs.nl/nl-nl/dossier/dossier-verstedelijking/waar-groeit-of-krimpt-de-bevolking-, accessed 31 October 2024; 'Groei en krimp per gemeente', *CBS*, https://www.cbs.nl/nl-nl/visualisaties/dashboard-bevolking/regionaal/groei-en-krimp, accessed 31 October 2024; Bock and Haartsen, 'Who Is Afraid of Population Decline?'

[4] Roebroek and Hertogh, *'De beschavende invloed des tijds'*.

changes to welfare provision and a decline in facilities, it is not necessarily a direct cause of welfare decline. As such, this project views depopulation as absolute population decline, and is interested in linking its demographic causes to social consequences: the effects on welfare provision and a community's ability to maintain welfare standards. How has it impacted the ways in which people arrange their health and care and perceive their community's welfare? Did it cause any challenges, and if so, how did people respond? What organisations (state, non-state, voluntary) were involved in welfare provision and how did this change over time? Did some communities respond differently than others, and if so, why is this the case? The working research question of the project is: *how have communities in the province of Groningen coped with depopulation and sustained their welfare from 1950 until 2022?* The project hypothesises that following depopulation and changes to welfare provision (for example, a decreasing availability of formal health care services), communities and organisations have adapted through coping strategies, such as grandparents providing childcare, nearby kin or neighbours taking care of elderly community members, community members advocating with social or welfare organisations, or founding voluntary support groups, that for example provide transport for less mobile residents or children.

Groningen is chosen because regional depopulation has been a pressing issue in the region over the past seventy years.[5] Additionally, the unevenness and heterogeneity of the region's depopulation allows for relevant comparisons. Depopulating communities in Groningen include not only small agricultural villages, but also former industrial towns, peat colonies, and areas that suffer from earthquakes as a result of decades of gas drilling, all with different sociodemographic makeups.[6] The earliest cause of depopulation in the region has been outmigration caused by agricultural modernisation, industrialisation, and the general pull of urban or semi-urban areas with more work, education, and housing opportunities, followed by declining fertility and the ageing of depopulating communities.

The project focuses on health and care provision specifically. The disappearance of health and care services from depopulating communities is often experienced as a severe blow, and changes to age and gender compositions impact if and how these services are taken care of through informal care networks. At the same time, depopulation – which in the Dutch case includes the ageing of communities – can both increase the demand and decrease the accessibility of health and care services.[7] As such, focusing on health and care will be one of the most direct ways of researching the links between depopulation and community welfare. The project will include health services like general practitioners, hospitals, and neighbourhood nurses, as well as care services such as primary schools, kindergartens, and elderly care homes.

The source materials and methodology of this project are divided across three levels. For contextualisation, the project makes use of demographic data to contextualise, understand, and compare trajectories of depopulation. Statistical data is available at the Dutch Centre for Statistics and municipal archives. The project uses descriptive statistics to identify the subgroups that make up the population composition of depopulating communities.[8] This approach is informed by compositional demography. As argued by Philip Kreager, compositional demography is about going beyond the conventional administrative units or ways of categorising population groups, and paying attention to the variations inside a population group.[9] While people generally do not think

[5] Pim van Eikeren et al., *Groeidocument Krimp: Demografische ontwikkelingen in Groningen en de gevolgen*, Bureau Pau / Bureau Louter, commissioned by the Groningen Province (2010).
[6] The earthquakes started in 1986, see; Verdoes and Boin, 'Earthquakes in Groningen', 153.
[7] Bock and Haartsen, 'Who Is Afraid of Population Decline?'
[8] The project will be aided in statistical analysis by a postdoc that is expected to arrive in year 2.
[9] Kreager, 'The Challenge of Compositional Demography', 86.

of themselves as part of demographic subgroups, people with similar behaviours are often grouped together in these subgroups.[10] As such, demographic divisions serve as a useful starting point for uncovering differences in subgroups' perceptions and responses. The concept of communication communities is used to further explain how subgroups or communities and the processes of communication within these groups influence people's behaviour and responses to depopulation and associated insecurities.

The main focus lies with the meso or organisational and micro or individual level. At a meso level, the plan is to identify the different actors involved in welfare provision within the selected communities, and analyse them to see how welfare provision was organised and maintained over time. Examples of actors include social workers, municipal welfare organisations, non-state health care organisations like the Cross Organisations, Protestant diaconia and foundations, primary schools, general practitioners, and for-profit healthcare organisations, but also networks of informal care and forms of collective action: bottom-up leisure and local support groups involved in welfare provision or advocacy. Data collection will take place mainly in the respective archives of organisations and other actors, which make up this project's primary source base. Specific types of archival sources that are of interest are annual reports, meeting notes, research reports – for example by municipal education and welfare committees – and reports on work activities by individuals working within the communities. While this does not apply to all archival sources, many of the reports can be coded and analysed using Thematic Analysis.[11]

The micro level of data collection consists of new oral history interviews with people who worked and lived in depopulating communities. The life history interview method will be used to examine perceptions on depopulation and community welfare, and their responses or strategies to adapt to depopulation and structural welfare change.[12] The interviews will be transcribed verbatim, inductively coded in Atlas.ti and analysed using Thematic Analysis.[13]

At this moment, the project is still in its early stages. Archival data collection has recently begun and the oral history part of the project is expected to start this summer. At the 3rd Interdisciplinary Conference on Depopulation, I aim to present a comprehensive research design including a discussion on initial findings.

Research questions:

- Demographic contextualisation: *How has depopulation shaped the demographic composition of the Groninger communities from 1950 until 2022?*
- Meso or organisational: *How did health and care provision in depopulating Groninger communities change from 1950 to 2022?*
- Micro or individual: *How have people living and working in depopulating Groninger communities perceived and responded to depopulation and changes to health and care provision?*

[10] Simon Szreter, 'Populations for Studying the Causes of Britain's Fertility Decline: Communication Communities', 176; Johnson-Hanks, 'Populations Are Composed One Event at a Time', 239.
[11] Clarke and Braun, 'Thematic Analysis'.
[12] Brinkmann, 'Unstructured and Semistructured Interviewing', 6.
[13] Guest, M.MacQueen, and E. Namey, *Applied Thematic Analysis*; Naeem et al., 'A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research'; Clarke and Braun, 'Thematic Analysis'.

Keywords:
Community welfare, health care, resilience, welfare provision, informal care, compositional demography

Thematic Area:

- **Demography**
- **Health and well-being**
- Basic, public, and private services
- Third sector and associative movements

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