

## **Adapt and Cope: Strategies for Safeguarding the Quality of Life in a Shrinking Ageing Region**

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**Abstract:** This article examines the adaptation and coping strategies that are in place to safeguard the quality of life in a shrinking ageing region. In particular, it is investigated which resources are available to local policy-makers and the older population in order to pursue this goal. Following an introduction to the debate of regional science about demographic change and its consequences, we introduce a theoretical differentiation between adaptation and coping. Adaptation strategies refer to the decision-makers who provide or are involved in organising public service facilities. Coping strategies and capacities refer to the customers and users affected by the changes. The population is not only passively affected by changes in public services, but also actively grapples with changed levels of infrastructure and takes up measures to safeguard their own quality of life. Empirically, we employ the results of semi-structured interviews with local and regional key persons and group interviews with elderly inhabitants of two small towns in the Harz region. The region under study is among the most ageing rural areas in Germany. Its demographic characteristics are based on many years of selective out-migration and partially age-selective in-migration. The research results reveal many measures and strategies which have been developed and employed by the different actor groups when faced with tangible problems. However, they have not been planned with a long term perspective. The availability of economic and social resources (human resources and investment funds on the part of administrations, financial resources and social networks on the part of the older population) is the chief differentiating and often limiting factor for the success of these measures and strategies. This article comes to the conclusion that adaptation and coping will remain processes for safeguarding the quality of life in shrinking ageing regions for the longer term. In addition to the targeted effects, the unintended consequences of today's adaptation strategies will also influence the level and the design of future public services.

**Keywords:** Ageing · Decline in population · Local level · Adaptation · Coping · German Harz region

## 1 Introduction

Since the late 1990s, the debate about demographic change and its socio-geographic consequences on various scales has been revived in Germany, in particular in the fields of social geography, planning and urban sociology (*Hannemann 2000; Hutter 2003; Gans/Schmitz-Veltin 2006*). Following an initial phase of academic debate primarily focused on the housing market and cities, increasing attention is paid to the safeguarding of public services in structurally weak and/or peripheral rural regions. Intensified by the precarious situation in the public budgets, infrastructure facilities in these regions are at risk of closure or service restrictions under the conditions of population decline and ageing. Yet, in past years, the provision of these services, for example in the form of mobile or web-based services, has also changed and some services have been enhanced. Further, there are now regions, which have faced a decades-long shrinking process and related ageing. We can therefore assume that, on the one hand, there are a number of established strategies in affected regions to adapt local development in general and public service institutions in particular to the changed conditions and to cope with related changes. On the other hand, demographic shrinkage combined with ageing leads to the depletion of social, economic and cultural capital (*Bourdieu 1983*), and thus to a decrease of resources needed for successful adaptation and coping.

Such contradictory assumptions can only be broken down by means of empirical research. In this article, on the basis of a case study conducted in 2010-2012 in the Harz region, a demographically exceptionally aged region in the middle of Germany, we examine which adaptation and coping strategies different actors employ when dealing with local ageing and shrinkage and their consequences and which resources they make use of.

The article is structured as follows: section 2 carves out the “problematic” character of the possible consequences of ageing and shrinking from a spatial and regional-science perspective and with a focus on rural areas. Section 3 introduces the heuristic differentiation between adaptation and coping. Section 4 depicts the methods and the geographic context as well as the key demographic data of the region under study. Section 5 presents and discusses local strategies for adaptation to demographic change and selected sectors of the public services. Section 6 looks at the coping strategies and resources of the elderly population. Section 7 concludes the article with a summary.

## 2 The “problem” of demographic change in the perspective of spatial research and regional science

The discourse held in West Germany in the 1970s and 1980s about “shrinkage” (*Göb 1977; Häußermann/Siebel 1987*) lost academic and political relevance with the changed migration and fertility behaviours in the course of German reunification. Yet the increasing visibility of vacancies in buildings and neighbourhoods in the out-migration regions of eastern Germany brought the topic back into urban studies

and regional science after the year 2000 (*Hannemann* 2003). Largely independently of the dominant discourse on urban restructuring (*Stadtumbau*) (*Kabisch et al.* 2004; *Bernt* 2006), a regional science debate developed concerning safeguarding institutions and provision of public services in rural regions (e.g. *Einig* 2008; *Neu* 2009; *Reichert-Schick* 2010). This discussion also had a precursor in the 1970s and 1980s, which at that time focused not only on out-migration but primarily discussed the declining birth numbers in rural areas (*van Deenen et al.* 1974: 62-69, 372; *ARL* 1983). Today, also western German regions are again affected by the population decline (*BBR* 2006; *Spellerberg* 2007; *Herfert/Osterhage* 2011), and the debate is also echoed internationally (*COM* 2008: 9-12).

The revived scientific debate, which has been enhanced by new aspects such as urban restructuring, is a discourse over crisis in which demography functions as an auxiliary science (*Mackensen* 2000: 414). Usually, only partial aspects of the demographic change are of interest since it is examined mainly through the two dimensions of “population decline” and “ageing.” In contrast, questions of changed household structures or internationalisation are rarely examined in this context. Yet, neither the decline nor the ageing of the population are crises as such. At first instance, they are socio-demographic structural indicators of a modern society, and, in the case of ageing, actually the success story of a modern, hygienic welfare state that has been largely freed of heavy manual labour. Using the example of the predominant framing of shrinkage in demographics, as early as 2000, *Rainer Mackensen* complained that, “In this school of thought ‘the population’ stands for itself and any changes to it are already viewed as a threat. This model is based on an implied idea that the least possible change (with regard to size and demographic structure) is desirable in a population; why this should be the case remains unsubstantiated” (*Mackensen* 2000: 401; translated by CPoS). Some of the “shrinkage” discourse in urban studies and regional science also reflects a tendency in the public and academic examination of social change that *Eva Barlösius* called the “demographisation of the social” (*Barlösius* 2007, translated by CPoS), in which demographic data and projections – and not economic, social, political or cultural factors – are used as indicators for future social viability. According to *Barlösius*, discourses about population and demographic change regularly replace debates about society and social change. At the same time, demographic change is often considered as something that is inevitable, inescapable and only to a limited extent modifiable. The increased scientific and political interest in demographics is thus based on a specific and primarily crisis-ridden understanding of population change processes.

However, the problems are not regional and local shrinking or ageing that has rarely been studied systematically in regional science (cf. *Phillipson/Scharf* 2005; *Mai et al.* 2007; *Peter* 2009; *Sternberg* 2010), but instead their socio-spatial consequences. The examination of these consequences is the target of this article. While at the beginning, the negative assessment was accompanied by a few voices who also highlighted positive facets of the decline in populations such as ecological aspects (“Less is more” (translated by CPoS); *Stiftung Bauhaus Dessau* 2001), this euphoria has been replaced by disillusionment: “Less is less” (*Bernt* 2006: 118; translated by CPoS). In many regions, the limited scope to control and plan the

complex interdependent processes of demographic and economic shrinkage, the indebtedness of many municipalities accompanied by rising costs, difficulties of town planning and the housing market, infrastructure and technical problems as well as social problems contribute rather to an overlapping of multiple problems that are often described as a downward spiral (*Beer/Urbane Projekte Schmitz* 2001: 25, here citing *Hannemann* 2003: 20; cf. the *circulus vitiosus* as early as *van Deenen et al.* 1974: 373).

Out-migration from rural areas is characterised by its selectivity. Since presently a greater number of better-qualified and younger people as well as more women than men tend to out-migrate (*Maretzke* 2011), the remaining population becomes segregated. Demographic change is then mostly a profound social transformation process that has different effects on in- and out-migration regions. In many areas declining numbers of people lead to a drop in the demand for public services. However – and this is what makes local efforts to adapt complicated – shrinking rarely leads to a complete lapse in demand. Instead, the demand density lessens, which puts the economic viability of many institutions at risk and leads to a reduction in public and private services (*Tietz* 2006: 159).

This socio-demographic homogenisation in out-migration regions is accompanied by a collective ageing process, which further intensifies the overall local process of ageing. For the demand for services and goods this has partly opposite consequences compared to those described above, for in the sectors of medical care and nursing services demand rises. Older people in rural regions are particularly disadvantaged if they have health restrictions or do not have cars (*Scheiner* 2006: 138) for their action space becomes more and more limited “With age, everyday life means ‘everyday life at home’” (*Peter* 2009: 85, translated by CPoS). The reduction of nearby public services puts mainly the highly aged at risk of being excluded from the use of infrastructure facilities and thus from an important segment of social life.

Ultimately the consequences of these two partial processes overlap. The decline in the population changes settlement structures. It has impacts on the social and technical infrastructure and diminishes social support networks. When younger family members and friends move away, this breaks off family networks and neighbourhood contacts (*Peter* 2009: 215-216; *Sternberg* 2010: 409). Elderly people in these regions are thus affected by multiple consequences of demographic and social change.

The conditions sketched out here of shrinking ageing regions with the reciprocal effects of economic, demographic and social processes, which we can only describe here rudimentally, put the safeguarding of local quality of life into question. We must take into account that the lack of public funds in most cities and municipalities in shrinking regions also intensifies the lack of financial and human resources within the public administrations. We cannot duly treat this aspect in the following, but it must always be considered a central influencing factor on the ability of local decision-makers to act.

Specifically, this article aims to answer the following questions: Which public services can the responsible stakeholders maintain and influence? Which strategies and resources are used by older people to cope with their everyday lives in shrink-

ing ageing regions? Before we explore these questions empirically, we will present the theoretical design of the study.

### 3 Strategies and actors: a heuristic model

Local provision of basic facilities of the social and technical infrastructure as well as the provision of essential goods and services are chief indicators of the quality of life in any actual location. Relevant stakeholders in this field of public services, described in German discourse as “*Daseinsvorsorge*” – literally “provision of subsistence” – (Neu 2009) include both their providers, i.e. organisations in the public, civil society, non-profit and private sectors, and the customers or users of these facilities and services. Public institutions play a special role in the variety of stakeholders. Municipalities, counties, states, or federal state governments act at least as regulatory or co-funding authorities, even if services are provided by private institutions. This is frequently referred to as “public provision of subsistence” (e.g. Einig 2008). In the following, the term “public services” will be used. Under the conditions of social and demographic change, providers and facilitators<sup>1</sup> endeavour to secure and, if necessary, to reconfigure public services according to demand, the legal framework and the funds available. The consumers are interested primarily in the short and medium-term assurance of their quality of life, for which the type, quality and accessibility of public service facilities play a crucial role.

This article employs a theoretical differentiation between *adaptation* (of facilities) and *coping* (with change). Hence, we speak of *adaptation strategies* for stakeholders who provide public service facilities or take part in their design and we speak of *coping strategies and capacities* when referring to the users and potential consumers affected by the changes. Based on Wiechmann (2008), we understand strategy as emergent-adaptive action that is recognisable in hindsight in the decision patterns of the actors. Thus, a strategy does not have to be based on an intentional, consistent plan (incremental model of strategy).

This heuristic differentiation is chiefly meant to illustrate that the population not only passively adapts to changes in public services but also has an influence itself (albeit not always with the intended consequences) on the design, the discontinuation or the changes of public service facilities. Both groups of actors are seen as active actors who take tangible measures to safeguard or improve the local or their personal quality of life. In contrast, previous studies focussed on the adaptive reactions, primarily of public decision-makers such as administrations, government or regional planning (e.g. Küpper 2011).

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<sup>1</sup> Facilitators are, in particular, mayors of towns and villages or administrators or representatives of the district and municipal administrations to whom the consumers of public services turn and from whom they expect activities that secure or improve the supply. Yet these stakeholders also act on their own as facilitators to seek possible solutions together with the actual service providers.

There are a variety of previous studies for the systematisation of possible alternatives for adaptation and coping, most of which originate in organisational research where there has been a lengthy discussion about shrinking organisations and their *adaptation strategies* (Whetten 1987; Bartl 2011: 71-80). In particular, they examine enterprises that have to react to a decreasing resource basis and are thus existentially at risk. Boyne (2004: 97-100) identifies three typical strategies which can be employed by decision-makers of endangered organisations and have empirically proven to be successful for the private sector. The strategy of retrenchment encompasses measures that reduce enterprise size, divest unprofitable business divisions or make the provision of services more efficient. Repositioning attempts to develop new markets or improve the market position by means of quality improvement, product innovations or diversification. Finally, the reorganisation of structures aims to change internal management. This includes the replacement of managers, the introduction of new management methods or the decentralisation of decision-making structures.

Boyne (2004: 100-102) transfers this "3Rs" model to public service organisations, which can also provide their services more efficiently, outsource services or transfer tasks to the citizens (retrenchment). In addition, they can introduce new services, improve their image or make them more attractive in order to gain new user groups (repositioning). Finally, reorganisation is also possible, for example, by replacing the management, introducing instruments of performance-oriented payment, establishing a new organisational culture which focusses on the customer or applying modified methods of planning and decision-making. These strategies can also be combined, as is often the case in enterprises. For example, it is often observed that a change in management is necessary as a reorganisational measure to assert cuts in spending or innovations.

Empirically, most measures for adapting public services are allotted to the first type of strategy (Thrun 2003; Einig 2008: 32). Retrenchment is used in the form of reduction of services (dismantling or closure of facilities, adaptation of opening hours and the product range), downsizing of facilities, replacing stationary with mobile services as well as the geographical concentration of school or office sites. This strategy also includes the decentralisation of technical infrastructures, transferring public responsibilities to voluntary and private bodies (e.g. privatisation of water and power companies or of day-care facilities). By contrast, repositioning by means of new (e.g. multifunctional facilities, flexible public transport) or improved services (e.g. tailoring programmes to specific target groups) is rarely discussed (cf. however Muschwitz *et al.* 2002: 35). Reorganisation is partly combined with the demand for inter-municipal cooperation or local government reorganisation (Kersting 2006: 38). This third type of strategy also includes new planning instruments such as integrated concepts or monitoring systems with a demographic reference as well as the appointment of senior citizens representatives.

Unlike the provider reactions, there are far fewer studies about existing *coping strategies among the population* when faced with a change in public services (also Born 2009: 134-135). The typology of responses to the dissatisfaction of actors (using the example of the customers of a company) developed by Hirschman (1970) is

a possible conceptual link. He differentiated between three strategies: exit refers to out-migration (in his case, the company loses the dissatisfied customers), voice encompasses all individual and collective attempts to change the situation on site (e.g. by means of letters of complaint or initiation of a product boycott), loyalty refers to customers who remain loyal to the company, adapting their needs and purchasing the altered product anyway.

Since then, in urban studies and regional science research, this typology has frequently been applied to residential location decisions (*Franz 1989; Kecskes 1994; Steinführer 2004*). Yet, it can also be transferred to strategies for coping with a change in the quality and quantity of public services. In this case, the first strategy is out-migration (Exit 1) and daily mobility (Exit 2) in order to eliminate shortfalls of supply. However, only in rare cases out-migration is caused solely by a poor supply situation, for decisions about mobility usually have a variety of both internal and external household causes. By contrast, in rural regions, everyday mobility is usually necessary in order to secure a supply in a location other than the place of residence. Nevertheless, under conditions of demographic change, we are faced with questions about how this can be maintained in old age, which resources are available (coping capacities) – i.e. chiefly the existence and capabilities of social networks, but also institutionalised support (such as senior citizens representatives) – as well as whether the accessibility of facilities is sufficient. The second strategy, voice, refers to all active attempts to change the situation that is subjectively perceived as dissatisfactory. These can be both individual initiatives (e.g. self-sufficiency; *Born 2009: 143-144*) and collective activities such as the establishment of a booster club for the preservation of the local primary school or for setting up a village shop. Many of these options are currently subject to the vivid scientific and political debate on civic engagement (*Neu 2011*). Finally, the remaining category, *loyalty*, includes numerous reactions ranging from adaptation of needs to passiveness and resignation to self-restriction (*Franz 1989: 143-159*). There hardly exist any empirical findings about this strategy.

The supply of and the demand for public facilities and services not only change due to demographically or financially induced processes or adaptations already put in place; rather both sides are constantly changing. Over time, the consumers' needs and demands for services near their homes change due to key life events (e.g. the birth of children, older parents in need of care). Societal and technological developments also influence subjective needs. Some services – such as nationwide supplies of water and power – are taken for granted nowadays. By contrast, the telecommunications sector has undergone a rapid change over recent years. While at first, the access to the internet was significant, today digit rates play the key role. However, other rather more gradual societal developments, such as gender relations and labour participation by women, must also be taken into consideration. For example, the demand for childcare facilities has grown steeply in western Germany since the 1990s (*Rauschenbach 2011*), while legislators have also guaranteed new rights for the users. Hence, as the responsible bodies, the municipalities are faced with the need to expand these services. Adapting and coping, therefore, constantly



interact and are the reaction of the involved actors influenced by distinct societal processes, of which demographic change is only one amongst others.

#### 4 Case studies in the shrinking ageing region of the Harz: Key data and methodology

Among Germany's rural regions, at the end of 2008 western Harz was the region with the highest percentage of people of advanced age: 12.1 percent of the population of the county of Osterode am Harz and 11.8 percent of the county of Goslar were at that time 75 years or older (national average across all counties and independent cities: 8.6 percent). These two counties in Lower Saxony also shared the top ranking of over-65-year-olds with the counties of Görlitz and Vogtlandkreis (26.1 percent and 26.0 percent respectively compared with 20.4 percent nationwide; *BBSR* 2010). Also in the county of Harz<sup>2</sup> in the state of Saxony-Anhalt, these percentages – 10.1 percent (75+) and 24.4 percent (65+) – were far above the national average. Table 1 shows that a higher percentage of older people had already lived in the county of Osterode am Harz in the 1980s. Today's level of average age in the part of Harz which lies in Saxony-Anhalt is, however, a result of the selective out-migration of younger age groups as well as the birth deficit since 1990.

**Tab. 1:** Age groups 65+ and 75+ in selected years as well as projections for 2025 in the Harz region (in percent)

	Age groups	1980*	1990	2000	2010	Projections for 2025
County Osterode am Harz	65+	20	20	22	27	32
	75+	8	9	10	13	17
Bad Sachsa	65+	27	27	27	31	–
	75+	11	14	14	16	–
County Harz	65+	15	15	18	25	33
	75+	6	7	8	11	15
Harzgerode	65+	15	14	18	27	–
	75+	6	6	7	11	–

\* Harzgerode and county Harz (today's territory): 1981

Source: Own calculations based on data provided by LSKN (*LSKN* 2012) and the Regional Statistical Office of Lower Saxony (personal communication in 2012)

<sup>2</sup> Harz does not only stand for the region named after the mountains, it also stands for a county which only ranges over a small part of this whole region.

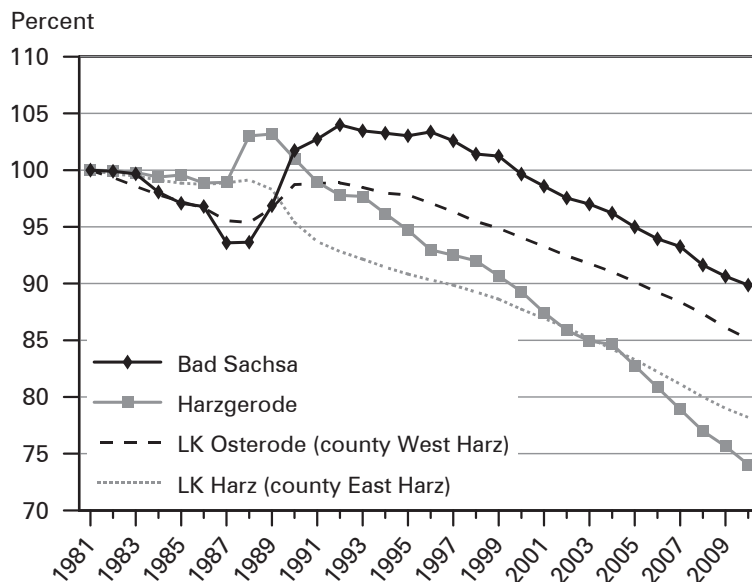


The pronounced ageing in the Harz region was the motivation for the case study this article is based on. For the empirical case study, it concentrated on two municipalities – small towns, each with a local centre (principal town) and a number of incorporated villages – in the counties of Osterode am Harz (Bad Sachsa; approx. 7,700 inhabitants at the end of 2010) and Harz (Harzgerode; 8,600 inhabitants) (cf. in more detail *Steinführer et al.* 2012: 25-30).

Harzgerode in the eastern Harz has a similar age structure as the county – the percentages of age groups 65+ and 75+ have nearly doubled since 1990 due to the negative balance of migrations and natural population development. Bad Sachsa also has a selective in-migration of mostly 55 to 65-year-olds. Therefore, the percentage of generations over 65 years is again distinctly higher than in the county (Table 1) since Bad Sachsa has been a popular retirement location for decades. And yet this in-migration only attenuates the trend of population decline through negative natural development – 1964 was the last year that the town had more births than deaths. Bad Sachsa’s population decreased by 11 percent between 1990 and 2010, Harzgerode’s by 27 percent.

Figure 1 shows the population development of the region under study between 1981 and 2010. With the exception of the first half of the 1990s, which was characterised by opposite developments in migrations (in-migration in the western Harz versus out-migration in the eastern Harz), during this period, decline in population is the dominant pattern. In the county of Harz, it dropped more distinctly with 22 per-

**Fig. 1:** Population development of the counties and towns under study, 1981-2010 (1981=100)



Source: Own calculations based on data provided by LSKN (*LSKN* 2012) and the Regional Statistical Office of Lower Saxony (personal communication in 2012); territory as of 1.1.2011

cent (18 percent since 1990) than in the county Osterode am Harz (15 percent and 14 percent respectively). The local extreme cases are St. Andreasberg with 39 percent shrinkage (since 1990) in the western Harz, and Thale and Harzgerode with 27 percent each in the eastern Harz. Regionalised population projections, which are, however, not directly comparable due to differing model assumptions, anticipate similar future trends until 2025. A population change of -18 percent (base year 2009) is assumed for the county of Osterode am Harz and -20 percent (base year 2008) for the Harz county (*LSKN* 2012; *StaLa* 2011).

We deliberately chose a western German and an eastern German town for our study of adapting and coping strategies in order to examine whether the eastern Harz, with its comparatively more dynamic history of shrinkage, has a head start of experience in dealing with the consequences of socio-demographic change in line with the hypothesis by *Hannemann et al.* (2002: 259) of “preceding phenomena.” In 2011/12, 38 semi-structured interviews were held with 48 decision-makers (key persons) from administrations, infrastructure facilities and associations in the two towns and the counties (quoted as S1-S38).<sup>\*</sup> These interviews focused on the question of how public services were adapted. The number of interviews was not set beforehand; empirical saturation was the main criterion. In 2011, additionally five group interviews with 57 inhabitants (48 women, nine men) between 55 and 98 years were conducted within local senior groups (G1-G5) that were also semi-structured but implemented with less standardisation. We chose this type of interview in order to test its applicability for future studies of ageing in rural regions. In addition, the interaction effects that inevitably result from group interviews were intended to obtain a discursive image of the quality of life of older people in a shrinking ageing region. The results of these group interviews are not representative for the total population or for the older population of the region. However, this was also not our intention. Instead, these interviews served to supplement and reflect the findings from the interviews with the key persons. Moreover they aimed at gaining knowledge about coping strategies and the available and used resources for dealing with changes in public services by way of an exploratory study.

Approximately 1,000 pages of textual material were gleaned from the interviews (mostly full transcripts). We conducted a qualitative content analysis to evaluate the two different types of text. The material was systematically assessed for descriptive and evaluative statements with regard to the fields of the public services of interest as well as past and present actions referring to them. Categories were employed that were both formed deductively and inductively when they proved relevant during the course of the evaluation. The identified text passages were paraphrased and successively assigned to the categories. During the final stage of evaluation, the research team discursively created main categories (strategies) for the actions (measures) that referred to safeguarding public services.

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\* All quotations have been translated by CPoS.

## 5 Demographic change and public services: adaptation strategies

Due to the conceptual design of the study, demographic change was addressed in each key person interview (*"That's the top issue right now,"* S14) and mainly expounded on: *"That's demographic change and it's really hitting us hard here"* (S34).

In the county of Osterode am Harz, the demographic developments were described by a number of key persons as a *"concern."* The constant out-migration of younger people and the decline in population are the problems most often mentioned. "Shrinkage" in particular is being experienced as a new phenomenon: *"The fact that the number of inhabitants is dropping so tremendously is, of course, one thing we didn't have before; so it has intensified [...]. Last time, we elected two more councilmen than we are this time"* (S13). One interviewee called the Osterode am Harz region a *"model county [...]: The way it looks here today, that's what nearly all of the rural regions in the Federal Republic will look like in 15 years. That's what they're predicting"* (S15). Causes for the demographic development include the specific structure of the regional labour market (with a large number of small and medium-sized enterprises in the industrial sector and greatly declining importance of tourism since the early 1990s) combined with the unique history and geopolitical location of the region: *"Today, although we are in the western part and always enjoyed the advantages of the Federal Republic, today not even the pigeons bother to stop here. The economic power is in the eastern states. We are being bled dry here. Thuringia is only one or two kilometres away"* (S25). The reference to the neighbouring federal state (*Bundesland*) stands for a long-standing gap in funding alongside a discontinuation of their subsidisation in the form of government aid to border regions, the out-migration of companies in the 1990s as well as continued lower wage costs in the eastern states. Therefore, the structural disadvantages are chiefly interpreted as the consequences of German reunification and not so much as a result of the peripheral location that existed even before 1990.

The interpretations and assessments heard in the Harz county do not differ fundamentally from those in Lower Saxony. The interviewees chiefly addressed out-migration and its economic conditionality, in particular the east-west pay gap as a pull factor, which first promotes out-migration for vocational training and makes a later return unappealing. In addition to the decline in population, there are concerns about formidable ageing: *"All in all, the towns are over-aged"* (S28). After twenty years of Germany's unification, which was an incisive change for both eastern and western Harz, the interviewees chiefly expounded the problems of the continuing selectivity of out-migration, i.e. the loss *"of the creative and the dynamic people. [...]. The people that are important for advancing a region, we've lost them"* (S11). Another example is observed by an interviewee in his village: *"The young women are all gone. The men running around here, they're all staying bachelors. That is a devastating development"* (S17). One possible long-term consequence of these changes is the lack of young people in a variety of sectors. In the Harz county, a number of interviewed key persons addressed this issue of the lack of qualified employees. Already existing apprenticeship training positions cannot always be filled (*"Vacancies with a capital V";* S11).

The majority of the interviewees in the entire region and in both of the towns under study assumed that population decline and ageing will continue in a more or less linear fashion (“*We’re going to continue to have a problem with the population*”; S2), in spite of all the uncertainties that some observe in the available projections: “*Sometimes it’s a good thing not to know what’s going to happen*” (S10).

Demographic change in its various facets is the source or reference point of a number of measures and individual projects in the two towns under study and the case study region.<sup>3</sup> Based on the interviews these can be summarised in six strategies (Table 2). “Demographic change” is most obvious in the form of awareness raising and networks at the administrative level (Strategy 1) as well as of awareness raising with regard to the population and enabling everyday support (Strategy 2). Yet, generally speaking that the subject is only weakly institutionalised in spite of the decades-long experience as a region in the throes of demographic upheaval both west and east of the former inner-German border. Although there are many projects and measures (cf. columns 2 and 3 in Table 2), so far, there is no recognisable long-term and coordinated management of the demographic changes either in the western or eastern Harz – with the exception of Strategy 3, which deliberately aims at attracting not only families but also older inhabitants. Population development is, for instance in regional development programmes, only considered as one matter amongst many others (cf. for example *ILEK 2006* and *2007*). Strategy 4 is, however, not directed towards demographic change but rather seeks to improve the local quality of life. This conceptual neglect of the issue may have different causes. Earlier studies and other regions have shown that demographic change, when manifested as “shrinkage” and ageing, is an issue that is preferably skirted by decision-makers in public and has negative connotations (cf. various articles in *Weiske et al. 2005*). Yet, the comprehensive character of demographic change, which requires the expertise and cooperation of different authorities and agencies, is a factor that impedes an integrated approach. Consolidation of resources and the attempt to make use of funds provided externally (Strategies 5 and 6) are the logical consequences. However, in this context the interviews refer to insufficient resources at the disposal of the administrations, whose staff numbers are also shrinking but not their workloads. The “let things slide” strategy that also results from this problem is not contained in Table 2.

Three briefly described examples illustrate the deficiencies of the strategies we came across. First, the administration of the Harz county took some measures to raise awareness and network in connection with ageing and the declining population (Strategy 1) by organising events, installing a senior advisory committee, conducting a cross-departmental social monitoring as well as developing and implementing an integrated rural development scheme. However, none of these efforts have yet led to a consistent strategy within the administration. Thus, for example, a limit to in-patient care is being pursued in plans for assistance for the elderly –

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<sup>3</sup> Detailed explanations and more examples are documented in the final project report (*Steinführer et al. 2012*).

**Tab. 2:** Strategies, measures and concrete examples to deal with demographic change in the Harz region

Strategy	Measure	Example within the Harz region	
1. Awareness raising and networks at the administrative level	Making use of demographic data	Instructing external/Making own population projections	OHA, Bad Sachsa
	Awareness raising with regard to the topic	Taking into account demographic aspects when making investment decisions Demography workshops	OHA LK Harz
	Institutionalisation of the topic	Task force demographic change (in regional management) Committee for the interests of senior citizens	OHA LK Harz
2. Awareness raising within the population and enabling everyday support	Institutionalisation of contact personnel	Service bureau for senior citizens	OHA
		Representative for senior citizens	Bad Sachsa
		Service bureau for children	OHA
		Representative for children and families	OHA
		Committee for the interests of senior citizens	LK Harz
3. Attracting special target groups	Financial incentives	Subsidies for the purchase of real estate (for families and elderly)	Bad Sachsa
4. Investing in local public services	Demography-sensitive decisions concerning public service facilities	Conscious preservation of certain facilities (e.g. day-care centres, youth clubs)	Harzgerode
		Establishment of facilities that create a sense of identity	Bad Sachsa
	Structural measures	Lowering of kerbs in public roads	Bad Sachsa
5. Consolidation of resources	Reassignment of territorial classifications	Establishment of unified municipalities Dialogue on consolidation of neighbouring municipalities	Harzgerode Bad Sachsa
	Cooperation of local authorities	Cofinancing of regional management	OHA
6. Making use of external resources	Make use of funds	Participation in public tendering, partly with own cofinancing	OHA, LK Harz

OHA = county of Osterode am Harz, LK Harz = county Harz

Source: Own design based on interviews with key persons within the Harz region

fostering assisted accommodation, while the county development planners, on the other hand, are demanding investments in new nursing capacities in the scope of rural development which aims at quite the contrary. This example reveals the difficulties in an integrated approach when conflicting objectives, such as priority to at-home over in-patient care versus the creation of jobs, are pursued from the respective sector's reasoning.

Strategy 3 is manifested, for example, through the orientation of the municipal building site policy to specific target groups, which proved a learning process in

Bad Sachsa. The town initially reacted to the declining population in the traditional way by offering reduced prices for building sites to families. They then ascertained that this instrument had hardly any effects due to a lack of demand. Rather, most inquiries came from senior citizens, leading to a change in strategy aimed at this target group and setting Bad Sachsa apart from the neighbouring towns. Thereby, the town had to learn that seniors have different demands than families as they prefer smaller parcels with gentle slope and close access to local amenities over large plots located in a quiet and beautiful landscape.

Consolidation of resources (Strategy 5) is often anticipated as the result of local government reorganisation. The present municipality of Harzgerode was formed by the association of administrations that existed until 2010 with incentives and pressure from the state government. In 2011, the town of Bad Sachsa held merger talks with the neighbouring town hoping for debt relief by the state government. At the time, the negotiations were unsuccessful as the two highly indebted municipalities were unable to agree on the required cutbacks, which would presumably have hit the less densely populated neighbouring town far harder than the larger and better-equipped town of Bad Sachsa.<sup>4</sup> A few years after the completion of local government reorganisation, the problems in Harzgerode become apparent. The local decision-makers dispute the effects of economisation since the administration was already centralised previously and the lengthier decision-making processes require additional bureaucracy. Moreover, the conflicts of distribution have intensified since the budgets of the merged municipalities were very different and the financially better-equipped parts of the town now claim to balance out the disadvantages caused by local government reorganisation. More than forty years after the last merger of municipalities, similar problems still play a role in Bad Sachsa and are addressed in the arguments of associated village representatives.

Population decline and ageing lead not only to closures and a declined supply in the public services. Strategy 4 in Table 2 refers to deliberate investments in facilities for specific age groups such as children (in particular in the town in eastern Harz) or seniors (in particular in the case in Lower Saxony). Yet, because of municipal over-indebtedness, such measures are always subject to funding restrictions, so the room to manoeuvre remains limited.

In the following, we will look at which adaptation strategies are actually employed for the public services for medical care with general practitioners and specialists, elder care and nursing, local public transport and local amenities since these were the areas that were also mentioned in the group interviews by the elderly.<sup>5</sup> Therefore, we examine both public services and services from private and non-profit organisations.

<sup>4</sup> In 2013 and 2014, merger talks of the two towns continued (however, without a result by the time of the publication of this article).

<sup>5</sup> The study also examined the sectors of childcare, schooling, Internet connectivity, school transit as well as fire and emergency services (Steinführer *et al.* 2012).

**Tab. 3:** Adaptation strategies in selected public services

Medical care	Elder care and nursing	Local public transport	Local amenities
1. Geographical concentration of services	1. Establishment of new capacities	1. Reduction of services	1. Cost cutting
2. Decentralisation of services	2. Differentiation of services	2. Search for new passenger groups	2. Improvement of supply in order to win over and tie consumers
3. Cooperation between cities, National Association of Statutory Health Insurance Physicians and health-care centres in order to recruit new physicians	3. Response to capacity problems in the in-patient sector	3. Reorganisation in order to enhance efficiency	3. Mobile and temporary supply
4. Own initiatives of physicians	4. Specialisation in retirement homes and subsidies for moving in	4. Public subsidies	4. Restructuring into multifunctional service facilities
	5. Consultation		

Source: Own design based on interviews with key persons within the Harz region

Table 3 shows an overview of measures recorded from the content analysis of the key persons' interviews as well as the adaptation strategies that were derived in the second stage of analysis. As expected, geographical concentration and a reduction of services or cost cutting – except in elder care and nursing – were strategies we encountered everywhere. Yet, we also discovered opposing strategies, for example, in medical care. On the one hand, in some villages of eastern Harz, there are branch practices of physicians from the small town under study and a larger medium-sized town. On the other, the hiring activities of practice successors lead to the relocation of practices, thus thinning out the density of physicians in rural areas. The strategies and measures in local public transport have similarly contradictory effects. Service reductions (for example, lessening the frequency and disconnecting very small villages) take place while at the same time the fares for specific passenger groups are reduced and investments are made, for instance to make the bus stops barrier-free. For the town in western Harz a transport infrastructure that is designed to be age-appropriate is less an active strategy for adapting to demographic change, but rather served to solidify its spa-town status and included construction measures that would have been done to improve the townscape anyway. The sector of elder care and nursing is a growth sector characterised by expansion, differentiation and specialisation where the public sector (as described above) partly attempts to counteract developments perceived as undesirable (such as the expansion of the in-patient sector). Further, local amenities are not only reduced, for example, by the closure of branch offices or job cuts. This is accompanied by measures that geographically concentrate certain services (e.g. postal services) at points of sale within other facilities, which also means that these shops become multifunctional and expand their offers (Table 3).

At any rate, we must revise the conception that ageing and population decline solely lead to a reduction in public services in rural regions. In fact, decision-makers



(whether private providers or the municipalities and counties as stakeholders responsible for or moderating provision) employ a variety of strategies to adapt the public services not only to quantitative and qualitative changes in the population structure, but also to new demands or other societal circumstances. Economic viability problems are countered in the private sector with concentration, centralisation and closures. Yet, they also attempt to improve their attractiveness. Public funders and coordinating agencies take up advisory, mediating and steering functions, but are limited in their actions by staff reductions and a lack of capital resources. In spite of all the variety of measures and strategies identified as well as the great dedication of the involved decision-makers, we ascertain that also in public services adaptation to demographic change still chiefly occurs ad hoc, problem-driven and without any long-term planning perspective.

With regard to the settlement structure, these changes are accompanied by a strengthening of the centre function of the historic small towns at the expense of the incorporated villages. On the one hand, this is a long term process (in Bad Sachsa for example it has been in progress for decades and intensified since the formation of the unified municipality in 1972). On the other hand, it can be seen as the result of recent administrative legal decisions (like in Harzgerode in the course of the local government reorganisation of 2009/2010).

In reference to the organisational schemes introduced above, we ascertained that in adaptive practice all of the theory's known strategies (retrenchment, repositioning, reorganisation) are in place both as individual and as mixed strategies. Thus, programme cuts (retrenchment) can be accompanied by organisational changes (reorganisation), and the closure of facilities in one place can go hand in hand with marketing campaigns (repositioning) in another place. The outcome of the research project this article is based upon, however, reveals that the value of this typology is limited to the public services debate since each of these fields is very distinct. They are public or privately provided goods which are subject to a specific adaptive reasoning due to different relevant stakeholders with differing scopes of influence. Thus, the identified strategies differ respectively, even if they may be summarised, for example, under the heading of reorganisation.

Hence, public services are not static, but constantly changing. The measures and strategies taken now will also contribute to continued differentiation of the services in the principal towns and the incorporated villages. The decision-makers have long recognised that there are few patent remedies and that they will have to find specific solutions for their towns and facilities. It is therefore not contradictory if both concentration and decentralisation efforts are reported or if the reduction of services is accompanied by quality improvements. Under the conditions of demographic, economic, technological, legal and social changes, public services will remain a field in transformation. Not all of the measures taken today will still be suitable tomorrow nor will they necessarily have consequences that are later deemed undesired. Therefore today's changed organisations will need to be re-adapted again.

## 6 Changed public services and quality of life: coping strategies and resources

Based on the group interviews we conducted, it is possible to differentiate between three coping strategies among the older population: caring for themselves independently, falling back on social networks to manage everyday life and coping by adapting their needs.

The seniors and key persons interviewed agree in their prior concern of being able to care for themselves: *"The children have moved away, the parents are still living in their big house, have a big garden, and there's no way to get them out of there, that's for sure, they want to keep on living in this house for as long as possible"* (S15). Preserving personal mobility for as long as possible is therefore the most frequently observed coping strategy among the seniors. Having a car is the precondition for this so that basic supplies can be obtained within a larger action space (cf. *Steinführer et al.* 2012: 130). However, the fragility of this state of independence – especially from the viewpoint of elderly women who often have no driving license, especially in eastern Harz – is recognised and possible future problems are anticipated: *"So far, we're satisfied with errands and so on; we can still get around on our own. My husband still drives and let's hope it stays that way a while longer"* (G2). Managing everyday tasks without the mobility of an automobile is considered problematic, particularly in the incorporated villages. Because of the dispersed and spatially extensive settlement structure of Harzgerode (compared with the relative compactness of the town of Bad Sachsa), these problems are greater in the eastern Harz and are reported in particular with reference to medical care and local amenities. Age-related health and physical restrictions are additional strains on everyday coping.

When a person's mobility is restricted due to the lack of a car and the provision of supplies nearby is insufficient, seniors make use of social networks. These can consist of relatives, acquaintances and neighbours whose aid is often available without any costs or is relatively inexpensive. When younger family members move away, family networks break off and coping strategies are restricted. Yet, even if the children live nearby they may, due to their employment, only be able to care for the elderly to a limited extent. The interviewees mentioned this problem of dependence on these social networks: *"I can't always be asking my grandchildren 'you have to get me this or you have to do this for me.' That won't do [...], they have families, they work [...], they're on shifts"* (G1). To circumvent this, they also make use of local public transport. Busses are then the primary means of transport for seniors, yet they criticize the existing connections. The links from the villages to the principal town and from there to the closest regional centres is assessed as particularly poor in both municipalities. Their coupling to school transit is also problematic during school holidays. In addition to personal networks, professional, cost-related car services are used as an alternative. These may be taxis to supply facilities or (in the case of Bad Sachsa) telephone home delivery services offered by the supermarkets. If the seniors are restricted in their mobility and if they make use of social networks to satisfy basic needs, such as shopping or doctor consultations, this is reflected in

a relatively small action space that comprises only their own village, the principal town and a few other nearby towns (cf. *Steinführer et al.* 2012: 131).

When home delivery and paid services are required, low pensions restrict other needs. The strategy sometimes to be found in the literature of supplementing reduced local amenity supply by cultivating food (*Born* 2009) was only mentioned in one group interview in the form of self-supply of fruit from the garden. In fact – depending on their social status and family situation – we noted a degree of self-denial. In extreme cases, coping can go beyond the adaptation of needs to temporary or lasting non-utilisation.

Institutional assistance supplements these personal strategies and resources – whether they are material or social in nature (cf. also Table 1 above). For instance, there is a service bureau for senior citizens of the county in Osterode am Harz that provides a variety of counselling services to the older population. Such services are seen less often at the local level. In addition to personal coping strategies, there are also private initiatives (such as mobile food deliveries and banking services) as well as informal assistance (e.g. when letter carriers pick up postal items). According to the interviewees the mobile food supplies are, however, insufficient. They complain that they are limited to specific products, to *“bread and meat. But what about anything else? There is still a lot missing”* (G5). These services are also considered expensive and are used, where possible, only as a supplement.

In the opinion of some of the key persons interviewed, regional centres offer advantages in the everyday lives of the elderly. Nonetheless, they experience that people rarely move away because of the reduction in public service facilities: *“Anyone who grew up in the village stays in the village and isn’t going to, just because they grew old, move to the next biggest town, but as long as they can, the people are going to stay here where they’ve lived all their lives”* (S15). Some key persons expressed a desire for more discussion at the local level of the topic of everyday coping among senior citizens under the conditions of personal and structural ageing. Instead, however, one interviewee said the discussion about public services focuses *“more on optimising supply structures”* and less on how the *“social space [can be] restructured in the medium term to suit the elderly”* (S20).

In summary, we can state that supply problems in the context of changing public services is not a phenomenon of ageing, but something that occurs over and over again throughout the life course. Restricting one’s own self-reliance and rely on others instead, however, means new challenges for coping with everyday life in old age. Under conditions of lesser financial resources, shrinking social networks and health restrictions, we can speak of a doubled experience of loss. On the one hand, in earlier phases of life, the now elderly people were better able to cope with everyday life. On the other hand, the loss of personal mobility today is accompanied by a reduction in or geographical centralisation of public services. This leads to social disadvantages for less mobile seniors, who assess the provision of public services more negatively than mobile interviewees who are able to depend on social networks or professional services. This is also the case when the distances to the service facilities are smaller, which is mainly the case in the local centres.

In shrinking ageing regions, coping with the infrastructural consequences of socio-demographic change is the routine and the necessity. Spatial mobility (according to the typology in section 3: exit 2) is a self-evident element of the provision of goods and services. In old age, it reaches new limits when faced with health restrictions, the loss of a partner or the diminishment of social networks. For the interviewed population group, moving away because of perceived supply deficiencies (exit 1) is not an option for the short term – although those who have already moved away are systematically excluded due to the study design. We did not encounter collective coping strategies (in terms of Hirschman's voice strategy) in the fields discussed here (however e.g. for schools; *Steinführer et al.* 2012: 64-68, 148-149). Personal strategies going beyond mobility are also exceptional. Adapting and restricting needs (*Hirschman's* residual category of loyalty) are elements of a long-term personal coping process.

In future, it will continue to be difficult for the older population of rural out-migration regions to cope with supply deficiencies on their own. When it is not possible to bring the provisions to the people, seniors who do not own cars and who have health restrictions will be even more disadvantaged by the elimination of public service facilities that can be reached on foot. They will have to rely more on social networks – whether informal or professional and with costs. Yet, due to resource limitations, this strategy is also precarious in ageing and shrinking regions.

## 7 Conclusions

Local public services change in the course of economic shrinkage processes, demographic and social change, public budget deficits that accrued over the long term and technological changes. This article examined the consequences of regional ageing processes and population decline for the quality of life in small rural towns as well as the related adaptation and coping strategies.

Our first research question, namely to what extent public services can be maintained and influenced by the responsible stakeholders, was answered by using the selected fields as examples (medical care, nursing and elder care, local public transport and local supply) with reference to a number of identified adaptation measures and strategies. Reduction and centralisation are chief characteristics of this process, yet in regions like those which have been studied here – which are not extreme cases of peripheralization and shrinkage in an economic and demographic respect – there are potentials that the relevant actors employ within their scope of influence. In larger unified municipalities the principal towns are strengthened at the expense of incorporated villages. Policy-makers at the local and regional levels are important co-creators and facilitators of the adaptation processes, yet shrinkage also has economic effects (on public funding) and personnel effects (on administrations) and thus restricts the actual action space.

The second question we examined addressed the strategies and resources of older people for coping with their everyday lives. The population actively grapples with the new levels of infrastructure and takes measures to safeguard their own

quality of life. In shrinking ageing regions, this is exacerbated by the fact that effects of structural and personal ageing overlap – socio-demographic homogenisation is accompanied by the diminishment of social networks, which take up major supportive and compensating functions. Financial resources and social networks of relatives, neighbours and acquaintances are the main determining factors for infrastructural participation. Generalisations with regard to the assessment of public services and thus the personal and local quality of life by senior residents cannot be made here on the basis of the data generated and used here. But the population is not – as some of the previous public service debate would make us believe – merely passively affected by change, but buffers (e.g. by mobilising economic and social resources) and promotes it (e.g. through exit strategies).

The heuristic dichotomy of suppliers and users or of adaptation and coping used here is, however, by far not as distinct in its role allocation as it was suggested in the first part of this paper. The population is not restricted to its role as consumers, but, especially in rural regions, traditionally also provides public services, in particular in the field of arts and culture or fire service (Steinführer *et al.* 2012: 108-118, 143-149). In most cases, the policy-makers live on site and must also deal with the consequences of changed public services in their own lives. This leads to more research questions, for example on the role of civic engagement, which is not portrayed in depth here, and its importance for the present and future design of public services in shrinking ageing regions. Further, the question of local and individual quality of life, for which there can be no absolute measurement, in comparison to other regions remains significant for future research. The reduction and centralisation of public services have already become the drivers of a regional dimension of social inequality.

The comparison of two local case studies in the eastern and the western Harz led to a mostly reciprocal confirmation, “preceding phenomena” in the east (Hannemann *et al.* 2002: 259) were not ascertainable in the fields of public services portrayed here. On the one hand, the experience of loss was more dynamic and comprehensive in eastern Harz (and not only restricted to public services), on the other hand, the outlying villages often still have a larger availability of various facilities. When the circumstances are similar, financial latitudes and minimum standards contribute to different adaptation strategies of the responsible stakeholders and thus also to different infrastructure levels. Further, local negotiations, normative presettings, the willingness of administrations to moderate and self-initiative contribute as well. From the population’s perspective, the continuous dealing with changed public services (coping) must be stressed as part of the model of living and residing in rural regions. However this is exacerbated in old age by decreasing mobility and shrinking social networks. A certain degree of self-denial is observed in small rural towns and even more so in the incorporated villages – people do not expect levels of infrastructure like those in big cities. The provision of public services, as one of the interviewed key persons said, is “*the wherewithal that can be expected*” (S18). This “wherewithal” will continue to be the object of future subjective attributions and negotiation processes on the local level as well as of the principal town and the incorporated villages. There will be no permanent solution to the problem, and

today's adaptation and coping activities will have intended and unintended consequences that will become problematic in future. *Klaus Selle* recently referred to integrated urban development as a "permanent task with no permanent solution" (*Selle* 2012) – the same applies to the design of public services and thus to safeguarding the quality of life in shrinking ageing regions.

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