The Meaning of "Aging in Place" to Older People

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Purpose: This study illuminates the concept of "aging in place" in terms of functional, symbolic, and emotional attachments and meanings of homes, neighbourhoods, and communities. It investigates how older people understand the meaning of "aging in place," a term widely used in aging policy and research but underexplored with older people themselves. **Design and Methods:** Older people (*n* = 121), ranging in age from 56 to 92 years, participated in focus groups and interviews in 2 case study communities of similar size in Aotearoa New Zealand, both with high ratings on deprivation indices. The question, "What is the ideal place to grow older?" was explored, including reflections on aging in place. Thematic and narrative analyses on the meaning of aging in place are presented in this paper. **Results:** Older people want choices about where and how they age in place. "Aging in place" was seen as an advantage in terms of a sense of attachment or connection and feelings of security and familiarity in relation to both homes and communities. Aging in place related to a sense of identity both through independence and autonomy and through caring relationships and roles in the places people live. **Implications:** Aging in place operates in multiple interacting ways, which need to be taken into account in both policy and research. The meanings of aging in place for older people have pragmatic implications beyond internal "feel good" aspects and operate interactively far beyond the "home" or housing.

Key Words: Aging in place, Housing, Home and community-based care and services, environment, Identity, Autonomy, Neighborhood, Meaning, Choice

"Aging in place" is a popular term in current aging policy, defined as "remaining living in the community, with some level of independence, rather than in residential care" (Davey, Nana, de Joux, & Arcus, 2004, p. 133). Claims that people prefer to "age in place" abound (Frank, 2002) because it is seen as enabling older people to maintain independence, autonomy, and connection to social support, including friends and family (e.g., Callahan, 1993; Keeling, 1999; Lawler, 2001). Having people remain in their homes and communities for as long as possible also avoids the costly option of institutional care and is therefore favored by policy makers, health providers, and by many older people themselves (World Health Organization [WHO], 2007).

There is a strong focus on housing and support or care in the aging-in-place research literature (Bayer & Harper, 2000; Judd, Olsberg, Quinn, Groenhart, & Demirbilek, 2010). In the field of environmental gerontology, Lawton (1982) emphasizes the role of the interaction between personal competence

and the physical home environment in older people's well-being, showing how changes at home (such as removing obstacles or introducing mobility aids) can enhance independence. However, there is also growing concern about the quality and appropriateness of housing stock for aging in place, for example, in terms of insulation, heating/cooling, housing size, and design (Howden-Chapman, Signal, & Crane, 1999; Means, 2007).

Housing options also enable links to family and friends to continue. Social support is independently related to mortality, and quality of social contacts has been shown to ameliorate the negative impacts of past and immediate environments (Wiggins, Higgs, Hyde, & Blane, 2004), although this varies significantly by ethnic group (Moriarty & Butt, 2004).

Some argue that adequate and appropriate housing should be a foundation for good community care, including health services and care support (Howden-Chapman et al., 1999; Lawler, 2001). Much research has explored the relative costs and outcomes of providing health and support services at home or in residential/institutional care, frequently finding in favor of home-based care (Chappell, Havens, Hollander, Miller, & McWilliam, 2004; Grabowski, 2006). Many older people, thinking about what might enable them to successfully age in place, also emphasize service provision, including health, care, and home maintenance (Davey, 2006).

Yet the term "aging in place" is ambiguous. It is a complex process, not merely about attachment to a particular home but where the older person is continually reintegrating with places and renegotiating meanings and identity in the face of dynamic landscapes of social, political, cultural, and personal change (Andrews, Cutchin, McCracken, Phillips, & Wiles, 2007). "Home" as a place is a constant process involving ongoing negotiation of meanings (Wiles, 2003; Wiles, 2005a), incorporating not just a physical house but also its settings, ranging from dwelling to community (Peace, Holland, & Kellaher, 2006). Furthermore, settings operate at both a personal and a structural level, with national policy decisions on health or social services directly affecting what happens at home, in terms of whether disability or frailty can be well supported (Wiles, 2005b) and in terms of how "age-friendly" community infrastructure is (Wahl & Oswald, 2010; WHO, 2007).

Homes are physical but also operate on social and symbolic levels in interconnected ways. Rowles (1993) explored how older people's sense of

attachment to place gives meaning and security. Long-term emotional attachments to environmental surroundings have also been shown to contribute to well-being in old age (Rubinstein, 1990; Taylor, 2001), although residential stability may not always be emotionally beneficial, such as when older people are unable to move away (Aneshensel et al., 2007).

Although most discussions on aging in place focus on home, there is growing recognition, for example, in environmental gerontology (Oswald, Jopp, Rott, & Wahl, 2010), that beyond the home, neighbourhoods and communities are crucial factors in people's ability to stay put. Neighbourhoods may have an effect on health and may be an environment to which older people have greater sensitivity due to longevity of residence and changing levels of functioning (Glass & Balfour, 2003; Howden-Chapman et al., 1999). Although neighborhood conditions and individual functional capacity are important (Lawton, 1982), subjective feelings about a neighborhood can be a significant source of satisfaction, regardless of objective measures of suitability or safety (La Gory, Ward, & Sherman, 1985). To assist aging in place, consideration needs to be given not only to housing options but also to transportation, recreational opportunities, and amenities that facilitate physical activity, social interaction, cultural engagement, and ongoing education (Wahl & Weisman, 2003).

Critical analysis of policy moves to support aging in place highlights the tension between idealizing "community care" and "family support" on the one hand and the drive to cut costs on the other, which can mean that older people lack real choice in terms of preferred support and living arrangements (Minkler, 1996). Neighborhood and infrastructure planners do not necessarily seek older people's views (Laws, 1993) nor consider "age-friendly" environments (WHO, 2007). Homes are not always tranquil havens but can be sites of conflict, especially when inadequate alternative care provision is driving the "decision" to age in place (Lowenstein, 2009). As Andrews and colleagues (2007, p. 12) point out:

Too frequently, there is a tendency to treat "place" simply as a context (clinical or living), rather than seeing it as productive of particular outcomes for older adults, as well as being shaped by them.

By treating place as a mere "container" and "older people" as a homogenous category, there can be inadequate recognition of diverse needs.

Quantitative research that uses single-item measures of complex concepts such as "life satisfaction" (e.g., Oswald et al., 2010) can be usefully complemented by research that has older people themselves commenting on such ideas.

There are international and national imperatives to better address the variety of older people's needs and aspirations. The Madrid Report of United Nations (2002) covers a wide range of issues and levels, from housing to community to globalization, that relate to aging in place, unlike much of the research to date, which tends to focus on housing specifically (as Wahl & Oswald, 2010 also argue). The Madrid Report emphasizes a need for governments, in partnership with civil society, to promote age-integrated communities, invest in local infrastructure and environmental design to support multigenerational multicultural communities, and to consider affordability and equity of access and choice. New Zealand's *Positive Ageing Strategy* defines aging in place as "being able to make choices in later life about where to live, and receive the support needed to do so" (Dalziel, 2001, p. 10), although how such "choice" is to be supported by government resources is unspecified.

What is needed is nuanced exploration of what "aging in place" means to older people themselves; in line with environmental gerontologists' call for more research *with* older people rather than *on* them (Scheidt & Windley, 2006). Initiatives such as the Global Age-Friendly City project of WHO (2007) used a participatory approach, inviting older people from 33 cities worldwide to determine the important aspects of an age-friendly city. Our study similarly explores the views of older people themselves, but where the WHO project presented eight topics for their participants' consideration (ranging from housing, transportation, and outdoor spaces to respect and social inclusion), we began with open questions about what "aging in place" might mean. We were also aware of the need for more than functional understandings of "place," and the need to explore symbolic and emotional attachments and meanings of homes, neighbourhoods, and communities.

Design and Methods

Qualitative research was chosen as ideally suited to an inductive exploratory study focused on privileging the views of participants (Thomas, 2006) about "What is the ideal place to grow older?" We discussed with older people what aging in place

meant to them and whether it necessarily meant staying in the same place and advantages or disadvantages of that. We also discussed participants' views on what others, such as family or policy makers, needed to know to support older people to age well in their communities.

Older people in two case study communities (Stake, 2006) were invited to participate in small focus groups or interviews. Glen Innes (GI) and Tokoroa are communities of a similar age, built in the 1950s and 1960s, with similar profiles as "deprived" (rating higher than 7 of 10 on the New Zealand Deprivation Index 2006, 10 being the most deprived, Salmond & Crampton, 2002). They are both stigmatized by outsiders as poor or crime-ridden communities (Akuhata, 2010; Scott, Shaw, & Bava, 2006), although these representations were so strongly challenged by participants that although we use pseudonyms for participants, we have not changed the names of their communities. Tokoroa is a rural town of about 13,000. Many people moved there years ago with young families and have literally aged in place; others are retiring there because of affordable housing, health services, and central location. The older population is thus growing much faster than national population aging (Statistics New Zealand, 2007). GI is an inner-city suburb of New Zealand's largest city, Auckland, with population longevity more mixed, ranging from a very stable population (who have been there 20–40 years) to very transient (less than 5 years). GI has a high proportion of rental properties, especially public housing managed by state agency Housing New Zealand.

We developed relationships with diverse key contacts (health/social service providers, church groups, community development organizations, older people's clubs, and societies) who helped us contact participants, who in turn invited others to participate. Some convened one of their own regular meetings as a focus group (such as a garden club who meet regularly). We recruited 121 older people (44 men and 77 women) who participated in 17 focus groups and 17 interviews, ranging in age from 56 to 92 years, average age 74. In order to enhance the participatory nature of the research (Cook, Maltby, & Warren, 2004), many focus groups were led by an older person from the community, while the researchers observed discussion. Professional development workshops on facilitation were offered as part of the project, and some participant–facilitators engaged in these, others worked one-on-one with researchers to clarify

ideas, and some already had extensive facilitation experience and skill.

Data from focus groups and interviews were fully transcribed. Several researchers then analyzed transcripts, using themes identified in the aging-in-place literature, as well as developing new categories through observation and discussion (Braun & Clarke, 2006). Further discussion and narrative analysis (Wiles, Rosenberg, & Kearns, 2005) by the team, student researchers, and others included specifically for their cultural expertise and perspective continued on an ongoing basis in accordance with established inductive qualitative research principles (Thomas, 2006).

Ethical approval was given by the University of Auckland Human Participants Ethics Committee, and there was extensive consultation with community groups throughout to ensure a sense of trust and safety in participation. "Member checking" by participants of their interview transcripts and feedback meetings with participants on the ideas arising from the research analyses gave us further opportunities to reflect participant perspectives.

Practical recommendations arising from this study (Wiles, Wild, Kepa, & Peteru, 2011) have been sent to study participants, advisors, policy makers, service providers, local authorities, and older people's advocacy groups. Future research ideally would follow the implementation of these recommendations using a participatory approach (Cook et al., 2004) in terms of having older people themselves lead the advocacy for change. Our inductive qualitative research approach generated rich diversity of data and views, and in distilling such richness for presentation in a paper, we are always concerned at balancing breadth and depth of analysis.

Results

The overarching message around aging in place was that older people wanted to have choices about their living arrangements and access to services and amenities. Also notable was that the phrase "aging in place," so popular among policy makers and service providers, was not familiar to most of the older people who participated in our research. Indeed, they would often ask for the phrase to be repeated and wonder what it was supposed to mean. One or two thought it might mean being "trapped" in a place without the ability to move as one man said, "It means I'm stuck, I can't move [laughter]." It was helpful to explore older

people's understanding of this well-used policy phrase because it highlights the importance of not assuming that these terms have fixed or transparent meanings. After initial discussions, we developed a working definition with participants of aging in place as meaning staying in one's home or community.

Aging in Place Linked to Sense of Attachment and Social Connection

Participants in each community spoke very passionately about the places in which they lived and were keen to impress on us what extraordinary communities they are. In particular, participants spoke about the "warmth" of their communities and the sense of social connection and interaction among locals. They emphasized that they live in safe, socially vibrant active communities and saw external representations to the contrary as problematic. Even though some talked about personal experiences of crime, they dissociated these from the community itself. This highlights the importance for researchers and policy makers to explore the "inside" of a place from the perspective of the people living there rather than assuming statistics focusing on "problems" tell the whole story.

Common factors such as a sense of multiculturalism or friendliness were frequently discussed in connection with both communities. In addition, there were unique factors raised about each, such as "feeling safe" in Tokoroa, and good access to public transport and other services in GI. Some participants also expressed a strong sense of attachment to their more immediate personal neighbourhoods (usually part of a street or one or two streets) and homes. Many had lived in the same house for several decades and developed a strong sense of connection to both neighbors and physical spaces, such as their gardens or homes. In contrast, others expressed a sense of connection to the people in the area rather than a particular home:

> H: I think, I think that should say "same area" rather than "place"
> Int*: Okay
> H: Because I mean, you know, anywhere in Tokoroa, you still got your friends left and -
> A: - Yeah -
> H: - Um, if you talk about the same house, not necessary. I think if you've got a big house and your wife dies, there's only you sat in it, what do you do? You don't want four bedrooms and two storeys to look after
> A: No, well it's sensible to shift someplace, yeah -

H: - But, and certainly the same area. I mean, I would have to be quite honest, but I would not leave Tokoroa . . . . It's just, as far as I'm concerned it's not on. I'm happy here. I know a lot of people here

M: Yeah

H: And, why should I want to move?

(Focus group 10, Tokoroa)

(*Int in transcripts stands for interviewer where this is one of the researchers)

What is interesting to note is that participants do distinguish between house and neighborhood, whereas the literature tends to collapse the two or not distinguish them.

Other groups also elaborate on this theme of the importance of familiarity of a place and social connections associated with it while pragmatically assessing the pros and cons of managing changes like bereavement:

JA: [Aging in place] as I see it? A few years ago when my first wife died, I had my kids came around [they said] "Dad, you're going to sell the house, you're going to move in with us, blah blah blah . . . " I stood there and thought, "Why?" [pause] Now that's exactly what you're talking about. I wanted to stay where I was, I wanted to stay there in my place where I was, and, not get up . . . and I was in shock that they wanted me to sell up and move in with them . . . looking at it another way, as you get older and older and older, you can't actually stay in your place at times, you have to move into homes and things like that . . . . You have to accept that too.

J [participant facilitator]: Mmm. What was important for you, about being in that place?

JA: That place? That's where I was. That's where my friends were . . . the groups I was attending were. Why would I want to move [elsewhere]? . . . . I can't see any reason for moving out while you're fit and able enough to stay where you are, and look after yourself. Why would you want to move?

(Focus group 1, Tokoroa)

Other members of this group then continue in a similar vein, stating that being near where friends are is important to them. There is some discussion about the importance of being near family versus being somewhere that is comfortable:

B: Yeah. But. I've been giving it a lot of thought actually, because all my whānau [extended family] are in [another region] . . . but, but I think you've gotta be comfortable where you're at . . . . I choose to live here because I want to live here. . . . . So. And when I get down the track further I may, there is that drawing to go back to the whānau and

whatever. . . . but right at the moment I'm happy here, so, why would I want to move? Yeah. I mean, I think it's important that we get comfortable -

J: Yeah

JA: Mmm

B: - and we need to stay in our comfort, rather than be uprooted and planted somewhere else, somewhere foreign where, yeah

(Focus group 1, Tokoroa)

This group concludes that it might be better to be near family "toward the end" but that comfort, social relationships with friends, and having a good comprehensive health facility close by are all important factors influencing their potential to age in place. Typical of many of these discussions, the house is barely mentioned; attachment and connection operate at social and community levels in terms of friendships, clubs, access to resources, and familiar environments.

Although attachment to a particular home is useful to people in going about their daily lives, some participants also caution that staying in one place, particularly the same house, is not necessarily a good thing:

J: Well I think with [my husband], being in the one place it was a security for him. But he traded on it rather than looked beyond it as he deteriorated in his health . . . . And I think that would have been a disadvantage, because he got comfortable and he got so comfortable he didn't want to move.

(Interview, Joan, GI)

That is, getting too attached to a place can limit a person's ability and willingness to move to a more appropriate living environment when necessary.

Aging in Place Linked to Sense of Security and Familiarity: Home as a Refuge, Community as a Resource

For several participants, home was seen as a kind of refuge or base from which to go out and do activities. Aging in place therefore had the practical advantage of the security and safety of home. For some, it was important to stay in their own homes as long as possible; for others, it was more about the sense of familiarity, which their homes represented:

J: No [aging in place doesn't have to mean being in the same place] but the likely advantage of staying in the same place, like me being in my own house for 29 years, that's a form of security. Because you're familiar with the background, you're familiar with the places. If anything goes wrong, and I have a private alarm. You feel that in your own home

there's the contact that can come to you, and you know where things are
Int: Right, so that's distinctly an advantage?
J: That's an advantage of being, I would say just living. But to me there are no advantages in that being the only place
Int: So it's not the place itself you're saying?
J: No, it's just a refuge

(Interview, Joan, GI)

Home is a refuge, but it is as much the background of the home, the familiarity with the places and contacts around it that provide security as any emotional attachment to the home itself. Another speaker, weighing up the pros and cons of staying put, reflects:

Joy: So I suppose the advantages of staying in the same place would be that you got to know people, that you were familiar with your surroundings, that your house probably had everything done to it, you wouldn't need to be developing gardens, you wouldn't need to be doing all these things, you'd have it exactly as you wanted it for your life-style, so that to me would be an advantage. Whereas I seem to be forever shifting and making new gardens and painting houses and extending decks and redecorating so that nothing is quite as it should be . . . . On the other hand, material things to me are not important. As long as I've got enough for my daily needs, although I like having my things around me because they are my friends and they mean things because people have given them to me, you know, as long as I'm comfortable it's not important. . . . I suppose the disadvantages of staying in the same place would be that you get too much stuff. But then I've moved around and I've still got too much stuff

(Interview, Joy, Tokoroa)

That is, the work involved in adapting a place to suit one's needs and interests can be both time consuming and demanding of finances and energy.

For others, the familiarity is associated with the comfort and security of knowing where things are in the community and the value of social connectedness with neighbors and community members:

R [participant facilitator reading question]: "What are the likely advantages of staying in the same place?"
J: Well it comes back to that first question about where do you want to live. In a community where you feel safe, doesn't it? I mean if you're feeling safe in your home and you've got your good neighbours and they keep a lookout for you and everything else, you don't want to up and leave really do you?

R: No. because you feel comfortable. You're in that zone where you know what it's like, and if you go elsewhere you would be very, very uncomfortable . . . .
J: You know you feel safe and comfortable -
R: - it's the familiarity-
[general agreement]
. . . Int: And what is it about the neighbourhood?
T: Familiarity -
E: - Familiarity I think. Yes -
T: - yes. Friendliness. And the neighbours
R: - And it's part of your home isn't it? You know it's like an extension of your own -
T: - it is, it's like your own little community....if you need something you know you can go and call on them [neighbours]-
. . . Int: so it's about the people that are around you?
[general agreement]
E: It's mainly people I'd say -
J: - Well, that's why we came back [to this town]. Because we still had friends here and things like that. And it was just like shifting into a nice pair of comfortable shoes! You just carried on! It was just in a different house!

(Focus group 2, Tokoroa)

Participants identify friendships and the familiarity associated with a place as important resources for aging well both as a safety net of people who "look out for you" and would come if something was wrong and as the comfort of knowing where specific resources (particularly health services and shops) are and how they work. The usefulness of this kind of familiarity is emphasized by several participants who, like J, had returned to Tokoroa after initially moving to the beach to retire; a number of participants spoke of others they knew who had returned because of the community's familiarity and warmth. One couple sums up this idea of familiarity when asked to specify what they mean by saying their community felt "like home":

Int: What do you mean by that [comment], "Actually, it's home"
J: It's home!
Int: Yes?
J: This is where our roots are. And that is very wide in that it is a community that we know, the landscape we know. It's not foreign to us . . . you *know* when you're home. . . . No, but it's, it's [pause] a place that you know. You know so well.
It's like being part of the family almost, you know. But that's a very emotional response to it . . . . The advantages [of staying] well that's, you've got social networks. You know where to find things at

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the supermarket. Little details like that sometimes make a tremendous amount of difference. If you can walk in, pick it up, go, you don't have to wander around with your glasses on so you can find things.

L: Another thing too, when you get older it's a big upheaval in your life to go from one place to another place . . . . [It] would be a huge upheaval for us to shift out of here and go somewhere else at this stage. Even later on probably

J: So that's an advantage of staying in the same house. No need for all that adjustment

L: And I should imagine it would be more difficult to adjust in later years than in younger years . . . elderly people, probably could find that quite difficult

J: But that's because they don't have those social networks that make being old okay

Int: Yeah. Social networks that make being older —?

J: Make being older fine

L: Make you feel more secure -

J: - You're secure, you're

L: You know, I'm secure in the thought that I've got a family, I've got a doctor to go to. There's a hospital here . . . there's a dentist here. Whatever it is else I need. I feel quite secure that they're all in this community

J: If you change places you've got to rethink all those things. How do I get to here? Which shop do I use and those kinds of things . . . .

(Interview, Jane and Laurie, Tokoroa)

Here, the idea of familiarity as a resource is illustrated as the example of the familiarity of the supermarket is extended to elements of the community itself including family and health services. Knowledge of the background resources and the "little details" makes everyday life more comfortable, particularly in older age.

Aging in Place Tied to Sense of Identity, Linked to Independence and Autonomy

Many expressed a strong desire to remain in their own homes, linked to a sense of independence and autonomy. Often this was as much about not wanting to be in a nursing home or institution, where it was perceived that autonomy might be lost as about remaining in the same place. Independence and autonomy did mean quite different things to different groups. For example, they might be referring to independence "from" family in terms of help with personal care, or independence "through" family who provide personal care and transport.

Independence was also seen as something that could be enhanced by one's surroundings and local resources:

T: I see how the elderly are able to pop on the bus in a bigger town -
J: - Oh yes, yes, definitely.
R: That's independence too, isn't it. It just sort of makes you more able to do things
[general agreement]

(Focus group 2, Tokoroa)

Thus the neighborhood as well as the home environment can enable a person to maintain a sense of independence.

When asked about what independence might mean, one couple who had emphasized this word repeatedly throughout the interview replied:

P: Oh being, well, we can please ourselves what we do. We can please ourselves when we get up. We can please ourselves what we have to eat
C: How we dress
P: Ah, um, how—we've got a cat. And I don't want to part with her. No. She's part of our lives. She's not just an animal. She's part of the family

(Interview, Peg & Cyril, Tokoroa)

For this couple, being able to make their own choices was an important aspect of being independent. For others, this included the choice to have a pet as part of the family:

C: We don't like to go into these retirement villages that they're trying to get everybody into today
Int: Why is that?
C: We like our own space, you know, and like to be independent. We had friends who moved into one out [that] way and they've got a nice little two-bedroom place, but they can't do anything to the gardens. Everything is done. They had a name on the door of their old house and they wouldn't let them put that up there. And you can't have animals. . . . . Some people are quite happy to have organised things around them and that, you know, like these friends of mine, that's why they have fitted in so well. They have little concerts up in the hall . . . the gardens are done and everything . . . [but] we still like gardening, we always did and we always swore we wouldn't get a place unless it had a little bit of dirt, not a big bit, but just a little bit for therapy, you know

(Interview, Charlie, GI)

What might be seen as support by some is perceived as constricting and detrimental to independence by others. There were others in the study who thought that the social opportunities and security offered by these more institutionalized arrangements would be ideal but financially out of reach.

Yet others prided themselves on the personal and social skills and abilities they had developed over time, which enabled them to age in place. Managing on a tight financial budget, for example, was a source of great pride, as was maintaining good relations with a variety of neighbors. These skills and networks contributed practically to both sense of identity and the ability to be autonomous:

E: I've been in my house for 42 years. And had the same neighbours. . . . Yes. And so [the familiarity of the neighbourhood has] been marvellous for me. And the section is flat. And it's been great! And that's what I don't want to lose -
[general agreement]

E: - but I think I will have to, because of the house
R: Yes
E: I mean you've got to be sensible about these things. But, um -
R: - even though, like you may move to another place locally, there's going to be adjustment because -
J: - Oh! Of course there is!
T: - because you're going to have to get to, it's like extended family
R: - you've got different people next door and up the road. Yes. That's right. It's like changing again really, isn't it
[general agreement]

(Focus group 2, Tokoroa)

This participant expresses to the group the tension between needing to move to a more suitable house versus losing the long-standing relations with her immediate neighbors, which she sees as a key source of support for her autonomy.

The idea of aging in place being connected to a sense of identity also extended beyond the home to the wider community. For example, in Tokoroa, one key aspect of place that many participants mentioned was that if health or other services (such as police) were needed, they could be counted on to be there very quickly. This was often contrasted to the perception that in big cities, this would not be the case. Likewise, in GI, participants emphasized that places such as the local library and community center provided accessible social hubs, and good links to public transport allowed people to be more independently mobile than they might otherwise have been.

Several had thought a lot about future changes and made plans for contingencies related to older age:

B: And that is a decision that is very, very hard to make, to put somebody in a home when they don't

want to go. And I think this is something that, if you can make a decision earlier in life, for yourself, that
K: It's not somebody else pushing you
B: Not pushing you . . . .
K: Yes but they haven't moved for years and I think you've got to be prepared to move. It depends on what situation, you've got to be prepared to go before you're pushed, I think

(Interview, Bryan & Kathleen, Tokoroa)

This message about being able to make one's own choices about where to live, rather than decisions being driven by other people, came through very strongly throughout focus groups and interviews. For many, having the financial resources to make those choices was also an issue; units in retirement villages (which in New Zealand must be purchased at great expense) were seen as out of reach.

Discussion

In this research we explored what "aging in place" means to older people in two New Zealand communities. In contrast to the ubiquitous use of the term by researchers, policy makers, and service providers, the phrase had little prior meaning to most of the older people participating in focus groups and interviews. Also, in policy and research on aging in place, the focus is often on "home." Although the factors associated with home are important, this research shows that other aspects matter to older people, when they are given the opportunity to broadly consider what makes a living environment acceptable. Our participants had a great deal to say about the meanings of "staying put" or remaining in their homes or local communities. "Aging in place" was seen as an advantage in terms of a sense of attachment or connection, practical benefits of security and familiarity, and as being related to people's sense of identity through independence and autonomy.

Attachment and connection operated at social and community levels; they were not just linked to a particular house. We were also struck by the pragmatism of people's conceptions of aging in place, including aspects like attachment to place. In each area, participants gave us a consistent and strong message of what a "warm" place their community is. Although this can be viewed as romanticized or idealized, given research suggesting older people are more likely to express positive views about where they live (La Gory et al., 1985), our participants challenged us to understand the

very pragmatic nature of their sense of connection. Being greeted by numerous people as they walked down the street provided daily evidence of belonging, and a sense of security is derived from familiarity with the wider community, both in terms of people (such as neighbors who comprise "your own little community") and places (the "little details" of knowing the local supermarket or health services well). Those who had left the community and returned sought that familiarity, not of a house but of the people and places that conferred a sense of security and warmth. The friendships, clubs, access to resources, and familiar environments made them feel attached to their communities as "insiders," who also knew better than the negative media or problem-focused statistics that there were good reasons for feeling attached to those places. Their attachment to place is not just an internal or emotional state, it has a material impact; it is a tangible resource for aging in place.

Our research concurs with other research about the importance of connections to home (such as Oswald & Wahl, 2005; Rowles, 1993), adding a New Zealand perspective. Furthermore, our work emphasizes with Andrews and colleagues (2007) and Peace and colleagues (2006) that aging in place is a broad concept of meaning beyond mere functional issues in later life, showing how connections are relevant to the neighborhood, the community, various sociocultural contexts, church, and cultural groups; as well as operating on a personal internal level of meaning. Moreover, the meaning of concepts like "autonomy" vary widely; some of our participants felt autonomous without the help of their family whereas others did through family assistance. When we think about aging in place and ways to support people to "stay put," we need to recognize that place is a process and operates at different scales and sites (Wiles, 2005a). This may mean thinking about "home" at different levels than the house or that we need to consider aspects of neighborhood and community as well as housing (Cagney & Cornwell, 2010). Access to and familiarity with social networks, transport and health services, and a wide variety of amenities also underpin the preference for aging in place. Rather than being mere settings or backgrounds, neighbourhoods and communities are practical resources for aging in place in diverse and particular ways, and there is no "one-model-fits-all" answer to the question, "What is the ideal place to grow older?"

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