Article

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Healthy ageing and home: The perspectives of very old people in five European countries

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Abstract

This paper reports on in-depth research, using a grounded theory approach, to examine the ways in which very old people perceive healthy ageing in the context of living alone at home within urban settings in five European countries. This qualitative study was part of a cross-national project entitled ENABLE-AGE which examined the relationship between home and healthy ageing. Interviews explored the notion of healthy ageing, the meaning and importance of home; conceptualisations of independence and autonomy and links between healthy ageing and home. Data analysis identified five ways in which older people constructed healthy ageing: home and keeping active;

managing lifestyles, health and illness; balancing social life; and balancing material and financial circumstances. Older people reflected on their everyday lives at home in terms of being engaged in purposeful, meaningful action and evaluated healthy ageing in relation to the symbolic and practical affordances of the home, contextualised within constructions of their national context. The research suggests that older people perceive healthy ageing as an active achievement, created through individual, personal effort and supported through social ties despite the health, financial and social decline associated with growing older. The physicality and spatiality of home provided the context for establishing and evaluating the notion of healthy ageing, whilst the experienced relationship between home, life history and identity created a meaningful space within which healthy ageing was negotiated.

Keywords: Home; Healthy ageing; Active ageing; Gender; Independence; Autonomy; Qualitative

Introduction

This paper presents the results of qualitative research conducted across five countries in the European Union (Germany, Hungary, Latvia, Sweden and the United Kingdom), exploring the relationship between the home environment and healthy ageing. Healthy ageing refers not just to biological and medical aspects of ageing, but to the more holistic perspective that includes subjective experiences and meanings, functional definitions emphasising autonomy, participation and well-being (Bryant, Corbett, & Kutner, 2001) and ageing as a process rather than a state (Hansen-Kyle, 2005). The paper specifically focuses on the role of the home environment in supporting or constraining healthy ageing as a critical and under-researched factor in maintaining and improving quality of life amongst very old people. Such concerns are increasingly relevant in the light of current health and social care policy that aims to support 'ageing-in-place', and healthy ageing at home (Sixsmith & Sixsmith, 2008).

Ageing-in-place (Callahan, 1993) has become an important aspect of redefining health and social care policy for older people in recent years (Andrews & Phillips, 2005). Rather than channelling frail older people into institutional care, ageing-in-place policy emphasises support and resources to help the person remain living in their own homes and community settings (Means, 2007). Policymakers are attracted by the possibility of cost savings over expensive institutional care (Grabowski, 2006), while ageing-in-place also reflects the preferences of most older people, who generally wish to 'stay put' in their own homes (Wiles, 2005). Yet the home may also have negative connotations, including poor housing conditions, insecure tenancies and inappropriate design (Heywood, Oldman, & Means, 2002). These issues can undermine the skills and abilities of the older person, creating an environment that is isolating and excluding (Aneshenshel et al., 2007). Furthermore, the home can be a source of tension when the requirements of the older person conflict with family members or others involved in the decision-making processes concerning care provision (Lowenstein, 2009). As such, reasoning about ageing-in-place in very old age is a complex matter which is recognised by and articulated through a variety of reflections, emotions and behaviours (Löfqvist et al., 2013).

The notion of ageing-in-place assumes that the benefits to 'staying put' outweigh the disadvantages, provided that the health and social care needs of the older person can be supported. This is contingent upon sufficient environmental and social supports being provided at home (Johansson, Josephsson, & Lilja, 2009), as well as the older person's physical ability to retain a high quality of life, level of activity and sense of independence. The availability of supports to assist older people to age-in-place are likely to vary according to national context (Cutchin, 2003). However, if high standards of domiciliary care can be maintained, 'ageing-in-place' in one's own home is seen to fundamentally and positively enhance well-being, autonomy, social participation and healthy ageing amongst older people (AARP, 2000; Rosel, 2003). While the home may play a crucial role, the health benefits of ageing-in-place at home have yet to be fully explored.

The term 'healthy ageing' signals an increasingly positive perspective on health and wellbeing in old age (Cutchin, 2005). Healthy ageing is more than just a matter of extension of life, it also emphasises quality of life as a key concern for health and social care practitioners (Bartlett & Peel, 2005). There is considerable overlap between healthy ageing and other concepts such as 'successful', 'active' and 'productive' ageing (Peel, Bartlett, & McClure, 2004). Thus there is recognition that health and well-being are central to quality of life issues for older people, as well as having implications for resource allocation (Bryant et al., 2001). Healthy ageing has been conceptualised from a number of different perspectives. From a biomedical perspective, the elimination of risk factors for chronic illness, and promotion of optimal responses to illness have been central (Hansen-Kyle, 2005). A more holistic perspective encompasses accessible and supportive living environments (Bartlett & Peel, 2005) and various psychosocial dimensions, including individual dispositional factors, social support networks and structural inequalities (Walker, 2004).

A key question is whose definition of "healthy ageing" should be considered. It may be that, as Bartlett and Peel (2005, p. 101) argue, '...to reflect the realities of ageing, the most appropriate people to define what healthy ageing means are older people themselves.' Importantly, meanings of health amongst older people can vary with age, sociocultural context and gender, and are influenced by a person' perceived chances of healthy ageing as well as the roles and representations associated with ageing. Notwithstanding such variability, Bartlett and Peel (2005) note that a number of consistent themes have emerged from recent studies in healthy ageing:

'For the individual, healthy ageing means having a sense of well-being, the capacity for independent activity, meaningful involvement, supportive environments and positive attitudes. Being healthy is seen as having the resources for an everyday life that is satisfying to self and others'

Bartlett & Peel, 2005, p. 101.

The subjective dimension is of particular importance as older people may consider themselves as healthy within their own meaning-systems irrespective of chronic illness (Bryant et al., 2001). Moreover, while physiological, functional and psychosocial issues have featured strongly, the role of place in healthy ageing has only recently been explored (Cutchin, 2005). The home may become especially significant for older people in the context of decreased income, impaired mobility and reduced social networks (Gilroy, 2005; Sixsmith, 1990) and elucidating the links between the living context and the capacities, needs and preferences of the individual is essential to understanding the health of older people.

Research has explored the relationship between older adults and meanings of home. The ways in which older people inhabit their homes, psychologically, socially and physically can undergo substantial change in the context of increasing frailty and declining health as people become less able to negotiate and care for their home (Kellaher, Peace, & Holland, 2004; Sixsmith, 1990; Sixsmith & Sixsmith, 1991). As people and their homes age together, family relationships within the home change throughout different life stages and the home environment can take on different meanings (Sixsmith & Sixsmith, 1990). As such the home is a transitional space rather than a static entity where the ageing process is 'emplaced' (McHugh, 2003). For instance, the happy family home of middle adulthood can become a place of loneliness and despair in very old age. Furthermore, it is difficult to understand the meaning of home without placing the home in its immediate contexts such as the local neighbourhood or community. Past research has shown the ways in which home and community are integrally intertwined (see Peace, Wahl, Mollenkopf, & Oswald, 2007) in complex, meaningful socio-spatial relationships which change over time, particularly in dynamic urban districts i.e. under processes of gentrification or urban regeneration.

Researchers have begun to draw out some of the implications of home for the health of older people, describing the objective and subjective aspects of housing in old age in relation to health-related outcomes (Oswald et al., 2007; Oswald & Wahl, 2004). Housing type and housing conditions have been understood in relation to life satisfaction and well-being, whilst subjective notions of control and autonomy influence how meanings of home are negotiated and re-negotiated in old age. Extending the notion of control, another strand of research has focused on the home as a place of health and social care provision (Twigg, 2000; Wiles, 2005). The experience of and meanings associated with in-home care can be seen from the competing perspectives of both older people and their carers (Twigg, 1999). The home may serve as an important power-base through which older people can resist the dominance of care workers. By exercising power to exclude care workers from the home altogether, or from certain parts of it, an older person may be in a position to retain more control of their immediate private environment than would be the case in other (e.g. institutional) settings (Angus, Kontos, Dyck, McKeever, & Poland, 2005). Positive implications for independence, self-determination and wellbeing have been noted when care is delivered in the home (Twigg, 1999), as opposed to provision in institutional care settings (Milligan, 2009). However, this is itself contingent upon illness and disability and may require the older person to accept assistance and relinquish control over access to the home, as well as home care providers considering notions of home within care delivery (Efraimson Hoglund, & Sandman, 2001). The home environment may become difficult to negotiate in old age (Haak, Malmgren Fänge, Iwarsson, & Dahlin-Ivanoff, 2011) and moving to more supported environments can be a relief for older frail people (Heywood et al., 2002). Nonetheless, Twigg (1999) argues that the home can provide the socio-physical and psychological conditions to ameliorate the depersonalisation and dependency that is often associated with transition into institutional settings.

Previous studies on the qualitative Swedish data within the ENABLE-AGE Project, have shown that home is a place of meaning (Dahlin-Ivanoff, Haak, Fänge, & Iwarsson, 2007) and perceived as an important place linked to self-perceived health in very old age (Fänge & Dahlin-Ivanoff, 2009). Health was described in terms of being able to manage daily activities at home and participate in broader society. Managing daily activities supports experiences of independence (Haak, Fänge, Iwarsson, & Ivanoff, 2007) and is strongly linked to very old people's notion of home. When studying the relation between home, participation and the process of ageing (Haak, Dahlin-Ivanoff, Sixsmith, & Iwarsson, 2007), participation ranges from taking part in and performing more physically and mentally demanding activities to the performance of less strenuous activities. Out-of-home activities are successively replaced with activities performed within the home. The role of the home is transformed from a key origin for out-of–home activities to being the locus for everyday activities that take place in the lives of very old people. Very old people want to remain at home as long as possible, and they want to be active in their everyday lives and participate in society on their own terms (Dahlin-Ivanoff et al., 2007; Mollenkopf et al. 1997; Valdemarsson, Jernryd, & Iwarsson, 2005). Further research shows that, over time, very old people manage increased frailty by means of evolving intertwined and transactional processes connecting the home and awareness of their frailty (as a state of mind) with changes in everyday life which maintain participation, independence and health at home (Haak et al., 2011). Summing up, healthy ageing is a highly fluid and complex issue which requires further studies examining the relationship between the home and the very old person in order to develop theoretical and empirical understanding of this under-researched area.

Aims and approach

The above discussion links the home environment and healthy ageing in a number of ways and particularly emphasises the subjective experience of self-determination, independence and well-being. This article presents findings from in-depth qualitative research within the ENABLE AGE project to gain deeper insights into the older persons' perspectives on the relationship between the home and healthy ageing amongst very old people in five European countries (Iwarsson et al., 2005). The approach was idiographic and inductive, with understandings of the research domain emerging from the accounts and experiences of individuals. This research addressed two specific research questions:

- How do older people articulate the concept of healthy ageing within the context of home and within their everyday lives?

- How does the home environment support or constrain their efforts towards healthy ageing?

Methodology

To address the research questions, a grounded theory approach was undertaken to the research. A grounded theory approach (Charmaz, 2003, 2006) was deemed appropriate because of its data driven orientation. Grounded theory constitutes a method in which theory "is derived from data, systematically gathered and analysed through the research process" (Strauss & Corbin, 1998, p. 12). The approach is based on the *logic of discovery* rather than the *logic of verification* (theory building rather than theory testing). Despite its systematic method, grounded theory is essentially a creative approach which requires the researcher to be open to multiple possibilities (or the multiple realities of social experience), to explore personal and social contexts holistically, and to examine research from different perspectives. As such, it provided an established methodological structure for accessing the older person's perspective at all stages of the research and enabled the research to be conducted consistently across the different countries. In addition, this structure helped all national teams to work together, despite differences in levels of experience conducting qualitative research.

Sample and recruitment

The ENABLE-AGE project, in which this qualitative work was situated, involved a survey of 1918 older people in the five participating countries (75–85 years in Hungary and Latvia reflecting lower life expectancy and 80–89 years in the UK, Germany and Sweden). At the time of the ENABLE-AGE Survey Study data collection participants had already signalled their interest and given tentative agreement to participate in the ENABLE-AGE In-Depth Study. Forty people in each country (30 in Hungary) were selected from the ENABLE-AGE Survey Study giving a sub sample for the in-depth research of 190 people. Of these, 117 were women and 73 were men (see Table 1), reflecting both the male to female survival ratio and the greater reluctance of older men to participate in interview studies (Moore & Stratton, 2002). All participants were living alone at home in urban settings.

Table 1 Number of participants according to gender and country.

Number participants	Female	Male	Total
Germany	24	16	40
Hungary	16	14	30
Latvia	30	10	40
Sweden	23	17	40
UK	24	16	40
Total	117	73	190

The ENABLE-AGE Survey Study database was used to identify participants according to the following diversity criteria: age, gender, type of dwelling, accessibility problems in the home, self-rated perceived health, dependence in activities of daily living (ADL) (here, variation according to the person's ability to perform daily living activities was assessed using a single-item self-evaluation measure from the Neuropsychological Aging Inventory -scored 0–10; see Oswald and Wahl, 2005 and those scoring low, medium and highly on this measure were included in the sample), degree of participation (socially integrated or reclusive) and social class.

Research procedure and analysis

An interview schedule was developed from knowledge of the literature on home, health and ageing and pilot work. This schedule was organised around five key topic areas: the meaning of home, autonomy, social and community participation, health and well-being, and societal supports for ageing-in-place. Interviews were between 1 and 2.5 hours in duration and took place in the participants' own homes in order to maximise participant comfort and minimize inconvenience. The interviews were in-depth and semi-structured in nature, allowing the exploration of older people's perspectives on the key topic areas through collaborative discussion. Interviews were transcribed *verbatim* and the transcripts were made available for analysis. The analysis initially focused on the identification of key themes using a line by line coding system to formulate ideas, followed by focused coding to identify and formulate themes from the interview transcripts (Charmaz, 2003, 2006). Close correspondence was maintained between the older person's perspectives and data emergence in an iterative process of data collection and analysis. This process involved continuously refining the interview schedule as data analyses indicated important emergent issues.

After the initial 190 interviews and analysis, a series of follow-up interviews were conducted with 27 participants to further explore, refine and develop the key themes thereby constructing a deeper understanding of the data and data interpretations. These follow-up interviews enabled consultation with participants in order to discuss and elaborate theoretical ideas and clarify key themes. Following the procedure for cross-national analyses on qualitative data (as recommended by Haak, Himmelsbach, Granbom, & Löfqvist, 2013) intensive coding of transcripts by all team members within each individual country were conducted and key themes were identified using a team-based approach. This was undertaken by firstly ensuring that data analysis was conducted in parallel across the individual countries and then by discussing the themes emerging from each country within cross national workshops to draw out overarching cross-national themes. The cross national workshops were supported by Mindmap software (www.mindjet.com/eu) for graphical representation of emerging themes. Whenever needed, extra support in the form of workshops and one-to-one training from the more experienced partners was received during the data collection, analysis and writing period in order to facilitate and ensure quality of the data gathering and analyzing process.

Ethical issues

Ethical approval was acquired according to the local arrangements concerning research governance for each country, based on a generic ethical protocol that provided guidance on: written informed consent; ensuring privacy and anonymity; protecting participants from risks such as fatigue and distress during interviews; freedom to withdraw from the research at any time up to publication.

Results

For the older participants in the research, healthy ageing emerged as an important concern for the participants. Their notions of healthy ageing were diverse and involved psychological, functional, social and physical dimensions. In particular, participants saw their level of control, as integral to a healthy lifestyle (Baltes & Baltes, 1990). Healthy ageing was seen as something that older people could *do* or *work towards* for themselves, highlighting a sense of agency in old age. In the following analysis, the emergent themes of healthy ageing are described in relation to the role of the home in supporting or constraining this process.

Home and keeping active

People's accounts of healthy ageing often centred around "keeping active," that is, being involved in purposeful and meaningful activities. While a few participants consciously engaged in exercise activities to keep themselves fit and healthy, others primarily focused on simple everyday activities around the home:

I've just turned 78, but I feel like 65 years old according to different things. I am interested in many things, I read newspapers and listen to the radio. I am interested in everything. I write letter, I draw greetings cards, because I have awfully many acquaintances. I am occupied up to this (points to forehead).

Female participant, Latvia.

For some, the goals of everyday activity were generalised, providing them with the opportunity to 'keep busy'. McHugh (2003) highlighted the importance of the 'busy ethic' in the lives of older people and it may be for these participants that 'keeping busy' enabled them to see themselves as partaking in the cultural value of "busy-ness". Notions of 'active' ageing (Dsouza, 1993) have highlighted the importance of activity for improving older peoples' health and wellbeing. This is supported by the comments of the following participant who is discussing the importance of keeping busy in the context of making a positive contribution:

I'm always busy... that's what I think you need to be doing, keeping busy and contributing, even if it's at home, all here, you know, housework and that. Keep busy and you can't go far wrong.

Female participant, UK.

Active ageing was also conceptualised in the ongoing management of domestic spaces which was linked with older peoples' sense of self-determination, self-esteem and continuity. Retaining functional capacities for self and home care was often symbolic of independence especially amongst older women. Here, managing at home was perceived by some as contributing or maintaining their right place within society and fundamental to feeling a sense of existence:

The most important with home is that I am independent, which means that I must force myself to manage. Even if it is hard I have to do it. And if I wouldn't manage it would be a mess, and I would not be able to live.

Female participant, Sweden.

A sense of pride in managing the self at home emerged in many accounts of both men and women. Participants evaluated changes in their health status according to their ability to perform activities and rituals of daily life in their home environment. Many of the participants believed that, through individual choice and effort, one can delay the ageing process. Having a specific goal was highly motivating for individuals, and confirmatory of being able to 'do'. Even where an activity had become difficult to perform, participants improvised and modified their behaviour to accomplish the activity:

I go to the bathroom and wash myself from head to feet. (…). I don't manage to get in the bathtub because of my knees... I have a basin and everything. Additionally I have a small washbowl in which I put my feet... I stand there naked and wash myself... This is the way we did it in earlier times, we also got clean. We did not choke in filth then.

Male participant, Germany.

Accounts of keeping active also included activities that people positively enjoyed (e.g. playing a card game or craftwork). While the home was seen by most participants as supportive of a healthy active lifestyle, for others it had negative connotations. For example, "having nothing to do" was seen as a problem and participants would make great efforts to avoid feelings of boredom and 'worthlessness':

I cannot do without work you may say... it is very difficult just to sit, to do nothing. I, for example, do unnecessary things. I crochet a blanket from old yarn, for me, it won't be necessary for anyone. But how would you just sit like that?

Female participant, Latvia.

I'm terribly careful not to get up in the morning like: 'What for? What did I get up for, I've got nothing to do.' I would hate that. I'd rather do any kind of everyday thing. I'd hate the thought of getting up and not knowing what for. I find something for myself to do, preferably something I like doing. But of course, there are also some things I don't like doing. But, there always have been.

Female participant, Hungary.

The home environment affords opportunities for people to engage in activities but it is possible to question the extent to which such activity masks rather than diminishes an underlying emptiness of meaning (Katz, 2000). For some participants, healthy ageing was concerned with engaging in activities outside of the home in order to offset their 'meaningless' and 'inactive' life indoors.

Keeping active was also seen in terms of being "mentally active" and included engaging in hobbies, interests and leisure pursuits of both an individual and social nature. However, some home-based activities were deemed more beneficial than others, for example watching television was sometimes rejected as being too passive to help attain a mentally healthy old age:

I read articles about all kinds of things, just watching the screen, whether it's the television or the computer, it's not a good thing. You can say it weakens your capabilities. Reading uses a hundred times more areas of the brain than watching a film. Games might develop logic, etc., but I don't find them interesting. What keeps you mentally agile is if it is active.

Male participant, Hungary.

In other cases, in Germany, the UK and Hungary, more active engagement with TV programmes was described whereby quiz shows, educational material, talk shows and documentaries provided 'food for thought' and sources of information that helped people to understand more about and feel part of broader society.

Many of the activities for mental fitness were home based such as reading books and newspapers and problem-solving (puzzles and crosswords), and the home was seen to provide a comfortable and relaxed setting where concentration is needed. The locus of home enabled participants to feel they could achieve control over their own ageing by setting time and space aside to work on keeping mentally fit. Although there is limited empirical evidence to support the idea that mental activity moderates mental ageing, it has been suggested that the personal benefits in terms of morale and wellbeing of believing and acting upon a 'use it or lose it' hypothesis are important for older people (Salthouse, 2006).

Managing lifestyles, health and illness

Research suggests that retaining a sense of control and mastery over one's life is important in maintaining a healthy lifestyle (Baltes & Baltes, 1990). For the participants, the home was an important resource in retaining a sense of control, particularly over matters such as nutrition and diet that contributed to achieving what older people felt was 'right for them' in sustaining a healthy lifestyle:

You see, if I go out to a restaurant or something like that, then I don't know what's really in the food, and I need to keep the salt down and the fat so I don't know if I'm eating something that's bad for me. But then at home, you see, I know because I make my own meals and I can make it just so, so it's right for me.

Female participant, UK.

When difficulties of maintaining a healthy diet (for example inability to prepare one's own food) required the intervention of care providers then this challenged independent decision-making. Here, it was less important to retain healthy eating than to retain a sense of independence, autonomy and choice:

I ordered menus from a company during the times when I was not well because for that (cooking) you need quite a lot of energy because of the pain, heart problems and things like that. But these services seduce you into dependence. If for example I eat one day tomato and mozzarella and cook some potatoes additionally to that and the next day eat tomatoes filled with hash and along the way some hamburgers and put the latter in the deep freeze, then one has completely different challenges.

Female participant, Germany.

Enjoying a healthy diet appeared to be high on the agenda of the western participants, particularly western women. For example, it was the women in the sample who equated healthy lifestyles to a balanced diet, often reflecting their social roles of preparing food and meals within the family setting. Alternatively, amongst Eastern European participants, healthy eating reflected the difficulties of buying healthy foods, which were more expensive and difficult to source. Within this situational context, there were differing perceptions of what was considered eating healthily. Thus, autonomy and choice were constrained by financial resources:

There's hardly anything left from my pension for food. Often there's hardly anything left by the end of the first week... I always lived and liked things that are forbidden now, [...] I can sometimes manage to smuggle a potato into a dish, and I long to eat things like layered potatoes... I told the doctor that I dream about cabbage with pasta. "Don't even think about it!".

Female participant, Hungary.

The home was also implicated in lifestyles that impact negatively on health. Some participants talked of experiencing symptoms of loneliness and depression, leading to unhealthy lifestyle choices such as drinking alcohol and "comfort" eating. Avoiding unhealthy activities, risky activities and "bad habits", such as smoking and drinking were also seen as a way of achieving a healthy lifestyle. National and gender differences in the older people's perspectives featured in this context. For example, the issue of alcohol consumption appeared more strongly in the accounts of Eastern European men than among women or Western men.

In contrast to healthy diet, older men had a greater concern with physical exercise. Current day messages about the value of exercise for health had been heeded by many who explained that keeping fit was an important part of healthy ageing. Exercise as a medium for healthy ageing was more evident in the older men's accounts than in the women's:

A person lives while he moves! If he does not move, then, in a word, he gradually goes away! That is why that walking is necessary. But also, to take an half an hour and to stretch and pull on the floor in my room and, well, sometimes I ride a bicycle lying on my back in my bed. Exercises for my legs.

Male participant, Latvia.

The concept of "exercise" for others was not interpreted as being about specific exercise regimes, but about doing more strenuous everyday tasks, such as housework, decorating and gardening. Whilst those participants in Eastern Europe highlighted the importance of healthy lifestyles, this was given less priority than 'getting by' in terms of finding money for food and keeping warm, reflecting differences in wealth and welfare.

The home environment was also implicated in the on-going management of illness and potential health problems. For example, the privacy of the home was useful in managing some of the less socially acceptable aspects of ill health, where the home acted as an environment to hide aspects of old age:

She (daughter) has got a lovely house... but it's not the same as here because of the state I'm in now... coughing and spitting. There's certain things I like to do in private, do you know what I mean... As you get older you've got these problems you know and everybody doesn't always appreciate it of course.

Female participant, UK.

Decisions to conceal aspects of chronic conditions that are stigmatised have been theorised in terms of the relationship between the visibility and invisibility of conditions (Joachim & Acorn, 2000). However strategies for doing so have yet to be explored within research studies. For some older people the home was an important resource in everyday strategizing, providing them with a private, demarcated space away from the public domain.

Balancing resources in older age

Participants discussed the importance of balancing resources in old age, providing older adults the opportunity to maintain a sense of control and independence in the home. In defining resources, older adults articulated these through social (i.e. the context of home as a mediator for social relationships), personal (i.e. coping and management strategies) and financial (i.e. finances to manage home) means.

Research has demonstrated a strong link between increased residential satisfaction and lower levels of isolation and loneliness suggesting that the home is imbued with qualities that can promote a sense of belonging and attachment through housing purposeful activities (Prieto-Flores, Forjaz, Fernandez-Mayoralas, Rojo-Perez, & Martinez-Martin, 2011). In terms of balancing social resources, a number of participants discussed techniques which they used within the home to reminisce about old friendships and compensate for less social contact. For example, the following participant listened to music as a form of reminiscence, allowing for positive nostalgic reflection to combat feelings of loneliness (Kucsera, 2011):

Participant: I got used to being alone that way. I hum along to myself. I switch on the thing...

Interviewer: The radio?

Participant: No, not the radio, I put on a record, one with my favourite tracks on it. They were the hits when I was a young man, and I've got all those songs, and then I start to listen to them. I know so many hits, old hits, I used to teach the people who were out there with me. I was the one who led the singing. I taught them the good dance song numbers, the melancholy numbers and all that. I know a lot of songs. And I'm fond of songs. That's my good fortune.

Male participant, Hungary.

For other participants, a sense of social isolation was countered through the placement and positioning of objects in the home to conjure positive memories. The home was often staged through the placement of such objects, reproducing accustomed identities even in the absence of family members. Homes were thus imbued with a sense of continuity, familiarity and connectedness. These experiences were particularly important to women (Shenk, Kuwahara, & Zablotsky, 2004):

"I am so happy for all memories, old things and everything has its history to tell. You can have all your things around you such as photos, wedding pictures..."

Female participant, Sweden.

Maintaining strong social relationships in old age was not an easy task and often had to be balanced against other priorities, including completing instrumental activities of daily living, e.g. shopping, food preparation and housekeeping. Balancing the need for social contact and privacy in the context of limited personal resources was often difficult to achieve:

One has to clean and tidy up the apartment and the like and when I am finished with that, then I feel tired and need a rest and so on and then I don't hurry myself. And then I have to go shopping because nobody brings me food and so on. This is practically my day; my day is full with this. Then I don't want anything else.

Female participant, Germany.

A number of the men interviewed in the study reported that their social relationships were highly transactional in nature involving the establishment of new close relationships with women of a similar age and developing a situation where they 'traded' support. Here, the men engaged in tasks that they felt able to manage in response to those that they struggled to complete, highlighting the transactional nature of social relationships in old age:

"She (friend) helps me with the laundry, because I cannot manage the laundry myself. In the beginning (after his wife had died), I had to do it myself. But ironing is the worst. She is really good at ironing shirts".

Male participant, Sweden.

While isolation and loneliness are often seen as problems of later life, some participants interpreted being alone as privacy and a form of valued solitude (Victor, Bowling, Bond, & Scambler, 2003). These older participants described the pleasures of being alone, of making a life in the absence of their partners, and of a release from playing a social role in a public setting:

I am often glad to be able to close the door behind me. To have nobody calling me, and nobody who wants something from me... and the friends, the good friends, my best friend is the age of my children, she always asks me, "Hey, do you feel like seeing me today?" Yes, sometimes it is a relief if I can run around at home from one room to the other if nobody is there.

Female participant, Germany.

Some participants' accounts of healthy ageing concerned financial issues and material circumstances. For them, healthy ageing was about constructing a life free from financial worries in a well-maintained, comfortable home. More often western participants described how they had adapted their home to enable them to perform tasks of daily living. Such adaptations were crucial in enabling them to live independently in a familiar and personally meaningful home environment. In this sense, designing and re-designing the home provided older adults with an opportunity to ascribe personal attachment to the home:

We did an awful lot (on the home), we've been doing it since... and now got it just lovely! I absolutely love it! I think it's just heaven! And erm I'd never want to go anywhere else, I just absolutely love it, I think it's ideal.

Female participant, UK.

However, maintaining one's own home represented a considerable financial challenge for many older people (e.g. ongoing housing maintenance or adaptations to suit their needs). While a wide range of grants for home improvement exist in the UK, Germany and Sweden, participants were not always aware of their existence, experienced substantial barriers when trying to access them or were just not aware they were entitled to financial help. This was a source of resentment for some people, who felt they were relegated to 'second class citizens' as a result of real and perceived obstacles to accessing assistance.

In contrast, for participants in Eastern European countries, financial and material concerns were more oriented towards 'making ends meet'. The process of healthy ageing involved explicit strategies to ensure the continuation of self and home. In contrast to the Western European perspectives of comfort and personal security at home, a real fear of becoming homeless in very old age was evident. For some, making ends meet was a daily struggle with little welfare support (e.g. low pension). Both Latvian and Hungarian participants often struggled with household expenses and costs of health, sometimes depending on the charity of family and friends. Strategies for avoiding extreme hardship and for continuing to live at home involve continuous 'bargain' shopping, and careful control and planning of household expenditure.

Stories of signing homes over to relatives through a contract emerged in both the Latvian and Hungarian data. This helped to offset the financial and material burdens of home maintenance, but also included the delivery of social support to the older person. Despite this, a house also represented a considerable resource for the older people in Eastern Europe:

I have never asked anyone for help and I hope I never need to... I'm not in such a bad state yet that I'm in need of help. I can still manage alone and my sister takes care of me. I don't have to depend on others... My daughter will inherit the house. I've already had it put in good order, but if she didn't bother to visit me and didn't help me at all, I would give the house to whoever cared for me, perhaps to one of my grandchildren. But, as I say, I am not worried, I have a good family.

Female participant, Hungary.

The accounts of the ENABLE-AGE participants suggested that healthy ageing involved feeling financially and materially secure. Having your own home was an important component of this, but could also represent a considerable challenge in itself.

Discussion

The research suggests that older people see healthy ageing as an active achievement created through personal effort and supportive social ties in the face of the many challenges that accompany old age. For them, maintaining a level of control psychologically, socially and environmentally was key to keeping active, healthy and independent and in participating in social life. Moreover, the relationship between home, past life and identity created a meaningful space within which healthy ageing was negotiated.

To support healthy ageing, housing interventions for older people have been proposed, which have principally focused on the instrumental domain, such as housing adaptations (Preiser & Ostroff, 2001). However, a number of the participants in the in-depth study emphasised the symbolic qualities of the home, often leading them to prefer a sub-optimal living environment, where overcoming the everyday challenges posed by one's own frailties, such as stairs, afforded feelings of achievement. For other people, housing adaptations were seen as symbolic of their frailty and they preferred to maintain a living environment that was familiar and reflective of self rather than instrumentally supportive. Clearly, it is important for older people to attain some kind of balance between the symbolic and practical domains; a wholly inappropriate living environment may lead to a breakdown of independence. However, it is also important to respect the values older people attach to home, when considering housing interventions.

The practical value of the home in supporting and facilitating healthy living was apparent in most of the older people's accounts. The fact that many spend much of their time at home means that a person's lifestyle, activities and social life tend to be focused on the home (Sixsmith, 1992). But other practical aspects in the way the home was used to support healthy ageing emerged during the research. Of particular importance was the way that the challenges of living at home were perceived to contribute to helping some older people to preserve their physical and mental capacities. The research also showed how older people adapt creatively to their life situations, demonstrated in the way that participants in Latvia and Hungary used their homes as a bargaining tool for negotiating practical help and support, through a gift of inheritance for family members. While this represents a very different role for the home, it illustrates the ways that an older person can actively use the home to negotiate the problems they encounter in maintaining health.

There were several ways in which older peoples' experiences of home and healthy ageing were bound up with life histories. The home itself played a role in enabling or limiting life-course continuity. For instance, this was evident where adaptations had enabled participants to 'stay put' in a familiar and meaningful environment. It was also the case that perceiving the home in a deeply embedded way had the potential to prevent older people from seeing that environment differently, i.e. from a more positive perspective in terms of supporting positive health.

Social well-being was linked with the home as a site for social interaction, and as a setting which encapsulated the development of a person's social networks over time. Family histories were often symbolised in photographs or other meaningful objects situated around the home. As Roberts (2001, p. 62) notes, 'these materials revive memories and stories which we can retell about ourselves, and may intimately connect with self-identity.' Relationships, whether actively sustained or symbolised through such objects, were of importance to on-going narratives of self and home.

The manner in which participants themselves adapted activities, objects and routines to meet their ongoing needs was often illustrative of 'the biographical foundation of agency' (Heinz & Kruger, 2001). It was not uncommon for older people to draw upon past experiences of more austere times to change the way they used the home or its contents, demonstrating the ability to improvise in order to support their independence. It was also observed how past pursuits such as crafts and hobbies also often gained new significance as home had become more central to participants lives. The resources and learning developed over a lifetime were therefore deployed to help better sustain health and well-being into old age.

This research suggested that the home is a gendered space characterized by gendered roles and obligations (Bowlby, Gregory, & McKie, 1997; Madigan & Munro, 1991). Indeed, women and men experience and account for home in very different ways (Gurney, 1997) which was supported through the research. For women, the home provided the resource for managing their nutrition and diet and for maintaining an active social and family life, very much reflecting their earlier life roles as wives and mothers. For the men, exercising was strongly linked to healthy ageing and home based activities such as decorating and gardening, which formed part of their healthy ageing strategies, alongside specific exercise regimes. Davidson, Daly, and Arber (2003) have emphasised the importance of social integration for the well-being of older men, and Sixsmith and Boneham (2004) have identified how this is difficult for older men to achieve within the feminised space of community settings. This may account, in part, for the ways in which older men attempt to achieve healthy ageing in more solitary activities within the seclusion of the home environment. It is however, important to note that in many ways, the perception of healthy ageing at home was shared by both men and women, including keeping physically active, keeping mentally active, balancing health and illness and feeling financially and materially secure.

While the in-depth study focused on the individual perspective, it also illustrated how the welfare regimes that exist in the different countries have an impact on everyday experiences, how older people construct "healthy ageing" and the way they experience and use home. While all five countries participating in the ENABLE-AGE project exhibited some unique characteristics, the clearest differences were between the western European countries (Germany, Sweden, and the UK) and Eastern European countries (Hungary and Latvia). These differences were evidenced through the ways in which older adults articulated their understandings of home, their attitudes to healthy ageing and their ability to maintain active lifestyles in old age. For participants living in Eastern European countries healthy ageing was constructed within a context of boundaries and limitations constrained by financial resources. Those participants living in Eastern Europe were more likely to report financial hardship, where the pursuit of healthy choices (e.g. diet, exercise) was limited by affordability as a barrier to access. In these cases healthy ageing constituted 'getting by', where efforts and energies were

directed to preserving the basic tenets of well-being such as shelter and food. The extent to which that shelter or food could be constituted as 'healthy' was secondary. The early post-communist years have seen the welfare situations of older people deteriorate considerably in a number of Eastern European countries, for example the loss in value of savings through inflation, while government policy has tended to focus on the development of basic political and economic institutions. This East-West comparison is perhaps the most obvious, but it serves to emphasise that any understanding of individual life experience needs to be placed in the context of macro situational factors. Some of the similarities between the countries also offer salutary lessons for policy and practice. The difficulties in getting access to available grants and resources to support independent living at home were all too common in the accounts of the ENABLE-AGE project participants.

Conclusion

The research reported here indicates that the way very old people construct the concept of healthy ageing is wide-ranging including diverse issues, such as the person's social life and financial and material security. Moreover, the research indicates that the home environment plays a significant role in developing and supporting personal strategies for healthy ageing.

The multifaceted ways in which people construct healthy ageing has practice and policy implications. At a practice level, this complexity needs to be fully understood by the various professionals who provide help and support to very old people living at home. For instance, housing practitioners need to be aware of the different ways in which healthy ageing is experienced in old age and any housing solutions need to go beyond instrumental aspects of personal functionality, to sensitively consider the subjective values of older people and their gendered reality. Equally, health and social care practitioners need to be aware of the important role that the home plays in healthy ageing. At a policy level, significant differences at the macro socio-economic level can have important implications for the home situation and ultimately the health of older people. This presents important challenges to European policymakers in the context of an ageing population and rising healthcare costs at a time of economic austerity.

Declarations of interest

The authors declare that they have no competing interests.

Acknowledgements

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Highlights

- Healthy ageing is strongly situated within the social, material and financial circumstances of older people's everyday lives.
- Experiential understandings of healthy ageing offer a potential tool to better inform policy and practice.
- Experiences of and supports for healthy ageing are highly gendered and dependent on cultural circumstances.

Queries and Answers

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