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Older People in Vulnerable Situations Ageing in Place in Sweden

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DEPARTMENT OF HEALTH SCIENCES | FACULTY OF MEDICINE | LUND UNIVERSITY

Older People in Vulnerable Situations Ageing in Place in Sweden

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Agata Yadav

DOCTORAL DISSERTATION

By due permission of the Faculty of Medicine, Lund University, Sweden. To be publicly defended on September 23th 2024 at 1.00 PM in Segerfalksalen, BMC A House, Sölvegatan 19, 223 62 LUND.

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Abstract

Background. The debate about increased welfare and health service costs is well-known in relation to the growing ageing population. Over the past thirty years, ageing in place has been the guiding principle for policies concerning older people and housing in Sweden and other Western countries. Sweden is among the countries in the European Union and internationally whose populations have the longest life expectancies. Moreover, Sweden's universal welfare system ensures social security for its older citizens, making it a safe and supportive country for people to grow old. Older people typically spend most of their time at home and in their local neighbourhood, making the context of the home and neighbourhood essential to their health, autonomy, and active participation in society. However, several Western countries, including Sweden, have reformed their housing-, work and pensions, and healthcare policies and experienced a substantial increase in migrant populations, contributing to sociodemographic changes. Given the recent extensive political reforms and sociodemographic changes, there is a lack of knowledge about how older people's daily lives have been affected, what opportunities or barriers they face, and the strategies they use to cope, and to seek out and receive support in and around vulnerable situations.

Aim. To explore how older people in vulnerable situations cope with ageing in place in Sweden.

Methods. The four sub-studies that make up this thesis project are grounded in three projects. In total, 488 older people and 29 janitors and maintenance staff were included. The thesis project adopted cross-sectional designs, and the methods used both qualitative and quantitative methodologies, including multi-method and mixed-method approaches. A final deductive content analysis based on a categorisation matrix was conducted to address the overarching aim of the thesis.

Findings and conclusion. The findings are significant as they indicate that older people in Sweden have strong internal and/or external coping resources that can contribute to their resilience and the mitigation of vulnerable situations. The deductive content analysis led to the identification of vulnerable situations in three main categories: Housing preferences and lack of affordable and age-friendly housing, health-related functional decline, and financial vulnerability. Coping with ageing in place and vulnerable situations encompasses numerous Person-Environment exchanges. These Person-Environment exchanges are affected by limited financial resources, health-related functional decline, including cognitive challenges and lack of internal and/or external coping resources; furthermore, a lack of informal networks, including insufficient municipal home care and social services, housing and neighbourhood factors, including difficulties in accessing affordable and/or age-friendly housing. While only a minority of the older people included in the thesis project seemed to struggle to cope with vulnerable situations, monitoring and preventing these situations is still important. The findings recognise and address the complex relationship between older people and their environment, and can inspire policymaking and practical and social efforts to improve circumstances and prevent vulnerable situations among older people who are ageing in place.

Key words Low pension, housing and neighbourhood, community support, health promotion.

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Ageing in Place in Sweden

Agata Yadav

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"Vulnerability is the bridge between fear and courage"

– Terry Tempest Williams

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Preface

I completed this PhD thesis project in health sciences, specialising in gerontology, at the Department of Health Sciences within a research group affiliated with the inter- and trans-disciplinary Centre for Ageing and Supportive Environments (CASE), Lund University, Sweden. My wide-ranging personal background comprises practical experience in healthcare, coupled with degrees in occupational therapy, nursing, and public health. Completing this thesis project has been driven by my passion for health sciences and my pursuit of a lengthy educational career, combined with practical experience working with various age groups in hospital psychiatry, municipal home care and social services, and care homes. My research experience from studying at an advanced level gave me the confidence to apply for a PhD position. It took me approximately four years, from 2020 to 2024, to complete my PhD.

I commenced my PhD studies two months before the COVID-19 pandemic outbreak, which had a significant impact on my research and programme. Consequently, the original plan had to be revised in a stepwise manner, and my thesis project came to incorporate studies from three different research projects, instead of one.

The thesis project, situated at the intersection of social and environmental gerontology, psychology, and health sciences, explores how older people in vulnerable situations cope with ageing in place (AIP) and the dynamics between the person and their environment. It explores personal, housing, and local neighbourhood factors and the societal conditions that may affect older people's housing situations, including the consequences of a low pension, residing in depopulated rural or deprived urban neighbourhoods (disadvantaged neighbourhoods), or residential tenancy in public housing in a municipality-owned housing company (MHC). The thesis project is based on data collected from n=488 older people living in Sweden and n=29 janitors and maintenance staff working in Sweden.

The premise of the thesis project is that, with increasing age, older people may find it challenging to adapt to the dynamics between person, environment, and societal factors and thus may find it more challenging to cope with stressors and problems. In addition, unexpected events (e.g., illness, loss of a spouse) may contribute to or worsen older people's coping capacity in later life. Another premise is that older people's homes and local neighbourhoods are the centre of their daily lives and where they spend most of their time. With age, older people's support needs increase, not least when AIP. It is the right of all older people to experience dignity, value, optimal comfort, health, and wellbeing. AIP involves a careful balance between living independently and the inevitable need for increased support that comes with age. Older people should be actively involved in shaping this process,

and their perspectives should be included in research and policies working on their behalf.

In order to gain a comprehensive understanding of the dynamics between person and environment, I worked closely with other PhD students, researchers, and authors from various fields, such as gerontology, sociology, psychology, occupational therapy, nursing, and public health. The Swedish National Graduate School on Ageing and Health (SWEAH) supported my learning process, and inter- and trans-disciplinary approaches are reflected in the four empirical sub-studies included in the project. This thesis project is intended to contribute to inter- and trans-disciplinary discussions about the complex topic of older people in vulnerable situations and the challenges they may encounter when coping with AIP.

Acknowledgements

I want to express my thanks to the funding agencies that made these PhD studies and thesis project possible: the Swedish Research Council for Health, Working Life and Welfare (FORTE), the Swedish Research Council for Sustainable Development (FORMAS), and the Ribbingska Foundation in Lund, Sweden. The studies were conducted under the auspices of the Centre of Ageing and Supportive Environments (CASE) at Lund University, Sweden, which is financially supported by the faculties of medicine and engineering at Lund University. SWEAH, financed by the Swedish Research Council and 13 partner universities across Sweden, supported my learning experience.

Extended thanks go to Professor Susanne Iwarsson, my primary supervisor, who provided me with this learning opportunity, shared her knowledge, and supported my PhD studies throughout the years. I also want to thank my co-supervisors, Marianne Granbom and Håkan Jönson, for their guidance and supervision during these last four years, including my research collaborators, co-authors Marianne Kylberg, Agneta Malmgren Fänge, and Afsaneh Taei. Finally, I want to thank all the PhD students, office roommates, researchers, and staff at the Department of Health Sciences at Lund University. I will miss our gatherings for fika and chitchat.

Thesis at a glance

Table I. Thesis at a glance.

Sub-study I. (Low Pension) Older women with a low pension in Sweden: strategies to age in place and thoughts about future housing	
Aim	To explore how low-income older people in Sweden reason about ageing in place and moving to another house in old age.
Method	We used a qualitative study design. Individual, in-depth, semi-structured interviews (n=13) were conducted with women aged 65 and over who were ageing in place on a low pension. Data was analysed using reflexive thematic analysis.
Result	Older women with a low pension had to cut down on spending, use savings, earn a wage post-retirement, and rent out or sell their estate to manage financially. Alternative housing options were reflected upon. Ageing in place was favoured.
Conclusion	Financial difficulty depended on older people's additional finances and their eligibility for welfare grants. This study has implications for researching the dynamics between housing, personal finances, and increasing retirement age.
Sub-study II. (Staying or Moving) Staying or moving? Residential reasoning among older people living in disadvantaged rural and urban areas	
Aim	To explore thoughts about staying or moving among older people living in disadvantaged rural and urban neighbourhoods.
Method	We used data from a large mixed-methods project and analysed specific data connected to housing, staying, and moving. Data was collected from individual, in-depth, semi-structured interviews (n=41) and individual quantitative survey interviews (n=460). A multi-method approach was used in the analysis, combining the results from a Chi-square test of survey data with a reflective thematic analysis of qualitative data.
Result	Two themes, reasons and considerations, revealed that decisions about staying or moving depended more on area features and services, attachment and belonging, social relationships, and liking the home than on neighbourhood disadvantage.
Conclusion	More older people in urban neighbourhoods expressed a desire to move compared to those in rural neighbourhoods; however, predominantly, a wish to stay in the current neighbourhood was identified. There are implications for in-depth research on staying or moving connected to specific neighbourhood disadvantage characteristics.
Sub-study III. (Quality of Life) Associations between Person-Place fit and Quality of Life among older adults in disadvantaged areas in Sweden	
Aim	To explore if, and if so how, home and neighbourhood factors were associated with quality of life among older people living in disadvantaged urban or rural neighbourhoods.
Method	We used data from a large mixed-methods project and analysed specific data on person–place fit and quality of life collected from individual quantitative survey interviews (n=459) using multivariable linear regression analysis.
Result	All regression models demonstrated a significant impact ($p<.001$) on the independent variable person–place fit overall and all domains of quality of life (physical health, psychological health, social relationships, environment) and overall health. The participants reported moderate to high quality of life and Person-Place fit.

Conclusion	Older people who perceive their neighbourhood as suitable for ageing in place have a higher quality of life. This insight may guide municipality officials and policymakers in developing neighbourhood improvement programmes for older people.
Sub-study IV. (Unmet Support) Support needs among older tenants living in public housing in Sweden: perspectives of janitors and maintenance staff	
Aim	To explore critical situations related to housing and older tenants encountered by public housing sector employees during their practice.
Method	We used an explanatory sequential mixed-methods design inspired by the critical incident technique. We included janitors and maintenance staff (n=29) working in an MHC in Sweden. Data included quantitative report forms and qualitative data from two group interviews.
Result	Housing staff encountered support needs among older tenants regarding practical and emotional situations. The results demonstrate dilemmas related to supporting older people within a housing company's organisational rules and frameworks, a lack of knowledge and skills, occupational safety, and individual work preferences and attitudes.
Conclusion	The findings showcase organisational and professional issues influencing MHC staff's ability to confidently judge and manage older tenants' support needs. Politicians, stakeholders, and public housing providers should recognise that housing staff juggle competing roles and work dilemmas. Housing staff perspectives should be included in organisational decision-making.

List of Papers

I. **Yadav, A**., Granbom, M., & Iwarsson, S. (2023). Older women with a low pension, living in Sweden: Strategies to age in place and thoughts about future housing. *Housing and Society*. https://doi.org/10.1080/08882746.2023.2218667

II. **Yadav, A**., Taei, A., Jönson, H., Iwarsson, S., & Granbom, M. (2024). Staying or moving? Residential reasoning among older adults living in rural and urban disadvantaged areas. Submitted, under review after revision.

III. Taei, A., Kottorp, A., **Yadav, A**., Iwarsson, S., & Granbom, M. (2024). Associations between Person-Place fit and Quality of Life among older adults in disadvantaged areas in Sweden. Submitted.

IV. **Yadav, A**., Kylberg, M., Granbom, M., Malmgren Fänge, A., & Iwarsson, S. (2023). Support needs among older tenants living in public housing in Sweden: Perspectives of janitors and maintenance staff. *Journal of Applied Gerontology*. https://doi.org/10.1177/07334648231169130

Definitions

Ageing in Place	Refers to older people's ability to remain in their own homes as they age, provided that they receive the necessary care and support. Ageing in place is a geographic process that involves an ongoing interaction between older people and their living arrangements over time (Scharlach & Diaz Moore, 2016).
Care homes	Refers to places where older people can live and receive daily care and support from healthcare personnel during all hours of the day or night (Swedish National Board of Health and Welfare (SNBHW), 2011).
Older people	Refers to people aged 65 years and older.
Vulnerable situations	Refers to a set of circumstances in which one or more individuals experience, at a specific moment in time, one or multiple physiological, psychological, socioeconomic, or social difficulties that may interact to increase their risk of being harmed or facing coping challenges that have a negative impact on their life (Levasseur et al., 2022).

Abbreviations

AIP Ageing in Place

EFP Ecological Framework of Place

MHC Municipality-owned Housing Company

Summary in English

The debate about increased welfare and health service costs is well-known in relation to the growing ageing population. Worldwide, it is estimated that, by 2050, 2.1 billion people will have reached the age of 60 or over, and the number of people aged 80 or over will triple, to reach 425 million. Within the European Union (EU) and internationally, Sweden is among the countries whose population has the highest average life expectancy, at 83 years.

Since 1994, AIP has been the guiding principle for ageing and housing policies among Organisation for Economic Co-operation and Development (OECD) countries. AIP involves both advantages and disadvantages. On the one hand, it allows older people 3to live in a familiar environment and maintain continuity in their habits, routines, and networks in and around the home, which contributes to their wellbeing and active independent social participation. On the other hand, the increased risk of illness and functional decline that comes with age can lead to loneliness and isolation when older people are no longer able to leave their homes. Furthermore, limited financial resources may prevent older people from moving to suitable housing, which can reduce autonomy and increase their dependence on others.

Over the past four decades, several Western countries, including Sweden, have reformed their housing, work and pensions, and healthcare policies. Furthermore, several Western countries, including Sweden, have experienced a significant influx of migrants. However, there is limited research on whether these sociodemographic changes have contributed to more older people experiencing vulnerable situations, or whether sociodemographic changes have affected the experience of AIP in a more negative direction.

This thesis project explores how older people in vulnerable situations cope with AIP. It explores personal, housing, and local neighbourhood factors and the societal conditions that may affect older people's housing situations, including the consequences of a low pension, residence in depopulated rural or deprived urban neighbourhoods (disadvantaged neighbourhoods), or residential tenancy in public housing in an MHC. The findings of this thesis project aim to contribute new insights into the relationship between older people, vulnerable situations, and coping with AIP.

Context and premise for the thesis project

This thesis project is part of three research projects and includes four sub-studies that use qualitative, quantitative, multi-method, and mixed-method methodologies. Data was collected using individual, in-depth, semi-structured interviews, survey interviews, report forms, and group interviews. The four sub-studies included 488

older people and 29 janitors and maintenance staff. The thesis project is situated at the intersection of social and environmental gerontology, psychology, and health sciences.

The premise of the thesis project is that, with increasing age, older people may find it challenging to adapt to the dynamics between person, environment, and societal factors, and thus may find it more challenging to cope with stressors and problems. In addition, unexpected events may contribute to or worsen older people's coping skills in later life. Another premise is that older people's homes and local neighbourhoods are the centre of their daily lives and where they spend most of their time. With age, older people's support needs increase, not least when AIP. Given the recent extensive political reforms and sociodemographic changes, there is a lack of knowledge about how older people's daily lives have been affected, what opportunities or barriers they face, and the strategies they use to cope, and to seek out and receive support in and around vulnerable situations.

The four sub-studies in the thesis project

Sub-study I (Low Pension) used a qualitative method and individual, in-depth, semi-structured interviews to explore the strategies used by older women aged 65 and over with low pensions who are AIP in Sweden. In addition, it explored these older women's thoughts about their future housing. The sub-study sheds light on a Swedish population group that is often underrepresented in housing and financial vulnerability studies.

The sub-study revealed that older women favoured AIP, and that their homes could easily be adapted to enable this desire. Some older women had moved to their current residence around retirement, while others were still in the homes where they had lived for many years in a low-cost, paid-off home. Several older women supplemented their low pensions with funds from private savings, part-time or hobby-related work, or rented out another home that they owned, permanently or during the summer, through platforms such as Airbnb.

Despite their experiences of reduced health and functional decline, AIP seemed to contribute to these older women's wellbeing and desire to adapt financially. The running costs of their homes were the most difficult outgoings to reduce. Therefore, the older women had to reduce their expenditure on basic and social necessities. The thought of a forced move could bring feelings of loss of coherence. Several older women referred to the positive social and activity aspects of co-housing if they were to consider moving.

Sub-studies II and III (Staying or Moving and Quality of Life) used multi-method designs and quantitative methods to explore older people's experiences of residing in depopulated rural or deprived urban neighbourhoods (disadvantaged neighbourhoods). The two sub-studies aimed to explore older people's preferences

regarding staying or moving and identify the associations between housing, neighbourhood, and quality of life.

Sub-study II (Staying or Moving) challenges the presumption that the characteristics of disadvantaged neighbourhoods are the primary reason why older people want to move. Sub-study III (Quality of Life) contributes new knowledge about whether housing and neighbourhood factors in disadvantaged neighbourhoods are associated with older people's experience of quality of life. The two sub-studies demonstrate that older people favoured AIP, and that neighbourhood factors were the main contributors to their quality of life. More older people in urban neighbourhoods expressed a desire to move than in rural neighbourhoods.

Factors related to the neighbourhood and access to public services, belonging and identity, social relations, and the home were given as reasons for both wanting to stay and wanting to move. Moving was explained by reduced health and functional decline, the desire to live closer to family or social networks, and the desire to live in a smaller, cheaper, and/or more practical home. Urban neighbourhoods and experiences of crime and social disorder could also be reasons for the desire to move.

Although housing decisions can be rational, older people's reasoning about staying or moving includes processes in which they weigh up the pros and cons of their current housing situation compared to another, and disagreements and negotiations between spouses about whether they should stay or move. Impaired health, functional decline, and financial constraints can lead to potential turning points that can suddenly change older people's housing needs. Societal factors, such as difficult housing access and high housing prices, can also contribute to or exacerbate vulnerable situations.

Sub-study IV (Unmet Support) used a mixed-methods approach to explore critical situations involving older people encountered by janitors and maintenance staff working in an MHC. Critical situations were defined as tasks outside the janitors' or maintenance staff's formal job function and responsibilities.

This sub-study explored the factors that facilitated or hindered janitors' and maintenance staff's work performance and outcomes and their approaches and strategies for managing critical situations. The sub-study contributes new knowledge about the support needs of older people and the opportunities for janitors and maintenance staff to provide support while working under the framework of Corporate Social Responsibility (CSR) in the work of an MHC.

Janitors and maintenance staff were asked for support from older people in the form of both practical and emotional tasks. These tasks often included moving furniture, helping with neighbour disputes, helping older people with cognitive challenges, and helping with loneliness.

The sub-study demonstrates dilemmas when attempting to support older people within the MHC's organisational rules and framework. Janitors' and maintenance staff's ability to support older people was influenced by factors related to job functions and formal responsibilities, a lack of knowledge and skills, occupational safety, and individual work preferences and attitudes. This is the case even though janitors and maintenance staff who work for an MHC in Sweden regularly attend courses to improve CSR.

A final deductive content analysis of the four sub-studies explored how older people in vulnerable situations cope with AIP in Sweden. Vulnerable situations related to three main categories were identified: Housing preferences and lack of affordable and age-friendly housing, health-related functional decline, and financial vulnerability. Older people with cognitive challenges who experience an increased need for care and support, insufficient municipal home care and social services, and difficulties in gaining access to affordable and suitable housing in the local neighbourhood contributed to vulnerable situations among older people. Nevertheless, the findings suggest that older people in Sweden generally have strong internal and/or external coping resources that contribute to resilience and the mitigation of vulnerable situations.

Sammenfatning på Dansk

Debatten om øgede velfærds- og sundhedsudgifter er velkendt i forhold til den voksende aldrende befolkning. På verdensplan anslås det, at i 2050 vil 2,1 milliarder personer vil være 60 år eller derover, og antallet af personer på 80 år eller derover vil tredoble til 425 millioner. Indenfor den Europæiske Union (EU) og internationalt er Sverige blandt de lande, hvis befolkning har den højeste gennemsnitlige levealder, på 83 år.

Siden 1994 har længst muligt i eget hjem været det ledende princip for ældre- og boligpolitikken i OECD landene. Længst muligt i eget hjem rummer både fordele og ulemper. På den ene side giver det ældre personer mulighed for at leve i vante omgivelser og bevare kontinuiteten i deres vaner, rutiner og netværk i og omkring hjemmet, hvilket kan bidrage til deres trivsel, selvstændighed og aktiv deltagelse i samfundet. På den anden side, kan øget risiko for sygdom og funktionsnedsættelse, som følger med alderen, føre til ensomhed og isolation, når ældre personer ikke længere kan forlade deres hjem. Ydermere kan begrænsede økonomiske ressourcer forhindre ældre personer i at flytte til en mere passende bolig, hvilket kan reducere deres autonomi og øge deres afhængighed af andre.

I løbet af de sidste fire årtier har flere vestlige lande, herunder Sverige, udført reformer af deres bolig-, arbejde- og pension og sundhedspolitikker. Yderligere har flere vestlige lande, herunder Sverige, oplevet en betydelig tilstrømning af migranter. Der er begrænset forskning om hvorvidt disse sociodemografiske ændringer har bidraget til, at flere ældre personer oplever sårbare situationer, eller om sociodemografiske ændringer har påvirket deres oplevelser af; længst muligt i eget hjem, i en mere negativ retning.

Denne Ph.D. afhandling udforsker hvordan ældre personer i udsatte situationer mestrer at bo længst muligt i eget hjem. Den udforsker personlige, boligmæssige og lokale faktorer samt de samfundsmæssige forhold, der kan påvirke ældre menneskers boligsituation, herunder konsekvensen af en lav pension, bopæl i affolkede landdistrikter eller udsatte bykvarterer (udsatte kvarterer), samt bolig i en kommunalt ejet almennyttigt boligforening (KEB). Ph.D. afhandlingen har til formål at bidrage med ny indsigt i forholdet mellem ældre personer, sårbare situationer, mestring og princippet om at bo længst muligt i eget hjem.

Kontekst og præmis for Ph.D. afhandlingen

Ph.D. afhandlingen er del af tre forskningsprojekter og omfatter fire delstudier, som anvender kvalitative, kvantitative, multi-metode og mixed-method metodologier. Data blev indsamlet igennem individuelle, dybdegående, semi-strukturerede interviews, survey interviews, rapportskemaer og gruppeinterviews. De fire delstudier inkluderede n=488 ældre personer og n=29 viceværter og service

personaler. Ph.D. afhandlingen er placeret i krydsfeltet mellem social- og miljø gerontologi, psykologi og sundhedsvidenskab.

Præmissen for Ph.D. afhandlingen er, at ældre personer med stigende alder kan have udfordringer i at tilpasse sig til dynamikken imellem person, miljø og samfundsfaktorer og dermed kan få vanskeligheder med at mestre daglige stressorer og problemer. Derudover kan uventede hændelser bidrage til eller forværre ældre menneskers mestringsevne. En anden præmis er, at ældre personers hjem og lokalområde er centrum for deres dagligdag, og det sted de tilbringer det meste af deres tid. Med alderen stiger ældres støttebehov, ikke mindst, under indflydelse af længst muligt i eget hjem princippet. I lyset af de seneste omfattende politiske reformer og sociodemografiske forandringer, mangler der viden om hvordan ældre personers hverdag er påvirket, hvilke muligheder og barrierer de oplever, samt hvilke strategier de anvender til at mestre, opsøge og modtage støtte i og omkring sårbare situationer.

De fire delstudier i Ph.D. afhandlingen

Delstudie I (Lav Pension) anvendte en kvalitativ metode, og individuelle, dybdegående, semi-strukturerede interviews til at udforske strategier anvendt af ældre kvinder på 65 år og derover med lav pension, som aldres og bor i eget hjem i Sverige. Derudover udforskede delstudiet ældre kvinders tanker om deres fremtidige bolig. Delstudiet belyser en Svensk befolkningsgruppe, som ofte er underrepræsenteret i undersøgelser om økonomisk og boligrelateret sårbarhed.

Delstudiet viste, at de ældre kvinder foretrak at bo længst muligt i eget hjem, samt at deres hjem nemt kunne tilpasses til at muliggøre dette ønske. Nogle ældre kvinder var flyttet til deres nuværende bolig omkring deres pensionering, imens andre boede i hjem hvor de havde boet i mange år, med lave omkostninger. Flere ældre kvinder supplerede deres lave pension med midler fra privat opsparing, deltids- eller hobbyrelateret arbejde, eller lejede en anden bolig ud som de ejede, permanent eller i sommerperioder, igennem platforme som Airbnb.

På trods af erfaringer med nedsat helbred og funktionsevne syntes længst muligt i eget hjem at bidrage til ældre kvinders trivsel og ønske om at tilpasse sig økonomisk. De løbende boligudgifter var de sværeste at reducere. Derfor måtte de ældre kvinder reducere deres udgifter til basale og sociale fornødenheder. Tanken om en tvungen flytning kunne bidrage til følelsen af tab af sammenhæng. Flere ældre kvinder angav positive sociale og aktivitetsmæssige aspekter ved en kollektiv boligform, hvis de skulle overveje at flytte.

Delstudierne II og III (Blive eller Flytte og Livskvalitet) anvendte multi-metode og kvantitative metoder til at udforske ældre personers oplevelse af at bo i et affolket landsby-distrikt eller socialt udsat bykvarterer (udsatte kvarterer). De to delstudier havde til formål at udforske ældre personers præferencer med hensyn til at blive

eller flytte fra et udsat boligområde, samt at identificere sammenhænge imellem bolig, lokalområde og livskvalitet.

Delstudie II (Blive eller Flytte) udfordrer antagelsen om, at udsatte boligområders karakteristika er en primær årsag til at ældre personer vil flytte. Delstudie III (Livskvalitet) bidrager med ny viden om hvorvidt bolig og lokalområde i udsatte kvarterer, har indflydelse på ældre personers oplevelse af livskvalitet. De to delstudier viser, at ældre personer foretrækker at bo længst muligt i eget hjem, samt at bolig og lokalområdet ydede det vigtigste bidrag til ældre personers livskvalitet. Flere ældre personer i bykvarterer udtrykte ønske om at flytte sammenlignet med dem der boede i landsby-distrikter.

Faktorer relateret til bolig og lokalområde, samt adgang til tjenester og services, tilhørsforhold og tilknytning, sociale relationer samt hjemmet blev udtrykt som begrundelse til både at ville blive og flytte. Flytning blev begrundet i reduceret sundhed og funktions evne, ønsket om at bo tættere på familie og sociale netværk, samt ønsket om at bo i et mindre, billigere og en mere praktisk bolig. Bykvarter og oplevelser med kriminalitet og social uorden kan også bidrage til ønsket om at flytte.

Selvom boligbeslutninger kan være rationelle, indeholder ældre personers ræsonnement processer hvor de afvejer af fordele og ulemper ved nuværende boligsituation, sammenlignet med en anden, samt uoverensstemmelser og forhandlinger imellem ægtefæller, om hvorvidt de skal blive eller flytte. Reduceret sundhed- og funktionsevne, samt økonomiske begrænsninger kan føre til potentielle vendepunkter, som pludseligt kan ændre ældre personers boligbehov. Samfundsmæssige faktorer, så som svær tilgang til boliger og høje bolig priser, kan også bidrage til eller forstærke sårbare situationer.

Delstudie IV (Uopfyldt Støtte) anvendte mixed-methods til at udforske kritiske situationer relateret til ældre personer, oplevet af viceværter og service personale, som arbejder i en KEB. Kritiske situationer blev defineret, som opgaver uden for viceværternes og service personalets formelle jobfunktion og ansvarsområde.

Delstudiet udforskede faktorer der faciliterede eller forhindrede viceværter og service personales arbejdsindsats og resultater, samt deres tilgange og strategier til håndtering af de kritiske situationer. Delstudiet bidrager med ny viden om ældre menneskers støttebehov og mulighederne for, at viceværter og service personale kan yde støtte, mens de arbejder under indflydelsen af kravet om Korporativt Social Ansvar (KSA) i arbejdet i en KEB.

Viceværter og service personale bedt om støtte af ældre personer til både praktiske og emotionelle opgaver. Opgaverne omfattede ofte flytning af møbler, hjælp til nabostridigheder, hjælp til ældre med kognitive udfordringer og hjælp ved ensomhed.

Delstudiet identificerede dilemmaer ved arbejdet med at støtte ældre personer indenfor KEBs organisatoriske regler og rammeværk. Viceværter og service

personales evne til at yde støtte til ældre personer blev påvirket af faktorer relateret til formelle jobfunktioner og ansvar, mangel på viden og færdigheder, arbejdssikkerhed, samt individuelle holdninger og præferencer til arbejdet. Dette på trods af viceværter og service personale, som arbejder i en KEB i Sverige regelmæssigt deltager i kurser til forbedring af KSA.

En endelige deduktiv indholdsanalyse af de fire delstudier udforskede hvordan ældre personer i sårbare situationer mestrer at bo længst muligt i eget hjem i Sverige. Sårbare situationer relateret til tre hovedkategorier blev identificeret: Boligpræferencer og mangel på billige og aldersvenlige boliger, sundhedsrelateret funktionsnedsættelse, samt økonomisk sårbarhed. Ældre personer med kognitive udfordringer, med øget behov for pleje og støtte, utilstrækkelig kommunal hjemmepleje og social service, samt vanskeligheder med at få tilgang til billige og aldersvenlige boliger i lokalområdet bidrog til sårbare situationer iblandt ældre personer. Alligevel tyder resultaterne på, at ældre personer i Sverige, generelt har stærke interne og/eller eksterne mestringsressourcer, der bidrager til deres modstandskraft og afbødning af sårbare situationer.

Setting the scene

The growing world population and increases in life expectancy are expected to result in a corresponding rise in the costs of healthcare and welfare services (Christensen et al., 2009). Over the life course, cumulative factors may contribute to vulnerable situations among older people, making coping with stressors and problems complex, and having a negative impact on their independence and wellbeing (Fineman, 2010; Levasseur et al., 2022; Schröder-Butterfill & Marianti, 2006). According to the United Nations Economic Commission for Europe (UNECE) (2023), vulnerable situations may arise due to advanced age, health-related functional decline, and social and cultural inequalities, including unexpected life events. In Sweden and many other Western countries, the majority of older people aged 65 years or over experience AIP (Pani-Harreman, 2021; Statistics Sweden, 2022). However, vulnerable situations may reduce older people's ability to cope with AIP (Dupuis-Blanchard et al., 2015; Ratnayake et al., 2022).

The Swedish population has access to public welfare and ranks near the top for health and life expectancies, both in the EU and internationally (OECD & European Observatory on Health Systems and Policies (EOHSP), 2023; SNBHW, 2020). However, four decades of political reforms to housing, work and pensions, healthcare, and social services, including sociodemographic changes (Government Office, 2018; Grander, 2017; SNBHW, 2021; Swedish National Police, 2017; 2023; Ulmanen & Szebehely, 2015), may have contributed to vulnerable situations among older people.

The premise of this thesis project is that, with increasing age, older people may find it challenging to adapt to the dynamics between person, environment, and societal factors and thus may find it more challenging to cope with stressors and problems. In addition, unexpected events may contribute to problems or worsen older people's coping skills in later life. Another premise is that older people's homes and local neighbourhoods are the centre of their daily lives and where they spend most of their time. With age, older people's support needs increase, not least when AIP.

This thesis project explores how older people in vulnerable situations cope with AIP. It explores personal, housing, and local neighbourhood factors and the societal conditions that may affect older people's housing situations, including the consequences of having a low pension, residence in depopulated rural or deprived

urban neighbourhoods (disadvantaged neighbourhoods), or residential tenancy in public housing in an MHC.

The findings of this thesis project aim to contribute new insights into the relationship between older people, vulnerable situations, and coping with AIP. Such findings can inspire and strengthen ageing policies and initiate health prevention and health promotion initiatives in Sweden and other Western countries.

Introduction

In 1994, OECD countries' health and social policymakers agreed on AIP policies (OECD, 1994), stating that older people, including those needing care and support, should have access to physical and social support in their homes provided by community healthcare services. Today, up to 96% of older people in Sweden and other Western countries are AIP (Pani-Harreman, 2021; Statistics Sweden, 2022a). However, evidence shows that ensuring the best possible care, support and living conditions for older people AIP requires effective informal and formal support systems, both formal and informal, to be in place (Sixsmith & Sixsmith, 2008).

According to the United Nations (UN) (2017), it is expected that, by 2050, 2.1 billion people worldwide will be aged 60 or over, and the number of individuals aged 80 or over will have tripled to reach 425 million. According to the OECD and EOHSP (2023) and SNBHW (2020), Sweden ranks among the nations with the highest life expectancies, in both the EU and internationally, with an average of 83 years. It is expected that, by 2030, the number of people aged 80 years or over in Sweden will have increased from 534,000 to 806,000, accounting for approximately 10% of the population. By 2050, 23% of the Swedish population is expected to be aged 65 years or over. This demographic shift is expected to present challenges to governments in financing municipal home care and social services for older people (SNBHW, 2020, 2021; UN, 2017, 2022).

Sweden is known for its high living standards and social security. The universal welfare system offers publicly funded pensions, good-quality housing, municipal home care, and social services, ensuring social justice and a comfortable way of life (Ministry of Social Affairs, 1998). Compared to other EU countries, both women and men in Sweden tend to live a higher proportion of their later life without disabilities (OECD & EOHSP, 2023).

Social determinants of health are non-medical factors that influence health outcomes and accumulate over the life course. These determinants include the conditions in which people are born, grow up, work, live, and age, as well as the systems that shape the conditions of daily life, such as social norms and political systems (Dahlgren & Whitehead, 2006, 2021). It is crucial to consider these social determinants of health when seeking to reduce inequalities and influence older people’s financial status, health, housing, networks, and resilience in order to mitigate vulnerable situations in later life.

International organisations, such as the World Health Organization (WHO), have been promoting health and leading health prevention initiatives since the 2000s to support older people in coping with everyday life and maintaining their independence for as long as possible. More recently, increasing attention has been focused on age-friendly city and community agendas and sustainable development goals, all of which aim to provide long-lasting societal solutions for older people AIP (WHO, 2007, 2021).

Ageing and health

The number of older people dealing with multiple chronic health conditions is rising. Nevertheless, many older people can still achieve AIP and manage independently with the aid of resources such as formal and informal networks, assistive devices, and housing adaptations (Burns et al., 2017; Kinsella & Phillips, 2005; WHO, 2021). Cohort studies conducted in Sweden (Falk et al., 2014; Falk Erhag et al., 2021) have revealed that the majority of older people in their 70s and 80s can perform most of their daily activities without relying on municipal home care or social services.

Various factors contribute to the definition of ageing, including chronological age, physical health, mental wellbeing, and social engagement. Chronological age reflects the number of years since birth (Li et al., 2020); however, this definition has been criticised for overlooking individual differences in ageing. To address this, more comprehensive perspectives on ageing have been developed, which also take into account psychological and social factors such as wellbeing and active participation. These perspectives include subjective ageing and the third, fourth, and fifth ages (Diehl et al., 2021; Tesch-Romer & Wahl, 2017). The third age is characterised by good health and an active lifestyle, while declining health and the need for support and care mark the fourth age. The fifth age represents the final stage of life.

Atchley (1987, 1989, 2001) put forward two theories on ageing: Normal ageing theory and continuity theory. Atchley (1987, 1989, 2001) suggests that the normal ageing process can bring benefits such as increased wealth, social status, and long-term relationships. However, ageing can also entail disengagement, increased vulnerability, and a need for support and care to preserve wellbeing and human dignity (Sarvimäki & Stenbock-Hult, 2016). From a social perspective, ageing can alter roles and relationships, influencing how older people engage with society. Transitioning to retirement or losing a spouse or a friend often depends on age and stage of life. As people age, they may experience diminished cognitive abilities, problem-solving skills, and coping and adaptation capabilities (Atchley, 1987, 1989, 2001).

The WHO (2021) defines healthy ageing as; the maintenance of functional abilities that contribute to wellbeing in later life. Functional ability refers to the capacities that enable people to pursue and achieve their values. These capacities include a person's ability to fulfil their basic needs, acquire knowledge and skills, make informed decisions, be mobile, build and maintain social relationships, and contribute to society. Rowe and Kahn (1997) defined successful ageing as maintaining high mental and physical functioning, leading an active life, and preventing disease and disability. However, some experts have criticised the concept of successful ageing for placing all the responsibility on the individual and disregarding society's crucial role in facilitating this process (Tesch-Romer & Wahl, 2017; Timonen, 2016). Vulnerable situations can result from longstanding societal, economic, social, and cultural inequities (OECD & EOHSP, 2023). A recent study by Biglieri and Hartt (2023) suggests that older people may face a dual vulnerability caused by sociodemographic risk factors and unsupportive environments, which can add stress to their lives.

Housing and disadvantaged neighbourhoods

Housing is an essential social determinant of health that provides people with privacy, security, and shelter (Dahlgren & Whitehead, 2006, 2021; Kinsella & Phillips, 2005). In Sweden, housing is generally of high quality and more functional than housing in many other countries (European Commission, 2015; Slaug et al., 2020). However, significant environmental and accessibility barriers exist in both urban and rural neighbourhoods in Sweden. These barriers can make it challenging for older people to perform daily activities, use mobility devices, or access public services (Slaug et al., 2011).

According to Swedish Statistics (2022b), approximately 900.000 older people in Sweden live alone. Living alone in later life increases the risk of problems related to the home and surrounding environment, which can lead to vulnerable situations when performing daily activities (Foster & Neville, 2010; Shaw et al., 2018).

Swedish Statistics (2022b) has reported that 15% of older people aged 60 years or over in Sweden have a non-Swedish background. Many older people in Sweden (approximately 60%) live in privately owned detached houses. However, a higher percentage of older people with a non-Swedish background live in flats (36%) compared to those born in Sweden (18%). Additionally, 35% of older people with a non-Swedish background live in single-family houses compared to those born in Sweden (57%). In Sweden, care homes are the primary form of housing for older people aged 90 and over, with only minor differences between older people with a non-Swedish background and those born in Sweden (Statistics Sweden, 2022b).

Care homes accommodate a higher percentage of women (66%) than men (34%) aged 80 years or over (SNBHW, 2021).

In Sweden, the government and municipalities share the responsibility for ensuring a sufficient supply of housing, including access to care homes (Government Office, 2015). As a welfare objective, Swedish housing policy aims to ensure that older people can achieve AIP, making municipalities actively involved in enhancing the accessibility of housing environments (SNBHW, 2007; SNBHW, 2016a). In Sweden, the law mandating the practising of CSR and the creation of programmes that benefit people in their housing communities regulates MHCs (Government Office Act, 2010). Each municipality is responsible for identifying, prioritising, and funding local programmes (Blomé, 2012; Lindbergh & Wilson, 2016; Grander, 2015a, 2015b). However, initiatives have mainly focused on younger populations and issues related to immigration, education, work training, and cultural and social activities, and no formal programmes have been formulated to support older people (Grander, 2015b). According to a report by the Terner Center for Housing Innovation (TCHI) (2017), there has been a housing shortage in Sweden since the 1990s, and housing reforms have resulted in increased housing prices (Grander, 2017). In some neighbourhoods, obtaining rental housing from an MHC may require planning up to 16 years in advance, posing challenges for older people who are seeking suitable homes in their local neighbourhoods (TCHI, 2017). Furthermore, the strong emphasis on AIP in housing policies since 1994 has significantly reduced the number of care homes, prioritising municipal home care and social services instead (Andersson & Kvist, 2015; Johansson et al., 2018; SNBHW, 2021).

According to the Swedish National Police (2017, 2023), high immigration to Sweden between 2014 and 2016 has led to an increase in the number of urban neighbourhoods classified as disadvantaged. Furthermore, some rural neighbourhoods saw a greater increase in the number of immigrants compared to the native Swedish population over a brief period (Swedish National Audit Office, 2014).

Research by Buffel and colleagues (2013), Buffel and Phillipson (2023) and Scharf and Bartlam (2008) suggests that older people may be vulnerable to the impact of changes in their physical environment, which can affect their sense of identity. However, various studies (Bandauko et al., 2022; Clark, 2009; Dahlberg, 2020; Kutor et al., 2023; van der Land & Doff, 2010) have demonstrated that, despite urban deprivation, the social and cultural resources available within cities, along with the connections and relationships formed within neighbourhoods, can provide people with a satisfying way of life despite neighbourhood disadvantage.

In Sweden, disadvantaged urban neighbourhoods predominantly feature MHC apartment buildings, with 81% of the residents having a non-Swedish background. The influx of immigrants has amplified housing shortages, leading to overcrowding, increased crime rates, and social unrest. As a result, the quality of housing and the

reputation of these neighbourhoods have diminished, impacting upon societal unity and the attractiveness of the neighbourhoods (Swedish National Police, 2017, 2023). Studies by Andersen (2008), Clark and Coultier (2015), and Feijten and van Ham (2009) suggest that the impact of disadvantaged urban neighbourhoods may encourage people to consider moving. However, financial constraints often hinder the ability to act on these desires (Fjellborg, 2020; Kleinhans et al., 2010; Riley et al., 2016). According to Smith and colleagues (2018), attempts to gentrify and renovate run-down neighbourhoods, followed by additional rent increases, may act as a push factor for low-income older people, reducing their ability to achieve AIP.

In Sweden, rural neighbourhoods have experienced a decrease in population over the years due to the ongoing trend of urbanisation (Statistics Sweden, 2015). This decline has resulted in lower tax revenues and the shutting down of public services in these regions (Swedish National Audit Office, 2014). Primarily, it is older, Swedish-born individuals residing in detached houses who populate these rural neighbourhoods. Currently, some rural neighbourhoods are facing challenges in accessing public and social services, increasing the risk of vulnerable situations and making AIP impossible for many older people, underscoring the significance of maintaining access to such services locally (Swedish National Audit Office, 2014). According to Berry (2020), many older people move to rural neighbourhoods prior to retirement due to their appreciation of nature and the availability of low-cost, affordable housing. However, over time, such transitions can cause difficulties in accessing services and maintaining social connections, which increases the risk of social exclusion and reduced satisfaction with their housing. These factors can exacerbate the challenges that older people face with mobility issues, making them more reliant on others for support and increasing their vulnerability to adverse situations. Consequently, AIP can lead to poorer health outcomes and socioeconomic challenges in later life (Abramsson & Hagberg, 2020; Kingstone et al., 2020).

In accordance with Atchley's continuity theory (1989, 2001), Guedes and Melo (2021) suggest that older people should continue AIP as long as possible. When AIP is no longer the best option, older people should search for care homes in their neighbourhoods in order to maintain social connections and familiarity with their surroundings. Studies indicate that older people encounter complex decision-making when contemplating a move. Financial situation, health, family, housing preferences, and social influences may impact upon their housing choices (Roy et al., 2018; Scheibl et al., 2019). However, older people may need to move if their home or neighbourhood no longer meets their desires for activities or safety (Golant, 2015a; Roy et al., 2018; Sergeant & Ekerdt, 2008). Despite feeling that their living environment is unsuitable or unsafe, many older people may resist moving due to a strong emotional attachment to their home and neighbourhood (Abramson et al., 2014; Byles et al., 2014; Severinsen et al., 2016). Despite a growing body of research, there remains a significant knowledge gap concerning vulnerable

situations and the coping mechanisms of older people residing in disadvantaged rural and urban neighbourhoods.

Municipal home care and social services

The growing number of older people is expected to lead to a greater need for future municipal home care and social services (UN, 2017, 2022; SNBHW, 2020). In Sweden, these services are funded by taxes and are accessible to individuals who meet specific criteria based on age, health or illness, financial situation, limited social connections, and functional limitations (SNBHW, 2016a). Recipients of these services are typically aged 80 years or older (SNBHW, 2021). The services primarily comprise home visits, and additional assistance may include transportation, meal deliveries, personal alarms, and informal support from caregivers (SNBHW, 2016a). However, over the coming years, the growing demand and rising costs may reduce the level of support and care provided to older people in Sweden (SNBHW, 2021). The future of municipal home care and social services offerings involves new technological products and services to tackle these challenges. Nonetheless, these solutions may reduce the amount of personal interaction that older people receive from healthcare professionals, which is vital for their daily safety and wellbeing (Carretero, 2015).

Several studies conducted in Sweden (Andersson & Johansson, 2021; Andersson & Kvist, 2015; Jarling et al., 2018; Johansson et al., 2018; Olsen et al., 2022; Ulmanen & Szebehely, 2015) and Europe (Giannetta et al., 2021; Topholm & Holm-Petersen, 2022) has highlighted the challenges encountered by older people in the existing municipal home care and social services systems. These challenges include high staff turnover, inefficiencies in work processes, disrupted continuity of care, and inadequate attention to older people's daily health and routines. According to Sarvimäki and Stenbock-Hult (2016), these challenges can lead to frustration and may undermine the dignity of older people. Studies by Abdi and colleagues (2019) and Genet and colleagues (2011) have highlighted inadequate care for physical and psychological health problems, and a failure to address social needs and housing situations among older people with chronic health conditions who are AIP. Some older people may opt for municipal home care and social services in order to continue AIP, but inappropriate services can increase the burden on caregivers, or even lead to relocation to a care home (Clarke & Gallagher, 2013; Franco et al., 2021; Johansson et al., 2018; Melchiorre et al., 2022; Scheibl et al., 2019). Rose and colleagues (2023) have suggested that older people’s ability to cope with AIP depends upon their health and adaptability to the home and surrounding environment. Easy access to and regular communication with formal care providers can enhance the wellbeing of older people and prevent delays in receiving the necessary municipal home care and social services.

The adoption of New Public Management (NPM) principles in Sweden and other Western countries has led to public policies that prioritise a results-oriented management approach to staff and tasks, performance measurement, and increased staff accountability. While these changes have streamlined the system, they have also sparked debates about the effectiveness and quality of municipal home care and social services (Andersson & Kvist, 2015; Hjort, 2005; Sobis, 2013). NPM has also encouraged collaborations between healthcare professionals and other municipality partners, which may create challenges and complicate the diverse interests of each sector, hindering effective communication and the coordination of services. Ineffective communication and coordination may lead to reduced quality of municipal home care and social services, increasing the risks of adverse events, unfavourable working conditions, and negative impacts on both older people and municipal home care and social services staff (Abdi et al., 2019; Andersson & Johansson, 2021; Genet et al., 2011). According to municipal partners, such as janitors and maintenance staff, increased bureaucracy and demands for efficiency take away time from their core responsibilities of interacting with tenants and performing work tasks (Pyykölä, 2012; Rörshammar, 2019). It is important to highlight the potential impact of NPM principles on the efficiency of MHCs, emphasising the necessity for a comprehensive assessment of these policies.

Financial vulnerability in later life

Personal finances are an essential social determinant of health, because they provide people with financial security and increased autonomy in decision-making (Dahlgren & Whitehead, 2006, 2021; Kinsella & Phillips, 2005). In Sweden, the amount of money people receive when they retire is based on how3 much they earned during their working life, which can be affected by a number of factors, including joblessness, illness, and family planning. The retirement age in Sweden is flexible, starting at age 63. However, this is expected to increase in the future (Government Office, 2018). Limited personal finances can reduce older people's ability to carry out housing adaptations, continue AIP, or move to more suitable housing (Fausset et al., 2011; Golant, 2015b; Han & Kim, 2017; Renaut et al., 2015; Stone, 2018). Pension reforms and rising retirement ages in Sweden (Government Office, 2018) and other Western countries have resulted in reduced pensions and increased housing costs. This may lead to a greater need to work and earn an income in later life, putting older people with health problems in vulnerable situations (Phillipson, 2020; Polivka, 2020). However, knowledge about the impact of financial vulnerability in Sweden is lacking.
According to the European Anti-Poverty Network (EAPN) (2019), the rates of old-age poverty have increased in Sweden during the last decade. In Sweden, the EU's relative poverty threshold is defined as earning 60% or less of the median national

income, equivalent to a low economic standard. As of 2018, this threshold was SEK 12,248 per month (EUR 1,072), including financial housing benefits (Eurostat, 2018). The Pension Authority (2022a) estimates that between 500,000 and two million people in Sweden live in poverty, with the exact number varying depending on the definition of poverty being used. The definition and measurement of poverty present complex challenges, making it difficult to assess its impact on an individual's standard of living and quality of life. The relative poverty rate for older people with a non-Swedish background is 11%, while it is slightly below 2% for those born in Sweden. Older people born outside the EU have the highest relative poverty rate, at 39% (Pension Authority, 2022b). Swedish studies by Gustafsson and colleagues (2021) and Gustafsson and Österberg (2023) highlight significant differences in old-age poverty rates between generations of older people with a non-Swedish background compared to those born in the Nordic welfare states. Fewer assets from homeownership, reduced social capital, and financial and social inequalities contribute to the observed differences.

Relative poverty can affect older people's ability to remain socially active and enjoy a decent retirement (Brünner, 2018). The regular cost of housing takes up a significant amount of pension income in the Swedish Pension Authority (2022a). However, the Swedish welfare system provides financial benefits for housing costs for people with limited incomes, such as immigrants or those who have not worked long enough to earn a full pension. The amount provided in financial benefits and eligibility criteria depend on housing costs, savings, and pension size. Financial benefits of up to 7,000 SEK (EUR 612) per month are available for older people with low pensions, which can help to prevent them from falling below the relative poverty threshold (Pension Authority, 2022b). Additionally, women who live alone and have chronic health problems are more likely to experience financial struggles in later life, as they often receive lower pensions and have a longer life expectancy than men (Finch, 2014).

Conceptual and theoretical perspectives

Environmental gerontology is a scientific field that studies how the environment influences the behaviour of older people. The principal goal of this field is to improve the quality of life of older people and support them in remaining independent and healthy as they age (Lawton & Nahemow, 1973). The fundamental idea behind environmental gerontology is that, as people get older, their abilities tend to decline, which makes them more vulnerable to the influence of their surroundings. The Ecological Model of Ageing (EMA) (Lawton & Nahemow, 1973) focuses on the dynamics between older people and their environment, considering various physical, social, and cultural pressures that influences their behaviour, quality of life, and overall wellbeing.

The Person–Environment Fit Model (Lawton & Nahemow, 1973) focuses on how older people's abilities, skills, and motivation match their environment when they perform daily activities. Person-Environment Fit refers to the ability to perform daily activities with comfort and ease. According to this model, older people may use various strategies to deal with challenges and adjust to their environment. When the environment creates barriers that make daily activities harder, it creates environmental pressure. If the demands are too great, this can lead to reduced self-confidence and self-esteem. On the other hand, if the demands are too low, this can lead to a lack of personal growth. Both situations indicate that the person is not receiving adequate feedback or stimulation from their environment (Lawton & Nahemow, 1973). Chaudhury and Oswald (2019) developed a framework for Person-Environment exchange to explain the interactions, processes, and outcomes in the relationship between a person and their environment. The framework takes a life course and narrative perspective and includes the characteristics of people, social factors, physical environment, and technical systems that interact dynamically between people and their environment. It also emphasises the importance of agency, belonging, and potential factors that may facilitate or hinder older people's sense of identity and autonomy.

Research has emphasised the need for quantitative assessments of the significance of place for older people, encompassing a wide range of personal and neighbourhood factors. In response, Weil (2020) created the Person Place Fit

Measure for Older Adults (PPFM-OA), a tool that draws inspiration from the AIP concept and the Person-Environment Fit Model.

The Ecological Framework of Place

The Ecological Framework of Place (EFP) developed by Moore (2014), Scharlach and Diaz-Moore (2016), and Scharlach (2017), is a theoretical framework that shapes the foundations for understanding the concept of AIP. The EFP combines different theories on environmental gerontology, situating them within the broader context of place. The EFP looks at people, their places, and their activities and roles, including the changes that occur over the life course. According to Moore (2014), Scharlach and Diaz-Moore (2016) and Scharlach (2017), older people's thoughts and feelings are influenced by both internal and external factors, which affect their social interactions and emotional wellbeing.

According to the EFP, the place where older people live is shaped by their history, physical surroundings, and cultural background. Place can include specific buildings, rooms, objects, or views from the window. Place has a significant role in shaping people's identity, sense of self, and ability to act and make decisions. The unique designs and furnishings of a place reflect older people's underlying needs and desires and provide a context for various activities. As a result, place is a dynamic and socially constructed shared experience that develops over time. Programmes related to older people's rules, roles, and activities influence their daily routines and safety. People's roles are based on their assessment of the environment and their ability to act in place or the limitations that prevent them from doing so. The EFP suggests that, as people age, their needs and functions in place change, and this includes losses. Therefore, it is essential to recognise ongoing transition processes and the influence of the physical environment on AIP (Scharlach, 2017; Scharlach & Diaz-Moore, 2016).

Moore (2014), Scharlach and Diaz-Moore (2016) and Scharlach (2017) believe that a community's physical environment is crucial for comfort and enabling AIP. The EFP considers age-friendly cities and communities, focusing on the environment's functional, phenomenological, and adaptational aspects. The EFP highlights dynamics and processes that facilitate AIP through the concept of constructive ageing, which is shaped around the "six Cs". "Continuity" refers to preserving a self-construct in the face of personal and environmental threats, while "Compensation" refers to psychological and behavioural adaptations to age-related challenges. "Control" refers to the maintenance of perceived self-efficacy, "Connection" refers to meaningful interpersonal relationships, and "Contribution" refers to generative activities in both public and private spheres. Finally, "Challenge" refers to stimulation and growth in multiple domains of functioning.

Constructive ageing aligns with Atchleys (1987, 1989, 2001) broader theories on ageing and continuity and the physical, psychological, and social changes that contribute to reduced independence as well as to feelings of safety and competence.

Ageing in Place, AIP

The concept of AIP refers to older people's ability to remain in their own homes as they age, provided that they receive the necessary care and support (Scharlach & Diaz Moore, 2016). AIP has been the core pri3nciple in housing policies in Western countries since 1994, with the primary goal of reducing social services and healthcare expenses as the ageing population continues to grow (OECD, 1994; Sixsmith & Sixsmith, 2008). AIP has gained attention across various scientific disciplines, including public health, environmental gerontology, social science, psychology, and human geography. Studies indicate that AIP lacks a universally agreed-upon definition, and varies among authors (Forsyth & Molinsky, 2020; Martens, 2017). Multiple models and frameworks have been developed to elucidate AIP, often aligning with broader ecological theories that illustrate the dynamic interaction between individuals, environments, and society (Bigonnesse & Chaudhury, 2020; 2022; Levasseur et al., 2022; Ratnayake et al., 2022; Rogers et al., 2020; Vasunilashorn et al., 2012; Wahl & Oswald, 2010). Implementing AIP policies to ensure safety and dignity has proven to be complex and multifaceted. Despite the conceptual and practical challenges associated with AIP, up to 96% of older people in Western countries are AIP (Pani-Harreman, 2021; Statistics Sweden, 2022a).

Means (2007) argues that the AIP policy is often oversimplified as a one-size-fits-all solution. Meanwhile, multiple studies have demonstrated the complexity of AIP (Buffel & Phillipsson, 2023; Golant, 2015b; Scharlach & Diaz-Moore, 2016). It is inaccurate to assume that a one-size-fits-all approach can effectively address the diverse backgrounds, resources, and health conditions of older people, all of which influence their unique experience of AIP (Ahn, 2017; Foster & Neville, 2010). Hillcoat-Nalletamby and Ogg (2014) also question the strong political push for AIP, which may not always be the best option for all older people. Additionally, Söderberg and colleagues (2013) have highlighted the potential for increased stigma when older people consider moving into care homes. Golant's work on residential normalcy (2015a, 2018) and "Aging in the Right Place" (AIRP) (2015b) examines the evolving housing needs of older people. According to Golant (2015b), due to limited finances and limited access to care homes, AIP may be the only viable option, emphasising the importance of suitable housing to support older people's sense of control, autonomy, and independence.

Several studies have shown that older people favour AIP because it helps them to be more independent, allows them to maintain their familiar routines and habits, and helps them stay connected with others (Bosch-Farré et al., 2020; Fänge & Ivanoff, 2009; Gillsjö et al., 2011; Stones & Gullifer, 2014). However, Wiles and colleagues (2017) have highlighted that older people favour AIP when they are in good health, have high functional status, and enjoy living in their community and neighbourhood. Additionally, Wiles' (2012) study on the meaning of housing to older people suggests that they desire more housing options. Adapting to AIP can significantly affect older people's wellbeing, quality of life, and health (Levasseur et al., 2022; Ratnayake et al., 2022). Studies suggest that older people may adapt their homes to accommodate AIP (Byles et al., 2014; Gibb, 2018; Wiles et al., 2017). However, studies also show that older people with limited financial resources might end up living in substandard housing that does not support their declining functional abilities, thus having a significant impact on their overall health and making AIP safely difficult (Fausset et al., 2011; Stone, 2018).

A recent scoping review by Rose and colleagues (2023) suggests that older people coping with AIP use both internal and external coping strategies. Adapting to AIP relies on older people's personal characteristics, personal networks and community connections, home environment, and the availability and appropriateness of support. Older people AIP utilise both internal and external coping strategies, drawing on past experiences and strengths. Successfully adapting to changes and preserving habits, routines, and self-identity in the face of AIP requires resilience, self-awareness, and flexibility, all crucial elements for maintaining independence (Foster & Neville, 2010; Grimmer et al., 2015; Hatcher et al., 2019; Stones & Gullifer, 2014). Family, friends, and neighbours are all crucial in enhancing safety and enabling AIP. Social connections can facilitate social support and community engagement, which holds particular importance for older people living in rural neighbourhoods with limited access to public services (Anderson et al., 2018; Foster & Neville, 2010). Emotional connections with the home and community can foster a sense of belonging and encourage older people to continue AIP (Han & Kim, 2017; Wiles et al., 2017).

The WHO is dedicated to promoting active ageing and age-friendly cities and communities (WHO, 2007). These initiatives have introduced eight community domains to encourage active ageing and establish supportive housing and neighbourhood environments suitable for individuals at all life stages. The eight domains consist of: Access to outdoor spaces and buildings, transportation, housing, social participation, civic engagement, communication and information, community support, and health services for people of all ages. This comprehensive approach to AIP aligns with the findings of Sixsmith and Sixsmith (2008), who assert that factors beyond personal preferences and the home shape AIP.

Coping theory

In gerontology, researchers investigate the factors that contribute to the increased vulnerability in certain situations. This includes people's capacity to adapt to the challenges of ageing, coping with illness and declining physical abilities, and experiencing strategies that encompass the management of cognitive, emotional, and behavioural responses to effectively deal with daily stressors and problems, whether they are internal or external (Atchley, 1987, 1989, 2001). The ability of older people to cope and adapt to changes is influenced by several factors, including personality traits, health status, resilience, and adaptation strategies (Fineman, 2010; Frydenberg, 2014; Sanchini et al., 2022; Schröder-Butterfill & Marianti, 2006).

The study of coping examines how people manage stress and its impact on their overall wellbeing (Frydenberg, 2014). International bodies (UNECE, 2023) and theories on vulnerability (Fineman, 2010) state that vulnerability is a human characteristic and that both personal and external factors can contribute to increasing resilience to improve coping in vulnerable situations. Frydenberg (2014) identifies two main coping theories: Transactional Theory and the Conservation of Resources Theory. Transactional theory focuses on reactive coping strategies such as problem-solving, acceptance, tolerance, avoidance, and minimising daily stress. In contrast, the Conservation of Resources Theory emphasises proactive coping, which involves acquiring, maintaining, and safeguarding valuable resources to preserve mental and physical health. People adopt different coping strategies. Reactive coping strategies include seeking support, problem-solving, cognitive restructuring, distraction, emotional regulation, rumination, and social withdrawal. Proactive coping entails perceiving demands as challenges and is marked by self-efficacy, active coping, anticipatory behaviour, planning, and utilising social resources (Frydenberg, 2014). Stress arises when people perceive risks to their resources or fail to attain their desired outcomes while trying to acquire resources. Conversely, successfully increasing resources can boost self-confidence and self-esteem (Frydenberg, 2014). According to Frydenberg (2014), people use coping strategies to protect themselves from loss by proactively preparing for the future and accumulating resources, such as financial means, influence, and networks. Dyadic coping occurs when a couple collaborates to manage stress.

According to Atchley (1987, 1989, 2001), older people rely on coping, adaptation, and continuity to sustain their activities, behaviours, and relationships as they age. By drawing on past experiences, they manage changes in order to maintain both internal and external structures, promoting a sense of control and overall health and wellbeing. Continuity plays a vital role as older people navigate the growth and adaptation processes and set goals while accommodating various changes. Frydenberg (2014) argues that stress in older people can lead to paradoxical situations. While they may be more vulnerable to stress than younger people, they often report lower stress levels, having developed a balanced perspective and

increased resilience over time. This enables them to cope with minor stressors by focusing on the positive aspects of life. Nevertheless, as they encounter challenges such as memory loss, deteriorating vision and hearing, and reduced physical abilities, they may find it more difficult to manage stress, with a consequent diminishing of their resilience.

The dynamics of vulnerable situations, AIP and coping

This thesis project is situated at the intersection of social and environmental gerontology, psychology and health sciences. The premise of the thesis project is that, with increasing age, older people may find it challenging to adapt to the dynamics between person, environment, and societal factors and thus may find it more challenging to cope with stressors and problems. In addition, unexpected events (e.g., illness, loss of a spouse) may contribute to or worsen older people’s coping capacity in later life. Another premise is that older people's homes and local neighbourhoods are the centre of their daily lives and where they spend most of their time. With age, older people’s support needs increase, not least when AIP.

This thesis project explores the dynamics of vulnerable situations, AIP, and coping. It adopts Moore’s (2014), Scharlach and Diaz-Moore's (2016) and Scharlach’s (2017) perspectives on AIP as a geographic process influenced by societal institutions that involves an ongoing interaction between older people and their living arrangements over time. When studying AIP, it is important to consider older people’s emotions and thoughts. Older people’s unique sense of place is influenced by their life experiences, surroundings, connections, and culture. Viewing AIP through the lens of continuity, compensation, control, connections, contributions, and challenges provides a more holistic outlook on AIP and wellbeing. The Person–Environment Exchange Model (Chaudhury & Oswald, 2019) emphasises the importance of personal agency, belonging, and factors that can support or impede older people's sense of identity and autonomy. Both expected and unexpected life events can either enhance resilience or contribute to vulnerable situations for older people over time (Frydenberg, 2014; Levasseur et al., 2022; Sarvimäki & Stenbock-Hult, 2016; Schröder-Butterfill & Marianti, 2006).

Aims

This thesis project is part of three research projects that explored the impact of housing and neighbourhood factors on older people living in Sweden. The overarching aim of this thesis project is to explore how older people in vulnerable situations cope with AIP in Sweden. The four sub-studies that constitute the thesis project explored how older people in vulnerable situations cope with AIP. They explored personal, housing, and local neighbourhood factors and the societal conditions that may affect older people's housing situations, including the consequence of a low pension, residence in depopulated rural or deprived urban neighbourhoods (disadvantaged neighbourhoods), or residential tenancy in public housing in an MHC. AIP was analysed in the light of environmental gerontology and coping theories, aiming to determine whether and how coping with AIP impedes vulnerable situations. The four sub-studies employed a combination of qualitative and quantitative research methods, offering an in-depth and comprehensive analysis approach.

The four sub-studies in this thesis project aimed:

Sub-study I. (Low Pension)	To explore strategies to age in place and thoughts about future housing among older women with a low pension living in Sweden.
Sub-study II. (Staying or Moving)	To explore whether older adults living in disadvantaged areas in Sweden were considering moving away from the area, and the underlying residential reasoning. A specific aim was to explore the relevance of area characteristics compared to other reasons for moving or staying and whether the willingness to relocate and the residential reasoning differed among older adults from urban or rural disadvantaged areas.

Sub-study III. (Quality of Life)	To explore whether and how Person-Place fit was related to quality of life among older adults living in urban and rural disadvantaged areas in Sweden.
Sub-study IV. (Unmet Support)	To explore critical situations involving older tenants encountered by staff at an MHC in Sweden and what helped or hindered their work performance and outcomes, including their approaches and strategies for managing critical situations.

Methods

Three research projects

Project I, the "Thoughts about the years to come and age in place or move in old age" project, aimed to explore strategies for AIP and thoughts about future housing among older women with a low pension living in Sweden. Sub-study I (Low Pension) was grounded in the concepts of housing normalcy (Golant, 2018) and residential reasoning (Granbom et al., 2014, 2020). **Project II,** the "Older people living in deprived areas: A mixed-methods study on homes, neighbourhood transition and wellbeing" project, aimed to explore aspects of staying or moving, neighbourhood and community factors, and their associations with quality of life among older people living in disadvantaged rural and urban neighbourhoods in Sweden. The project contributed data for two of the sub-studies in this thesis project. Sub-study II (Staying or Moving) was grounded in the concept of residential reasoning (Granbom et al., 2014, 2020). Sub-study III (Quality of Life) was grounded in person–place fit (Weil, 2020) to explore associations with older people's quality of life (WHO, 2004). **Project III,** the "Socially sustainable housing policies for people ageing with disability: Producing a knowledge base supporting participation and active citizenship" project, aimed to explore housing and neighbourhood factors and their influence on active citizenship and wellbeing. Sub-study IV (Unmet Support) was grounded in the concepts of AIP (Iecovich, 2014) and CSR (Grander, 2015a). This project was developed and executed within the Thematic Collaboration Initiative (TCI) "Social Rights and Housing for the Ageing Population" [in Swedish: Sociala Rättigheter och Boende för den Åldrande Befolkningen], involving CASE researchers at Lund University and 12 external partners, one of which is an MHC. The involvement of non-academic partners highlights practical examples of vulnerable situations among older people coping with AIP from the perspective of janitors and maintenance staff (henceforth referred to as housing staff).

Design

The thesis project adopted cross-sectional research designs, which are used to explore associations across participant data, including their experiences and attitudes. Each dataset is collected from participants at one point in time (Creswell & Plano Clark, 2018; Polit & Beck, 2004).

Various methodologies were used to collect data for the four sub-studies. Sub-study I (Low Pension) used qualitative, individual, in-depth, semi-structured interviews (Polit & Beck, 2004). Sub-study II (Staying or Moving) used both qualitative, individual, in-depth, semi-structured interviews and quantitative survey interviews in a multi-method methodology (Creswell & Plano Clark, 2018; Hesse-Biber et al., 2015). Sub-study III (Quality of Life) used quantitative survey interviews (Creswell & Plano Clark, 2018), and sub-study IV (Unmet Support) used a mixed-methods approach (Creswell & Plano Clark, 2018; Fetters et al., 2013) inspired by the Critical Incident Technique (CIT) (Flanagan, 1954).

Data for the four sub-studies was collected from 488 older people aged 65 and over living in ordinary housing in disadvantaged rural and urban neighbourhoods and 29 housing staff working in an MHC. The data covered a variety of aspects, including older people's personal finances, health, housing, neighbourhood experiences, coping and AIP preferences, and future housing considerations. It also included information on factors like identity, belonging, place attachment, quality of life, and unmet support needs.

Finally, deductive content analysis was used to connect the findings of the four sub-studies and answer the thesis project's overarching research question (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005; Polit & Beck, 2004). **Table II** provides an overview of the methods, sample sizes, data collections, and data analyses used in the four sub-studies in this thesis project.

Table II. Overview of the methods, sample sizes, data collections, and data analyses used in the four sub-studies in this thesis project.

Sub-studies	**I.** (Low Pension)	**II.** (Staying or Moving)	**III.** (Quality of Life)	**IV.** (Unmet Support)
Method	Qualitative [g]	Multi-method [c, f]	Quantitative [c]	Explanatory sequential mixed-method [c, d] Modified version of the Critical Incident Technique [e]
Sample size	n=13	n=475	n=459	n=29
Participants	Older women with a low pension	Older people living in disadvantaged neighbourhoods	Older people living in disadvantaged neighbourhoods	Janitors and maintenance staff
Data collection	Individual semi-structured Interiews [g]	Individual semi-structured Interiews [g] Survey interviews [c]	Survey interviews [c]	Report forms [c, e] Group interviews based on vignettes [a]
Data analyses	Thematic analyses [b]	Descriptive statistics, Chi-square test of study-specific quantitative data [c] Reflective thematic analysis of qualitative data [b]	Descriptive statistics, multivariable linear regression of study-specific quantitative data [c]	Descriptive statistics of quantitative data from report forms [c] Reflective thematic analysis of qualitative data [b] Quantitative and qualitative data integrated through narrative [d]

Notes following: [a]Alok (2019), [b]Braun & Clarke (2019), [c]Creswell & Plano Clark (2018), [d]Fetters et al. (2013), [e]Flanagan (1954), [f]Hesse-Biber et al. (2015), [g]Polit & Beck (2004).

Geographical areas

The four sub-studies were conducted in the Skåne and Blekinge regions of southern Sweden. Sub-study I (Low Pension) explored AIP in urban, semi-urban, and rural municipalities. Sub-studies II and III (Staying or Moving and Quality of Life) explored housing in four municipalities affected by rural depopulation and urban deprivation. Sub-study IV (Unmet Support) explored tenancy in an MHC in a medium-sized municipality.

The study participants lived in various housing types, including privately or publicly owned detached single-family housing, flats, and terraced housing, all considered ordinary housing in Sweden. Housing staff worked at an MHC that houses tenants, including older people.

Inclusion criteria

Sub-study I (Low Pension) involved women whose pensions aligned with the EU's relative poverty threshold (Eurostat, 2018). Sub-studies II and III (Staying or Moving and Quality of Life) involved participants who had lived in the selected disadvantaged rural or urban neighbourhoods for at least five years. Sub-study IV (Unmet Support) involved housing staff who potentially experienced older people approaching them for support with tasks outside their formal work duties and responsibilities. **Table III** provides an overview of the inclusion criteria for sub-studies I-IV.

The participants represented in this thesis project encompass diversity in terms of age, sex, marital status, financial standing, health status, type of housing, neighbourhood characteristics, occupation, work experience, and work-related encounters with older people. Participants with reduced cognitive ability were excluded, because this might have hindered the ability to provide and collect information-rich data.

Table III. Overview of the inclusion criteria for sub-studies I-IV.

Study	Inclusion criteria
Sub-study I. (Low pension)	Older people aged 65 years or over with a pension below the EU's poverty threshold of less than 60% of the national median income, approximately 12,248 SEK (1,072 EUR) or less for single households (2018).[a]
Sub-studies II and III. (Staying or Moving and Quality of Life)	Older people aged 65 years or over who had lived in selected depopulated rural or deprived urban neighbourhoods for at least five years.
Sub-study IV. (Unmet Support)	Housing staff working at an MHC who had experienced being approached by older people to support them with tasks outside their formal work duties and responsibilities.

[a] Eurostat (2018).

Recruitment

Recruiting participants for the four sub-studies involved various methods. These included randomly selecting participants from a senior citizen organisation, reaching out to six retirement-related Facebook groups (sub-study I, Low Pension), and approaching older people in libraries (sub-study II, Staying or Moving). Sub-studies II and III (Staying or Moving and Quality of Life) aimed to have an equal distribution of participants: 50% from rural neighbourhoods and 50% from urban neighbourhoods, 50% aged 65-79, and 50% aged 80 or older, and 50% each of men and women. Addresses from the selected geographical areas were obtained from the Swedish State Personal Address Register (SPAR), and candidates were randomly chosen. Letters were sent to 1,869 residents, followed up with a phone call. Approximately 50% responded to the phone call. In total, the survey sample comprised n=462 participants. In sub-study IV (Unmet Support), the housing staff manager approached their staff and invited them to participate.

Participant characteristics

In sub-study I (Low Pension), 13 older women participated in individual, in-depth, semi-structured interviews. They all lived alone, with nine owning their homes and four renting. Nine of the participants were experiencing physical and psychological health problems and functional decline, while four reported no health issues.

In sub-study II (Staying or Moving), 41 people participated in individual, in-depth, semi-structured interviews. The participants included 12 men and 29 women, mainly Swedish-born, with a mean age of 77. On average, the participants had lived in their neighbourhood for 30 years, and there was an almost equal distribution between living in rural neighbourhoods (n=20) and urban neighbourhoods (n=21). Of all the participants, 13 lived with a spouse, sibling, or adult children. The monthly

income of most of the participants equalled 15,000 SEK (1,300 EUR) or over, more than half rented their homes (59%), two-thirds lived in flats (66%), and more than half had completed a high school education (54%). Twenty-six participants agreed to participate in data collection from survey interviews (the quantitative part of the study). In all, the quantitative part comprised 460 participants (n=227 men and n=233 women), mainly Swedish-born, with a mean age of 77. On average, the participants had lived in their neighbourhoods for 35 years, and there was an almost equal distribution between those living in rural neighbourhoods (n=220) and urban neighbourhoods (n=240). Of all the participants, 50% lived with a spouse, sibling, or adult children. The monthly income of most of the participants equalled 15,000 SEK (1,300 EUR) or over, and almost two-thirds owned their homes (59%), more than half lived in flats (54%), and more than one-third had completed a high school education (37%). In sub-study II (Staying or Moving), 475 participants participated.

In sub-study III (Quality of Life), 459 participated in survey interviews (n=226 men and n=233 women). They were mainly Swedish-born, with a mean age of 76. On average, the participants had lived in their neighbourhood for 35 years, and there was an almost equal distribution between living in rural neighbourhoods (n=219) and urban neighbourhoods (n=240). Of all the participants, 50% lived with a spouse, sibling, or adult children. Almost two-thirds owned their homes (58%), and more than two-thirds had completed a high school education (70%).

In sub-study IV (Unmet Support), 29 housing staff (n=11 janitors and n=18 maintenance staff) participated. They collaborated in collecting quantitative report form data and participated in qualitative group interviews. Of all the participants, 23 were men, six were women, and the mean age was 49. The mean length of employment was 16 years. The educational backgrounds of the housing staff in Sweden varied depending on the MHC’s service requirements.

Data collection

During the spring of 2020, the COVID-19 pandemic led to restrictions on data collection in the presence of participants for approximately one year. Therefore, a workshop and most of the data collection were conducted via telephone calls or online meetings (Chiumento et al., 2018).

During the data collection for sub-studies I, II, and IV (Low Pension, Staying or Moving, and Unmet Support), individual, in-depth, semi-structured interviews and group interviews were conducted by researchers. With the participants’ consent, these interviews were recorded and lasted between one and two hours. Fieldnotes were taken during and after each individual and group interview. The individual interviews were transcribed verbatim (sub-studies I and II, Low Pension and Staying or Moving), while the transcripts of the group interviews (sub-study IV, Unmet

Support) were compiled as detailed and organised vignette case-story fieldnotes, including quotes from participants' statements (Creswell & Plano Clark, 2018).

Before each data collection, the interview guides used in sub-studies I and II (Low Pension and Staying or Moving) were tested with an older person who was representative of the sample to ensure their effectiveness and suitability for the recruited participants. The guides were adjusted to include follow-up questions as needed (Polit & Beck, 2004).

For sub-studies II and III (Staying or Moving and Quality of Life), researchers and research assistants conducted survey interviews with participants. During the data collection, the participants were asked to rate their level of agreement on survey statements using a Likert scale. The interviewer then recorded their responses on the online data collection platform Research Electronic Data Capture (REDCap). The PPFM-OA was used to capture the Person-Place fit. The PPFM-OA represents five sections: I) community values, II) identity and place attachment, III) neighbourhood changes and moving, IV) primary or basic needs/necessities, and V) services and resources.

Sub-study I (Low Pension)

Individual, in-depth, semi-structured, qualitative interviews were conducted (Polit & Beck, 2004), mainly in person in the participants' homes. The interview guides were created to explore different aspects of housing and residential reasoning. The guides included open-ended questions (Polit & Beck, 2004) focusing on topics such as past moves, interest in AIP, the impact of a low pension, and future housing plans. These open-ended questions enabled participants to share their experiences and perspectives while allowing the interviewer to ask follow-up questions (Polit & Beck, 2004). **Appendix I** presents an example of the interview guide used for sub-study I (Low Pension).

Sub-study II (Staying or Moving)

Individual, in-depth, semi-structured, qualitative interviews were conducted (Polit & Beck, 2004), mainly via telephone calls or online meetings (Chiumento et al., 2018). The interview guide for sub-study II (Staying or Moving) was created to explore different aspects of housing and residential reasoning. The guides focused on topics such as interest in AIP, living in disadvantaged neighbourhoods, and moving or staying.

Twenty-six participants participated in both qualitative, individual, in-depth, semi-structured interviews and quantitative survey interviews. The 26 survey interviews were conducted two to four weeks after data was collected from the individual, in-depth, semi-structured interviews. The remaining 434 participants were recruited

over approximately two years, and the survey interviews and data collection were conducted approximately six months to a year after the interviews with the 26 participants. Survey data from the PPFM-OA instrument (Weil, 2020) pertained to six items on the neighbourhood changes and moving section.

Sub-study II (Staying or Moving) included a total of 475 participants and provided a total of 501 datasets (n=41 qualitative and n=460 quantitative), which were combined using a multi-method methodology (Creswell & Plano Clark, 2018; Hesse-Biber et al., 2015).

Sub-study III (Quality of Life)

Sociodemographic data on age, sex, rural or urban residency, and education was collected along with data from the PPFM-OA instrument, including 19 items capturing Person-Place fit (Weil, 2020). The WHOQOL-BREF survey instrument was used to gather data on self-rated quality of life and self-rated health satisfaction, covering four domains: physical health, psychological health, social relationships, and environmental quality of life (WHO, 2004). The Activities of Daily Living (ADL)-staircase included nine daily activities, rated with a four-response self-rating of difficulty scale: 0) independent without difficulty, I) independent with difficulty, II) partly dependent and III) dependent (Katz et al., 1963; Sonn & Asberg, 1991).

Sub-study IV (Unmet Support)

Sub-study IV (Unmet Support) used an explanatory sequential mixed-methods methodology. Using a modified version of the CIT (Creswell & Plano Clark, 2018; Fetters et al., 2013), the researchers collected sociodemographic data, including age, sex, and years of work experience of the housing staff, using a report form. Another report form was used by housing staff to collect data on critical incidents (CIs), including where and when they occurred, who was involved, and whether the staff received help in managing them. This report form also included feedback from the housing staff on their experience, knowledge, competence, and satisfaction with managing the CIs. **Appendices II and III** provides an overview of the report forms used to collect sociodemographic data and housing staff’s CI data.

The data was collected using the online data collection platform Sunet Survey (Hosted by Lund University). A weekly email was sent to the housing staff throughout the data collection period to remind them to report any issues they encountered. Based on 23 CI reports collected over the course of approximately one year, the project team chose to gather additional qualitative data through two group interviews to enhance the data quality and complement the quantitative findings (Creswell & Plano Clark, 2018). The team created five vignette case stories (Alok, 2019), which were used as an interview guide to explore the CI events further.

Appendix IV provides an overview of the vignette case stories used for sub-study IV (Unmet Support).

The group interviews, which took place in person at the MHC premises, involved 21 of the 29 housing staff recruited, divided into two groups (n=10; n=11). An interviewer read out the vignette case stories and structured and facilitated the group interviews, while an observer took detailed fieldnotes, including quotations. Each group interview followed the same format and order of presentation to guide the notetaking for data analysis. The qualitative data from the two group interviews were combined with the quantitative data obtained from the report form.

Data analyses

The four sub-studies were analysed based on their respective aims and methodologies. The qualitative analysis in sub-studies I, II, and IV (Low Pension, Staying or Moving, and Unmet Support) involved reflective thematic analyses (Braun & Clark, 2019). The analysis involved an iterative process of listening to the audio recordings, and reading transcripts, and fieldnotes multiple times to become familiar with the data. Participants' statements across the data were analysed to find similarities, differences, and repeated topics. The data was then sorted into potential themes and sub-themes through preliminary coding, followed by comparisons and reflections. The project group for each sub-study held regular meetings to optimise the coding, themes, and sub-themes. All co-authors provided critical input and reflected upon the analysis process when validating and reporting the findings. For sub-studies I and II (Low Pension and Staying or Moving), the NVivo 14 qualitative analytical software (Qualitative Data Analysis Software, 2021) was used. Sub-study IV (Unmet Support) drew upon the audio recordings and detailed fieldnotes for analyses without using NVivo.

In sub-studies II-IV (Staying or Moving, Quality of Life, Unmet Support), the quantitative analyses included descriptive statistics, T-test, Chi-square tests, and multivariable linear regression. Sub-study II (Staying or Moving) used a multi-methods approach in the findings reporting (Creswell & Plano Clark, 2018; Hesse-Biber et al., 2015), while sub-study IV (Unmet Support) used mixed-methods by integrating quantitative and qualitative data into the analysis, weaving it through narrative into a joint display in the findings reporting (Creswell & Plano Clark, 2018; Fetters et al., 2013).

Sub-study I (Low Pension)

The qualitative data was sorted and coded into categories concerning: a low pension, considerations about AIP and future housing, and strategies for AIP. Upon further

analysis, the data involved content about adapting to a low pension, health issues affecting the ability to supplement a low pension through work, the role of homeownership in achieving financial security, as well as previous relocations, social networks, and safety concerns regarding housing in later stages of life. The final analysis resulted in three main themes: Adapting to a low pension, the home as a home - and an asset, and thoughts about future housing. Additionally, eight sub-themes were generated.

Sub-study II (Staying or Moving)

The qualitative data was sorted and coded into categories about staying or moving and the influence of finances, housing, neighbourhood factors, public services, social activities, and relationships, including identity and place attachment. Upon further analysis, the data involved content about coping mechanisms, push and pull factors, turning points, reasons for staying or moving, and the positive aspects of neighbourhoods. The final analysis resulted in two main themes: Reasons and considerations. Additionally, seven sub-themes were generated.

In order to use both the survey data and the qualitative, individual, in-depth, semi-structured interviews from the project, which had overlapping but not identical samples, preparatory analyses were made to compare the two samples and determine if the interview sample (n=26) was representative of the survey sample (n=434). After comparing age (p-value=0.436), sex (p-value=0.051), type of neighbourhood (p-value=0.325), and PPFM-OA data using descriptive statistics, T-test, and Chi-square tests, the analysis showed that the samples shared many similarities and that the qualitative, individual, in-depth, semi-structured, interview data could be used to deepen our understanding of the survey responses regarding staying or moving. Minor but statistically significant differences for two PPFM-OA items indicated that the survey participants were more likely to have considered moving to better housing (p-value=0.002) and wanted to move to a place that better suited their needs (p-value=0.000 and 0.032) than the interview participants.

In the final quantitative analysis, comparing differences between urban and rural residents, the PPFM-OA response options were recoded into disagree, neither/nor, and agree and analysed descriptively and with Chi-square tests using the Statistical Package for the Social Sciences (SPSS) (International Business Machines Corporation (IBM), 2021). Using a multi-methods approach, the quantitative survey data was analysed separately from the qualitative data (Creswell & Plano Clark, 2018; Hesse-Biber et al., 2015).

Sub-study III (Quality of Life)

The negatively phrased items in the WHOQOL-BREF and PPFM-OA were recoded in reverse order. For the WHOQOL-BREF, individual sum scores were calculated for each domain. For the PPFM-OA, one individual interval measure for each participant was generated from a Rasch analysis expressed in logits (log-odds probability units). Before carrying out the multivariable linear regression analyses, linearity and collinearity were examined to ensure that the data met the underlying assumptions. The relationships between the domains and overall questions within the WHOQOL-BREF were initially explored to ensure that the dependent variables did not reflect the same underlying construct. As nine of 14 Pearson correlation coefficients between the six dependent variables were lower than 0.5 and none exceeded $r=0.605$, it was considered appropriate to proceed with six separate multivariable linear regression models.

In the final data analysis, and in the multivariable linear regression models created, PPFM-OA was the main independent variable, and the WHOQOL-BREF domains were the dependent variables. Controlling for potential confounders led to age, sex, education, ADL performance, and place of residency being incorporated into the regression models. The Variance Inflation Factor (VIF) assessed collinearity among all the independent variables. Six different multivariable linear regression models were created for each of the four domains and the two overall questions of WHOQOL-BREF. These models included the main independent variable (PPFM-OA) and all the control variables. Statistical significance was determined using a threshold of $p < 0.05$. The statistical analyses were conducted using SPSS (IBM, 2021).

Sub-study IV (Unmet Support)

CI reports were analysed descriptively based on context, time, place, and others' involvement, including management quality. Qualitative data was sorted and coded into categories about unmet support for older people and housing staff, prioritising and planning time and tasks, their formal work responsibilities and safety, encountering organisational dilemmas, task and knowledge complexity, and reluctance to get involved. Upon further analysis, the data involved content about loneliness among older people, vulnerable situations when AIP, housing staff caring for older people, and their dilemmas in providing support. The analyses resulted in two main themes: Governed by the MHC's formal framework, and being a helping hand and providing emotional support. Additionally, four sub-themes were generated. The final analysis involved integrating the report form data and group interview data by weaving them through narrative into a joint display in the findings reporting (Creswell & Plano Clark, 2018; Fetters et al., 2013).

Deductive content analysis of sub-studies I-IV

Deductive content analysis involves three phases: data preparation, organisation, and reporting. In this case, a deductive content analysis approach was used, guided by the overarching aim of this thesis project, which involved creating a categorisation matrix to analyse shared content across the four sub-studies. This matrix served as a grid for content analysis based on prior research (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005; Polit & Beck, 2004). Frydenberg (2014) conducted a comprehensive review of coping theories, which included an analysis of various coping and adaptation strategies. The study provided detailed descriptions, making it a suitable resource for addressing coping strategies. The integrative Person-Environment exchange framework considers individual characteristics, social factors, physical environment, and technical systems interacting with people and their environment, influencing agency, belonging, identity, and autonomy (Chaudhury & Oswald, 2019). Both studies were deemed appropriate resources for exploring vulnerable situations among older people coping with AIP in Sweden. **Table IV** provides an overview of the categorisation matrix illustrating the deductive content analysis related to exploring the situations of older people in vulnerable situations coping with AIP based on sub-studies I-IV.

Table IV. Categorisation matrix illustrating the deductive content analysis related to coping with AIP based on sub-studies I-IV.

Aspect	Litterature	Categorisation	Sub-study no.			
			I (Low pension)	II (Staying or moving)	III (Quality of Life)	IV (Unmet Support)
Coping	Frydendahl, 2014	Reactive coping	X	X		X
		Proactive coping	X	X		X
		Problem-solving	X	X		X
		Seeking support	X	X		X
		Avoidance	X	X		X
		Distraction	X	X		X
		Positive cognitive restructuring	X	X		X
		Dyadic coping		X		
		Delegation	X			X
		Escape	X	X		X
		Helplessness	X	X		X
		Information seeking	X	X		X
		Negotiation	X	X		X
		Opposition	X	X		X
		Rumination	X	X		X
		Withdrawal	X	X		X
Person-Environment exchange	Chaudhury & Oswald, 2019	Individual characteristics	X	X	X	X
		Social factors	X	X	X	X
		Physical environment	X	X	X	X
		Technical systems	X	X		X
		Agency	X	X	X	X
		Belonging	X	X	X	X
		Identity	X	X	X	X
		Autonomy	X	X	X	X

During the analysis, the data from the four sub-studies was reviewed and coded to match identified sub-categories, generic categories, and main categories (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005; Polit & Beck, 2004). The four sub-studies had different contexts, focus, methods, and aims. Therefore, the four sets of data varied in how well they fit with the categorisation matrix based on the level of detail. The quantitative sections of sub-studies II, III, and IV (Staying or Moving, Quality of Life, and Unmet Support) contributed less detailed information, while the qualitative data in three of the four sub-studies (however overlapping project)

provided more detailed and nuanced information that helped to explore vulnerable situations in the data. The multi-method approach applied in sub-study II (Staying or Moving) and the mixed-methods used in sub-study IV (Unmet Support) enabled the qualitative data to contribute to and improve the understanding of the quantitative data for the deductive content analysis.

The data was meticulously analysed, leading to the identification of sub-categories, generic categories, and main categories with similar meanings. The deductive content analysis revealed sub-categories related to the challenges faced by older people, such as AIP and future housing, coping mechanisms and unmet needs for support, a low pension and health issues impacting the ability to supplement income through work, the significance of homeownership for financial security, and factors concerning housing, neighbourhoods, public services, social activities, and networks and relationships. Furthermore, it highlighted the formal work responsibilities, safety concerns, organisational dilemmas, and challenges encountered by housing staff when supporting older people. The final analysis resulted in three main categories: Housing preferences and lack of affordable and age-friendly housing, health-related functional decline, and financial vulnerability.

Ethical considerations

Research involving human data must obtain informed consent, ensure confidentiality, and openly address ethical concerns. Prior to conducting research with human data, it is necessary to obtain ethical approval from the relevant authorities (Swedish Research Council, 2017; World Medical Association, 2013). The four sub-studies in this thesis project applied for ethical approval from The Swedish Ethical Review Authority, which was granted for sub-studies I–III (Low Pension, Staying or Moving, and Quality of Life) (Dnr. 2019-02870; Dnr. 2020-03468; Dnr. 2021-03588). For sub-study IV (Unmet Support) (Dnr. 2020-03123), ethical approval was deemed unnecessary because no sensitive human data was collected. Despite this, the guidelines of the Helsinki Declaration (World Medical Association, 2013) were strictly followed, ensuring that the participants were informed about their rights, including the right to withdraw from the study at any time.

Contact with participants was maintained through telephone, online, email, and postal services. For sub-studies I, II, and IV (Low Pension, Moving or Staying, and Unmet Support), participants who met the criteria gave informed consent both verbally and in writing. Informed consent was also obtained in person, through the mail, or from a housing staff manager. Collaborations, workshops, and interviews were scheduled accordingly. For the survey interviews in sub-studies II and III (Staying or Moving and Quality of Life), participants received an informed consent

form, project information, and survey questions via postal services. This letter included a stamped reply envelope for returning the signed informed consent form. Survey interviews were only conducted after the researchers had acquired informed consent. The participants' statements, including their personal and neighbourhood identities, were anonymised in all four sub-studies.

Ethical research practices are crucial to ensure that the potential benefits to the participants outweigh any potential burdens (Swedish Research Council, 2017). Throughout the research process, researchers must be mindful of the power dynamics that may emerge, whereby their interests and approach could overshadow the participants' experiences and perspectives (Polit & Beck, 2004). The interviews were often held in familiar settings, such as the participants' homes, or via telephone calls or online meetings when collecting data. The researchers accommodated the participants' schedules, conducting interviews at various times during the day. When participants were unable to meet scheduled appointments, the researchers made alternative arrangements or split the interview into two sessions to ensure contact was maintained with the participants and that data was collected.

During the year-long project involving collaboration with housing staff in sub-study IV (Unmet Support), ethical considerations involved providing participants with information about the project's research aims, including the researchers' interest in the topic and their educational background. During the group interviews, real-life practical events were anonymised to maintain objectivity. The goal was to encourage open discussions, respect housing staff's opinions, and ensure that nobody felt uncomfortable or offended during the interviews. Participants were told that they did not have to answer any questions that made them uncomfortable.

All the collected data was treated confidentially in accordance with the Data Protection Act (Council of Europe, 1998) in Sweden. All study participants were informed about the support and guidance available to them by contacting researchers if they experienced any emotional impact during or after the research activities.

Findings

This findings section consists of two parts. The first part briefly summarises the main findings of sub-studies I–IV, while the second part presents the results of the deductive content analysis related to the overall aim of the thesis project.

PART I

Sub-study I (Low Pension)

Sub-study I (Low Pension) aimed to explore strategies for AIP and thoughts about future housing among older women living in Sweden with a low pension. The analysis generated three themes: adjusting to a low pension, the home as a home – and an asset, and thoughts about the future home. Furthermore, eight sub-themes elucidate the strategies these older women used for AIP and their thoughts about future housing: Cutting down expenditure, maintaining a positive mindset – almost always, gained access to money by selling, add to the pension by renting out, staying put as the best option, avoiding thinking about the future, moving as a likely option and attractive housing options. **Table V** provides an overview of themes and sub-themes generated for sub-study I (Low Pension).

Table V. Overview of themes and sub-themes generated for sub-study I (Low Pension).

Adjusting to a low pension	The home as a home – and an asset	Thoughts about the future (home)
Cutting down expenditure	Gained access to money by selling	Staying put is the best option
Maintain a positive mindset – almost always	Add to the pension by renting out	Avoiding thinking about the future
		Moving out as a likely option
		Attractive housing options

These older women favoured AIP and were satisfied with their homes and neighbourhoods. Their homes were either already adapted to accommodate potential functional decline and the use of assistive devices or could be easily modified. The older women either lived in a home they had resided in for many years or had made housing decisions before retirement. Discussions regarding future housing and relocation were, therefore, mainly hypothetical. However, if considering a new home, older women prioritise factors such as size, cost, garden accessibility, safety, social activities, and networks. They relied on family members and neighbours and created networks in their local neighbourhood, contacting them for support when needed. These older women viewed co-housing arrangements favourably because they could provide social networks, activities, and safety in later life.

Many of the older women who were receiving low pensions managed their financial situation by adapting and supplementing their income with additional means. They drew from their savings, rented out their properties, or worked part-time. However, reducing housing costs could be particularly challenging. They often adapted by keeping to a budget and cutting back on basic necessities such as special foods, glasses, and dental visits, as well as subscriptions to IT, television, and telephone services, family gatherings, travel, small luxuries, and social activities that incur costs. This could lead to a sense of deprivation. For those who received housing benefit, saving up to 1000 SEK (EUR 88) was possible if their rent was low. Despite limited financial resources, health problems, and functional decline, many of these older women strived to maintain a positive outlook on life.

One of the older women was being forced to consider moving due to her increasing health problems, which had led to an inability to work and supplement her low pension with additional income. She feared losing her sense of coherence if forced to move away from her home and neighbourhood. In addition, two other women did not acknowledge that the stairs leading to their home and bathroom could become future barriers for AIP.

Sub-study II (Staying or Moving)

Sub-study II (Staying or Moving) aimed to explore whether older adults living in disadvantaged neighbourhoods in Sweden were considering moving away from the area and the underlying residential reasoning. A specific aim was to explore the relevance of neighbourhood characteristics compared to other reasons for moving or staying and whether the willingness to relocate and the residential reasoning differed among older adults from urban or rural disadvantaged neighbourhoods.

The survey data illustrate that overall, most of the older people agreed that they had not considered moving (78%), they did not wish to move to a place that better suited their needs (74%) or move to better housing (69%), they were not being priced out

(83%), they had chosen to live in their community (94%) and wanted to live in their current home until they died (79%). Although older people in urban neighbourhoods were more likely to move than those living in rural neighbourhoods, more than 90% agreed with the statement that they had chosen to live in their communities. **Figure I** provides an overview of the differences in PPFM-OA statements on neighbourhood changes and moving depending on whether the older people lived in disadvantaged rural or urban neighbourhoods (n = 460).

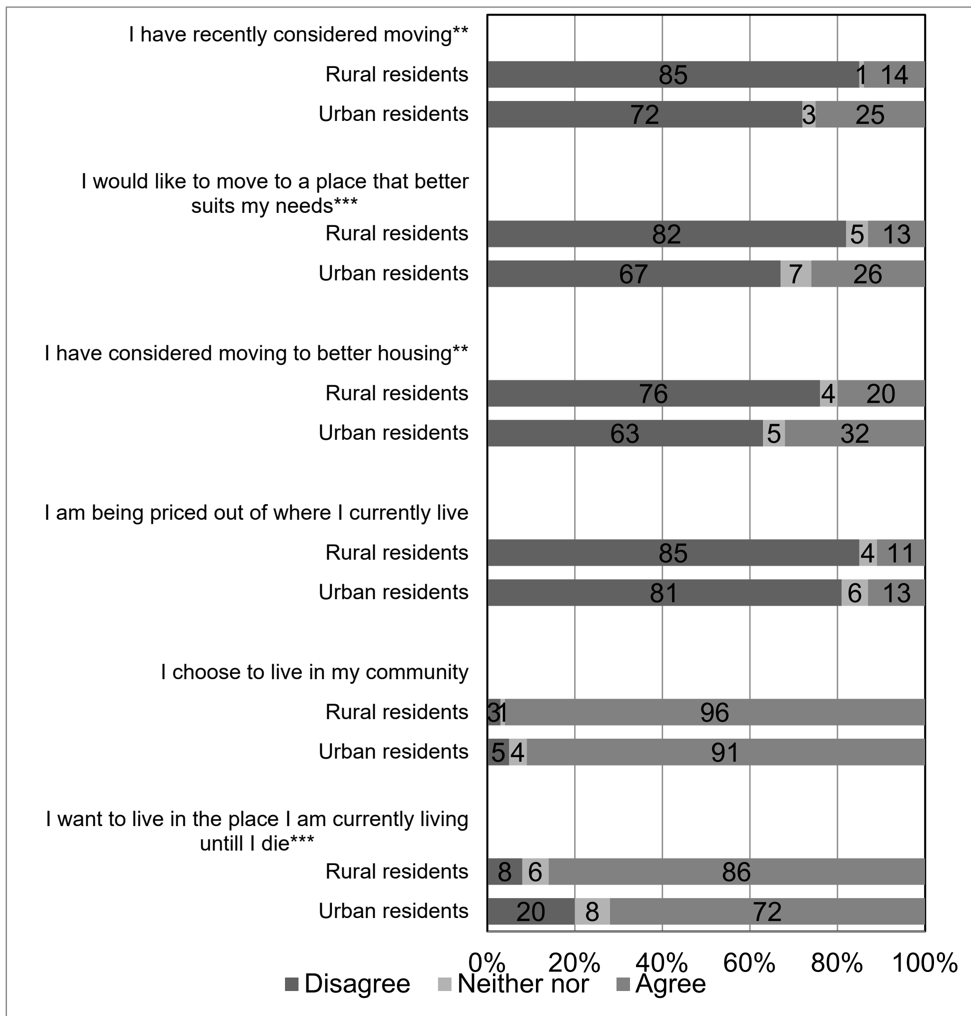

Figure I. Differences in in PPFM-OA statements on neighbourhood change and moving depending on whether older people live in disadvantaged rural or urban neighbourhoods, n=460.
Note: ** *p* value ≤ 0.01; *** *p* value ≤ 0.001.

The qualitative data supported the quantitative findings. The qualitative analyses generated two themes: Reason and considerations. Furthermore, seven sub-themes elucidate the factors that influenced older people's decision to either stay or move. These were: The area's features and services, attachment and belonging, social relationships, the home, weighing the pros and cons, disagreements between spouses, and turning points. **Table VI** provides an overview of the themes and sub-themes generated in sub-study II (Staying or Moving).

Table VI. Overview of the themes and sub-themes generated for sub-study II (Staying or Moving).

Reasons	**Considerations**
Area features and services	Weighing pros and cons
Attachment and belonging	Disagreements between spouses
Social relationships	Potential turning points
The home	

Despite residing in disadvantaged neighbourhoods with poor reputations or insufficient public services, these older people favoured AIP. On average, they had lived in their neighbourhood for 30–35 years, and this had shaped their sense of identity, continuity, belonging, and connection to the place.

This sub-study identified several factors that may influence the decision of older people to move, including downsizing, unsuitable housing, residing in rural neighbourhoods with a high reliance on driving, financial concerns, the unavailability of affordable housing in a preferred location, and residing in a neighbourhood with poor housing quality, high crime rates, or social disorder. The sub-study acknowledges that some decisions to move or stay may be associated with specific reasons, but it also highlights the complexity of decision-making.

The findings of sub-study II (Staying or Moving) challenge the presumption that the characteristics of depopulated rural and deprived urban neighbourhoods are the primary factors influencing older people's decision to move.

Sub-study III (Quality of Life)

Sub-study III (Quality of Life) aimed to explore whether and how Person-Place fit was related to quality of life among older adults living in urban and rural disadvantaged areas in Sweden.

The mean scores for overall quality of life, overall health, and the physical and psychological health domains indicated a moderate to high quality of life among participants. The mean score for social relationships indicated moderate quality of life and high quality of life in the environmental domain. Generally, the variance in domains of quality of life was relatively large. **Table VII** provides an overview of quality of life, Person-Place fit, and ADL performance (n=459).

Table VII. Overview overview of quality of life, Person-Place fit, and ADL performance n=459.

Variable	Mean (SD)	Min-Max
Quality of life[1]		
Overall quality of life[2]	4.0 (0.9)	1-5
Overall health[2]	3.8 (0.9)	1-5
Physical health[3]	23.8 (2.7)	16.00-32.00
Psychological health[4]	21.5 (2.7)	14.00-27.00
Social relationships[5]	11.8 (1.8)	3.00-15.00
Environment[6]	32.6 (4.1)	15.00-40.00
Person-Place fit[7]	32.8 (3.9)	14.30-41.49
ADL performance[8]	10.5 (3.1)	9.00-26.00

[1]Measured with WHOQOL-BREF (WHO 2004). Higher scores indicate higher quality of life.
[2]Range 1-5., [3]Sum score (range 1-35)., [4]Sum score (range 1-30)., [5]Sum score (range 1-15)., [6]Sum score (range 1-40)., [7]Measured with PPFM-OA (Weil 2020). Rasch measure. Higher measures indicate better Person-Place fit., [8]Measured with the ADL-staircase. Sum score (range 0-27). Higher scores indicate higher independence in ADL.

The regression analyses revealed significant ($p<0.001$) associations between Person-Place fit together with other independent variables and all domains, as well as overall quality of life and overall health. There were significant associations between ADL performances and the domains of physical health, environment, overall quality of life, and overall health ($p<0.001$), as well as the psychological domain ($p<0.01$), but not with social relationships ($p=0.083$). The sociodemographic variables contributed significantly to the regression models, that is, type of neighbourhood (urban/rural) with overall quality of life ($p<0.05$) and age with psychological domain and overall health ($p<0.05$). The regression model using environment as the dependent variable explained 41.6%, and the model using overall health explained 34% of the variation. **Table VIII** provides an overview of the multivariable linear regression analyses with quality of life as the dependent variable (n=459).

Table VIII. Overview of the findings of the multivariable linear regression analyses with quality of life as the dependent variable, n=459 .

Variable	R2	B (Unadjusted Pr. one-unit change)	SE-B (between Unadjusted /adjusted pr. unit change)	β (Adjusted Pr. one-unit change)	P-value	Variance Inflation Factor (VIF)
Overall quality of life	**0.252**					
Person-Place fit		.071	.010	.307	<.001	1.221
ADL performance		-.084	.012	-.291	<.001	1.107
Gender		-.047	.074	-.027	.522	1.038
Age		.001	.006	.006	.890	1.070
Urban-Rural		.166	.080	.093	.038	1.207
Education		.009	.008	.050	.226	1.022
Overall health	**0.341**					
Person-Place fit		.069	.010	.283	<.001	1.221
ADL performance		-.138	.012	-.452	<.001	1.107
Gender		-.037	.073	-.020	.615	1.038
Age		.014	.006	.097	.015	1.070
Urban-Rural		.069	.008	.037	.379	1.207
Education		.010	.079	.051	.191	1.022
Physical health	**0.154**					
Person-Place fit		.172	.034	.245	<.001	1.215
ADL performance		-.190	.041	-.213	<.001	1.089
Gender		.498	.239	.093	.038	1.040
Age		-.016	.018	-.040	.377	1.060
Urban-Rural		.153	.258	.028	.554	1.211
Education		.025	.025	.044	.316	1.022
Psychological	**0.225**					
Person-Place fit		.290	.032	.412	<.001	1.215
ADL performance		-.118	.039	-.134	.002	1.104
Gender		.310	.229	.057	.177	1.039

Age		-.035	.017	-.085	.048	1.069
Urban-Rural		-.149	.247	-.028	.545	1.205
Education		.027	.024	.047	.269	1.022
Social relationships	**0.167**					
Person-Place fit		.177	.022	.384	<.001	1.221
ADL performance		-.047	.027	-.079	.083	1.101
Gender		-.233	.156	-.066	.136	1.040
Age		.007	.012	.026	.562	1.067
Urban-Rural		-.064	.169	-.018	.707	1.212
Education		.015	.016	.040	.369	1.022
Environment	**0.416**					
Person-Place fit		.617	.043	.573	<.001	1.217
ADL performance		1	.053	-.144	<.001	1.097
Gender		.307	.306	.037	.317	1.040
Age		-.044	.023	-.069	.064	1.059
Urban-Rural		.161	.330	.019	.626	1.208
Education		.052	.032	.059	.107	1.022

Sub-study IV (Unmet Support)

Sub-study IV (Unmet Support) aimed to explore critical situations involving older tenants encountered by housing staff working in an MHC in Sweden and the factors that helped or hindered their work performance and outcomes, including their approaches and strategies to manage such situations. An explanatory, sequential, mixed-methods methodology was employed to weave together quantitative and qualitative data findings through narrative in a joint display in the reporting of findings.

The quantitative data from the report forms illustrates that eight janitors reported 21 out of the total of 23 CIs reported. All CIs occurred during regular working hours, with 39% occurring in common outdoor areas (such as walkways, benches, and car parks), 35% inside flats, and 26% in common indoor areas (such as stairways, basements, and laundry rooms). In 52% of the CI reports, an older tenant had contacted the housing staff, while in 18%, the housing staff themselves had discovered the CI. For the remaining 31%, another tenant or someone outside the MHC organisation (such as the municipality partners) had contacted the housing staff. The housing staff reported that 61% of the CI cases were satisfactorily resolved. **Table IX** provides an overview of the type of CI, report no., time, location, additional persons involved, and management quality (n=23).

Table IX. Overview of type of CI, report no., time, location, additional persons involved, and management quality, n=23.

Critical incident (n=23)	CI no.	Time		Location			Additional persons involved	Satisfactory management		
		During regular working hours	During evening, night, or weekend	In the tenant's flats.	Commonindoor areas	CommonOutdoor areas		Yes	No	Partly
Help to start the car [1]	1	X	-	-	-	X	-	-	-	X
Fall in the laundry room [4]	2	X	-	-	X	-	MHC staff	X	-	-
Help to empty the attic and drive garbage to the bulky waste [1]	3	X	-	-	X	-	MHC staff	X	-	-
Help to move furniture from attic to flat [1]	4	X	-	X	X	-	-	X	-	-
Help to get the television started [1]	5	X	-	X	-	-	-	X	-	-
Help to carry a heavy carpet [1]	6	X	-	-	X	-	-	X	-	-
Complain about neighbour noise [3]	7	X	-	-	X	-	-	X	-	-
Tenant dissatisfied about maintenance work in the public area [2]	8	X	-	-	-	X	-	X	-	-
Complain about experiencing people in the flat at night [4]	9	X	-	X	-	-	MHC staff	-	X	-
Tenant getting lost in the housing area unable to finding the way home [4]	10	X	-	-	-	X	Another tenant	X	-	-
Empty flat for the previous tenant, for the housing company to hand it over to the new tenant [1]	11	X	-	X	-	-	Family member Another tenant	-	-	X

							MHC staff			
Neighbour accusing neighbour for stalking [3]	12	X	-	-	-	X	Another tenant	X	-	-
Neighbours accusing each other of harassment [3]	13	X	-	-	-	X	Another tenant MHC staff	-	-	X
Neighbour placing items on another neighbour's terrace [3]	14	X	-	-	-	X	Another tenant MHC staff	-	-	X
Fall during home renovations [2]	15	X	-	X	-	-	Family member	X	-	-
Personal assistance due to broken elevator [2]	16	X	-	-	X	-	MHC staff	-	-	X
Call from a tenant about a severe incident in a close family member [5]	17	X	-	X	-	-	MHC staff	X	-	-
Neighbour accusing neighbour for harassment [3]	18	X	-	-	-	X	Family member Another tenant MHC staff Staff from another authority[2]	-	-	X
Neighbour accusing neighbour for harassment [a, 3]	19	X	-	-	-	X	Another tenant MHC staff	-	X	-
Neighbour attentive about her neighbour [4]	20	X	-	X	-	-	Another tenant MHC staff	X	-	-

							Blue light personnel			
Breach of rules conduct mismanagement and unpleasant smell from a tenant's flat [4]	21	X	-	X	-	-	Family member Another tenant MHC staff Staff from another authority[2]	X	-	-
Breach of rules conduct mismanagement and unpleasant smell from a tenant's flat [b, 4]	22	X	-	X	-	-	Family member MHC staff Staff from another authority[2]	X	-	-
Tenant unable to sustain personal hygiene [4]	23	X	-	-	-	X	MHC staff Staff from another authority[2]	-	X	-

[a] = Continuations of CI no. 18.
[b] = Continuations of CI no. 21.

CI categorised in vignettes:
1= a simple quick task 1, 3-6, 11.
2= renovations and maintenance 8, 15-16.
3= neighbours 7, 12-14, 18-19.
4= illness 2, 9-10, 20-23.
5= loneliness 17.

Data from two group interviews were used to build upon and elaborate the report form data. Two themes were identified: Governed by the MHC's formal framework, and being a helping hand and providing emotional support. Additionally, four sub-themes elucidate the factors involved in housing staff managing CI, as well as the factors that helped or hindered task management and management satisfaction: Managing complex situations involving tenants, balancing involvement in tenants' housing problems, tenants needing support, and negotiating whether to help or not. **Figure II** provides an overview of the themes and sub-themes generated for sub-study IV (Unmet Support).

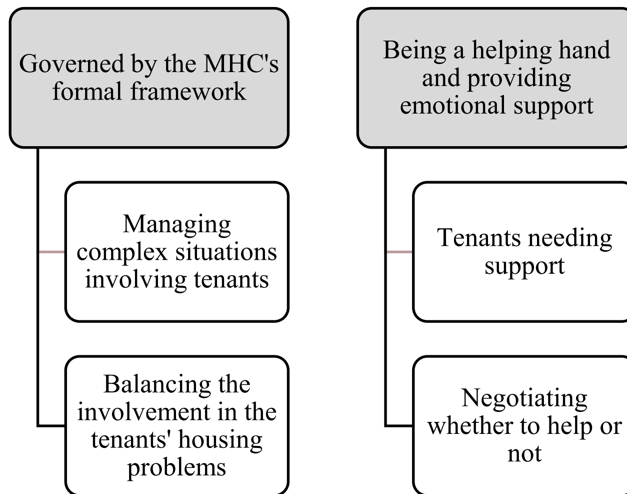

Figure II. Overview of themes and sub-themes generated for sub-study IV (Unmet Support).

The housing staff received requests for assistance from older tenants with practical tasks such as moving furniture or fixing issues with TV signals, remote controls, or cars. Older tenants also sought help in cases of disagreements or concerns regarding their neighbours. Some older tenants with functional disabilities contacted housing staff for support to exit their homes due to elevator disruptions. Housing renovations and adverse events could pose a risk of falls for older tenants, potentially leading to fatal accidents. Lonely older tenants approached housing staff for emotional support. CI management dilemmas were identified concerning meeting older tenants' support needs while following formal MHC rules and regulations. Factors related to the housing staff's knowledge and competencies, including their formal responsibilities, individual preferences, and work attitudes, influenced task management.

PART II

Older people in vulnerable situations coping with AIP

The deductive content analysis indicated that life course events, sociodemographic backgrounds, civic status, health, housing, finances, family support, formal support systems, and ethnic backgrounds could either mitigate or exacerbate vulnerable situations and influence participants' ability to cope with AIP. The findings are presented in relation to three main categories: Housing preferences and lack of affordable and age-friendly housing, health-related functional decline, and financial vulnerability. These main categories encompass numerous other Person-Environment exchanges that influence how older people in vulnerable situations can cope in their daily lives. **Table X** provides an overview of the sub-categories, generic categories, and main categories derived from deductive content analysis based on sub-studies I-IV.

Table X. Overview of the sub-categories, generic categories, and main categories derived from deductive content analysis based on sub-studies I-IV.

Sub-categories	Generic categories	Main category I
AIP is the favoured option	Housing preferences	Housing preferences and lack of affordable age-friendly housing
The home Area features and services Attachment and belonging	Housing and neighbourhood factors	
Moving out as a likely option Weighing pros and cons Lack of affordable and age -friendly housing Attractive housing options	Thoughts about future housing	

Sub-categories	Generic-categories	Main category II
Social relationships	Importance of informal networks	Health-related functional decline
Maintaining a positive mind-set Avoiding thinking about the future Managing complex situations involving tenants Balancing the involvement in the tenants, housing problems Tenants needing support Negotiating whether to help or not Disagreements between spouses Potential turning points	Older peoples' various support needs encountered by housing staff, and older people coping with emotional and practical challenges	

Sub-categories	Generic-categories	Main category III
Adjusting to a low pension Add to the pension by working or renting out Cutting down expenditure	Financial issues related to coping with AIP	Financial vulnerability
Gained access to money by selling	The home as a potential asset	

Housing preferences and lack of affordable age-friendly housing

Across the four sub-studies, the majority of participants favoured AIP. They adopted proactive coping strategies by considering housing in later life, opting for smaller, more manageable homes, and engaging in supportive networks and social activities. These strategies were perceived as positive ways to feel safe in later life.

Length of residence, sense of history, identity, belonging, and place attachment influenced the preference for AIP. Some participants chose to live in the same house where they were born, or returned to their childhood home after their parents passed away. Others had downsized to a more manageable and affordable home before retirement and moved to preferred locations to fulfil their housing dreams. For example, some moved from urban to rural neighbourhoods to enjoy nature and beautiful and peaceful surroundings. This residential transition brought joy, reduced stress, and facilitated new connections and a sense of agency and empowerment. It also appeared to enhance their overall health and wellbeing.

In general, participants who had lived and worked in their neighbourhood for an extended period had established social networks that contributed to their sense of belonging and agency. This sense of belonging and agency was often expressed through activities such as attending church, using libraries, going to gyms, visiting art studios, exploring historical sites, or utilising the city's diverse mix of cultures and shops. Good relationships with neighbours and participation in traditional summer and Christmas festivities contributed to a sense of community, which facilitated AIP. Participants' also valued excellent landlord services and preferred to move within their current municipality if they considered moving.

Participants appreciated their homes' age-friendly features, such as spacious rooms, accessible toilets, stair lifts, ramps, and electric door openers. Such features were essential for those who used a walker or a powered wheelchair to remain active. In rural neighbourhoods, AIP allowed participants to remain in their homes surrounded by nature, engage in gardening activities, harvest crops, and enjoy walks in nature or swimming in lakes while maintaining a sense of seclusion from others. Preserving traditional harvesting practices with like-minded people was also valued. In urban neighbourhoods, AIP was practical for those coping with health and functional decline due to the availability of shops, public services, and convenient transportation. Living in an urban neighbourhood with low rent offered an increased opportunity to socialise, go to the theatre, and travel.

Participants used proactive coping strategies to plan for AIP and potential issues related to housing adaptations. The housing arrangements appeared to be easily adaptable or rearrangeable to facilitate AIP, and there seemed to be few accessibility barriers, whether participants lived in a flat or a house/villa. Adaptations included installing a stairlift, removing thresholds, and replacing bathtubs with more accessible options. A few participants seemed hesitant to talk about potential accessibility and daily activity challenges or future concerns. They mentioned

possible future obstacles, such as stairs or steps at home entrances and to access the shower. However, at that time, they were choosing to continue AIP.

Participants described hypothetical considerations about a future move. Housing decisions depended on factors such as price, size, comfort, and the availability of a garden compared to their current home. However, if no one in the household could drive a car in rural neighbourhoods, moving to a city closer to public transport and healthcare services could be a rational or necessary choice. Focusing on the positive aspects, such as being closer to the sea and having daily access to bathing opportunities, could make such a transition easier. Disagreements and negotiations between spouses about moving included situations where one spouse wanted to downsize and move to a more modern and accessible house closer to family and healthcare services, while the other favoured AIP. This contributed to the feeling of not being fully understood by their spouse and fearing ending up in a care home in an adverse and unplanned health and housing situation. Returning to one's hometown or living closer to family members could motivate a move. However, caring for an elderly parent living nearby caused participants to postpone a desired move. Living in a disadvantaged urban neighbourhood and having migrated from a higher social status in the country of birth than that experienced in Sweden could lead to a desire to move to a better neighbourhood due to the negative influence on feelings of identity and belonging. Although some participants may consider moving, they might change their minds if their preferred house is unavailable or unaffordable. Despite the desire to move, the lack of ground-floor homes in a neighbourhood made participants choose to stay despite potential accessibility difficulties and uncertainty about their ability to manage independently in the future. Instead, some opted for AIP, renovating, and making their home more age-friendly and attractive, acquiring more land, selling parts of their forest, and even renting out a flat instead of moving. This could improve their housing and financial situation. Participants living on a large plot of land who could afford private help described having no problems with AIP and managing their homes and gardens later in life.

Financial considerations played an important role when deciding whether to stay or move, particularly when faced with the potential of a life-changing event such as a health decline or the loss of a spouse. Financial dependence on family members and unexpected rent increases could lead to insecurity about AIP and whether participants would be forced to move. In disadvantaged urban neighbourhoods, financial constraints often prevented participants from accessing alternative housing options when considering moving due to experiencing crime and harassment by local gangs. However, not everyone thought that living in a disadvantaged urban neighbourhood was terrible. Some compared their neighbourhood to others in Sweden, which had a worse reputation. Nonetheless, being unable to do so for those who desired to move provoked frustration and anger, which required resilience to cope with the insecurity. Furthermore, deprived urban neighbourhoods might undergo renovations, resulting in housing replacement and participants needing to

decide whether to return to the neighbourhood after the renovations were completed. Even though the renovations might be scheduled up to 12 years in advance and pose no immediate risk, concerns about future housing existed due to the potential of a 30% increase in rent.

Participants thought positively about living in a care home, receiving assistance with daily tasks and avoiding loneliness. However, ultimately, they favoured AIP and receiving municipal home care and social services. One case highlighted a couple in their 90s who had to decide whether to move to a care home or modify their home to accommodate the needs of a spouse with Alzheimer's disease. They ultimately chose to adapt their home to AIP in order to maintain their daily routine and habits. They expressed a need for more suitable living arrangements in care homes within their community. In the event of their relocation to a care home, the surviving spouse would be given a six-month notice to move out if their partner passed away.

Health-related functional decline

Across the four sub-studies, the participants generally had good health status and were able to manage independently. However, the findings indicate that participants may face vulnerable situations due to functional decline, leading to increased reliance on others for assistance and support. Health issues such as arthritis, the long-term effects of cancer treatments, or stress-related disorders can make it challenging for participants to carry out daily activities such as personal hygiene, home maintenance, gardening, and shopping. Participants needed to adjust their social engagement, withdraw, and rest in order to safeguard their physical and emotional wellbeing. Nevertheless, participants focused on being as active as possible and adapted their routines to take more time to carry out challenging tasks such as mowing lawns, which gave them a sense of competence and happiness. Furthermore, physical activities such as walking in nature helped to alleviate symptoms, improve their overall sense of wellbeing, and restore their energy and inspiration.

Participants actively connected with family and neighbours in the local community, providing them with a sense of safety and security by having access to support while dealing with health issues and engaging in social activities. These local networks would help with shopping, watering plants, fixing a bike, caring for pets, facilitating mutual aid, and ensuring safety during potential adverse events. MHC housing staff experienced older tenants asking for help with practical tasks and emotional issues, for example, moving furniture, fixing TV signals or remote controls, or starting a car. Older tenants were attentive and would approach the housing staff if they had not seen their neighbours for a few days. These timely interventions allowed the housing staff to identify and prevent life-threatening situations and call for an ambulance if necessary. Participants seemed to consider the housing staff member to be a familiar person and someone they could confide in. They approached them

for a chat when they were working outside the local premises of the MHC and phoned them for emotional support when they had no one else to call. The housing staff also considered their interactions with older tenants a source of pride and believed that they contributed to their wellbeing. Sometimes, the housing staff took the autonomous initiative to check on an older tenant if they had not seen them for a while by glancing through their windows to ensure their wellbeing, highlighting their attentiveness and care. Furthermore, when older tenants with functional disabilities faced challenges in coping with unexpected elevator disruptions, housing staff was asked for help in exiting their homes. Such assistance involved carrying older tenants and their per-mobile up and down stairs.

Older tenants expressed concerns about neighbour disputes or disruptive neighbours who knocked on doors and walls, shouted, and seemed to harass them. Differences in living habits, norms, and values among older MHC tenants could result in emotional distress for them. However, housing staff encouraged older tenants to resolve disputes among themselves. Housing staff noted that unresolved neighbour issues could lead older tenants to move to another apartment block due to anger, arguments, grief, and unbearable living situations. The housing staff described older tenants with cognitive challenges expressing concerns about feeling insecure in their homes, hearing unusual noises or voices at night, and sensing the presence of strangers in their homes. Sometimes, older tenants seemed disoriented when walking around in the local outdoor premises. Attentive neighbours and housing staff assisted them in guiding them home. The housing staff also observed that older people with cognitive challenges struggled to maintain their home and personal hygiene, leading to unpleasant odours in the staircase and neighbour concerns. The housing staff tried to reach out to the families of older people; however, sometimes, there was no family to contact. In response, the housing staff brought up their concerns with municipal home care and social services in order to find formal solutions, because mismanagement of tenants' homes could result in eviction. The municipality partners appeared hesitant to evict older tenants, and if municipal home care and social services could not provide long-lasting care services, housing issues would persist or reoccur over time.

Housing staff and their managers communicated with municipal partners to address older tenants' unmet care and support needs. The housing staff faced dilemmas supporting older tenants due to their formal duties and responsibilities and the MHC's work rules and regulations. Additionally, the housing staff believed that they should maintain a formal, professional, and impartial approach in order to provide equal service to all tenants. The housing staff also lacked the knowledge and skills required to support older tenants with complex health problems, and during elevator disruptions, they lacked appropriate lifting remedies, which influenced their work environment. Although the housing staff aimed to maintain work safety, they sometimes assisted older tenants due to their appeals. Although housing staff in Sweden attends regular courses to improve their CSR skills, CSR

dilemmas still exist. According to the housing staff, AIP may compound problems, and they emphasised the need for more suitable housing choices for participants.

Financial vulnerability

Across the four sub-studies, participants' financial situations varied. Older women who had planned for their retirement and saved money used their savings to supplement their low pension and budget effectively, which reduced their financial concerns. For older women who had worked full-time in academia, in both public and private companies, their lower-than-anticipated pension could lead to dissatisfaction and acquiring more information about their pension size. Participants' financial strategies seemed highly motivated by the desire to continue AIP and the benefits of staying in their familiar environment. Older women who lived alone, retired on a low pension with limited or no savings, needed to work to make ends meet. To overcome their vulnerable financial situation, they would engage in part-time or hobby-related work or rent out properties long-term or through Airbnb during the summer. They expressed concerns about their ability to continue working, particularly if they anticipated experiencing health problems or age-related functional decline. However, they chose to confront these challenges and supplement their income for as long as their health permitted. Participants generally preferred to remain financially independent and avoid relying on financial support from family members.

Older women managed their finances by not paying mortgages or by cutting back on basic necessities such as dental visits, special foods, or buying glasses in order to manage their expenses. They chose the least expensive IT and telephone subscriptions, cancelled their television subscription and limited socialising, dining out, and travelling. They drove less and reduced visits with their children and grandchildren to save on petrol expenses. Moreover, older women cut down on small daily luxuries. Running costs seemed to be the most difficult to reduce. Unexpected housing maintenance costs required careful planning and budgeting. Older women preferred to hire skilled craftsmen for housing maintenance, while for minor tasks like gardening or fixing a bike, they opted for assistance from their informal networks to reduce costs. Selling a home and moving into rentals or purchasing a less expensive one was considered a viable option to free up money to supplement a low pension. Being on a waiting list for a home in MHC seemed to be a proactive coping strategy. However, homeowners with an existing mortgage had limited housing options and had to plan proactively for rental housing, which could be a long-term process.

Participants expressed appreciation for living in a country with a strong welfare state that provided financial security and good housing opportunities despite their low pension. Older women eligible for housing benefits could improve their financial situation and save up to 1000 SEK monthly (EUR 88), provided that the rent was

low, even if their monthly income was only a low pension, and they had no other savings. Furthermore, participants preferred to avoid dwelling on past life choices or complex factors contributing to their financially vulnerable situation, including work, health, or social factors. They also avoided worrying about potential future problems, stating that worrying did not lead to anything constructive and that health issues might alter their perspective, prompting them to value their health more than having more money. However, one case highlighted a 74-year-old woman who was facing financial challenges due to reduced health and limited ability to work. She needed a monthly income of 5000 SEK to make ends meet, but selling her house would not provide enough money to purchase another one due to a mortgage. She was forced to consider moving, but the waiting list for cheaper MHC housing was up to 14 years. Renting from a private landlord was not considered a financially desirable option for her. She wanted to AIP as she valued her home, garden, social networks, and activities. Unfortunately, her current house required repairs that she could not afford. Living with a leak in the roof in a cold house exacerbated her health problems and hindered her ability to perform daily activities.

Discussion

This thesis project aimed to explore how older people in vulnerable situations cope with AIP in Sweden. The main findings, based on data from 488 older people and 29 housing staff using various methodological approaches, suggest that older people living in Sweden often demonstrate resilience when coping with vulnerable situations. The analysis of the findings of the four sub-studies generated three main categories: Housing preferences and lack of affordable and age-friendly housing, health-related functional decline, and financial vulnerability. These main categories encompass numerous other Person-Environment exchanges that influence how older people in vulnerable situations can cope in their daily lives.

The findings suggest that multiple factors can mitigate vulnerable situations. Mitigating factors include good health, a positive outlook on life, active and social lifestyles, supportive informal networks, financial safety: savings, homeownership, affordable rentals, and housing benefits. Additionally, good quality housing and housing satisfaction contribute to emotional satisfaction, providing a sense of history, maintaining their identity, belonging and place attachment, helped older people cope with AIP. On the other hand, multiple factors can exacerbate vulnerable situations in older people, and reduce their ability to cope with AIP. These factors include health issues, limited financial resources, high housing costs, the need to work for income, reduced spending ability, and an inability to afford social activities or to travel to see family members. Moreover, additional issues included the lack of informal and formal support networks, inadequate municipal home care and social services, long waiting lists for MHC housing, a lack of suitable age-friendly housing, reliance on private rentals with the risk of unexpected rent increases, poor-quality housing, inability to afford housing adaptations, the risk of housing replacements, and having to travel long distances by car. Lastly, characteristics of the municipality and neighbourhood, attachment to a place, reluctance to move, the need to negotiate with a spouse about future housing, and concerns about crime and social disorder also factored into vulnerable situations and the (in)ability to cope with AIP. The older people used various coping strategies, both proactive and reactive, problem-solving strategies, and emotional regulation. While only a minority of the older people included in the sub-studies seemed to be struggling to cope with vulnerable situations, monitoring and preventing vulnerable situations for older people is important.

Sub-study I (Low Pension) provides new knowledge by focusing on older women with low pensions, a demographic that has received little attention in Sweden. Sub-studies II and III (Staying or Moving and Quality of Life) are particularly significant as they provide new knowledge on living in disadvantaged neighbourhoods later in life, which is an under-researched topic both in Sweden and internationally. This research can inform policy and practice to support older people in these neighbourhoods better. Additionally, sub-study IV (Unmet Support) provides new knowledge about vulnerable situations in hard-to-reach populations, such as lonely older people and older people with cognitive challenges.

Life course events, sociodemographic backgrounds, civic status, and immigration to Sweden could either help or hinder older people's coping ability. The older people represented in the four sub-studies were born between 1926 and 1958 (aged between 65 and 97). Hence, they were at different stages of ageing (Diehl et al., 2021; Tesch-Romer & Wahl, 2017). While many were leading active lives in their third age, being married and having robust support networks, some participants in the fourth age who lived alone had limited social connections and faced challenges related to advanced age and health issues, which had an impact on their coping abilities. During the 1980s, the populations of Sweden and other Nordic countries saw a significant rise in living standards, which continued for more than three decades (Finkel & Sundstrom, 2021). Strengthening social determinants of health (such as improving housing standards, working conditions, and wages, promoting health, ensuring social rights, and providing societal and financial support in Western nations) have been linked to increased resilience and longer life expectancy while also reducing disparities among citizens (Dahlgren & Whitehead, 2006, 2021; Kinsella & Phillips, 2005). That is in line with the UNECE (2023), which states that various factors, such as political and societal conditions, social and healthcare policies, neighbourhood changes, poor-quality housing, crime, feelings of unsafety, and the risk of poverty, can contribute to or exacerbate vulnerable situations, and that improving societal conditions can strengthen and build individual's resilience against vulnerable situations.

Relation to previous research

Coping with housing

In line with other studies (Bosch-Farré et al., 2020; Gillsjö et al., 2011; Stones & Gullifer, 2014), the findings of this thesis project demonstrate that older people favour AIP. Sub-studies I, II and III (Low Pension, Staying or Moving and Quality of Life) demonstrate that AIP is essential to the identity and wellbeing of older people. Studies highlight (Bosch-Farré et al., 2020; Gillsjö et al., 2011; Stones &

Gullifer, 2014) that various historical, cultural, and environmental factors affect their daily lives, and moving can disrupt continuity and provide adverse emotional consequences. Additionally, the home environment is linked to maintaining an active and healthy lifestyle (Fänge & Ivanoff, 2009; Hatcher et al., 2019; Kivimäki et al., 2020). Within their homes, older people utilise adaptive strategies and challenge their capabilities, underscoring the importance of feelings of safety in the interaction between the Person-Environment exchanges and their activities. The findings of this thesis project challenge the presumption that living in disadvantaged neighbourhoods is undesirable. Sub-study II (Staying or Moving) reveal that 90% of older people chose to stay in their neighbourhoods, and sub-study III (Quality of Life) emphasises that neighbourhood characteristics significantly contribute to the quality of life of older people. Sub-studies I and II (Low Pension and Staying or Moving) demonstrated that older people have a proactive approach to housing decisions based on their sense of belonging and attachment to their homes. Their homes were easily adaptable, which appeared to help them cope effectively with AIP and view their current homes as long-term residences. In both disadvantaged and non-disadvantaged rural and urban neighbourhoods, older people express positive views about community values, social interaction, supportive landlords, and new opportunities in the later stages of life. Other studies have demonstrated the benefits of proactive decision-making about housing prior to retirement (Kaplan et al., 2015; Rose et al., 2023; Roy et al., 2018; Scheibl et al., 2019). Proactively planning to live in smaller, more supportive, more affordable, and more easily manageable homes in later life can contribute to older people's health and wellbeing. Golant (2015a) suggests that older people can age well and cope better if they maintain a positive perception of their living environment. This positive perception can lead to better decision-making, increased resilience, successful ageing, and improved quality of life. However, the effectiveness of assimilative (action) or accommodative (mind) coping strategies depends on how well older people analyse the availability and suitability of their coping options.

Sub-studies I and II (Low Pension and Staying or Moving) identified the risk of potential future turning points, which could make a vulnerable situation much more precarious. However, older people seemed to cope with this vulnerability proactively or by focusing on the present and not overthinking or worrying about potential future scenarios. In sub-studies I-IV, both factors related to the home and the environments were essential to coping with AIP. Although the older people in this thesis project were generally coping well with AIP, issues such as accessing affordable and age-friendly housing in local neighbourhoods, poor-quality housing, the risk of housing replacement, reliance on private rental, and long waiting lists for MHC housing all impact upon older people’s coping in later life. In line with several previous studies (Dahlberg, 2020; Golant, 2018; Scheibl et al., 2019; Sergeant & Ekerdt, 2008), this thesis project illustrates that coping with AIP and attachment to a place can change unexpectedly over time, and that older people might need to move if their home or neighbourhood no longer meets their safety or activity needs.

In line with Severinsen and colleagues (2016), older people may overlook barriers such as stairs or lack of accessibility to continue AIP, because the sense of place attachment relates to older people's feelings of happiness and ability to manage independently.

Sub-study II (Staying or Moving) demonstrates that transitioning neighbourhoods may bring increased coping demands and a sense of both continuity and discontinuity, including social exclusion and feelings of unsafety, aligning with Buffel and colleagues' (2013) study from Manchester, UK. However, the main findings of sub-studies II and III (Staying or Moving and Quality of Life) suggest that length of residence in a neighbourhood, social network, place attachment, and supportive environments and policies influence residential satisfaction and the desire to remain in disadvantaged neighbourhoods. Those findings align with studies by Bandauko and colleagues (2022), Kutor and colleagues (2023) and van der Land and Doff (2010) conducted in the Netherlands and Zimbabwe. The findings of sub-study III (Quality of Life) suggest that older people who have a positive perception of their neighbourhood's suitability for AIP experience a higher quality of life. In studies conducted in Wales, Waters and Neale (2010) have suggested that older people's sense of safety is influenced more by the environment in their neighbourhood than by the neighbourhood itself. Meanwhile, Hillcoat-Nallétamby and Ogg (2014) argue that factors related to the home, rather than the community, play a crucial role in deciding whether to move later in life. Taei and colleagues' study (2023) explored older people's experiences of residing in a disadvantaged urban neighbourhood in Sweden. Using Hirschman's theory on exit, voice, and loyalty (1970) as a lens to explore how older people experience and cope with their residency, Taei and colleagues (2023) suggest that older people express loyalty to their neighbourhood as a coping mechanism, particularly when they lack better housing options or face issues such as crime and disorder. Their findings are particularly interesting as they emanate from the same research project as sub-studies II and III (Staying or Moving and Quality of Life). Sub-study II (Staying or Moving) revealed that some older people wanted to move to a more affluent neighbourhood in the same municipality to escape crime and social disorder. Their inability to move away could lead to coping difficulties, frustration and anger due to the adverse impacts of the neighbourhood environment. Sub-study II (Staying or Moving) suggests that older people with non-Swedish backgrounds and higher social statuses in their home countries may feel vulnerable in disadvantaged urban neighbourhoods due to lacking a sense of belonging and place attachment, resulting in reduced satisfaction with their housing situation. Previous studies have shown that people with higher financial resources are more likely to move out of disadvantaged neighbourhoods, regardless of ethnicity (Fjellborg, 2020; Kleinhans et al., 2010; Riley et al., 2016). Based on the findings of sub and studies II and III (Staying or Moving and Quality of Life), place attachment, sense of belonging, and history seem to be associated with older people's housing decisions, coping and quality of life. This aligns with other studies (Gobbens & van Assen, 2018;

Vanleerberghe et al., 2017) suggesting that people's own perspectives, personal views, and ability to cope with daily challenges significantly influence their quality of life, even in disadvantaged neighbourhoods where access to public services may be limited.

Sub-studies I and II (Low Pension and Staying or Moving), revealed that older people encountered challenges accessing MHC homes due to lengthy waiting lists. Consequently, they have to cope with declining health, substandard housing, and the adverse emotional and social effects of crime and social unrest in their neighbourhood. Thus, older people face increased demands for resilience, because they cannot move from their current neighbourhood despite their desire to do so. According to a report from the TCHI (2017), housing in urban neighbourhoods has long waiting lists for MHC housing, extending up to 16 years. This aligns with the findings of sub-study I (Low Pension) of extended waiting lists (up to 14 years) for MHC housing, underscoring the need for proactive planning to manage reduced finances in later life. In contrast, small cities in Sweden offer more affordable options with available units in MHC housing (TCHI, 2017). In sub-study I (Low Pension), older people with limited financial resources opted to move to smaller towns and rural neighbourhoods. Some found that relocating to a smaller town had positive effects, such as becoming homeowners, living closer to nature, and forming new social connections, all contributing to their overall wellbeing. Several researchers (Berry, 2020; Kingstone et al., 2020; Rose et al., 2023) have argued that older people living in rural neighbourhoods might face challenges in accessing essential services such as shopping, healthcare, and social activities due to long travel distances, potentially leading to increased reliance on others for help as their physical capabilities diminish. However, this thesis project has identified only a few obstacles to living in rural neighbourhoods, which indicates that older people use proactive coping strategies, such as planning and considering health and transportation issues in later life.

In sub-study I (Low Pension), and partly in sub-study II (Staying or Moving), older homeowners who had paid off their mortgages had greater flexibility in housing decision-making. They could choose to stay or move based on housing preferences and considerations about value for money compared to their current housing in terms of housing size, location, and availability of a garden, as well as paying for support that could enable coping better with AIP. However, not all older people have such an opportunity. The findings illustrate that financial inequalities can have an adverse impact on the health and wellbeing of older people. Sub-study I (Low Pension) suggests that limited financial resources can lead to older people living in poor-quality housing. Previous studies have documented the financial challenges of improving and maintaining housing and gardens and carrying out necessary repairs for older people (Coleman et al., 2016; Fausset et al., 2011; Kelly et al., 2014; Stone, 2018). The studies highlight the impact of poor housing quality on health, wellbeing, autonomy, and independence, as well as the challenges of coping with AIP. Sub-

studies I and II (Low Pension and Staying or Moving) indicate that older people with limited finances may need to explore renting from private landlords, which is often seen as a less preferable and more costly option. Power's study (2020) from Australia shows that 60% of low-income older women renting a home in the private housing sector cited increased housing costs and never-ending expenses as reasons for moving and housing insecurity. The risk of housing vulnerabilities and insecurities may lead to a loss of sense of coherence and a vulnerable situation, thus affecting health and wellbeing. Scheibl and colleagues (2019) also indicate that relocating to a new home in later life can significantly cause a significant loss of familiarity, safety, and social networks, particularly for older people who experience forced relocation.

Coping with health-related functional decline

Generally, older people in this thesis project appeared to have good physical and psychological health. They appeared to have strong family and informal networks and expressed happiness; however, some experienced vulnerability due to health-related functional decline due to conditions such as previous illnesses, chronic conditions, stress-related disorders, and cancer that could impact upon older people's ability to perform daily activities, potentially increasing their dependence on others for support. It is commonly acknowledged that older people may experience physical and social decline, symptoms of depression, and increased feelings of unsafety (Atchley, 1987, 1989, 2001). Nevertheless, it is important to recognise that each person's ageing process is unique, and many older people may maintain good health, happiness, and social engagement well into their later years (WHO, 2021). The findings of this thesis project align with Swedish cohort studies (Falk et al., 2014; Falk Erhag et al., 2021), which have demonstrated that older people in their 70s and 80s perform most of their daily activities without requiring municipal home care and/or social services assistance.

Sub-studies I, II, and IV (Low Pension, Staying or Moving and Unmet Support) highlight that older people often depend on their family, neighbours, and friends to feel more secure, receive help during illness, stay socially engaged, and avoid becoming isolated. The findings of sub-study IV (Unmet Support) may suggest that housing staff's attention and interactions with older people positively affect their overall housing satisfaction, wellbeing, and safety. In Australia, Hatcher and colleagues (2019) study explored older people's perspectives on coping at home. They found that older people often rely on their social networks to obtain information and share experiences, which help them, cope with and adapt to the changes that come with ageing. Grimmer and colleagues (2015) pointed out that AIP involves having personal resilience and the ability to employ physical and mental strategies to manage health, housing, finances, information, social activities, transportation, and safety. Resilience facilitates personal agency when coping with

AIP in later life. Kivimäki and colleagues' (2020) literature review suggests that the sense of happiness and enjoyment experienced by older people is connected to their feeling of safety at home. Those who prefer to live independently at home typically report satisfaction with their lives, stay active, and proactively plan to improve their health and safety: for example, by participating in fall prevention programmes to enhance their wellbeing, which aligns with the findings of this thesis project. However, Kivimäki and colleagues (2020) argue that healthcare and social services practitioners should be able to distinguish between older people who are managing well at home, those who are barely managing, and those who are not managing at all. This is particularly important for those who live alone and appear to be content with living independently. According to Kaplan and colleagues (2015), collaboration between family members and local professionals is recommended to provide timely support and assist older people in making well-informed decisions regarding their housing needs. Rose and colleagues (2023) state that regular conversations and assessments can help ensure that older people receive appropriate support when needed. Sub-study IV (Unmet Support) revealed that housing staff engage with municipality partners and address the need for solutions that support older people, particularly those with cognitive challenges. In sub-study IV (Unmet Support), interruptions in the delivery of municipal home care and social services would occur if older people did not take their medication, potentially hindering the establishment of long-term support. In Sweden, municipalities routinely conduct preventive home visits for older people aged 75 and over who do not receive municipal home health care or social services. The purpose of these visits is to ensure the independence and wellbeing of older people by examining the services provided to them, identifying risks within their homes, implementing measures to prevent falls, providing activities within their immediate environment, and taking into account lifestyle-related factors such as exercise, sleep, diet, and nutrition (SNBHW, 2016b). Kaplan and colleagues (2015), Kivimäki and colleagues (2020), and Rose and colleagues (2023) highlight that older people with cognitive impairments may overestimate their capability to manage daily tasks, such as handling medications, preparing meals, and maintaining their household. This can lead to a false sense of confidence and potentially conflict with their desire for independence.

In sub-study IV (Unmet Support), some older people with cognitive challenges had to cope independently with AIP. Studies by Ulmanen and Szebehely (2015) and Johansson and colleagues (2018) conducted in the Swedish contest argue that the decline in care homes has resulted in limited access to care homes or supportive housing environments for older people. This aligns with the SNBHW (2021) findings, which recently reported an increased demand for care homes in Sweden. According to Finkel and Sundström (2021) and Ulmanen and Szebehely (2015), the strong emphasis on AIP and insufficient municipal home care and social services provisions have led to an increasing number of frail and dependent older people relying on their family, friends, and neighbours for care and support. Furthermore,

older people increasingly avoid municipal home care and social services due to concerns about the quality of service and support they will receive. This increases the risk of vulnerable situations in older people and their informal caregivers facing vulnerable situations, which can lead to forced relocation to a care home. Kaplan and colleagues (2015) argue for more studies on housing decision-making for older people who are excluded from the decision-making process and risk forced relocation. Scheibl and colleagues (2019) explored housing decision-making among older people dealing with significant limitations in performing basic practical and instrumental activities and those with reduced capacity to engage in decision-making. The study implies an increased risk of family members or the authorities, such as old age psychiatrists or social workers, imposing involuntary relocation due to challenges related to incontinence, fall risks, burden of care, safety, and security. Untimely decision-making in the early stages of cognitive decline often results in multiple hospital transitions before eventual relocation to a care home. While moving to a care home may not appeal to everyone, sub-study II (Staying or Moving) reveal that it can be a practical option for older people seeking to reside in an environment with access to care and support, which aligns with the findings of Söderberg and colleagues (2013) study. The strong emphasis on AIP policy for older people in need of care and support, along with insufficient municipal home care or social services, can make coping with AIP challenging. This highlights the importance of prioritising, planning, and organising AIP interventions to ensure that older people receive the necessary help.

Sub-study IV (Unmet Support) revealed that older people with cognitive challenges encounter vulnerable situations and rely on their neighbours or housing staff for care and safety. Housing staff observed inadequacies in the social support systems for vulnerable older people, leading to recurring problems and emphasising the need for improved municipal home care and social services and access to appropriate housing for those with cognitive challenges. Similar to those findings, a Swedish study conducted by Bengtsson-Tops and Hansson (2014) showed that landlords face difficulties when dealing with tenants with severe mental illness. These challenges include issues like mismanagement of flats, disruptive behaviour, and tensions between neighbours. Solving these housing problems often creates ethical dilemmas for landlords, as it involves dealing with preconceptions, attitudes, and emotions that extend beyond their professional responsibilities. Sub-study IV (Unmet Support) demonstrated that assisting older people with physical, psychological, and social challenges often extends beyond the formal job duties of housing staff. Johansson and colleagues (2018) argue that Sweden's welfare system has broken the social contract regarding housing and care for older people. Sarvimäki and Stenbock-Hult (2016) point out that older people’s vulnerability can be at risk of exploitation, leading to violations of their human dignity. Personnel may unintentionally take part in the unethical treatment of older people, and those with cognitive challenges are particularly susceptible to mistreatment, which can lead to social exclusion. Consequently, this can result in older people losing their sense of

identity and feeling dehumanised due to the harm they experience. Preventive measures have become even more relevant, considering the expected increase in the number of older people with neurocognitive disorders in the coming decades (Kaplan et al., 2015). The findings of this thesis project shed light on a significant knowledge gap and a lack of understanding about how older people with cognitive challenges cope with AIP and its potential impact on their health. This underscores the need for more research, the identification of preventive measures, and the development of health promotion strategies to appropriately address the housing needs of this population.

Coping with limited financial resources

Generally, the older people in this thesis project seemed financially secure. The national pension in Sweden aims to prevent pensioners from falling below the relative poverty threshold as defined by the EU. However, it is expected that the pension system will be reformed, and pension coverage will be reduced. In the future, older people will probably retire later and be increasingly responsible for ensuring their own financial security (Government Office, 2018; Phillipson, 2020; Polivka, 2020). The participants in sub-studies I, II, and III (Low Pension, Staying or Moving and Quality of Life) had experienced various changes in housing, pension, employment, and healthcare policies over their life course. For example, in 1992, several Western countries, including Sweden, transitioned their pension policies to link pensions to productivity rather than to wage levels. As a result, pension payments decreased compared to salary-based pensions. Over time, financial assistance and housing benefits for pensioners have been reduced, leading to increased limitations on services for those who need them the most (Finkel & Sundstrom, 2021). While both international and national policies have focused on preventing poverty, certain population sub-groups (including women, migrants, and individuals with lower education) increasingly face challenges in building adequate pensions or savings through individual pension plans during their working years. This reduces their ability to avoid poverty in later life (Ebbinghaus et al., 2019). According to the findings of study I (Low Pension), older women often take on part-time jobs that they deem meaningful and manageable. Hess and colleagues (2021) found that financial considerations influenced older people's motivation and satisfaction levels in their post-retirement jobs. Older people who worked for enjoyment and interest typically had higher satisfaction levels than those who continued working out of financial necessity. Finch (2014) and Phillipson (2020) point out that older people who are forced to work for financial reasons post-retirement are at risk of experiencing adverse effects on their physical and mental health, wellbeing, and longevity.

According to the findings in sub-study I (Low Pension), older people with limited financial means adhere to strict budgets in order to reduce expenses and make ends

meet. This influences their ability to purchase basic necessities such as special foods, glasses, dental visits, and IT, television, and telephone subscriptions, or participate in family events, travel, and social activities, which could lead to feelings of deprivation. The findings align with a Danish study on financial scarcity in old age (Brünner, 2018). That study is noteworthy because it is one of the few studies on this topic in a country with a welfare system and geography similar to those of Sweden. Older people in the Danish study (Brünner, 2018) did not consider themselves poor but did have to limit their expenses to make ends meet, leading to unmet desires. Based on the findings of sub-study I (Low Pension), it is difficult to determine whether a low pension implies a risk of poverty or if women with a low pension face more financial difficulty or fewer future housing options, because it depends on various factors, such as private savings, housing costs, and eligibility for potential housing benefits. A sample of women living solely on a low pension would be likely to display different financial vulnerabilities and housing-related challenges. Brünner (2018) argued that people facing financial constraints early in life often develop stronger financial management skills, adapt their goals to their circumstances, and make optimal use of available resources. Moreover, as people age, their priorities related to personal needs shift compared to those of younger people in similar financial situations. By lowering their expectations, older people may experience reduced financial strain, even though they may not fully understand the extent of their financial circumstances. Theories on ageing and coping (Atchley, 1987, 1989, 2001; Frydenberg, 2014) suggest that older people choose adaptation and coping strategies rather than traditional problem-solving methods. While older people might be more susceptible to stress, they may still report lower stress levels as they develop a more balanced outlook and increased resilience over time. This enables them to handle minor stressors by concentrating on the positive aspects of life, leading to a somewhat contradictory situation.

In sub-studies I and II (Low Pension and Staying or Moving), the type of housing and the associated cost burden varied depending on personal and civic status and financial resources such as pensions, mortgages, savings, and income. While some older people could afford AIP and had the financial resources to pay for housing and garden maintenance if necessary, financial limits prevented some from purchasing homes, downsizing, or relocating from deprived neighbourhoods. Furthermore, unexpected rent increases and reliance on family members for financial support led to vulnerable situations for older people coping with AIP. This indicates financial inequalities between older people who can manage to purchase services independently and those who cannot do so in later life. Privately purchased services have experienced growth in Sweden; however, they still play a minor role in municipal home care and social services, where informal caregivers, usually the adult children of older people, increasingly provide support (Ulmanen & Szebehely, 2015).

Relevance to public health and health promotion

The findings of this thesis project suggest that participation in society is important for quality of life, active ageing, and AIP. However, financial challenges or declining health can pose a risk to older people's health and wellbeing and AIP. Factors such as the home and neighbourhood environment, supportive networks, and access to local amenities that align with older people's interests and abilities influence their capacity to participate in the community. Older people seem to have greater independence and autonomy when they remain in their homes. Since 1994, AIP has been the central principle in housing policies in Western countries (OECD, 1994). Since the 2000s, research and the media have focused more on AIP, leading to many programmes, organisations, and political initiatives (Scharlach & Diaz-Moore, 2016). AIP is now integrated into both national and international policies and is seen as an alternative to expensive care homes, considering personal, societal, and financial aspects. Most studies indicate that older people favour AIP. Means' (2007) study raises concerns about AIP policies viewing AIP as one solution that fits all, and Buffel and colleagues (2013) argue that developers of AIP policies seem to assume that older people will continue to find their homes and neighbourhoods familiar and consistent. Implementing AIP policies to ensure safety and dignity has proven complex and multifaceted (Buffel & Phillipsson, 2023; Golant, 2015b; Scharlach & Diaz-Moore, 2016). Challenges connected to AIP in terms of service provisions and the quality of care have been demonstrated in several Swedish and international studies (Abdi et al., 2019; Andersson & Johansson, 2021; Genet et al., 2011; Levasseur et al., 2022; Ratnayake et al., 2022; Wiles, 2012; Wiles et al., 2017). In Sweden, a small percentage of older people rely on municipal home care and social services. According to an SNBHW report (2020), the proportion of older people residing in care homes decreased from 8% in 1984 to 4% in 2018. Around 8% of older people receive municipal home care and/or social services, while the same percentage utilise alarm systems, transportation services, and/or meals-on-wheels. These statistics suggest that older people in Sweden largely manage independently, have access to informal support in later life, or have financial leverage to pay for private help and support. However, sub-study IV (Unmet Support) identified a potential grey area revealing the unmet needs of lonely older people or those with cognitive challenges. Further research should explore how many older people with cognitive challenges have unmet support needs and the consequences of AIP has for their health and wellbeing.

The thesis project revealed that only a few participants indicated a desire to move. This was either because they preferred to stay in their current long-term residence or because they had already moved to a more suitable location before retiring. Studies have shown that the risk of vulnerability rises as the functional capacity of older people diminishes (Dupuis-Blanchard et al., 2015; Levasseur et al., 2022; Ratnayake et al., 2022; Schröder-Butterfill & Marianti, 2006). This affects their ability to carry out daily activities and earn an income and creates doubts about their

financial ability and long-term independent living due to reduced coping capacity. The Person-Environment Fit Model (Lawton & Nahemow, 1973) explains that environmental changes due to residential moves can pose health risks, discouraging older people from moving. However, it also suggests that moves may be suitable when living conditions no longer meet their physical needs. Golant's (2018) Theory of Residential Normalcy explains how the decision to move depends on older people's experiences of feeling at home. In residential comfort and mastery zones, older people tend to experience greater satisfaction and wellbeing. However, age-related health changes, life events, or environmental shifts can disrupt the sense of residential normalcy. In response, older people may use coping strategies such as adapting to changes or finding a new home. Moving may be a viable option if current coping strategies are ineffective, if moving seems practical, if a new home offers more comfort, and if the process of moving is considered manageable. This thesis project reveals only a few obstacles to AIP and indicates that older people use proactive coping strategies, such as planning and considering health and housing in later life. International organisations like the WHO (2021) have been advocating for health and leading initiatives for health prevention since the 2000s, aimed at creating awareness of issues relating to supporting older people to cope and preserve their independence as long as possible. More recently, increasing attention has been paid to the age-friendly city and community agendas, and sustainable development goals, aiming to produce long-lasting health solutions (WHO, 2021). Social determinants of health, such as the home environment, financial security, and supportive networks, play a major role in maintaining the autonomy and overall health and wellbeing of older people (Dahlgren & Whitehead, 2006, 2021). The Swedish population is reported to be among the healthiest both in the EU and globally (OECD & EOHSP, 2023; SNBHW, 2020). In this thesis project, older people seemed to possess resilience and cope well with AIP by maintaining good health and having strong social networks, financial resources, and a positive outlook on life. Although Swedish studies have identified housing challenges and accessibility barriers in Sweden (Slaug et al., 2011; Slaug et al., 2020), this thesis's findings suggest that older people cope proactively and seek solutions.

Sub-studies I and II (Low Pension and Staying or Moving) indicate that housing and financial inequalities can adversely impact the health, wellbeing and ability to cope well with AIP. Despite growing inequalities in Sweden, older people still enjoy a high quality of life and social security (Gustafsson et al., 2021; Gustafsson & Österberg, 2023). That is likely to be due to the tax-financed universal welfare system, access to healthcare, municipality home care and social services, and a state pension that may be more generous than the systems in many other countries. Finkel and Sundstrom (2021) argue that pension, housing, and healthcare reforms may occur at a time that may have an impact on retirement planning and that sex, education, work history, illness, and family planning affect the risk of poverty and vulnerable financial situations (Finch, 2014; Finkel & Sundstrom, 2021). While relative poverty is not necessarily linked to housing insecurity or homelessness

among older people in Sweden, it does have an impact on housing quality, livelihood, and active and social participation, which is important for maintaining social relations, health, and wellbeing. Despite national and international ambitions and strategies to help reduce socioeconomic inequalities, these still need to be improved. The risk of inequality is increasing, and poverty is on the rise in Sweden (EAPN, 2019). According to Dahlgren and Whitehead (2006, 2021), reducing inequalities requires a long-term strategy. Politicians and local governing bodies should establish the groundwork for understanding subjective and objective inequality to strengthen health prevention initiatives. This can be accomplished by promoting early education awareness, securing stable employment and income, ensuring access to housing, considering lifestyle factors, and encouraging empowerment and participation from a health promotion perspective. Buffel and colleagues' (2013) study from the UK illustrates that older people with ethnic backgrounds living in disadvantaged neighbourhoods often live in crowded flats in neighbourhoods with a history of drug dealing, crime, and social disorder. This makes it difficult for them to feel at home in later life. In these neighbourhoods, high crime rates can make older people feel unsafe and reluctant to leave their homes, especially after dark. In contrast, older people who like where they live seem to become involved in local politics and tend to have fewer safety and security problems. Studies by Gustafsson and colleagues (2021) and Gustafsson and Österberg (2023) highlight that immigrants who came to the Nordic countries in the 1970s and 1980s, along with their descendants, have lower financial and social status, leading to greater levels of inequality compared to those born in the Nordic countries. A minority of older people in this thesis project had a non-Swedish background, and housing and financial inequalities existed between people with Swedish and non-Swedish backgrounds.

In sub-study IV (Unmet Support), different management dilemmas arose while adhering to formal mental health care rules and regulations. The expertise and competencies of housing staff, along with their official duties, personal preferences, and work attitudes, played a significant role in how tasks were handled. In Sweden and other Western countries, public policies prioritising a results-oriented management approach to staff and tasks based on NPM principles have sparked debates about the effectiveness and quality of municipal home care and social services (Andersson & Johansson, 2021; Hjort, 2005; Sobis, 2013). NPM promotes collaborations between healthcare professionals and other municipal partners; however, complex dynamics can hinder effective communication and service coordination, which can lead to reduced quality in the municipal home care and social services on offer (Abdi et al., 2019; Andersson & Johansson, 2021; Genet et al., 2011). From the perspective of housing staff, dealing with increased bureaucracy and efficiency demands takes time away from their core responsibilities of interacting with tenants and carrying out work tasks (Pyykölä, 2012; Rörshammar, 2019). Housing staff can be important in providing familiarity and confidence for older people who lack informal networks or significant others, and housing staff feel

a sense of responsibility towards prioritising assistance for these older people, and such attention and interaction may have a positive impact on the overall housing satisfaction, wellbeing, and safety of older people. However, politicians, stakeholders, and public housing providers must recognise that housing staff have multiple responsibilities. Including the perspectives of housing staff in organisational decision-making based on their experiences with older people is essential.

Conceptual and theoretical reflections

The choice of different theoretical and conceptual perspectives was based on their relevance to exploring and comprehending AIP, vulnerable situations, and coping in later life.

The definition and understanding of AIP remains a topic of debate despite extensive research in various scientific fields (Forsyth & Molinsky, 2020; Martens, 2017; Vanleerberghe et al., 2017). Between 1950 and 1970, there was a significant shift towards municipal home care and social support in Sweden to encourage women's participation in the workforce. During this time, society also began taking on more responsibility for providing care and support for older people in their homes as they aged (Johansson et al., 2018). Over time, AIP has transformed to emphasise autonomy and independence, taking a broader perspective than merely addressing the basic care needs of older people who spend most of their time in the context of their homes. Dealing with the complexities of AIP, the EFP (Scharlach & Diaz-Moore, 2016) offers a comprehensive framework that considers various factors related to the interactions between the individual, the environment, and society. Scharlach and Diaz-Moore's (2016) work on AIP aligns with ecological theories that respect and value the individual's perspectives, advocating for a diverse and individualised approach to ageing and AIP. The EFP (Scharlach & Diaz-Moore, 2016) covers important aspects of coping well, including emotional and practical elements of daily life, such as the six Cs: continuity, compensation, control, connections, contribution, and challenges. These contribute to constructive ageing. This concept aligns with broader theories of ageing and continuity (Atchley, 1999, 1989), which focus on understanding the various factors and circumstances that impact upon ageing and the health and wellbeing of older people. Chaudhury and Oswald (2019) put forward the person–environment exchange framework, which examines the interplay between housing and health dynamics relevant to using deductive content analysis. Housing and health dynamics are influenced by people's characteristics, social factors, the physical environment, and technical systems, which are closely related to older people's agency and sense of belonging, influencing their sense of identity and autonomy. As to coping and adaptation, Frydenberg (2014) proposed various strategies that are relevant to the deductive content analysis performed across the findings of the four sub-studies. These coping

theories helped to shed light on older people's coping strategies and were used to identify strengths or a lack of internal and external coping resources and coping strategies among older people in vulnerable situations AIP in Sweden.

When comparing the theories, frameworks, and concepts that have guided this thesis project with recent literature reviews related to ageing, Kivimäki and colleagues (2020) study on safety at home, Rose and colleagues (2023) study of older people's experiences with AIP, and Roy and colleagues (2018) study on housing decision-making in frail older people in later life proved relevant and insightful. Kivimäki and colleagues (2019) identified four dimensions of safety at home: physical, social, emotional and mental, and cognitive safety. Older people’s perceptions of safety at home were categorised as: active living, coping at home, managed living, and knowledge of the existence of disease. This thesis project identified issues in the same categories, as well as issues related to coping with housing and environmental factors influencing health and active participation. Rose and colleagues (2023) illustrated that older people's experiences of coping with AIP involve both internal and external coping strategies and supportive systems. Coping with AIP relies on older people's personal characteristics, personal networks, community connections, home environment, and the availability and appropriateness of support to adapt to changes. Likewise, this thesis project identified that older people’s social and civic backgrounds, financial resources, supportive networks, and societal contributions were involved in the vulnerable situations they face when coping with AIP. This thesis project encompasses all six dimensions identified by Roy and colleagues (2018) regarding housing decision-making among frail older people: the psychological and psychosocial dimension (place attachment, belonging, control, meaning), the social dimension (informal and formal network and social support), the built and natural environment dimension (rural, semi-rural, and urban neighbourhoods in deprived and non-deprived neighbourhoods), the time and space dimension (length of residence and life course perspective), the economic dimension (low pension), and the socioeconomic and health dimension (pensions and municipal home care and social services). The mentioned studies were relevant and valuable for this thesis project and potentially for shaping and furthering research on housing and AIP for older people.

Strengths, limitations and methodological consideration

During the spring of 2020, the COVID-19 pandemic led to restrictions on data collection in the presence of participants, which lasted for approximately one year. Therefore, a workshop and data collection activities for the four sub-studies were conducted via telephone calls or online meetings. According to Chiumento et al. (2018), physical separation is a known methodological challenge of online interviewing. However, during COVID-19, phone or online meetings provided

flexibility in gathering data despite social distancing restrictions. While the online meetings allowed the researchers to gain an impression of the participants and their homes, this mode provided less interaction than at-home interviewing. However, online meetings did not entirely remove the disadvantage of not having a physical meeting and observing the home and neighbourhood. To counteract sub-study limitations, the technical equipment was tested to minimise data limitations and avoid problems with webcam feeds, time lag, and potential data loss. Arrangements were made with the participants to voice problematic issues to ensure verbal, non-verbal, and visual contact.

The four sub-studies in this thesis project used various designs and methodological approaches. An ongoing challenge in gerontology studies is the lack of consideration given to the perspectives of older people in public debates, resulting in their exclusion from the development of measures to improve age-friendliness (Buffel et al., 2013). Although this thesis project included older people and captured their subjective experiences, the overarching aims and methodologies of each of the four sub-studies did not revolve explicitly around older people in vulnerable situations and their coping with AIP. To achieve a deeper understanding based on the entirety of the findings, a deductive content analysis was conducted based on a categorisation matrix. However, the data from the four sub-studies varied in how well it fitted into the categorisation matrix based on the level of detail. The quantitative sections of sub-studies II, III, and IV (Staying or Moving, Quality of Life, and Unmet Support) contributed less detailed information, while the qualitative data from sub-studies I, II, and IV (Low Pension, Staying or Moving, and Unmet Support) added more detailed and nuanced information to explore vulnerable situations in the data. Applying a multi-methods approach in sub-study II (Staying or Moving) and mixed-methods for sub-study IV (Unmet Support), the qualitative data contributed to and improved the understanding of the quantitative data. It is important to note that the findings of sub-study IV (Unmet Support) reflected the housing staff's perspectives rather than the older people's subjective experiences.

Due to the inclusion criteria of older people with a low pension in sub-study I (Low Pension), it is not possible to conclude whether a low pension implies a risk of poverty, or that older people with a low pension have more financial difficulties or fewer future housing options, because such matters depend on their other assets (e.g., savings, property, and employment income) and eligibility for potential welfare grants. Thus, a sample of older people living solely on a low pension would be likely to reveal different financial, housing, and health-related vulnerabilities. In addition, it should be kept in mind that the data collection for sub-study I (Low Pension) was conducted a few years ago (2019), and the participant's financial situation was probably different from today's financial strain due to the current global situation.

The recruitment process and data collection for sub-studies II and III (Staying or Moving and Quality of Life) occurred as an ongoing process over approximately two years. The data collection is considered robust and reliable and displays only a few missing pieces of data for specific survey items, such as sociodemographic data, PPFM-OA, WHOQOL-BREF, and the ADL-staircase. In addition, the distribution of participants living in rural and urban neighbourhoods and of men and women was very even. Twenty-six people participated in both qualitative, individual, in-depth, semi-structured interviews and survey interviews. The opinions of those who participated in both data collections in sub-study II (Staying or Moving) could have been influenced by having time to reflect upon staying or moving. Data collected early on may have led participants to respond differently than those interviewed later due to societal changes affecting their lives. Furthermore, as most of the participants in sub-studies II and III (Staying or Moving and Quality of Life) were born in Sweden, the perspectives of immigrants from other countries must be further explored. For interviews conducted in Arabic, Danish, English or Persian language, structures and expressions across languages may have affected the clarity and comprehension of translated questions.

Applying a multi-methods approach within a larger mixed-methods project is challenging, and contributes to both strengths and limitations. While the use of non-identical samples in sub-study II (Staying or Moving) could be questioned, the preparatory analyses to determine whether the qualitative interview sample could be validly merged with the survey sample supported the validity of this approach. However, the findings should be interpreted with an awareness that the distribution between sex and neighbourhood was close to statistically significant (p=.051) between the samples, and there were minor but statistically significant differences regarding considerations to move. The interview sample (n=26) had a higher percentage of women and more often considered moving than the survey sample (n=434). It is acknowledged that using data from depopulated rural and deprived urban neighbourhoods in a joint analysis may be a limitation due to differences in characteristics, such as housing, transportation, and other services. However, it is supported by literature theorising that the precarious conditions facing older people in both types of neighbourhoods in terms of social exclusion from material resources, services, civic participation, and social relations (Abramsson & Hagberg, 2019; Dahlberg, 2020; Scharf & Bartlam, 2008), and this approach produced novel findings, elucidating differences as well as similarities.

Sub-study II (Staying or Moving) aimed to focus on specific disadvantaged neighbourhoods and older people's experiences of being residents there. Future research on residential reasoning will benefit from the perspectives of former residents who have moved away from the neighbourhood under study. Additionally, to better understand the factors that influence the decision to stay or move, including older people in non-disadvantaged neighbourhoods for comparison could shed further light on potential environmental influences on the decision-making

process. Notably, the targeted urban and rural disadvantaged neighbourhoods do not represent all disadvantaged neighbourhoods in Sweden. Factors such as willingness to participate and the specific demographic profiles of the participants may have contributed to sample bias. Additionally, older people who were isolated or withdrawn from their communities may have chosen not to participate.

A potential limitation to sub-studies II and III (Moving or Staying and Quality of Life) is that the PPFM-OA had not previously been utilised in empirical research in Sweden and still has limited evidence of validity and reliability in this context. Still, the tool offers a structured and consistent way to evaluate how well participants felt that their living environment suited their daily lives. Data collection was preceded by rigorous methodological development and testing (Granbom et al., 2022, 2024; Weil, 2020). However, further testing is needed to target older people in different living situations. Sub-study III (Quality of Life) also contributes additional evidence of the PPFM-OA's validity in relation to other variables, such as quality of life, when applied to assess the interplay and fit between personal and environmental factors in disadvantaged neighbourhoods.

The ADL-staircase (Sonn & Asberg, 1991) was designed for professional assessment, combining interview and observation information. However, the survey interviews in sub-studies II and III (Staying or Moving and Quality of Life) used the instrument as part of a comprehensive survey questionnaire in which the ADL-staircase was used for self-reporting. A sum score was derived from individual self-reported responses to each ADL-staircase item, categorised as 0) independent without difficulty, I) independent with difficulty, II) partly dependent and III) dependent. A similar approach has been used previously (Iwarsson et al., 2009). Nevertheless, the findings should be interpreted with this adjustment in mind. The addition of the self-rating of difficulty in ADL is considered a strength because it produces a more subjective assessment of ADL performance, particularly among older people with higher levels of ADL functioning.

Sub-study IV (Unmet Support), conducted over approximately one year, reported a total of 32 CIs, with 23 of them being part of sub-study IV (Unmet Support). After examining the 23 CI reports, the project team conducted two group interviews to gather additional qualitative data to improve the data quality and complement the quantitative findings (Creswell & Plano Clark, 2018).

Conclusions

Older people are more likely to favour AIP than moving to a care home. Although potential future housing changes were considered, they were mainly reflected upon rather than realised. Older people consider where to engage in AIP, including improving accessibility in their current home or moving to another smaller, cheaper,

and more manageable home. The findings challenge the presumption that the characteristics of depopulated rural and deprived urban neighbourhoods are the primary factors influencing older people's decisions to move. Focusing on the positive aspects of moving may make the transition easier and help people to cope; furthermore, being on a waiting list for public housing may be an important proactive coping strategy. Some older people consider co-housing options to ensure safety and social engagement. The strong political emphasis on AIP leads to a need for more suitable living arrangements in care homes for older people with cognitive challenges and socially vulnerable older people, including enabling older couples in their 90s to be able to continue AIP and stay together in old age.

Housing decision-making depends on availability, comfort, price, renovations, and size compared to the current home. If a desired move is not an option, renovating and making the home more age-friendly and attractive could improve older people's housing and financial situation. The inability to move may contribute to vulnerable situations, causing frustration and anger, in turn leading to isolation, reduced autonomy and independence, and increased demands on resilience when seeking to cope emotionally with AIP and managing housing insecurity. In contrast, older people who perceive their neighbourhoods as suitable for AIP demonstrate moderate to high levels of person–place fit and quality of life, even when living in disadvantaged neighbourhoods. Older people may avoid discussing potential accessibility and daily activity challenges or future concerns due to wanting to continue AIP. Financial constraints and the lack of ground-floor flats lead older people to choose to stay where they are despite potential accessibility difficulties and uncertainty about their ability to manage independently in the future.

Selling a home and moving into a rental or purchasing a less expensive one is one possible way to release funds to supplement a low pension. However, older homeowners with an existing mortgage have limited housing options. The risk of financial and housing inequalities affects both older people born in Sweden and non-Swedish immigrants. Older people in Sweden have access to financial security and high-quality housing options. However, affordable housing is needed in all types of municipalities in Sweden – rural, semi-rural, or urban.

Older people receive and provide support through informal networks by maintaining networks with family and neighbours in the local community. These networks provide them with a sense of safety and security and fulfil their basic and social needs. However, they may find it difficult to carry out daily activities and choose to cope by adjusting and withdrawing from social engagement to rest and care for their physical and emotional wellbeing. The attentiveness of neighbours and housing staff and timely interventions from them could prevent adverse events and life-threatening situations.

Those who can afford private help find managing a large home and garden easier in their later life, making AIP a feasible choice. Older people generally prefer to

maintain financial independence and avoid relying on financial support from family members. However, participants found that reducing running costs is quite challenging. The size of pensions would prompt information regarding the size of retirement funds in the local municipality. Based on older women's perspectives, important and even drastic housing choices were made in old age. Some older women need to supplement their low pension with an income from part-time or hobby-related work. However, financial limitations and health problems could disrupt such work plans and challenge AIP. This could cause fear of an involuntary move and, thereby, the loss of a sense of coherence. Older people did not want to dwell on past life choices or the complex factors that had contributed to a financially vulnerable situation, including work, health, or social factors. Nor did they want to worry about potential future problems. As a result, they value their health, neighbours, and neighbourhood more than having more money, seeing it as a positive way to feel safe later in life.

MHC housing staff's attention and interactions with them may positively affect older tenants' housing satisfaction, wellbeing, and safety. However, housing staff and managers face difficulties when reaching out to older tenants' families or municipal partners when they want to address unmet care and support needs. Housing staff are aware of the challenges in municipal home care and social services in providing appropriate care and housing for older people with difficulties coping independently when AIP. Dilemmas appear for housing staff between meeting older tenants' support needs and following the MHC's governing regulations, professional responsibilities and competencies, and staff preferences and work attitudes. These dilemmas influence the housing staff's ability to confidently judge and manage older tenants' support needs while simultaneously maintaining a formal, professional, and impartial approach to all tenants' support needs and maintain a formal, professional, and impartial approach to all tenants.

Future practice, research and policy perspectives

In this thesis project, only a minority of older people in vulnerable situations seem to face challenges in coping with AIP; however, monitoring and preventing vulnerable situations for older people is crucial. The findings from this thesis project add to the growing body of literature on AIP. The thesis project enhances our knowledge and understanding of how housing and neighbourhoods can influence and improve the quality of life among older people AIP in disadvantaged neighbourhoods. Recognising and addressing the complex relationship between people and their environment, the findings can be used in policymaking and in practical and social efforts to improve the situation of older people AIP and prevent vulnerability among them.

The thesis project underscores the need for further refinement and clarification of the AIP concept. Initially, the concept aimed to ensure the basic safety and wellbeing of older people as more women joined the workforce. While the creation of age-friendly cities and communities has been advantageous, maintaining the support available to older people who spend most of their time at home remains crucial. This thesis project highlights the weaknesses of municipal home care and social services, including the need for further research and creating awareness to proactively address the availability and suitability of housing for older people with cognitive challenges. It is stressed that frail older people are at risk of having their dignity compromised. Vulnerability and human dignity are frequently disregarded in AIP research and should thus be integrated into developing AIP theories and frameworks. This thesis project lays the foundations for further explorations of factors related to ageing in public housing and community planning, thereby encouraging the development of support systems in local communities. In the Swedish context, it is important to consider the possibility of conducting preventive home visits earlier and to identify specific groups in greater need, such as lonely older people, those facing cognitive challenges, and older people in disadvantaged neighbourhoods. Taking proactive measures to address health prevention challenges related to assessing the dignity and quality of life among older people, establishing criteria for minimum municipal healthcare and social services, and creating clear communication channels with municipality home care and social services can lead to improved outcomes for both older people and municipal partners.

This thesis project illustrates how organisational dilemmas influence the work of housing staff in supporting older people. It highlights that housing staff can provide a sense of familiarity and confidence to older people who lack informal networks or significant others. Also, housing staffs feel responsible for assisting older people in vulnerable situations. However, the diverse support needs of such older people extend beyond the staff's professional competencies, training, and formal work responsibilities. It is crucial to recognise the potential challenges that can arise from cross-sector and interdisciplinary collaborations. Politicians, stakeholders, and public housing providers should recognise that housing staff are juggling competing roles and work dilemmas. Housing staff perspectives should be included in organisational decision-making. While more research on such matters is warranted, the findings can guide careful reassessments of the staff categories and training needed to support older tenants while maintaining high-quality services and safety in public housing. Future research on these matters should also explore public housing in municipalities of various sizes and include national surveys to guide the development of ageing and housing policies. This can lead to better outcomes for older people and municipal partners.

Vulnerable situations can stem from long-standing societal, economic, social, and cultural inequities such as political and societal conditions, social and healthcare policies, neighbourhood changes, poor-quality housing, crime, feelings of unsafety,

and the risk of poverty. Precise definitions of poverty are crucial for understanding and addressing the financial needs of vulnerable older people facing illness and functional decline. Reducing the risk of vulnerable situations and increasing resilience to cope better involves recognising societal factors in addition to older people's internal and external coping resources, and assessing the support that older people need in order to cope with difficult situations. Despite ambitions to reduce socioeconomic inequalities, more needs to be done as the risk of inequality is increasing, and poverty is on the rise in Sweden. Reducing inequalities requires long-term strategies. Politicians and local governing bodies should establish the groundwork for understanding both subjective and objective inequality in order to strengthen health prevention initiatives by promoting early education awareness, securing stable employment and income, ensuring access to housing, considering lifestyle factors, and encouraging empowerment and participation, all from a health promotion perspective. Future studies should focus on older people who rely solely on a low pension and men and couples who are ageing with limited pension funds to gain insights into different life situations. The findings of this research project could strongly influence pension and housing policies, not only in Sweden but also in countries with similar welfare systems.

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Appendices I-IV

Appendix I. Original interview guide for sub-study I (Low Pension)

Syfte

- Att undersöka hur äldre husägare med låg pension i Sverige ser på sin boendesituationoch hur de tanker inför framtiden kring att bo kvar eller flytta.
- Jämföra likheter och skillnader mellan äldre låginkomsttagare i två olika typer av välfärdssystem (Sverige och USA).

Kolla av; Praktisk information (Informerat samtycke, spela in intervjun, tala fritt)

Introduktion

- Det är allt vanligare att man har låg pension som äldre, och det kan vara en utmaning, speciellt när man bor i hus. Man bor kanske tryggt och billigt, men det kan också medföra kostnader och svårigheter. I det här projektet så vill vi ta reda på hur äldre husägare ser på sin boendesituation och man tänker inför framtiden kring att bo kvar eller flytta.
- I den här intervjun är det din åsikt och dina tankar som är viktiga. Jag kommer att ställa frågor, men det finns inga rätt eller fel svar. Så känn dig fri att berätta vad som dyker upp i huvudet när jag ställer frågorna. Min uppgift idag är att lyssna på vad du har att berätta omditt hem.

Teman att beröra under intervjun

- Alla teman berör tidigare erfarenheter, nuvarande situation och hur man tänker sig framtidenoch hur det påverkar ens resonemang.

Öppningsfråga

- Berätta om när du flyttade hit, och hur det kom sig att du flyttade just hit?
- Att ha ett hus och känna sig hemma
- Berör känslomässiga band till hemmet, vad ”hemma” betyder för deltagaren, även hur manidentifierar sig med närområdet.

Igångsättningsfrågor

- Vad betyder hemmet för dig?
- Vad betyder för dig att vara hemma? Vad gör ditt hem till ett hem? Har du alltid käntdig hemma?
- En del människor tycker det är skillnad på att bo i ett hus och att bo i ett hem. Vad tycker du?
- Har du bott någonstans som inte har känts som hemma? Varför tror du att du kändedet så? (alt. verkligen känt dig som hemma)
- Vill du berätta lite om området du bor i, hur är det?
- Är det hemmet eller området som är viktigast för dig? Hur kommer det sig?
- Vill du berätta vad du uppskattar med ditt hem?

Hemmet och ekonomin

Temat handlar om hur personen påverkas av sin ekonomiska situation. Viktigt att inte lägga en värdering i detta från intervjuarens håll. Handlar om hur ekonomin påverkar sådant som rör bostaden och vilka strategier man har för att hantera sin situation. Hur var situationen tidigare? Hur ser man framåt?

- Hur ser du på din ekonomi?
- Finns det tillfällen din ekonomi begränsar dig? När? Vill du ge exempel?
- Att ta hand om löpande kostnader i hemmet, hur fungerar det för dig?
- Hur är det med renoveringar? Behov just nu? Hur löser du sådana behov?
- Hur ser ditt ägande ut? Lån? Amorterar du? Har du sökt lån efter 65 års ålder?

- Diskuterar du din ekonomi med andra?

Bo kvar eller flytta

Handlar om tankar om flytt, faktiska flyttar och varför de gjordes, om flytt är ett realistiskt alternativ, och hur man tänker om att flytta i framtiden. Även hur det sociala nätverket påverkar boenderesonemanget (stödjande/pressande).

Igångsättningsfrågor

- Har du funderat på att flytta på senaste tiden, och varför har du tänkt på det?
- Längre fram i tiden, vad för situation skulle kunna göra att du blir tvungen att flytta?
- Om du skulle flytta, vad skulle du ha för alternativ då?
- (Om man flyttat nyligen) Hur fattade du beslutet att flytta, och hur hanterade du denfaktiska flytten?
- Pratar du med någon annan om detta? Familjemedlemmar eller vänner? Tycker dematt du har det bra här?

Vardagslivet hemma

Innefattar vad det dagliga livet innebär, vardagsaktiviteter och aktiviteter/sysslor som deltagaren behöver och vill utföra. Om hemmet och närområdet fungerar för att aktiviteterna ska kunna utföras. Hur deltagarens hälsa påverkar. Hur den fysiska bostadsmiljön och miljön i närområdet påverkar.

Igångsättningsfrågor

- Hur ser en vanlig dag ut för dig?
- Vad brukar du göra när du kopplar av?
- Påverkar din hälsa vad du vill eller behöver göra? Kan du ge något exempel?
- Är bostaden någon gång ett hinder för vad du vill eller behöver göra? Exempel?
- Har detta förändrats över tid?
- Finns det saker du känner är svåra eller omöjliga att göra som du vill eller behöver göra? Har det förändrats den senaste tiden?

Att klara sig hemma

Handlar om hur deltagaren hanterar sin (sviktande) hälsa i sin bostad. Om deltagaren behöver eller har hjälp eller vård. För att förstå vad deltagaren har för strategier och resurser för att klara sig (t.ex. socialt nätverk, ekonomisk situation). Viktigt att knyta det till bostaden och närområdet.

Igångsättningsfrågor

- Du berättade att det är svårt för dig att (…) på grund av (…). Hur löser du det?
- Har du någon du kan be om hjälp, och vilket sorts hjälp skulle det kunna vara?
- Andra personer jag intervjuat har berättat att de är oroliga för att de inte ska kunna ta hand om trädgården eller ha råd med renoveringar av huset. Vad är dina tankar om det?
- Finns det delar av bostaden som du inte längre använder? Varför inte?

Lämplig framtida bostad

Det är helt omöjligt att veta hur framtiden kommer att se ut. De följande frågorna handlar om tänkbara situationer och hur bra ditt hem fungerar för dig. Tror du att din nuvarande bostad fortfarande skulle passa dig om…

- du behövde bo här ensam?
- din hälsa försämrades?
- barn/make/makas hälsa försämrades?
- om du hade mindre hjälp än du har nu?
- om din inkomst skulle minska?

- om du inte längre kan köra bil?
- gå i trappor
- om du ville eller behövde ha någon boende hos dig

Avslutning

- Tack för att du ville ta dig tid att träffa mig, det uppskattar jag verkligen. Är det något mer duvill tillägga, som jag inte frågat om?
- Skulle du vara intresserad av att delta i forskning igen som rör boende? Får vi kontakta digmed en förfrågan om något skulle dyka upp?

Praktikaliteter (Trisslotter, kontaktinformation, vi skickar pop vet sammanfattning)

Appendix II. Report form I for sub-study IV (Unmet Support)

Den här enkäten fyller du i endast vid ett tillfälle. Enkäten innehåller bakgrundsfrågor om dig och din anställning som bovärd/fastighetsskötare. Du kommer även fylla i ett tilldelat användar-id som du i fortsättningen ska ange varje gång du rapporterar en kritisk incident.

Så här fyller du i pappersenkäten

Nedan ser du hur du markerar ett svarsalternativ, och hur du avmarkerar ett redan gjort val.

☒ Korrekt markerat svarsalternativ

☐ Inkorrekt markerat svarsalternativ, krysset ska vara mitt i rutan

☒ Inkorrekt markerat svarsalternativ, krysset är alltför kraftigt

■ Ångrat val, svarsalternativet räknas

1. Ditt användar-ID? (Nr. 1-30)

2. Vilket år är du född? (t.ex.1975)

3. Kön?

☐ **Man**

☐ **Kvinna**

☐ **Annat**

4. Vad är du anställd som?

☐ **Bovärd**

☐ **Fastighetsskötare**

5. Hur många år har du arbetat inom yrket?

Appendix III. Report form II for sub-study IV (Unmet Support)

Enkäten ska fyllas i när du har varit med om en kritisk incident. Frågorna handlar om var och när den kritiska incidenten inträffade samt vilka som var involverade. Du ska ge din beskrivning av vad som hände och hur du tycker situationen löstes. Vissa frågor ska du besvara med fritext. När du besvarar dessa frågor är det viktigt att du beskriver händelseförloppet så detaljerat som möjligt.

Så här fyller du i pappersenkäten

Nedan ser du hur du markerar ett svarsalternativ, och hur du avmarkerar ett redan gjort val.

☒ Korrekt markerat svarsalternativ

☐ Inkorrekt markerat svarsalternativ, krysset ska vara mitt i rutan

■ Inkorrekt markerat svarsalternativ, krysset är alltför kraftigt

■ Ångrat val, svarsalternativet räknas

1. Ange ditt användar-ID (Nr. 1-30)

☐

2. Produktnummer

☐

3. Är detta en fortsättning på en tidigare inrapporterad kritisk incident?

☐ **Ja**

☐ **Nej**

4. Ange dag för den kritiska incidenten

☐ ☐ ☐

5. Vilken tid inträffade den kritiska incidenten?

☐ På ordinarie arbetstid

☐ Under jourtid (kväll/natt/helg)

6. Hur blev du involverad i den kritiske incidenten?

- [ ] Upptäckte den själv
- [ ] Jag blev kontaktad av hyresgästen
- [ ] Jag blev kontaktad av annan hyresgäst
- [ ] Jag blev kontaktad av anhörig till hyresgästen
- [ ] Jag blev kontaktad av annan instans/myndighet
- [ ] På annat sätt (beskriv hur nedan)

Beskriv hur nedan

7. Var du involverad i den kritiska incidenten från början?

- [ ] **Ja**
- [ ] **Nej**

När blev du involverad? (beskriv nedan)

8. Var inträffade den kritiska incidenten?

- [ ] Hyresgästens bostad
- [ ] Gemensamma utrymmen inomhus
- [ ] Utomhus
- [ ] Annan plats

Ange specifik plats i hyresgästens bostad t.ex. badrum, sovrum eller kök

Ange specifik plats i gemensamma utrymmen inomhus t.ex. trapphus, tvättstuga eller källare

Ange specifik plats utomhus t.ex. parkeringsplats, gångbana eller grönområde

Ange specifik plats

9. Vilka personer förutom du själv och hyresgästen var involverade i den kritiska incidenten?

- ☐ Anhörig
- ☐ Annan hyresgäst
- ☐ Annan KABO-personal
- ☐ Blåljuspersonal
- ☐ Person från kommunen/annan myndighet
- ☐ Annan person
- ☐ Ingen annan

Anhörig: Ange vem/vilka

Annan KABO personal: Vem eller vilka

Blåljuspersonal: Ange vem eller vilka

Person från kommun/annan myndighet: Ange vem eller vilka

Annan person: Ange vem eller vilka

10. Beskriv händelseförloppet för den kritiska incidenten - från start till slut/att du lämnade

11. Vad tänkte du under och efter den kritiska incidenten och vad upplevde du som mest

12. Tycker du att situationen löstes på ett bra sätt?

☐ **Ja**

☐ **Nej**

☐ **Delvis**

Beskriv varför

Appendix IV. Vignette case stories for sub-study IV (Unmet Support)

1. (enkel sak som är snabbt åtgärdad)

Du är på väg för att äta din lunch när en hyresgäst ropar på dig. Hyresgästen är en äldre man som bor själv i en lägenhet på andra våningen. Du brukar se honom lite då och då med sin rollator när han är ut och promenerar, men du känner honom inte närmare. Det finns olika praktiska saker som äldre personer med funktionsnedsättning kan behöva hjälp med, till exempel bära saker till/från förrådet, köra något till avfallsstationen, hänga upp adventsstjärnan, få Tv'n att fungera etc. den äldre mannen undrar om du skulle kunna hjälpa honom med en sådan praktisk sak. Hur tänker du i en situation som denna?

1. Får alla hyresgäster denna hjälp?
2. Vad får dig att vilja hjälpa personen?
3. Finns det något du absolut inte skulle hjälpa till med?
4. Vad ligger till grund för detta?
5. Var går gränsen för att hantera ärendet själv och rapportera vidare?

2. (renoveringar)

Hissen i en av fastigheterna stannar plötsligt och efter besök av en reparatör visar det sig att det är någon veckas leveranstid på de reservdelar som behövs. På tredje våningen bor en kvinna som använder permobil när hon tar sig runt i och utanför fastigheten. För att kvinnan ska kunna ta sig till tvättstugan/affärer eller någon annan aktivitet behöver hon nu hjälp av dig och dina kollegor.

- Vad väljer ni att göra i ett läge som detta?
- Hur tänker du kring detta val?
- Vilka alternativ finns för dig/dina kollegor?
- Hur fungerar dessa alternativ?
- Vad tänker du skulle vara det bästa sättet att lösa situationen på?

3. (grannar)

Du blir kontaktad av en hyresgäst som blir störd av grannen som bor i lägenheten intill. Enligt hyresgästen är grannen ofta otrevlig och ställer även soppåsar och kartonger utanför sin lägenhetsdörr som medför att det luktar illa och ser skräpigt ut. Hyresgäster har vid ett antal gånger försökt prata med sin granne men det slutar alltid med att dom blir arga på varandra. Efter samtalet med hyresgästen kontaktar du grannen som ger dig en helt annan bild av situationen.

- Hur tänker du kring denna situation?
- Vilka alternativ finns för dig att lösa situationen?
- Vad hade du behövt för att kunna lösa situationen på ett bra sätt?

Nytt perspektiv

Vad händer om hyresgästen har en anhörig som ställer krav på att något måste göras? Den anhöriga orkar inte längre höra sin mamma/pappa beklaga sig gällande grannens beteende och har inte heller möjlighet att besöka sin mamma/pappa på grund av att hen bor i annan del av landet.

- På vilket sätt inverkar anhörigas påtryckningar det sätt du kan hantera situationen?
- Finns det några ytterligare möjligheter för dig än de alternativ som redan nämnts?
- Vad hade du behövt för att kunna lösa situationen på ett bra sätt?

4. (sjukdom)

Det är en regnig höstdag och du är på språng mellan två ärenden när en hyresgäst dyker upp och vill prata med dig. Hyresgästen berättar om sin granne som ser smutsig och ofräsch ut. När hyresgästen häromdagen gick förbi grannens lägenhet stod ytterdörren på glänt. Hon kunde se att det var saker över allt, det var väldigt smutsigt och rörigt i lägenheten dessutom luktade det illa. När du besöker grannen lite senare ser du att det finns uppenbara problem.

- Vad kan ligga tillgrund för om du kan hantera problemet eller inte?
- Vilket stöd finns inom KABO för att hantera problemet?
- Finns det andra (utanför KABO) du kan vända dig till?

Tiden går och du blir åter uppmärksammad på att det är problem med "grannen", varför händer inget undrar hyresgästen?

- Hur tänker du kring din insats i situationer som denna?
- Vad skulle du vilja ha för stöd/möjlighet att agera?

5. (ensamhet)

Solen skiner och våren är på ingång, dessutom är det fredag eftermiddag så snart är det helg. Du är upptagen med att rensa i rabatterna utanför ett av husen när det ringer i din telefon. Det är en äldre kvinna som bott i området i många år. Hon är mycket ledsen och berättar att hennes syster just har dött. Under samtalet får du en känsla av att kvinnan är mycket ensam och inte har någon annan att prata med.

- Hur hanterar du en situation som denna?
- Vilka tankar har du kring din roll och ditt ansvar för kvinnan?
- Vad tror du får kvinnan att ringa till just dig?
- Hur ser du att ett telefonsamtal som detta kan påverka dig i ditt arbete till exempel genom en ökad vaksamhet/omsorg för kvinnan?

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Older People in Vulnerable Situations Ageing in Place in Sweden

This thesis project focuses on vulnerable situations among older people coping with Ageing in Place in Sweden. The findings of the thesis project are based on a deductive content analysis of four sub-studies included in three research projects.

Agata Yadav is a registered occupational therapist and nurse with a master's degree in public health and nursing. Her lengthy educational career has combined with a broad range of practical work experience in the Danish healthcare sector.

The PhD student project was accomplished in the Active and Healthy Research Group, affiliated with the Centre of Ageing and Supportive Environments (CASE) at Lund University. During her PhD education, she was also affiliated with the Swedish National Graduate School on Ageing and Health (SWEAH).

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