Housing and Other Basic Services for the Elderly: Future Alternatives for the Elderly in Joensuu

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Research Statement

As the number of elderly people in need of long term care escalates, efforts to sustain older people remaining in their homes are intensified in most European countries. In this context, there is a movement towards allowing more individual choice for elderly people receiving publicly funded long term care at home. Having more compliance in terms of how to receive care can increase the older person’s self-determination and that of his or her informal care givers. Having a choice among different care providers can empower elderly people as consumers and may help strengthen the role of households in the care-management process. The main aim of this paper is to find out what the municipality of Joensuu is doing in order to enable the elderly to live independently in their own homes instead of relocating to institutions of care. Literature search was conducted and data collected mainly through qualitative interviews. Face to face interviews were conducted with three experts in the field of ageing in Joensuu; a researcher, The Regional Unit manager of ISO (The Eastern Finland Social and Welfare Centre of Expertise), and a representative in the city administration; Service and support manager of elderly people. The results revealed that the municipality of Joensuu is doing everything possible to empower the elderly to live independently in their own homes.

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Preface

This project is submitted in partial fulfilment of the requirement for the award of a master’s degree in Human Geography in the University of Eastern Finland. I choose to write on ageing because population ageing which has been for longa topic of debate in the industrialised world has accelerated and has now become a global phenomenon. The ageing of population poses significant challenges, and has also provokes the expectation that the demand for health care and care for the elderly will rise accordingly. However, in recent years, a movement has arisen which are efforts to help communities become more “ageing friendly” (housing, transportation/mobility, social interaction, cultural and religious involvement, educational and leisure activities), that is become places where people can live their entire lives if they desire rather than having to relocate consequently losing the social capital that has accumulated over a life time of social interactions and interpersonal connections, simply because they are undergoing the expectable personal changes that come with age. I am therefore motivated to know how the Joensuu municipality or the actions they are taking to enable the elderly live in their own homes in future and also coupled with the fact that this phenomena of population ageing is gradually becoming a problem in Africa, therefore a lot of research knowledge is need in this field of studies which may help find solutions to some of the challenges of old age now and in the future.

The paper has been divided into six chapters; the first chapter briefly explores some statistics showing the rapid increase of the elderly population in the world and future projections. The projection of European ageing population is also presented in the first chapter, the objective of the study, the research questions and the summary of the methods and research material are also included, and the definition of some key words are found in the last part of chapter one. The second chapter dwells on the theoretical framework, while the third chapter presents the literature review. Chapter four presents the empirical analyses and findings of the study, and then conclusions and discussions are presented in chapter five.
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Table of Contents

1 Introduction.................................................................................................................................................. 2
  1.1 General introduction .......................................................................................................................... 2
  1.2 Projection of the elderly in Europe ................................................................................................. 3
  1.3 Objective of the study ........................................................................................................................ 4
  1.4 The main Research Question .......................................................................................................... 6
  1.5 Methods and research material ....................................................................................................... 7
  1.6 Definition of Key words (Conceptual Frame-work) ...................................................................... 10

2 Theoretical Framework ............................................................................................................................ 14
  2.1 Continuity theory of normal ageing ................................................................................................. 14
  2.2 The theory of place attachment ....................................................................................................... 16

3 Literature Review .................................................................................................................................. 24
  3.1 Continuity in habits, activities and roles ......................................................................................... 24
  3.2 Continuity in social participation .................................................................................................... 25
  3.3 Continuity with friends and neighbors ........................................................................................... 26
  3.4 Continuity with Family care (informal care) .................................................................................. 29
  3.5 Attachment to Home ......................................................................................................................... 32
  3.6 Attachment to community, neighborhood ...................................................................................... 47

4 Empirical analyses and Findings ........................................................................................................... 54
  4.1 Housing ............................................................................................................................................ 55
  4.2 Housing Environment ........................................................................................................................ 63
  4.3 Family care giving and social relationships ...................................................................................... 69
  4.4 European Union ................................................................................................................................ 76

5 Discussions and Conclusions ................................................................................................................. 80
  References................................................................................................................................................... 95

Appendix..................................................................................................................................................... 94
1 Introduction

1.1 General introduction

Population ageing is the shift in the distribution of a country’s population toward older ages. An increase in the population’s mean or median age, a decline in the fraction of the population composed of children, or a rise in the fraction of population that is elderly are all aspect of population ageing (Weil, 2006). Mirkin and Weinberger (2001:37) estimated that in 1950, there were 205 million persons aged 60 and above throughout the world. At that time, only three countries had more than 10 million of people aged 60 and above; China (42 million), India (20 million), and the United States of America (20 million). Fifty years later, the number of persons aged 60 and over has increased about three times to reach 606 million. In 2000, the number of countries with more than 10 million people of age 60 and over has increased to 12, and with five of these countries having a population more than 20 million people of age 60 and over; china (129 million), India (77 million), USA (46 million), Japan (30 million) and the Russian Federation (27 million). Over the first half of the current century, the global population 60 and over is projected to expand by more than three times to reach nearly 2 billion in 2060.

According to Weil (2006), the source of population ageing lie in two demographic phenomenons: rising life expectancy and declining fertility. An increase in longevity raises the average age of the population by raising the number of years that each person is old relative to the number of years in which he is young. A declining in fertility increases the average age of the population by changing the balance of people born recently (the young) to the people born further in the past (the old)\(^1\)

Weil (1997) point out that among these two forces, it is declining fertility that is the dominant contributor to population ageing in the world today. It is the substantial fall in the total fecundity rate over the last half century that is principally responsible for the population ageing that is taking place in the world most developed countries. Worth mentioning is the fact that many

developing countries are going through faster fertility transitions meaning that they will experience even faster population ageing than current developed countries in future.

1.2 Projection of the elderly in Europe

Ageing populations are a global phenomenon. All industrialised and most industrialising countries show the same trend which according to Hugman (1994) is comprised of three factors: a growth in the proportion of people aged over 65 years; an increase in absolute numbers of older people; and improvement of life expectancy at birth. Grundy and Harrop (1992 in Hugman 1994) point out that such variation are seen gradually in some countries and rapidly in others, all the same, the broad phenomenon of ageing population is to be found all across Europe. De Jouvenal (1988) undeniably remark that it was in some European countries, most notably France, that ageing societies of the twentieth century first became noticeable. The European population according to Giannakuris (2008:1) is projected to become older with the median age projected to rise from 40.4 years in 2008 to 47.9 years in 2060. The share of people aged 65 years or over in the total population is projected to increase from 17.1 per cent to 30.0 per cent and the number is projected to rise from 84.6 million in 2008 to 151.5 million in 2060. Hugman (1994) remark that and ageing European population raises questions about the definition of old age, about the experiences of older people and their place in the society, and about appropriate ways in which the needs of older people who have problems of health and welfare can be met.

In Finland, the proportion of people aged 65 years and over is expected to increase from the current 16 percent in 2006 to 26 percent in 2030 (Statistics Finland 2007). According to Einiö (2010:7), the fastest age group constitute those aged 85 and over, who presently constitute 1.8 of the total population and will constitute 6.0 percent in 2040.

Zaidi (2008), points out that population ageing could be considered a hazard if we fail to take in to account all the challenges that the phenomenon of ageing population is posing us, or it could offer new opportunities for the society depending upon how well we prepare for it. It is a challenge that societies will have to prepare for, and if prepared well, and much in advance, this
would actually become an opportunity to develop even faster and with greater extent of social cohesion across generations.

Older person’s financial possibilities and basic needs (quality of housing; basic needs as well as specific equipment for physically handicapped persons) are directly related, and part of the very different national systems of social security, including prevailing ideas and practices with regard to old-age pension schemes. There are major differences in the welfare states in arrangement available to older persons in need of care. The welfare system of Scandinavian countries can be characterised as driven by generous rights to social security and wide acceptance of community solidarity. This is in contrast to the situation in the other cases like the United Kingdom with minor rights to social security and less solidarity (Blommesteijn et al., 2001:37).

1.3 Objective of the study

Over the last decade, the volume of studies dealing with the elderly population in developed and less developed regions, including East Asia and Latin America has increased and much of this attention has been motivated by projections showing that populations are changing from younger to an older age structure owing primarily to rapid and recent declines in fertility and concerns about the consequences of population ageing for availability of support (Martin & Kinsella 1994; Hermalin & Myers 2002). According to Zimmer & Dayton (2005) and Lloyd-Sherlock (2004), the main tasks of demographers, sociologists and geographers have been to investigate the challenges posed by ageing and the needs of older people. To date, research about the elderly living alone in most developed countries remains underdeveloped and patchy probably because of lack of data sources and the assumption that institutions are already in place to cater for most, if not all, the elderly, forgetting to know that other elderly will prefer to live on their own. Rubinstein et al. (1992:21) explains that the trend towards living alone is one of the main demographic tendencies among the aged segment of the population. Overall in Europe, there is a shift away from the provision of care in nursing homes towards independent living of the elderly in their own homes, and according to Tinker, (1999); independent living is widely accepted by organizations like the United Nations, OECD and the European Union. Vaarama et al. (1999)
similarly explains that vast majority of older people themselves think that living at home and receiving services there is the best living arrangement for those in need for care. However, there may be disadvantages for this. For example adequate support has to be in place not only to help the person to live independently, but also to ensure a good quality life. In-house services include cleaning, home delivery services, maintenance and bathing. More elaborate services are also becoming increasingly common practice including home delivery of meals, information services, organization of community events and parties, transport and health care (Sixsmith et al., 2004). People may focus on the desire to continue to live alone even in relatively wretched circumstances, in contrast to alternatives such as institutionalization that is culturally viewed as much worse and haunting background alternatives to the choices these elders make. Such alternatives are seen by some elders as dehumanizing, as embodying a loss of control as subjecting the person to the undesirable authority of someone else who is a stranger. Health status quite clearly affects the ability to live alone; a vast majority of the elderly living alone manages with little or no help when faced with some type of health or fundamental limitations (Rubenstein et al., 1992). This is the case in North Karelia where ageing of population, a low birth rate and the youth moving away is a common phenomenon, and this is true especially in Joensuu where the population ages faster than the rest of the country and the elderly tend to live longer in their own homes. The purpose of this study is to comprehend what is being done at the Joensuu level by the municipality to enable the elderly live independently in their homes.

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1.4 The main Research Question

The main research question of this master dissertation is to examine to what degree it is realistic for the elderly to stay in their own homes in future? However the city of Joensuu and its surrounding rural areas will be used as example in this master’s thesis. In order to answer this main research question, the following sub-questions will be answered: What are the policies adopted in Joensuu to enable the elderly live independently in their own homes? What are the basic services offered to the elderly at home in Joensuu? Finland being a member of the European Union since 1995, it was therefore necessary to find out if the municipality of Joensuu
have benefited from any projects related to the elderly which will go a long way to help them live independently in their own homes? The research assumes firstly, that in the future majority of the elderly in Joensuu will be living in their own homes and secondly, that the elderly in Joensuu will have appropriate services in their homes.

1.5 Methods and research material

The study is to examine to what degree it is realistic for the elderly in Joensuu to stay in their own homes in future, consequently, it was necessary to use the qualitative interviews as a means of addressing the research question. The study involved semi-structured interviews with 3 respondents. Qualitative methods also allow for sensitivity in data gathering in that the researcher can more easily detect nuances such as affect and cognition around phenomena (Straus and Corbin 1998). Consequently, the choice of a qualitative method is better suited to exploring and understanding policies in which the municipality of Joensuu is adopting to enable the elderly to live in their homes in future than a quantitative technique.

The purpose of the semi-structure interviews was two folds. First, they provided a means for determining the relevance and honesty of the respondent. Secondly, the interviews presented an opportunity to identify variables other than those used from the survey data that may promote or sustain the elderly to live in their homes in future.

Interviews participants were selected in relation to the topic (snow ball method). This technique is different from random sampling which depends mostly on large sample size to obtain statistical power in order to generalize findings to the large population. With the snow ball method, respondents are selected because they are best suited to provide rich information on key issues related to the topic of research (Quinn 1990). There is less emphasis on sample size and more attention to the appropriateness and adequacy of the study sample (Morse and Field 1995).

The snow ball method can also be referred to as the chain referral sampling where by the first participant whom contact has already been made use his or her social network to refer the researcher to other people who could potentially participate in or contribute to the study (Mack et al. 2005). The snow ball method is useful in that it is use to find and recruit hidden populations
i.e. group not easily accessible to researchers through other sampling methods (Mack et al. 2005). A cover letter describing the nature of the research was emailed out to the potential participants including the research questions as an attachment asking their permission to have an interview with them. An interview time was arranged and the interviews were conducted face to face in participants’ offices. The interviews ranged from 45 minutes to one and half hour in duration. The interviews were taped recorded which allows a straightforward communicative conversation style reasons being that the researcher was not distracted with note taking (Dunn, 2005). I will like to point out here that the snow ball method did not go on for long which was one of the main difficulty encountered during the research, it took me about five months to interview the three experts I have used in this master’s thesis. However the three experts where enough since most of them were very qualified in the field of ageing in Joensuu and have different expert opinion and they also represented all spheres of life in Joensuu. For example the first participant was Silva Tedre who is a senior researcher and has been researching on ageing for the past ten years in Joensuu and its rural areas. The second interviewee was ArjaJämsen who is the Regional Unit Manager of the Eastern Finland Social and Welfare Center of Expertise; though funded by the government they are an independent body working with the elderly as well. Finally, Irma Ahokas-Kukkonen, who is the service and support manager of elderly in people in the Joensuu municipality, represented the city administration.

After collecting the data, the data doesn’t make any sense or helps the reader to understand the social world under scrutiny and the way the participants view it unless the data is systematically analyzed to illustrate an extent situation (Mack et al. 2005). In order to make sense of the data, coding or categorizing was necessary. Coding or categorizing according to Dey (1993) involves subdividing the data as well as assigning categories. Codes or categories are tags or labels for allocating units of meaning to the descriptive or likely information assembled during a study (Mack et al. 2005). Codes usually are attached to chunks of varying sized words, phrases, sentences or whole paragraphs connected or unconnected to a specific setting, they can equally take the form of a straight forward category label or a more complex one (Miles and Huberman 1994, in Mack et al. 2005). According to Seidel and Kelle (1995), the role of coding or categorizing is very important, it notices relevant phenomena; collecting examples of those phenomena in order to find commonalities, differences, patterns and structures, creating
categories arouse the construction of a conceptual scheme that suits the data. This scheme helps the researchers to ask questions, to compare cross data, to change and drop categories and to make hierarchical order of them.

Consequently, in trying to comprehend what the municipality of Joensuu is doing to enable the elderly live independently in their homes the following categories where used; housing, housing environment, family care, and the European Union.

An interview guide was also developed to ensure that all research questions would be covered and to allow freedom in responses (Kaufman 1994). The interview guide consisted of five main parts namely; identity of the respondent, Housing, housing environment, family care giving and the European Union. The first part of the interview guide was formatted as a series of close ended question that provided a means to obtain general information about the respondent, for example, the name of the respondent, his or her area of expertise and whether he or she is from the private or public sector. The second section, housing, was aimed at drawing the respondent attention in a way that he or she could express the overall ideas and policies without being forced which are being taken in Joensuu to renovate or build new houses for the elderly which will enable them to stay independently and not relocate to care homes or institutions. The third section, housing environment, was aimed at knowing what is done in Joensuu to make housing environment of the elderly accessible which will go a long way to offer the elderly numerous benefits consequently making them to avoid institutionalization in Joensuu. The fourth section, family care giving and social relationships, aimed at knowing what is being done in Joensuu to support family members taking care of their elderly relatives and the measures taken to keep the elderly connected to their long time friendships. Finland as a member of the European Union, section five was aimed at knowing what Joensuu has benefited from the European Union in terms of Funds or projects offer to enable the elderly to be more independent in their own homes.

The main limitation of this study is the size of the respondents. A large number of respondents might have produced more meaningful results, the results might have been similar but a greater number of respondents might have produce more diversified results, but Lillis (1999) argues that large numbers of respondents usual results to large quantity of data collected by a researcher and
there is a risk that important volumes of rich data will not be able to come up in the write-ups particularly in this type of studies. A lot of data will remain in the project database or lies behind the discussion and propositions reported. Also worth noting is that the interview participant were selected in relation to the topic using the snow ball method meaning that respondents were selected because they are best suited to provide rich information on key issues related to the topic of research (Quinn 1990). It should also be noted that in the snow ball method there is less emphasis on sample size and more attention is given to the appropriateness and adequacy of the study sample (Morse and Field 1995).

Another limitation worth noting is that all the respondents were from the public sector signifying that the findings of this might be bias, since the aim of the study was to comprehend what the municipality of Joensuu is doing to enable the elderly live independently in their own homes in Joenuu and its surrounding rural areas, and given the cooperation that exist between the private and public sector related to care of the elderly in Joensuu, answers from respondents from the private sector would not have been different from the answers given by respondents from the public sector.

1.6 Definition of Key words (Conceptual Frame-work).

This study uses a number of key words. Conventionally, elderly has been defined as a chronological age of 65 years old or older while those from 65 through 74 years old are referred to as “early elderly”. Orimo et al. (2006) points out that the evidence at which this definition is base is unknown. According to Orimo et al., it originally dates back to more than a century ago in Germany when Prince Bismarck, the German chancellor, selected 65 as the age at which citizens would be able to participate in the national pension plan. This is because he thought that most people would die before reaching this age, but because of recent improvement in medical and health science, the average life span has increase rapidly, consequently, such a definition of elderly to simply include all persons over 65 years might be no longer appropriate for this era with a life expectancy of 80 years. Orimo et al. (2006) also point out that what has increased is healthy life expectancy rather than simply the time spent alive, thus there is increased number of bright and energetic elderly people compared with a couple of decades ago.
Regional variations exist in average life expectancy, thus when trying to define elderly on the basis of chronological age, we need to consider historical, regional and social variations. According to Midwinter (1991) and Keith et al. (1994), there is no universally accepted definition of what constitutes the term elderly, while there is general dissatisfaction with defining in purely chronological terms, there would appear to be no better alternative than that old age is perceived and understood in a multitude of different ways, often with important cultural variations, this may refer to biological processes and physical appearance, key life events for example retirement or some other form of disengagement or social roles (grandparent hood or ceremonial duties).

Hugman (1994) suggest that another plausible perspective would be to fix a standard comparative measure, not from the more common expectations of retirement but from the known incidence of the relationship between increasing age and increases in levels of disability and illness. If this were to be done as Hugman (1994) point out, then the figure of 75 years would appear to be most appropriate as it is within the over-75 age group that increased disability and ill-health become identifiable correlated with chronological age. For this reason, any attempt to delimit ‘old age’ in strictly chronological terms is filled with difficulty. At the same time, the age groupings to which I have referred to have a degree of common currency throughout the industrialized world. The categories ‘over 65 years’ and ‘over 75 years’ are used throughout gerontological study as a means of ensuring comparability. Consequently, these are the definitions of older people which I will draw on in the following paper. For these reasons also, the terms, ‘older people’ and ‘elderly people’ will be used as consistently as possible to express both the relative identity of the people in question and that they are people of whom their age is but one characteristic among many. Age, however, is the primary concern of this paper.

According to Hodgson (2006) the use of the term institution has become widespread in the social sciences in recent years following the growth in institutional economies and the use of the institutional concept in several other disciplines including philosophy, sociology, politics and geography. Hodgson (2006: 1) goes on to explain that the term has a long history of usage in the social sciences dating back at least to 1725, and up till today there has been no agreement in the definition of this concept. Institutions as Hodgson explains are used to refer to a combination
of social forms including conventions, rituals, organization, and systems of organizations. He point out that there are an array of theoretical accounts of institutions, including sociological as well as philosophical ones, and many of these accounts of what are referred to as institutions are not accounts of the same phenomena; they are at best accounts of overlapping fields of social phenomena (Hodgson 2006).

Similarly Seumas (2007) explains that the term institution is somewhat unclear both in ordinary language and in the philosophical literature but points out that contemporary sociologists use the term to refer to complex social forms that reproduce themselves such as governments, the family, human languages, universities hospitals, business corporations, and legal systems.

Knight (1992) emphasize that in order not to do much violence to relevant literature, an institution may be define as a system of established and prevalent social rules that structure social interactions, language, money, law, systems of weights and measures, table manners, and firms are thus all institutions. Turner (1997) defines it as a “a complex of positions, roles, norms and values lodged in particular types of social structures and organizing relatively stable patterns of human activity with respect to fundamental problems in producing life-sustaining resources, in producing individuals, and in sustaining viable societal structures within a given environment”.

Some institutions according to Seumas (2007) are meta-institutions; they are institutions that organize other institutions. According to Seumas, governments are examples of meta-institutions, and the function of the government consists in large part in organizing other institutions both individually and collectively. The government regulates and coordinates economic systems, educational institutions, police and military organizations largely by way of legislation. consequently in this paper, I will hold the view of Goffman (1961:xiii) who sees institutions as a place of residence and work where a large number of like-situated individuals, are cut off from the wider society for an appreciable period of time, together lead an enclosed formally administered round of life. The terms ‘care homes’, ‘care centers’ will also be used in this paper.
**Institutionalization** is defined as the admission of individuals to care institutions such as nursing homes and domiciliary care facilities because of advanced age, functional disabilities and cognitive impairment that needs intensive care. Nihtila and Martikainen (2008) defines institutionalization as 24-hour care in nursing homes and service homes and as inpatient care in hospitals and health centers lasting for more than 90 days or confirmed by a long term care decision. Previous studies according to Nihtila and Martikainen (2008) and Gaugler et al. (2007) has shown that advanced, functional disabilities and cognitive impairment are not only the important factors associated with entering into institutional care among elderly people. For example, research based on data from large population-based samples in the United States, England and Wales indicates that having no spouse and living alone are equally associated with an increased probability of institutionalization.

Townsend (1962 in Einiö 2010) also acknowledges social and environmental circumstances to potential reasons for institutionalization, paying attention particularly on the family, social isolation, homelessness and financial insecurity. Similarly, Pitkanen (1994 in Einiö 2010) point out that the increase in institutionalization is often regarded as a consequence of change in family functions especially the diminishing role of younger generation in caring for the older people. Arber and Ginn (1991) also explain that institutionalization may be enhanced by the lack of different types of resources namely: health resources, material resources and caring resources. According to them, health resources include the ability to provide own self-care and care for others, material resources include income, assets, housing and car ownership, and caring resources include access to carers in the household and the community, from one’s own financial resources and from the state. According to Aber and Ginn (1991) the lack of any of these resources is a limitation on the well-being of the older person and may increase the risk of institutionalization.
2 Theoretical Framework

In investigating to what degree it is realistic for the elderly in Joensuu to stay in their homes in future, the study is grounded on two theories; the continuity theory of normal ageing and the theory of place attachment.

2.1 Continuity theory of normal ageing:

The continuity theory was presented by Havens (1968) and later developed by Atchley (1980, 1989, and 1999). Atchley (1999) noticed that older adults tend to show consistency over time in their patterns of thinking and behavior, despite experiencing significant changes in their health and social circumstances. Lifestyle, activities, as well as occupational identities tend to be maintained across the retirement. Continuity theory was constructed around elements of adaptation in middle aged and older adults. Atchley (1999), remarks that aging brings about many physical and developmental changes in a person’s life. The persistence of general patterns and characteristics is the key concept in this theory. There may also be persistence in general personality structure. An individual develops a life perspective based on his or her experience while progressing through the stages of life. According to Finchum and Weber (2000), this perspective simply requires that experiences have to be remembered. There are two patterns that indicate continuity. The first pattern is absolute stability in which there is a lack of change. The second pattern occurs when there are minor fluctuations within patterns but the general structure of the patterns is maintained. Related to friendships, this type of pattern is exemplified when one member of the social network leaves but the remaining members adjust and maintain the overlying network (Atchley, 1999).

Internal continuity deals with the maintenance of the internal self. According to Atchley (1999) this internal self is composed of elements such as temperament, affect, exploring preferences and dispositions. The maintenance or disruption of these elements affects the formation and development of friendships. According to continuity theory, adults come to more readily accept themselves and their friends as they age. This self-acceptance supports inner continuity. According to Atchley (1989:186), “people select, define, classify, and organize experiences in order to express the reality of their lives and permeate that reality with meaning”. If change is
seen as sharply decreasing a person’s capacity to maintain stability in some aspect of identity then discontinuity can destroy mental health. And poor psychological health can in turn, negatively influence friendship (Finchum and Weber 2000:162).

As adults continue to evolve, Finchum and Weber (2000) explains that they appear to develop clearer ideas about what gives them satisfaction and what decision-making strategies are effective. They attempt to establish an external life situation that supports their internal framework. A life time of learning, adapting, personal evolution, and selective investments influence an older adult’s ability to adapt, and in adapting, they are motivated to continue to use their established internal and external patterns. Since the continuity theory of normal ageing stipulates that adults come to more readily accept themselves and their friends as they age, in the same light, this study will try to examine what is done at the level of Joensuu to support the elements of the internal self such as temperament, affect, exploring preferences and disposition since the disruption of these elements affect the formation and development of friendship, decreases a person’s capacity to maintain stability in some aspects of identity. Consequently, the support of the elements of internal self of the elderly in Joensuu will go a long to make them live better lives in their own homes.

The consistency over time in lifestyles reflects external continuity. Aspects of an individual’s external structures include physical and social environments, activities, and mannerisms that have developed over a lifetime. Presentation of self, predictability, accurate feedback and anticipation as to how an individual will behave and act in the future will contribute to external patterns. This elements influence the establishment and maintenance of friendships. The dynamics of external continuity include using familiar skills to do familiar activities in familiar places in the company of familiar people (Atchley, 1989, 1999). This can apply to strategies in making and keeping friends. Experience and practice come in to play and having successfully established one friendship makes it easier to establish a second one. Continuity to environments is also important to adaptation. According to Finchum and Weber (2000) having familiar contact points helps keep friendships intact, external continuity increases the possibility that feedback received from others about one’s self-concept can be accurately anticipated.
Atchley (1999), remarks that discontinuities in communication skills can cause discontinuities in the core of identity. Interpersonal skills or the lack one can influence relationship building. Potentially, if a person’s identity is based on an occupation, and the occupation can no longer be negotiated, the person’s identity may become threatened. This is a possible explanation for what often happens when a person moves in to a senior living facility. If the person has not had previous successful experiences in establishing new social networks, relocating can be emotional difficult. The dynamics of external continuity include using familiar skills to do familiar activities in familiar places in the company of familiar people as pointed out by Atchley (1992), Hugman (1994) explains that this could not be possible in institutional living environments since such environments produces impersonal care by restricting social contact between residents and people outside and the elders cannot as well control their own time and space, consequently making it impossible for the elderly to establish and maintain their friendships.

Booth (1985) further explains that even when provision is defined as social rather than health in institutional settings, there may be some features which are the same, such as the ordering of daily routine or the use of space to suit the requirements of staff rather than the older people, thus hindering the elderly not to be able to use their skills and familiar activities. In the same light, this study will try to examine what is being done in Joensuu to allow the elderly continue with their familiar activities in familiar places and in the company of familiar people instead of moving in to an institution.

2.2 The theory of place attachment

Place attachment, the bonding that occurs between individuals and their meaningful environments has gained much scientific attention in recent years (Giuliani, 2003). According to Husband (2001), the study of human attachment to the physical environment has captured the attention of humanistic geographers, gerontologists and environmental psychologists in the past thirty years. Sennett (2000 in Scannell and Gifford 2010) explains that part of this interest stems from the awareness that person place bonds have become as fragile as globalization, increased mobility and encroaching environmental problems threaten the existence of and our connections to places importance to us.
Fullilove (1996 as cited in Scannell and Gifford 2010:1) points out that place attachment is worth studying because of its pertinence to many important processes, for example the examination of place attachment as an emotional bond has shed light on the sorrow and torture exhibited by those who are forced to relocate. Place attachment according to Brown & Perkins (1992) has been applied to disaster psychology, immigration and mobility. Other researchers (Kyle, Graefe, & Manning 2005) have indicated that place meaning and attachment can be used to plan and encouraged the use of public spaces such as national parks.

Interest on the part of these diverse groups according to Manzo (2003) has resulted in substantial empirical research, a number of theoretical frame works, as well as a lack of consistency in defining different types of place attachment, its characteristics, development and function. Because of the application of place attachment to many perspectives, various definitions have accrued and most often, researchers describe place attachment as a multifaceted or an all-round concept that characterizes the bonding between individuals and their important places (Giuliani 2003).

Scannell & Gifford (2010) notes that differences in the definition of place attachment are unlimited, for example, Scannell and Gifford remarks that, humanistic geographers argue that a bond with a meaningful space or sense of place is a universal affective tie that fulfills fundamental human needs. For example Tuan (1974) coined the word ‘topophilia’ or ‘love of place’ for this connection, and Relph (1976 as cited in Scannel and Gifford 2010:3) similarly defined place attachment as the authentic and emotional bond with an environment that satisfies a fundamental human need. Hummon (1992) points out that environmental psychologists similarly uphold the central role of affect in person-place bonding, and that most often their definition describes place attachment in affective terms such as an emotional investment in place, or feeling of pride and general sense of well-being.

Jorgensen & Stedman (2001) suggest that sense of place involves the sub-concept of place identity, place attachment and place dependence. Hay (1998) similarly points out that place attachment includes ancestral ties, feeling like an insider and a desire to stay in the place. In relation to immigration and refugee literature, Deutch (2005 as cited in Scannell& Gifford
2010:1) explains that attention is frequently on displacement or Diaspora and attachment is defined by the intensity of longing for places that are lost.

Hidalgo and Hernandez (2001) however remarks that a fundamental commonality shared by theoretical perspective of place attachment is that human bonding to physical place involves affective and cognitive processes that are place specific. People become emotionally tied to a geographic setting, the bonding of person to environment may occur at an individual, group or cultural level, and it may be experienced as positive or negative effect (Hummon, 1992). According to Low and Altman (1992:8) place attachment is an integrating concept that involves patterns of attachments, places that vary in scale, different actors, different social relationships and temporal aspects.

Most likely, place attachment bonds exist because they serve several functions; the most common include survival and security, goal support and temporal or personal continuity. One perspective is that place attachment arises because certain places offer survival advantages. Scannell and Gifford (2010) classify this perspective as one that emphasizes the physical aspects of the place for example resources. The behavioral bond is expressed by maintaining proximity to places that supply the necessities of food, water, shelter, and other resources, and cognitive bond is the knowledge and familiarity of how these resources may be extracted or used within the place (Turnbull, 1987)

Scannell and Gifford (2010) similarly points out that security seeking motives may explain place attachment, and several authors have suggested to safety and security as a function of place attachment. The security context on place attachment describe the bond of positive affect, cognition of reduce risk, and proximity-maintaining behaviors. Fried (2000) similarly remarks that individuals maintain proximity to their significant place because it offers protection and a sense of security, which in turn increases confidence and allows for exploration. Fried equally points out that once closeness enhances feelings of safety, individuals are more willing to venture from their places, in the advent of a personal threat, individuals may exhibit a sort of firm behavior by reducing their range and remaining close to home, Furthermore, just as attachment behavior are stronger among vulnerable individuals, Fried (2000) indicated that place
bonds are often more intense among vulnerable populations, consequently, the strong emotional bonds of place attachment and its proximity-maintaining behaviors as well as contrasting journeys away.

Attachment to place according to Gifford and Scannell (2010) cannot fully be explained by safety alone, individuals also become attached to places that support the quest of their goals. This perspective suggests that the positive affective content of the bond results from successful goal pursuit, the cognitions consists of expectations of goals attainment based on past experiences, the behavior expressed is repeated place use, and the place focus is social or physical, depending on the particular goals sought (Kyle, Mowen, & Terrant, 2004). This can result to place independence, a type of attachment in which individuals give value to a place for the peculiar activities that its supports or facilitates (Jorgensen & Stedman, 2004).

Korpela et al. (2001) argue that the main function of place attachment is to indirectly support one’s goal by facilitating the self-regulatory process necessary for goal attainment. Carver & Scheier (2001) defines self-regulation as a process in which current behavior is compared to one’s greater goals and standards in order to evaluate progress towards the goal. Emotions provide feedback about the level of success and self-control keeps the behavior focused towards the goal (Scannell and Gifford, 2010). Wegner (1994) argued that self-control is a limited resource that cannot function at its best under cognitive load, but due to the fact that place attachment enhances positive emotions and allows for cognitive freedom, emotions can be regulated and cognitive load reduced as well. Place attachment according to Korpela (1989) serves self-regulation because favorite place have restorative qualities. Similarly, Izard and Kobak (1991) remark that a favorite place is a safe haven, where individuals can plan for the application of their goals, and can assess their improvement.

Another function of place attachment is that it provides continuity (Rubinstein et al. 1992). Self-continuity as Hallowell (1955) and Robinson and Freeman (1954 in Scannell and Gifford 2010:6) points out is a stable sense of self, or an awareness of the self as continuous, such that past and future behaviors are linked. This function is partly supplied from an individual, cognitively based attachment through which individuals identify with a place according to the
extent it seems to fit the self. Individuals are more frequently attached to environments that they feel measure up with their personal values, and consequently seem to represent them accordingly (Scanell and Gifford 2010).

Place bonds also provide continuity over time. This function stems from individual attachment to a place that is symbolically meaningful through memories and connections to the past. For example, we might be attached to our childhood homes, or to places that seem to link us to those people we have lost. The place serves as a physical representation of important events, and seems to contain their importance, or preserve them (Twigg-Ross & Uzzell 1996). Twigg-Ross and Uzzell equally observed that places create continuity across time by reminding individuals of episodes that occurred there in the past, or by allowing individuals to compare their present and past selves. Low (1990) remarks that the continuity function can also exist at the cultural or religious level, places where important cultural events have transpired become meaningful for that group, for example pilgrimage to a secret place, designations that the place is an historic site, or stories and myths that convey the significance of the place.

For a number of reasons, place attachment is thought to be particularly significant to the elderly population, since only a very small percentage of older adults will change their residential milieu, the majority prefer to age in place (Golant 2000). Cook et al. (2007) explain that even those who move to planned or unplanned enclaves of older people may not move from the community, they desire to remain close to family and friends in familiar environments. Pretty et al. (2003) explain that community sentiment or attachment is associated with the social environmental characteristics of place such as cohesion and sense of belonging. When people feel a part of a readily available, supportive, and dependable structure, they feel cared for and “envisioned getting resources from that community” (Pretty 2003:275). First it may play a role in late life adaptation. As older adults engage in the process of life review, places that have been ascribed personal meaning help them link life course events together and integrate sense of self in old age (Rowles, 1983a). Secondly, place attachment aids in negotiating losses accrued in late life, for according to Brown and Perkins (1992) attachment enhance self-esteem and provides a sense of security and belonging, consequently helping to sustain positive self-identity with the loss of social status in old age. Thirdly, attachment to place may provide older adults with
opportunities to retain independence (Rubenstein & Parmelee, 1992). Husband (2002) points out that an elderly person who is deeply attached and familiar with an environment such as a home is not only competent in that environment but is also more determined to age in place and maintain autonomy.

Similarly, Brown et al. (2003) confirm that attachment to the residents promotes and provide stability, familiarity and security but argues that attachment also changes as individuals and households develop, environments age, or the processes supported by settings alter. Many neighborhoods eventually decline as housing stock and residents’ age. Gustavo (2001 as cited in Cook et al. 2007:202) equally explains that the role of space and places in contemporary society is undergoing major changes, consequently making the meaning of places to become less stable as more and more personal experiences, social relations are removed from the local context. Neighborhood disintegration and its likely adverse effects on people’s lives has been a continuous topic of concern in the social sciences, and more recently attention has been turned to focus and impact on the elderly, especially those elderly in rural areas.

Rural towns according to Ponzetti (2003) have a distinct culture that is based on strong community ties, long history, and ethnic or cultural connections. Koff (1992 in Ponzetti 2003) explain that some of the common characteristics of rural communities are the outflow of resources and people, and these outflows of resources and people pose prominent challenges for residents who choose to remain in rural communities. Krout & Coward (1998) point out that the elders are those who feel the impact of this situation since they are the greater proportion of the population in rural areas.

Krout (1998) similarly remark that rural elderly experience a particular problem in regard to ageing in place because the provision of services in small remote towns is often inadequate. The difficulties of later life and of residing in sparsely populated and geographically remote areas are challenging as pointed out by Joseph and Martin-Matthews (1993), but many elders decide to stay in rural towns nonetheless. This is because rural elderly secure a source of identity, refuge, and comfort through place attachment, and consequently wish to age in place.
Rowles’ (1990, 1994) extensive study on the role of place attachment among rural elderly is especially important. Rowles (1994) used the concept of insideness to describe three dimensions of place attachment in old age; familiarity with the physical environment that results from inhabiting a location for an extended period defined the first dimension which is physical insideness. This sense of physical insideness according to Rowles (1994) can compensate for progressive sensory reduction and enable older residents to continue to traverse spaces that would appear to be beyond their level of physiological competence.

The second dimension is “social insideness”. Rowles explain that people by virtue of living in a place for long periods of time, become part of the social fabric of the community, being part of the social community, residents earn what is referred by Rowles as social credit that they can draw on in the form of support and assistance from other community residents (for example friends or neighbors) if they require assistance.

Finally, Rowles highlighted the idea of “psychological or autobiographical insideness” which is extended beyond the physical setting or social milieu to create an environment that has “a temporal depth of meaning.” In other words, residents especially the elderly develop over a lifetime of residence a sense of place in a present as well as an historical sense. Their community becomes a mosaic of “remembered places of which the drab contemporary setting is but a remnant” (Rowles 1983: 303). Similarly, this study will try to examine what is being done in Joensuu to enable the elderly to keep maintaining what they have gained over so many years of residence instead of relocating to new environments where they will have to start learning to live with strange people, and also learning to overcome new obstacles, especially in the rural areas around Joensuu where most of the services have moved to the Joensuu city³.

Tuan (1990 as cited in Oliveira et al. 2010:801) explains that “topophilia or the effective bond between people and place or settings changes as localities and regions become produced and contradictory, spaces affected by deterritorialisation and detraditionalization, if not yet by the

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end of territory or annihilation of space by time”. Topophilia also changes as places and regions become network and favorable to innovation (Todtling, 1994)

Hidalgo and Hernandez (2001) pointed out that when place attachment is spoken of, the concept of place which is being used is not specified. Place differ in scale as noted by Lewicka (2010). My place of residence, the one to which I feel emotionally attached may be my room, my home apartment, my building, neighborhood, district, city, country region, state, parts of or the whole continent (Lewicka 2010:36). Place attachment is usually perceived as emotional ties that people develop with their place of residence (Giuliani 2003) like dwellings or neighborhoods, but also places visited for recreational purposes for example landscapes, forest, lakes, wilderness or summer houses, but this paper will dwell on attachment to permanent places of residence only such as the home, neighborhood or the community.
3 Literature Review

3.1 Continuity in habits, activities and roles
According to Agahi et al. (2006), continuity in habits, activities and roles is important upon entering old age in relation to the continuity theory of ageing, but very few studies have investigated patterns of leisure participation over an extended period of time. Hence their research investigating the importance of continuity of participation in leisure activities (reading books, hobby activities, gardening, cultural activities, fishing and hunting, restaurant visits, study circles and courses and dancing) in to late life among older individuals (aged 60-85 years) over a period of three decades in Sweden, revealed that leisure participation in old age is often a continuation of participation earlier in life. Participation in 1968 and 1991/1992 predicted participation in 2002 for all the nine leisure activities they studied. The recurring predictions over both 34 and 10 years in the different activities indicate a pattern of continuous participation with increasing age.

Another study by Bukov et al. (2002) on social participation over a period of 4 years among elderly aged 70 and older revealed that participation levels for the group as a whole remained unchanged but there were variations with some individual; while some individuals increased participation, others decreased.

Similarly, Armstrong & Morgan (1998) investigated physical activities over an 8 year period, they found out that for the whole group (aged 65 and older) general activity levels decreased, but there were individuals who increased the amount of time spent shopping or walking. Baltes&Baltes (1990) brought up the selective theory of optimization with compensation emphasizing continuity, according to this theory, individuals use three strategies in order to maintain continuity in activities and habits as they get older. Selection refers to the choices and priorities individuals make when they have to let go some activities due to losses in function or resources, optimization refers to engagement in activities that stimulate the body and mind in order to increase the reserve capacity needed to continue participation and finally, the individual uses compensating strategies in order to continue engaging in the chosen activities despite reductions or losses of capacities.
According to Rowe and Kahn (1997), active and effective engagement in the society is a central component of successful ageing, and if applied to bereavement, sustained social engagement could also be a critical component of successful adaptation or coping. Higher levels of social participation are associated with reduced levels of suicide, better physical health and reduced mortality, and higher level of psychological wellbeing (Agahi et al. 2006; Beck & Page, 1998). Agahi et al. (2006) remarked that in order to uphold an active older population, it may be more important to promote participation in activities that elderly cohorts engaged in earlier in life than to start new activities. Similarly, this research will investigate what is being done in Joensuu to facilitate participation in activities that elderly cohorts engaged in earlier in their lives which will go long way to enhance the elderly to pursue a better life in their homes.

3.2 Continuity in social participation
Utz et al. (2002) have been emphatic in pointing out that maintaining continuity in the circle of social participation is a strategy older adults use to cope with spousal loss, but argued that bereavement studies have focused largely on the emotional and psychological responses to widowhood. Consequently, their study investigating the social and behavioral implication of spousal loss in Detroit revealed that continuity prevails in the elderly behavioral adjustments in case one loss a partner, most widowed persons considered increased social activity and effective way to combat the psychological distress associated with the loss. Widowed people, both men and women, indicate a sustained increase in informal (telephone contact, getting together with friends) social participation following spousal loss, whereas formal (meeting attendance, religious participation and volunteer obligations) social participation levels did not fluctuate over time or in response to widowhood. Utz et al. (2002:531) further remark that both married and widowed persons are likely to evince levels of social participation in the future similar to those they displayed earlier in the life course, the results they got using widowed only sample indicated that older adults favored to maintained similar pre- and post loss levels of contact with relatives and friends. Though it is clear that increase social activity is one way older adults can possibly reduced the understood psychological distress associated with widowhood (House et al., 1988; Thoits, 1983).
Utz et al. (2002) warned against the assumption that activity’s sake is the most effective way to provide support for the recently bereaved, and point out that senior centers play a key role in keeping older adults engaged in the community. But according to Carstensen (1999), a greater majority of older adults do not like the advantage of such formal integration efforts. Instead, older adults especially those experiencing a devastating or stressful loss such as widowhood tend to count on the companion of lifelong social relations from whom they derive support, self definition and a sense of stability and continuity (Antonucci & Jackson, 1987; Kahn & Antonucci, 1980). Thus providing widowed persons with an abundance of new activities will not be as effective as having others (e.g. family members, friends, religious communities and neighbors) assists them in achieving a continuity of lifestyle and stability in social relations.

Utz et al. (2002:532) recommend that intervention efforts should aimed at minimizing the disruption in social roles rather than maximizing the availability of compensatory social activities, for example, offering affordable and flexible transportation to older persons, especially to those who no longer drive. The use of telephone, the internet and other means of communication that allow older adults to maintain contact despite geographic distance or physical impairment may also be invaluable to successful adaptation to widowhood. Although support through communication technology may be more effective support strategy for future cohorts of older adults, any policy intervention should seek to minimize disruption in daily activities rather than to construct a new life with new activities and acquaintances, intervention efforts should target those persons with low socio economic resources and those without children may be particularly vulnerable to social isolation upon widowhood. In the same light, this study will examine those policies adapted to minimize disruption in daily activities of the elderly especially those elders with low socio economic resources and those with no children in Joensuu.

### 3.3 Continuity with friends and neighbors

Most elderly people want to stay independent for as long as possible (Healy and Yarrow, 1997; Victor et al., 2002) and this can be achieved often despite failing health and sensory abilities with the presence of friends, neighbors and wider kin networks (Twigg, 1998). According to Finchum and Weber (2000) friendships have been identified as important parts of an individual’s social network, they provide individuals with companionship, assistance, and emotional support. Friendships do not just happen, it is a process that continues throughout the life span and can be
improved, coached and practiced. Duke (1983:8) remarks that the more we can find out about our own friendships, the better we can surround ourselves with the human medical insurance and the social support that act as important safeguards against occupational stress, psychological illness, and negative life events. Having long-term friends provides sense of history and emphasizes continuity of relationships that in turn contributes to self identity and self worth (Blieszner& Adams, 1992). Social networks can provide various degrees of assistance such as emotional support and help with daily living activities. Maintaining a sense of continuity, whether in self identity or in familiar surroundings remains important as adults experience life transitions. Gottlieb (1994:311) states that

“our social networks provide feedback about the performance of our daily social roles, detect the accumulation of signs and symptoms of distress and act as a sounding board about whether our reactions to certain events or our general mood poses any threat to our well-being”.

The establishment and maintenance of friendship patterns reinforces social networks that in turn may assist senior citizens in remaining in their own neighborhood longer and continue to be emotionally and physically healthy. Fehr (1996:7) describe friendship as “a voluntary, personal relationship, typically providing intimacy and assistance in which the two parties like one another and sick each other’s company. A friend is someone who can be trusted, who is loyal, accepting, caring and dependable”. Similarly, Atchley (2000) describes friendship as ranging from close, intense, continuous interactions to cursory sociable contacts. Finchum and Weber (2000:163-164) argue that no matter how friends are defined there are many benefits of friendship; friends provide various kinds of help and support, they meet cognitive needs by providing stimulation through shared experiences, activities and exchange of ideas. Friends also provide a frame work of reference through which the world can be interpreted and meaning found in experiences. Friends provide love and esteem, helping to meet social-emotional network of older people and contribute part of the social support network of older people and contribute to well-being by providing opportunities for socialization.

Gottlieb (1994) investigated people concerning the domains of their lives which they attach greatest interest importance and satisfaction, the results investigated revealed that people
regularly rank social relationships highly and that when there is loss of significant attachments, there is a greater risk of adverse physical and mental conditions.

Similarly, Adams (1988) administered interviews with 70 women in a middle class suburb of Chicago, each respondent defined friendship, listed her friends according to her own definitions, and the respondents answered a series of questions about each of them. The data demonstrated that a change in friendship activity does not bring about a change in psychological well-being but rather that the reverse was true, thus suggesting that older people benefit from interaction with friends they have chosen freely rather than from developing contrived local friendships through an organized program for example in institutions.

Finchum and Weber (2000:166) points out that older adults and service providers need to understand that interpersonal relationships and friendships do not end after retirement. In the later years, there is more time to make and maintain friends and more time to learn any skills that may be undeveloped or untapped. Continuity theory can be a tool for fostering a more positive view of the aging process, a person social life does not have to come to an abrupt end the society says he or she is old.

Matthews (1986) found that older adults maintained the motivation and ability to initiate friendships and it had been shown that social networks have a vital role to play in the lives of majority of older adults. By understanding the importance of maintaining friendships in old age, older adults care providers can develop opportunities to encourage interpersonal skills and coping strategies among the elderly. Adams (1988) notes that practitioners need to design programs that assist with maintaining old friendships. This may include different methods of correspondence and perhaps even electronic mail. Adam explains that electronic mail can be less expensive than daily telephone calls and it is much faster than regular mail. Homes of the elderly could be installed with computers and online communication and offer older adults training in the use of electronic mail. This avenue of communication will become more important as future cohorts move into retirement and computers become more elderly friendly. In the same light this study seeks to find out what is being done in Joensuu by service providers as concerns the
maintenance of friendships for the elderly, since loneliness and helplessness are typical problems among the elderly in Finland and many other countries (Kasanen, 2004).

3.4 Continuity with Family care (informal care)

Åberg et al. (2004) remark that because of the shift in recent decades from institutionalized care delivered in formal spaces towards care provided in informal settings such as the home, relatives and non-kin significant others have been allowed and sometimes forced to play an increasingly important role as informal caregivers. Pickard et al. (2000) and Sunstrom et al. (2002) also confirm that several studies have shown that demand for informal care by the older age groups in the population is likely going to increase. Informal carers in general are characterized by the nature of their motivation to help and the skills and knowledge they use in providing support which according to Litwak (1985) and Litwak et al. (1990) is in contrast to formal carers who apply more technical knowledge. Significant others are motivated to help by feeling of affections and obligations, and primarily use their familiarity with the care recipient in the care giving.

Because of the relative importance of informal care recently, Åberg et al. (2004) suggested that it is vital to understand how informal carers perceive the purpose of the care giving, including definitions of factors important for the overall goal of the care, that is, to help provide life satisfaction in the care recipient to as high a degree as possible which according to them this issue of perception has not previously been addressed. Consequently, their study on the significant other’s perception of factors important for life satisfaction among older people 80 and over in Sweden reveal that all three care giving categories (social-emotional, proxy and instrumental care giving) involved important protective goals. This was expressed as protection of the care recipient from the consequences of diseases, activity limitation and independence on help which are perceived as threats to the care recipients’ life satisfaction. In the case of social emotional care giving, the protective purpose meant support of a positive self image, which corresponds with the care recipients’ old self as she or he used to be, from the significant others’ view point, including personal competence and self worth. The protective purpose was most

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4 Their aim was also to investigate the perception of significant others, as informal care givers, about the care giving situation and its meaning and purpose. This included the factors they considered important for the life satisfaction of the care recipient. The care provided by the care recipient fell in to three categories: social-emotional care giving, proxy care giving and instrumental care giving.
pronounced in relation to the proxy care giving, which involved efforts to prevent and protect the care recipient from experiencing physical and emotional harm by facilitating safety and the provision of good formal care. The protective purpose of the instrumental care giving was less apparent but still evident in that providing and doing things for the care recipient was aimed at protecting the person's health status and integrity.

Similarly, Hokenstad and Johansson (1990) carried out a study of family care giving in Tierp (Sweden) a rural municipality with about 20,000 inhabitants. 2000 persons 75 years and older were surveyed in different ways (questionnaires, interviews, register studies) regarding health status, activities of daily living, social contacts, living conditions. Hokenstad and Johansson explain that the major purpose of the study was to complete the register data with information on the need for service and the amount and type of informal care given. The result of the study revealed that the elders living in their own homes were rather independent. Those who needed help needed to be assisted primarily by chores, bathing, showering, and walking outdoors. A comparison of formal and informal support given to these elderly showed that most of the care was given by families. Family care givers functioned as prime caregivers in 75 per cent of all cases (Hokenstad and Johansson 1990:261). All those who were totally dependent on another person for their daily living were cared for by family members.

Another study still by Hokenstad and Johansson (1990) and this time case studies were conducted with a sample of family care givers. A group of 39 family care givers (primarily spouses and daughters) were selected for in depth interviews. The authors explain that in the cases selected, the elderly would probably have had to move to an institution if intensive family care giving were not available. Results of the study revealed that care giving for dependent family members was clearly connected to propinquity or closeness with the person in need of help. Furthermore, family where strongly devoted to care giving, but at the same time wanted to share the helping role with the society and its formal care giving system.

According to (Help Age international 1999), the demographic transition is having a profound effect on family structures; changes in life expectancy, economic opportunities, social and geographic mobility are impacting on family relationships. The trend to smaller families visible
in nearly all societies implies an increasing number and proportion of older family members. At the same time the reduction of extended family networks means that while the need for care giving particularly to very old relatives may be increased, the number of available family members able to offer care is declining. Rapid demographic transition, accompanied by other changes such as migration, urbanization and the increasing number of women entering formal workforce is likely to affect the capacity of families to provide effective old age care.

Hokenstad and Johansson (1990) and Keck and Blome (2008) pointed out that it is largely women who preserve the social links and functions as the prime care giver in the family, and coincidentally there is an increase proportion of women entering the labor market and today almost as many women as men are in gainful employment. Rubinstein et al. (1992) supports this by pointing out that majority of elders living alone manage with little or no help when faced with some type of health problems since the home which is the main location of informal care-giving is often constructed as feminine space has become empty because the women hold the social role of care giver while also feeling the need for an income and a carrier. Stone (1987 in Rubinstein et al. 1992:17), in an examination of those providing informal care, discovered that women made up more than 70 per cent of informal caregivers and that nearly 30 per cent of all caregivers were adult daughters.

In Sweden, informal care giving is included as an integral part of the new elderly care policy; attention is given to the significant role that family care giving plays in the Swedish society and the need to support informal caregivers through both income subsidies and formal services. Informal care is envisioned as complementary to, rather than a replacement for formal care. Hekenstad and Johansson (1990) pointed out that emphasis was still on adequate formal support to keep the elderly independent and to meet their service need. Sweden has adopted policies of payment to informal carers at a full wage rate (Johansson, 1991). Family members can be employed as home carers, to work solely with their elderly relative and have benefits such as paid holiday and support from other home care services. This policy according to Johansson (1991) was aimed at increasing both the proportion and the total volume of informal care for older people as the numbers of older people grow. The results of this initiative in Sweden was that informal carers gave more time than the hours for which they were employed and many
more women were willing to remain at home and take care of their elderly relatives since they were well paid and their jobs were inside normal employment procedures (Hokenstad and Johansson, 1990; Lundsgaard 2006). Hokenstad and Johansson (1991) found out that there were more than 10,000 salaried family caregivers in Sweden. The Swedish government also encouraged cities to provide labor market training for salaried caregivers when there is no longer a need for their paid family care giving. In service supports such as respite care and home maker services are very important to the care givers in diminishing their stress.

Gerald (1993) pointed out that the Swedish policy is one of the most comprehensive family care giving support program in the world because it encourages family care giving and make interaction easier between formal and informal care giving services. In the US according to Doty, (1986), tax incentives are available for family members who bring elderly impaired relatives in to their homes and cash grants to low income families to care for elderly relatives. In the same light, this study is aimed at finding out what is done in Joensuu to encourage people to care for their elder relatives and also if there are any policy encouraging interactions between formal care and informal care which will go a long way to make living at home better for the elderly in Joensuu.

### 3.5 Attachment to Home

According to Husband (2001), the home is thought to become an increasingly important place in late life. Kontos (1989 as quoted in Husband 2001:6) states that “home affords independence by defining a space that is controlled by and is uniquely the domain of the individual. Home is a space in which to pursue personal interests and also, as it is resonant with experiences and expectations, it is a vital facet of self identity”. Klein-Altman (1993) similarly points out that the home sets the stage for much of life in old age, since age comes with declines in mobility, sensory perception and health as well as reduced incomes and diminished social networks. Bylund (1985, as cited in Husband 2001:6), explains that as the boundaries of the environment narrow, the home plays an increasingly significant role in determining the degree of autonomy, privacy, social interaction and sense of place that people have. According to Iwarson (2005), the relationship between housing and health in very old age is significant because older adults have increase vulnerability to environmental challenges. Robison and Moen (2002) explain that later life transitions such as retirement often lead to an increase in the share number of hours spent at
home, consequently increasing the relative importance of an appropriate and acceptable living environment.

As people age, housing modification become important to compensate for and assist in their adoption to declining functional capacity in order to maintain a sense of well being and independence in daily life (Baltes, Maas, Wilms, Borchelt and Little 1999). Demirkan (2007) remarks that if a house is inadequate for the needs of the people living in it, it never becomes a home, for the ageing population, a house must be fully accessible to become a home. Means (1992) similarly remarks that majority of older people live in the community and only a small proportion of older people live in institutions. It is clear that many people enter residential homes, or fail to leave hospital primarily because of housing problems (Tinker, 1984). According to Vilkko (2001), the feeling of helplessness and fear of crime and violence can increase with ageing and many old people in Europe still suffer from lack of amenities, crowded living conditions, problem with housing expenses, lack of lifts and habitability of old houses (see table 1).

Table 1. Problems of housing and surroundings in Europe, in percentage 2004

<table>
<thead>
<tr>
<th>Country</th>
<th>No bath/shower</th>
<th>No Hot water</th>
<th>Dwelling too small</th>
<th>Liquid/leak or wood rot</th>
<th>Noise</th>
<th>Vandalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>4</td>
<td>3</td>
<td>17</td>
<td>14</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Belgium</td>
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<td>5</td>
<td>13</td>
<td>22</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Denmark</td>
<td>3</td>
<td>1</td>
<td>16</td>
<td>12</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Finland</td>
<td>3</td>
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Sources: Kasanen, P (2004)
Good quality housing is the foundation of community care (Tinker 1995; Means 1992). Tinker (1995) remark that this may depend on the design of the home, and Treffers (2004) notes that “designing places and spaces for all means designing society, including aging people”. For example, if the family does not have a suitable bathroom or downstairs lavatory, it will be possible that the older person in the community receive a lower standard of care.

Place attachments are often related to, but not determined by changing housing and neighborhood conditions (Brown et al. 2003). Brown et al. point out that failures to secure quality housing and neighborhoods in the past have forced scholars and policy makers to uphold that good neighborhoods are not simple achievements. For example, Fried (1963 as cited in Brown et al. 2003) in a study of urban renewal of Boston’s West End showed that residents had strong place attachment and community viability, despite deteriorated houses, when residents were forced out of their homes for urban renewal, West Enders lamented for years for lost homes and neighborhoods. Rainwater (1970 in Brown et al. 2003) in a study in St Louis similarly found out that new high rise Pruitt-Igoe public housing which was physically sound initially did not invite place attachment or other commitments.

Evans et al. (2002) explain that in a cross-sectional study, housing quality is associated with positive affect among the older adults living independently in the community and more over, this relation is resolved by place attachment. Elderly residents of higher quality homes, independent of multiple socio-demographic factors such as income, gender feel more attached to their homes, which in turn appears to account for the relationship between housing quality and positive affect. Growing demand for various levels of supportive housing is occurring due to the growing population of elderly people, most people over 65 are healthy and live independently in their own homes, but along with longevity they face an increasing likelihood of chronic diseases, frailty, and widowhood, making current housing arrangements no longer viable, and couple with the fact that most elderly home owners are dependent on government pensions for day-to-day living expenses, leaving little left over to pay for repairs and modifications to housing.

Scharlach (2009:5), also points out that communities in which majority of us live are hardly good places to grow old which has caused many cities to start addressing the needs of an aging society
and argues that many long-established urban communities are aging in place thus experiencing infrastructural deterioration that makes them challenging for older residents, while new suburban communities that were originally design with young families in mind are unfavorable as those families age. Scharlach (2009:8) states that “Housing stock and other physical infrastructures age in place just as their inhabitants do, potentially becoming even less aging friendly than they might have been originally”. Kasanen (2004) similarly points out that most of the dwellings that older people will require are already in existence and it will be a great challenge to adapt the existing housing stock to the needs of the elderly. Mason (2002:5) confirms this fact by stating that

“Overwhelming majority of senior citizens actively choose to remain in their own homes as long as their health, finances and available services allow. Indeed less than 5 per cent of seniors in the US and Canada outside of nursing homes live in housing dedicated to the frail elderly and consequently, many seniors remain in homes that are poorly suited to their special needs and most live in the country’s oldest housing stock. Most seniors live in homes that have never been physically adapted to provide for the age”.

Housing has a clear impact on the health of occupants and affordable and appropriate housing protect people from hazards and promotes good health and well being (Peace, 2006; Howden-Chapman et al., 1996; WHO, 1989). It is also reported that elderly residents with diminished abilities, if they are familiar with the surroundings, can carry out daily life activities nearly successfully, on the contrary, these activities can be very hard to carry out even by less disabled elderly, when they are not familiar with the surroundings (Lawton 1985; Parmelee & Lawton 1994).

According to Howden-Chapman et al. (1996), the elderly population is as diverse as any other in our society and they live in all kinds of dwellings: detached and semi-detached houses, apartments, units, boarding houses, institutions, clustered or granny flats on the ground of a family member’s home. In spite of this diversity, there are a number of frequent hazards older people face, which could be minimized by creative public policies, community support and
industry response. But according to How-den-Chapman et al. (1996), they are often a low priority for resource allocation or policy innovation because of their relative lack of political power. While the elderly do not need special consideration as a group, they seemingly have some unmistakable population characteristics, such as a higher incidence of impairment combine with ageing increases the possibility of housing and health problems, which can lead to stress and costs to older people, their families, community and the government.

Mason, (2002) points out that healthy housing is important to virtually people of all ages, for example children who are exposed to and ingest lead paint and asthmatic adults who inhale off gas from toxic building materials and seniors who, when disability strikes are unable to access the second floor of their homes are all among those people put at risk by living in unhealthy housing. It is becoming increasing obvious that shortcomings in the condition of the home can lead to an enforced move (Potter &Zill, 1992), consequently forcing the elderly not to maintain a sense of continuity, whether in self identity or in familiar surrounding which is very important as adults experience changes in their lives (Atchley 1989).

There are many ways in which this can be manifested, for example Tinker (1995) explains that an inability to manage a garden is sometimes a reason, though often combined with other factors, for people giving up their independence and relocating, the lack of an inside lavatory or dangerous wiring and floors may lead to accidents, which again may lead to a move, consequently reducing place attachment.

Various types of supportive housing can facilitate individuals’ independence, functioning and delay institutionalization, thus preventing a significant break in contact with family and friends (Tinker, 1995). Mason, (2002) explains that it is realized that our ideas of supportive and healthy housing is too narrow in scope as currently perceived, when we attempt to view and connect them side by side, other factors must be considered in order to insure that it will effectively meet the changing needs of its elderly occupants and there by facilitate and promote successful ageing. Mason points out that those additional factors must reflect the goals of maximizing one’s control over one’s environment and maintaining independence, they must recognized that ageing over time can involve loss at all levels of functioning, physical,
psychological, social and financial and that our housing in order to provide a healthy living environment must be designed to address needs at each and every level of functioning.

“Healthy and supportive housing for the elderly signifies housing that maximizes independence and minimizes frustration and hostility. It maximizes accessibility and mobility while minimizing barriers and constraints and it maximizes positive experiences in day to day living in one’s housing while eliminating experiences that produce feelings of inadequacy or loss of competency” (Mason 2002:12).

Qualities of habitation according to Kasanen (2004) also help improved the quality of life of the occupant, for example fulfilling oneself and having social interaction thus continuity. Some of the qualities are aesthetic, comfort, functionality, safety and security. According to Kasanen, these qualities do not particularly concerns the elderly, but they have more weight among the elderly population.

Aesthetics as Kasanen (2004) notes is a vital quality in as much as the elderly wants to cope independently; it has a certain influence on the propensity. A good mood, an experience of good health and coping with daily life, seems to form a positive spiral that supports the good living of elderly people. In a study of London, Weich et al. (2002 in Kasanen 2004:44) explains that an unattractive environment cause depression, and depression was found to be more common in zones constructed after 1969, a lot of defacement and very few gardens or collective attractive areas in the neighborhood or surroundings was a common characteristic of these zones. Rissanen (1999; 2000 in kasanen 2004) also points out that, the good mood has been noted to have a positive influence on coping with daily life to the old people who suffer from depression, and that a good feeling of the elderly is often linked with a health experience and the health care of one’s own. Personal capacities and coping with daily life are considered essential factors, which indicate the health of the elderly people. A dwelling can equally support the self esteem and good environment offers a possibility to fulfill oneself and have a personal way of life (Aura et al. 1997). Kasanen (2004) remark that aesthetic is also important because it makes devices pleasing and it has been discovered that the elderly tend to reject helping devices if they are not well designed, but if they are in good design, they will become more popular among the elderly.
Comfort means the conditions as a consequence of good house techniques. Kasanen (2004) points out that in a comfortable dwelling, there is no drought but contrary there is suppose to be warmth and moisture and sunlight in the spaces. The most common health hazards associated with poor housing as noted by Collins (1993) are dampness and cold, damp dwelling is more difficult to heat and a poorly heated dwelling more susceptible to damp. Cold air has a higher relative humidity, increasing the risk of condensation indoors and providing a more favorable environment and conditions for the growth of moulds and micro-organisms.

Blackman et al. (1989) and Stranchan et al. (1986) explain that a number of studies have found a very close relationship between damp housing, the presence of mould and high rates of respiratory illness and asthma especially among those who spent more time inside the house like children, women and the elderly. Similarly, Hunt (1993) points out that studies in England, the USA and the Netherlands have shown that housing dampness is strongly associated with respiratory symptoms, long standing illness and disability; that the damper the house, the greater the likelihood that the occupants are ill.

Safety is an indispensable quality of the dwelling for the elderly. Kasanen (2004) defines it as a state of being safe and protected from danger or harm, it concerns danger which is brought about by unsafe environment; slippery floors lack of light or hazards on account of state of health, seizures or impaired functional capacity. Disabilities with vision, hearing, balance and moving easily cause accidents at home. Evci et al. (2006) notes that one outstanding problem for the elderly is home accidents. Studies indicate that around 20 million injuries occur each year in the European Union requiring medical attention (ibid: 291).

According to Svanström (1990), the mechanism behind falls and fractures are problematic, there are several factors involved, including social factors like social network and living alone, environmental factors like deficiencies in the immediate environment, in the housing area and traffic environment. 75 per cent of injuries to the elderly occur at home and most of the rest in the immediate environment, like staircases, or in traffic environment. Physical factors like
physical inactivity, osteoporosis and nutritional factors also play an important role, as do lifestyle habits like alcohol consumption and smoking (Svanströmet et al. 1996).

Shumway-Cook et al. (1997) similarly points out that there is a dramatic increase of fall corresponding to increase in age. Shumway-Cook et al. approximated that 25 per cent to 35 per cent of people over the age of 65 years experiences one or more fall each year and the consequences among the elderly are disastrous; falls are the leading cause of death from injury and morbidity among the people over the age of 65 years. Nearly 70 per cent of all emergency department visits by people over the age of 75 years are related to falls and 40 per cent of hospital admissions in this age group are result of fall related injuries resulting in an average length of stay of 11.6 days and approximately on half of older adults hospitalized for fall related injuries are discharged to nursing homes (Shumway-cook et al. 1997:25).

Age Security according to Kasanen (2002) equally means a state of being protected from danger of intruders and information security. Nowadays, security has become more important than previously, for example in the Netherlands, the concept of socially secure is strongly emphasized in the Dutch certificates of new homes together with use quality and value (Woonkeur 2002). Accessibility in most cases means that the dwelling meets recommended requirements for accessible housing (Demirkan 1991). Accessible features in dwellings include items such as wide doors, sufficient clear space for wheelchairs, loop-type handles on hardware, grab bars in the bathroom and knee spaces under the sink (ibid:34).

Another element which is appropriate to be included in the expanded perspective of healthy and adequate housing that supports successful aging and place attachment is the smart house technology. Technology as noted by Mason (2002) is in existence everywhere in many aspects of our lives and one place where this is becoming increasingly true in this decade as Eisenberg (2001) points out is in the home. Miskelly (2001) similarly points out that recent developments in new technology are the subject of research destined to make an important contribution to the care of older people both in institutions and at home. A smart home is one that allows the residents to monitor its various systems for example heating, refrigeration, security, lighting,
ventilation from a distance; either from a computer terminal in the house, a portable web pad or from a web enabled lap top computer half a planet away.

Mason (2002) points out that since research literature has always emphasize the fact that for the elderly to age successfully and be more attached to their homes, they must have greater control of their homes, consequently, the smart house technology is the answer since it enables the elder to have greater control of his or her home. The smart home is also capable of supporting home based technology that can digitally monitor seniors themselves with biosensors, video cams, telemedical units whose voice, data or video content can be streamed to medical personnel or loved ones outside the home through the internet. It allows others, doctors and caregivers to see the movements, body functions, comfort levels and safety of the person from a distance at anytime, from any place and allows for instantaneous communication as well as visual contact that permits virtual house calls from the doctor or regular online home visits from love ones. Medical oversight can be conducted in intervals of 24 hours a day, seven days a week if necessary.

Mason (2002) points out that the smart house can monitor both the physical system of its occupants and can feed the data to remote locations, and the products will become very cost effective solutions over time since they are distributed more and more worldwide. This technological development as Mason (2002:13) points out allows the elderly a quick return to their homes from primary care facility and gives them more confidence that their medical support system is working for them on an ongoing bases, it also promises to ease or reduce the number of post primary care chronic medical episodes by checking crucial signs and introducing interventions before the person goes into crises. Greater peace of mind is attained both by the elderly and the care provider since they know that their health is being monitored. This is confirmed by Kidd et al. (1999) as they remarked that as people get older and find it more difficult to live independently, they are often bound to move out of their homes not only to provide peace of mind to their family members but equally to themselves, moving out to some form of assisted living provides the security of frequent monitoring and availability of medical assistance in the event of an emergency, but Kidd et al. argue that if these elderly were able to keep that peace of mind while still living in their own homes, they would not be forced away.
from the familiarity and friends to which they are accustomed. The smart homes can thus support social connection between older parents and their adult children consequently promoting peace of mind for family members and friends.

One other important point also noted by Mason (2002) is the fact that the smart home promises to greatly reduce the incidence of caregiver burnout reason being that it reduces or eliminate travel time and worry and it also allows loved ones to feel that they have control of the care giving situation and not the other way round. It also gives care giver and the care recipient the opportunity to establish connectivity with others in comparable or related situations in remote locations which can act as a source of mutual support.

Although assistive technology have the potential to contribute to the safety, security, independence and quality of life of the elderly population living alone, Miskelly (2001) and Edge et al. (2000) note that there are limitations to this; not everyone will benefit from or accept new technological aids and devices, and each individuals situation must be carefully assessed, many people are likely to welcome the technology, though a few might consider it as an invasion of privacy, some equipments for example as the community alarm systems is comparatively expensive, while video monitoring is quite expensive, the elderly who have visual, auditory or speech disabilities may not be able to use some of the technology and those who have other physical or cognitive impairments may have difficulty with some equipment.

According to Mason (2009) another way to think about the implications and benefits of healthy and adequate housing for seniors can be summarized by considering the ‘10 Cs’ of vital ageing. If houses of the elderly are build or modified with each of the following needs in mind it will go a long way to support a positive lifestyle for its residence and enhance their ageing experience. Mason sums up the dimensions as follows; control, healthy and adequate housing by design gives the senior residents most importantly maximum control over their living space and promoted a strong feeling of safety and security. Comfort is another important quality of an adequate and healthy housing, by design it provide its senior residents with comfort and consistently positive experience that trigger the healing response and promotes a sense of well-being. Competence is also worth noting, healthy housing by design promotes for it senior
residents feeling of competence and eliminates sources of frustration by insuring accessibility to all important areas of the home. *Congruence* (similarity), healthy housing by design provides it seniors with congruence and compatibility between the person’s physical condition and living space they function in. *Cognition*, healthy housing by design similarly recognizes and supports the cognitive limitations of its senior residents. *Cost* is another important variable in a healthy or adequate house, by design, it provides for its senior residents cost effective, energy efficient living. It scale is consistent with the income and other financial resources of the senior residents in order to insure independent living indefinitely in the future. *Connectivity/communication*, healthy housing by design is smart such that it allows its seniors resident to digitally or electronically maintain their connections to people and events in the outside world, no matter if the senior is confined to bed or has only limited mobility. *Caregiver concern*, by design, healthy housing meets the needs of caregivers especially in the areas of privacy, monitoring loved ones and social connectivity. *Continuity*, most importantly healthy housing by design can provide for the physical and psychological needs of its senior residents as those needs change over time. *Choice*, healthy housing by design can as well reflects the fact that the senior residents has, actively and freely chosen to reside there, to age in place, in that space.

Healthy housing as Mason (2002) puts it satisfies all these needs, it does not threaten financial stability, physical, cognitive or mental health or caregiver support. It bestowed senior’s greatest control over their living circumstances and allowed them to decide where they will live. How we experience our housing or homes as we age can extent our lives and help maintain our health and independence more cost effectively, it provides us with peace of mind and reduce caregivers burnout or exhaustion but unfortunately, much of the world’s current housing stock that is occupied by seniors are hostile environments that will need major modifications to achieve this outcome in future, consequently this study will investigate what is done in Joensuu to achieve this or to modify houses of the elderly to suit their needs.

Many studies are conducted in attempts to design better houses and interiors for the elderly, but Demirkan (2007) points out that the opinion of the elderly themselves related to design itself is rarely considered. A comprehension of the requirements of the aging people must be considered from the preliminary phase of design, Demirkan points out that it will be critical that the needs of
the elderly be addressed in the initial phase because it will go a long way to avoid costly design changes later but more importantly will address these needs as an afterthought depicts segregation.

Rubinstein et al. (1992) explain that competence and press are negotiated independently by frail elders who live alone in environments rarely designed for the diminishing effects of age and health, “older persons living in the community are the ones who make environmental changes to fit what they see as their own capacities and weakness”(Rubinstein et al. 1992:19), for example, Cavanagh (1996 as cited in Demirkan 2007) explains that a women’s design service was established in London in the 1980s to provide advice and information on the requirements of elderly women, this service acted as a collaboration medium for architects and users to improve standards and choices in housing design. The findings of these collaboration sessions were published as a publication title ‘design housing for old people’. Demirbilek and Demirkan (1998) remarks that this initiative was very helpful in that many designers started to participate or collaborate with the elderly during the design process of houses or renovation. Similarly this study will try to find out if the opinions of the elderly in Joensuu are often considered in the course of designing, building or renovating the elderly homes which will go a long way to improve the lives of the elderly in future.

Home ownership: with decline of home ownership residents who can afford to move may leave, stimulating vacancies, rental conversions, and high residential turnover (Myers, 1983). Stokols and Shumaker (1981) remarks that other elderly stay because they have no choice, but many achieve high attachment with longer years of residence. Lawton (1990 as mentioned in Brown et al. 2003:260) point out that highly attached residents are often older and spent more time in the neighborhood. According to Taylor (1996), home ownership represents investments that foresee both neighborhood quality and place attachment. Rohe and Steward (1996) in Brown et al. 2003:260) explains that home owners, compared to renters stay longer and invest more money in housing, know more neighbors, participate more in community groups and less likely to leave poor neighborhoods, short term renters on the other hand as Brown et al. (2003) remarks, may have fewer rich and rewarding associations from past to motivate the efforts needed to bring neighborhoods back from the margin or threshold of failure.
Lewicka (2010) similarly explains that one of the most often reported positive predictors of place attachment is length of residence, for example Lewicka (2005) in a study in Poland found out that place attachment was on average higher in those places of Poland that were inhabited by people representing older generations (grandparents born in the regions) than in the regions settled only after second world war. Consequently, both home ownership and length of residence promote stronger place attachments.

According to Howden-Chapman (1996) ownership of a house is one of the results of life chances that favor the better educated, and those with more skilled jobs who have earned higher incomes for longer periods, but it also reflects the impact of the larger economic, policy and social circles that generations live through. Housing finance is an important area which affects the elderly persons’ affordability of different types of housing.

Addae-Depaah (2001) as well as Howden-Chapman (1996) points out that the most common sources of finance for the elderly person is the social security, financial support from children, personal savings and insurance which is not enough to acquire a home. Those elders who have lived through prolonged periods of unemployment have had less opportunity to save the necessary deposit for home ownership. Furthermore, those elders who have brought up children as sole parents, in a period where there has been relative decline in government benefits are also more likely to be tenants than home owners in old age.

Rubinstein et al., (1992) explains that one motive home owning is necessary to many elderly is that it is a source of financial security. Most elderly consider their home as the place to which they belong, as a place from which they would not be asked to move because of failure to pay rent. The elderly who own their own homes are sometimes willing to live in inferior conditions in exchange for the certainty afforded them by owning their own homes and controlling their own space and time use, many elderly gained comfort from knowing that they would always have a roof over their heads, even if it did leak or was in a crime-ridden neighborhood (Rubenstein et al. 1992).
Husband (2001) similarly points out that in North America home ownership contributes to social status and affords independence and freedom from landlords. The higher standing in a community that comes from being a homeowner likely upgrades the sense of belonging and improves place attachment. For older adults, home ownership is often their greatest asset and may reflect a lifetime of hard work and commitment. Home ownership according to Husband (2001) may be viewed as a proof that older residents can still take care for themselves despite functional decline.

According to Lewicka (2010) data on the relationship between socio-economic status (education, income) and place attachment show a conflicting picture. Higher income or higher education sometimes characterized high attachment but most of the times it shows negative relationship (Fried 2000; Lewicka 2005). One might assume that socio-economic status may implant its effect on place attachment in an indirect way, but people with higher socio-economic status are more mobile which is a negative predictor of attachment, are more often owners of their houses which is a positive predictor, their social relations are often located outside of their close neighborhood which is again negative predictor (Lewicka 2010).

Housing ownership has a direct impact on the health and life expectancy of occupants, people in rented properties, particularly those in the public-rental sector, have higher death rates than people in owner-occupied household even after other key socioeconomic variables are considered (Macintrye et al., 1998). This is because those who are better educated, are employed in higher status jobs, have higher incomes and live in socioeconomically advantaged neighborhood will have better health and longer life expectancy than those with less education, less skilled jobs and less income, and who live in more deprived neighborhoods (Evans et al. 1994; Howden-Chapman 1996).

Howden-Chapman (1996) points out that the key factor seems to be not just material, but the degree of control people have over their lives, it is likely that home ownership provides a degree of control over accommodation, a secure sense of home which is crucial to wellbeing. Tinker (1984:83) confirms this by pointing out that satisfaction with housing is highest among owners-occupiers and lowest among those renting particularly in unfurnished accommodation. For
example Chapman (1982:24) in a survey of Auckland private occupants found that a desire for autonomy was an important factor in tenure choice. The autonomy afforded by owner-occupation was seen as highly advantageous: 95 per cent of the tenants agreed that owners had more freedom and independence in what they do with their homes, which is particularly true for older people who are no longer in the paid workforce.

A number of housing policies are used in several countries to support older peoples’ usual preferences not to move, some of these policy option are the provision of a diverse stock of housing in the same locality, shared equity or reverse equity schemes and staying put programs, where older people are helped to maintain their homes Howden-Chapman (1996) points out that these policy option have the major advantage of not forcing the elderly to move and break their social networks in order to live in safe housing or obtain needed care. For example Tinker (1999:10) explains that in the UK, successive governments have encouraged the policy through tax incentives and also through the right to buy scheme whereby tenants of social housing have the right to buy their homes at a discount.

There is plenty of evidence that this is the preferred tenure and that there are many advantages for the elderly who own their own homes, for example Tinker (1995: 1999) points out that the elderly will have the right to repair and renovate their property and also the possibility of raising an income from the home through home equity schemes, according to Tinker (1999), many researchers have argued that whilst it is true that using equity in a home can enable the elderly to raise money to pay for repairs and other things, it is also true that the issue of housing inheritance may be a stumbling block to it, since it might affect the behavior of both the elderly person and the family, the older person may not want to become involve in raising equity because they wish to leave their home intact to their relatives, and sons and daughters too may exert pressure on their parents not to sell their home or remortgage it so that they can inherit it. These are some of the hindrances that sometimes bring owner occupation a responsibility for maintenance and it is this that occasionally brings problems in old age, consequently making the elderly to become “asset rich and income poor” (Tinker 1995:1999).
Tinker (1995, 1999) points out that the problems may be one of not knowing about grants and procedures, not having the energy or expertise to do anything about them, a lack of knowledge about reputable builders and the inability to organize and supervise the work and check that it has been done properly, it may also be lack of finance since according to Howden-Chapman (1996) most of the elderly are on fixed income. There are very flourishing schemes going on in the UK under the title of Home Improvement Agencies (HIA). Most of the schemes are under the umbrella organization Care and Repair. Tinker (1999:11) explains that their function is to help the elderly decide on work to be done, advice on, and arrange, finance, organize all the building work, sort out personal and practical problems, withdraw sensitively and appropriately and refer on if necessary. The schemes have been very positively evaluated since 90 per cent of clients would recommend the service to others, Tinker (1999:15) also remarked that 55 per cent of the elderly would not have, or were unlikely to have undertaken the work without the Home Improvement Agency (HIA) and 7 per cent would have had to relocate without the Home Improvement Agency.

According to Appleton (1996), the schemes are funded in part by the government who give grants to the agency, and simpler and even lower cost schemes where small repairs, minor adaptations and home security have been provided to clients who are mostly elderly women living alone and in low incomes. In the same light this study will examine if anything is being done in Joensuu to enable the elderly to own or buy their own homes or are they still living in rental apartments and what is being done in other for them to live a better life at their own homes. Or are there any government grants or loans available for the elderly to buy their own homes.

### 3.6 Attachment to community, neighborhood

Several types of communities are classified in the social science: community as space, community as relationships and communities as collective political power (Chavis&Wandersman 1990, as cited in Husband 2001). Husband (2001:12, 13) point out that communities have traditionally been recognized as a physical space. Husband defines it as a territorial settlement that functions as a shared geographical space in which individuals carry out daily life activities, consequently, place based communities are comprised of people’s homes and
collective neighborhoods that are distinguished by geographical boundaries. Evans (2009) similarly explains that community may also exist as a symbolic entity representing a shared identity among groups of individuals or a network of relationships whereby people share common values, interests or goals.

The outdoor environment poses a problem for older people, on one hand, it offers great opportunities for people to be active, relax and meet people, while on the other hand many activities associated with moving around and enjoying the outdoor require certain level of strength, agility and stamina, the qualities that majority of the elderly are in the process of losing as aging advance (Sugiyama and Thompson 2007). The outdoor environment thus not only offers resources for the elderly but also presents barriers. Shumway-cook et al. (2003) points out that where people’s frailty is increasing, barriers in the environment often combine to make going outdoors the first set of activities that they find too hard to perform. According to the (WHO, 2003), the consequential inactive lifestyle is considered a severe health risk for the elderly.

However, Kellahar et al. (2004) points out that the outdoor environment plays an important role in maintaining and enhancing the quality of life of elderly people. There is a growing recognition of the role of outdoors in promoting quality of life and wellbeing for the elderly (Chalfont, 2005). A range of benefits of having access to appropriate outdoor spaces have been identified including opportunities for exercises, provision of a varied social environment, sensory stimulation, access to plants and wildlife and therapeutic gardening (Evans, 2009). A report by Thompson and Sugiyama (2006, 2007) concluded that supportive outdoor spaces can encourage life satisfaction and health for the elderly by promoting a more active lifestyle. Sugiyama and Thompson points (2007) points out that three different modes of engagement with environments seem to be involved in this process; participation in physical activity in outdoor environments, for example, Keysor and Jette (2001) in Sugiyama and Thompson (2007) indicated that participation in regular physical activity improves older people’s functional capability through enhancing muscle strength, aerobic capacity, balance and flexibility.

It is also known according to Skelton (2000) that such enhancement help reduce the possibility of falling which is the major cause of disability in later life. Participation in regular physical
activity consequently contributes greatly to independent lifestyles in elderly people (Sugiyama and Thompson 2007:1945). Participation in physical activity has been shown to generate positive effects on the cognitive functioning of older people, for example a prospective study in the United States by Yaffe et al. (2001) showed that older women who regularly walk a longer distance are less likely to develop cognitive decline during the next six to eight years compared to those who walk only short distances.

Similarly, another study by Weuve et al. (2004) confirmed that a higher level of physical activity (walking for more than 1.5 hours per week) is robustly associated with higher cognitive performance and better memory in older women. Physical activities are not only important for physical benefits but important for psychological benefits as well (Sugiyama & Thompson, 2007). For example, Silverstein and Parker (2002) in investigating the leisure activities of elderly Swedes and their retrospective change in life satisfaction in a nine year period found that those who increased activity participation during the period tended to perceive their life satisfaction better, it was also shown that the effect of physical activity on life satisfaction is greater among participants who became widowed, thus greater involvement in activities may compensate for negative life events such as loss of spouse and friends.

Outdoor spaces also serve as a place for social interaction among elderly people Sugiyama and Thompson (2007) points out that social activity interaction can take place anywhere, for example, Leyden (2003 as cited in Sugiyama and Thompson 2007:1947) in a study in Ireland found that people living in mixed-used pedestrian friendly neighborhood which provides more opportunities for walking and hence a greater chance for neighbors to meet each other outdoors tend to know neighbors better and engage in social activities more often than those living in car-dependent neighborhood, for example, a large study in Japan and United States of America has shown that elder people with greater number of social contacts report fewer depressive symptoms (Sugisawa et al. 2002).

Social ties in the place of residence are the most often studied positive forecast of place attachment (Lewicka 2010). This is contrary to another study by (Hart 2008) who found out that the level of traffic in residential streets was a major factor in the development of social life. As a
consequence, the average resident in a street with heavy traffic had less than one quarter the number of local friends and half the number of local acquaintances than someone living on a street with light traffic. In addition, residents of light traffic streets reported almost three times the number of gathering spots than those living on medium or heavy traffic streets (Evans 2007).

Social ties are measured in various ways: as number of friends and relatives in neighborhood and the extent of involvement in informal social activities; number of non-kin friends living nearby and invited to family events; existence of social ties and social relationships; frequency and nature of neighborhood relations; proportion of neighbors with whom one maintains different types of contacts, from superficial to the most intimate; extensiveness of social networks (Lewicka 2005).

Giuliani (2003 as cited in Lewicka 2010:38) points out that social ties are unquestionable positive predictors of place attachment, and this strong connection of social ties and place attachment have made some researchers to include measures of neighboring into the general measures of attachment to neighborhood. A range of specific benefits from higher levels of social interaction have been identified, including improved health and wellbeing, low rates of depression, and lower mortality rates (Flacker and Kiely, 2003).

Social networks have a dual function: the provision of social support and social connectedness (Evans et al. 2009). House et al. (1985 as cited in Evans 2009:11) identified three types of social support: emotional support, instrumental support and appraisal support. These can all contribute towards self-esteem and sense of belonging. Ashida and Heaney (2008) remarks that social connectedness is created through the pleasurable nature of social interaction, which satisfies the human need for social and emotional contact.

Sugihara and Evans (2000) similarly points out that living near the main activity centre and sharing enclosed outdoor spaces can increase the likelihood of unplanned encounter and lead to greater environmental satisfaction and place attachment. Another factor which can enhance greater place attachment is access to the community, these depends on the nature of the site on which the community is located Evans (2007). Landscapes that are not level can reduce access to
major facilities in the community and present problems for residents who want to access local facilities on foot or by wheelchair. But Scharlach (2009) argues that majority of the residential environments are completely isolated from commercial area, brought about by the land use policies and zoning regulations developed nearly 100 years ago to cut down the public health hazards associated with over crowded and unhealthy urban living.

Furthermore the acquisition of shopping and other commercial interests has resulted to giant malls which are accessible only by automobile which requires a considerable amount of walking and negotiating passage ways which are not design for an elderly person moving at slow speed. Since the automobile as Scharlach (2009) points out has become an essential link to the outside world, the elderly person who cannot or should not drive can quickly become physically as well as socially isolated due to the fact that getting to transit stops, boarding buses and negotiating fare systems is frequently considered more demanding than simply driving a car. Worth noting is the fact that many of our streets and transportation systems are design to promote the safety, convenience and comfort of motor vehicles, rather than assuring that people especially the least mobile can get where they want to go.

Similarly, Verbrugge&Jette (1994 in Scharlach 2009) point out that environmental factors can serve as structural barriers that aggravate activity limitations, thus fostering excess disablement and potentially contributing to unnecessary move. For example, Clerk and George (2005) pointed out that older individuals are apt to walk more and more functionally independent if they live in communities where residential housing co-exists with retail and other commercial uses. Evans (2007) suggests that accessible amenities like shops, restaurants, churches, beauty salons, computer rooms, gym can help promotes a sense of community. Evans and Vallely (2007) and Evans and Means (2007) have concluded that facilities such as these not only support independence for residence but also provide important venues for social interactions and promotion of collectivity, for example a study of three Scottish housing developments Robertson et al. (2008) concluded that understanding of community were rooted in fleeting , every day interactions, such as chatting at the post office or hairdressers, which were often enough to give people a powerful sense of attachment and belonging. Evans (2007) remarks that this supports evidence that older people in general experience greater problems than other age groups in
accessing a range of services. The decision to move to a plan aged-segregated community may be as a result of the failure of intergenerational neighborhoods to provide an adequate and appropriate environment within which to age, or the wish to avoid anticipated stigma and threats to self concept associated with showing signs of age or simply the perceived benefits and amenities available in an environment that better matches one’s needs and capabilities (Scharlach, 2009).

Baltes (1996) argues that this move will be disadvantageous to the elderly since functioning may be better in familiar settings, friends and family, contrary to helplessness-inducing contexts such as nursing homes. Atchley (1989) in his continuity theory of normal aging noted that individuals are able to maintain lifelong interests and activities even as they experience normal aging, older adults benefit from opportunities to maintain continuity with regards to their social behavior and social circumstances so as to preserve internal psychological structures, for example older residents need opportunities to continue to participate in activities that maintain good health and prevent diseases and disabilities, in aging friendly environments, access and interactions are facilitated by the types of transportation systems, public spaces, zoning regulations that bring people together of all ages closer together with the services and products they need. This study will thus try to investigate to what extent the Joensuu municipality is trying to make the environment better for the elderly in Joensuu, such as accessibility to services, facilities for walking.

An important indicator of neighborhood decline is crime and fear of crime (Brown et al. 2003). Fear of crime or the perception of too many neighborhood delinquents has been related to less neighborhood attachment (McGuire 1997). Harel and Broderick (1980) as cited in Burby and Rohe (1990:325) points out that another pertinent issue in the lives of the elderly is crime, the declining functional competence and reduced financial resources that often accompany aging increases older people’s vulnerability to criminal victimization and the adverse consequences of being a victim. Fear and anxiety can increase to consuming proportions, specifically among the elderly living in high crime neighborhood even though they are victimized at a lower rate than other age groups (Lawton et al. 1976).
Brown et al. (2003) similarly points out that fear in turn can detach elderly households, urging them to restrain their social activities, consequently shrinking the boundaries of place attachment, eroding attachments to neighborhood more than to homes. Rainwater (1979) as cited in Brown et al. (2003) similarly suggested that bonds to home are especially valued when the surrounding neighborhood is perceived to be declining and crime ridden, thus perceived incivilities may erode neighborhood attachments but leave intact or strengthen home attachments. Where public housing for the elderly is located in high crime areas, fear of crime among the residents is generally elevated and their local activities inhibited as residents seek to avoid threatening situations, for example Goldsmith and Tobin (1974) points out that criminal behavior has a frightening effect upon the freedom of older Americans, consequently leading to self imposed house arrest. Fear can equally lead to low housing and neighborhood satisfaction (Lawton and Yaffe 1980). Whereas when public housing is located in low crime areas, fear of crime is generally low and social activities, other factors being equal become more extensive (ibid).

Previous research according to Burby and Rohe (1990) has given little attention to the role of management performance in maintaining the well-being of elderly tenants, but there is the believe that management can be an important variable in developing housing for elder citizens. For example, given that the elderly tent to be fearful, management can try to reduce fears by eliminating the signs of physical and social incivilities that are common in public housing or around homes of the elderly, these physical incivilities as Burby and Rohe notes, are abandoned vehicles, litter, graffiti and boarded homes; social incivilities include loitering, verbal harassment of passersby and drunkenness. Previous studies by Rohe and Burby (1988) similarly provides strong evidence that incivilities contribute to fear of crime, and they pointed out that if fear of crime limits older people’s ability to travel about their neighborhoods, management can arrange for services such as personal care to be delivered in the homes of the elderly. In the same light, this study will try to examine what is being done in terms of security for the elderly in Joensuu.
4 Empirical analyses and Findings

Findings from the current study indicate that the municipality of Joensuu is doing its possible best for the elderly to be living in their own homes in future. When ask what the municipality of Joensuu is doing in relation to housing, the housing environment, family care giving and the European Union to enable the elderly to live in their homes in future, all the respondents emphasized firstly that in Joensuu, the ageing of the population is strongly present in the definition of the policy of Joensuu, and there is willingness to support the autonomous and meaningful everyday life of the elderly, but pointed out that there is a very strong challenge faced by the cities administration because of the fact that Joensuu is now bigger than previously, because some small rural areas have been added to Joensuu. In total four categories where used to represent the interview findings which were related to my research questions as shown on the table below.

Table 2: summary of categories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Housing</th>
<th>Housing Environment</th>
<th>Family care giving and social relationship</th>
<th>European Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code 1</td>
<td>measures of support taken by the city of Joensuu to promote of living at home</td>
<td>supportive environment</td>
<td>Motivation to family care givers</td>
<td>Elderly learning</td>
</tr>
<tr>
<td>Code 2</td>
<td>modification/renovation of the houses</td>
<td>Location of residential area</td>
<td>social participation</td>
<td>Funds from the European Union</td>
</tr>
<tr>
<td>Code 3</td>
<td>Technological innovation</td>
<td>Differences existing between Joensuu and surrounding rural areas</td>
<td>continuity of previous habits by the elderly</td>
<td></td>
</tr>
<tr>
<td>Code 4</td>
<td>Attitudes of the elderly towards new technology</td>
<td>Measures taking to solve the Problems in the rural areas</td>
<td>drunkenness</td>
<td></td>
</tr>
<tr>
<td>Code 5</td>
<td>Home ownership</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.1 Housing

Housing was the first category and this category composed of aspects or measures of support taking by the municipality of Joensuu to promote the elderly to live in their own home, the aspects were; support measures that will enable the elderly to live independently, modification or renovation of homes of the elderly, technological innovations, and attitudes of the elderly towards new technology.

Respondents where ask what measures of support have the city of Joensuu taken to promote the elders to live in their own homes rather than relocate to institutions of care. Kukkonen mentioned that;

“the city of Joensuu has established a guidance program for health supporting and sickness preventive services, as well as an advisory center for the elderly to support them live in their homes, the building is located in the center of Joensuu and is open on working days during working hours, the elderly can come without appointment, social service councilors are there to guide elderly citizens to proper supportive and health services in such a way that the elderly do not need to move out of their homes in to all-day hospitals or care homes. Elderly homes are provided if needed with readymade meals, support instruments and devices for easier movements, the elderly are also provided with safety services into their homes. During interval periods between one day up to two weeks, an elderly can spent time in a rehabilitation or health care centre in different healthcare units, after hospital care period an elderly can temporary receive home help”.

This is in line with Sommers (1976) idea who explains that the availability of home help services prior to placement in a nursing home or an institution of care may not only postpone but possibly prevent more costly institutionalization, and more importantly is the fact that this home help services strongly support place attachment and can enable the elderly to live independently in their own homes, where most of them would prefer to be.
Silva expressed her satisfaction on what the municipality of Joensuu is doing to enable the elderly live in their homes by stating that “in a very generally level, there are several public home help services that exist in Joensuu, when nurses visits the elderly homes to help them and it is organized by the municipality”. However Silva further explains that nowadays due to shortage of staff, private home help services have become very important though most of the times the elderly are forced to pay for private care by themselves, which might be stressful to elderly citizens since the most common sources of finance for the elderly person is the social security, financial support from children, personal savings and insurance which is not enough for basics necessities not to talk of paying for private home help.

According to Batles, Maas, Wilms, Borchelt and Little (1999) as age advances, housing modification becomes important to compensate for and assist in their adoption to declining functional capacity in order to maintain a sense of well being and independence in daily life. Bylund (1985 as cited in Husband 2001:6), explains that as the boundaries of the environment narrow, the home plays an increasingly significant role in determining the degree of autonomy, privacy, social interaction and sense of place or place attachment people have. Tinker (1984) also emphasize many people enter residential homes or fail to leave hospital primarily because of housing problems, In response to a question about the renovations of the elderly homes in Joensuu, Kukkonen stated that;

“a lot of renovation has been done as concerns housing for the elderly in Joensuu, renovation services are there to renovate apartments of the elderly and to make them more easily accessible even for people with special needs for example removing threshold/sills/bathtubs, installing support rails and elevators”.

Jämsen acknowledges the role of the municipality in renovation the homes of the elderly and pointed out that;

“elevators are very crucial for example, here in the city center there are four to five blocks and all of them comprises care settings for example elevators, switches on the walls are lowered to enable even the elderly who are handicapped to be able to
reach them, sufficient clear space for wheelchair users, the use of ramps and wheelchair friendly bath rooms, loop type handles on hardware, grab bars in the bath room and knee space under the sink. These kind of houses never existed in the 50s, although the progress has been slow despite funds gotten from the states, in rural areas, housing of the elderly nowadays is quite good and the houses in this rural areas have the same facilities like in the city center of Joensuu but the problem now is with transport facilities and services”.

According to Evans (2009), housing with care schemes provides a distinctive environment and commonly incorporate a range of features that are thought to contribute to stronger place attachment, houses for the elderly in Joensuu and its surrounding rural areas have either been renovated or build and all of them have care settings which will enable the elderly now and in the future to age in place, consequently, the elderly in Joensuu will not loss what Rowles (1994) calls physical insideness which is Familiarity with the physical environment that results from inhabiting a location for an extended period. This sense of physical insideness compensates for progressive sensory decrements and enables older residents to continue to traverse spaces that would appear to be beyond their level of physiological competence.

The elderly who are still living in their own homes in Joensuu and in surroundings would have lose all what they have secured over the years through place attachment by relocating to institutions of care,( since poor housing conditions such as the absent of grap bars in the bath room and knee space under the sink, insufficient clear space for wheelchair users, lack of ramps and wheelchair unfriendly bath room and absent of loop type handles on hard ware are significant determinants of institutionalization among the elderly), which is a completely new environment where they will have to start learning how to overcome the obstacle in such places.The elderly in Joensuu will equally gain what Rowles (1994) refer to as social insideness which come about as a result of people living in a place for long period of time. According to Rowles, people by virtue of living in a place for long periods of time become part of the social foundation of the community, and consequently they earned what is referred to as social credit that they can draw on in the form of support and assistance from other community residents.
Because houses have been renovated and build such that they are physically adapted to provide for age, the elderly in Joensuu will earn this social credit since the will be able to age in place with their neighbors and friends and get support and assistance from them if they require.

Renovating homes for the elderly is not all that easy as stated by Tedre;

“it is a big problem since majority of elderly people who live in their old homes never got out, it is a big problem because it is not easy to find solutions to modify or renovate such homes for example in the Joensuu city there are plenty of elderly people whom I have studied ten years ago who never go out of their homes, then it is easier to buy a new flat and move to it, then it is not your home any more”.

This therefore implies that the elderly whose homes could not be renovated because they never live their homes will loss what Rowles (1994) refers to as social insideness and physical insideness which comes about as a result of people living in a place for a long period of time; this is because they will have to move to new homes with care settings and will have to start learning to make new social contacts, but however it can be argued that because their new homes have been renovated and build such that they are physical adopted to provide for age, they will therefore be more attached to these new homes and will not need to relocate to institutions of care since their new homes have the same facilities as these care homes. Homes for the elderly too are constructed nearer to city center where most important services are found, therefore the elderly can easily walk and acquire whatever they want to acquire, and also enabling the elderly to have familiar contact points which help them to keep friendships intact, this also can give the elderly the opportunity to create new social contact since they can always meet new friends in the shopping malls.

In response to a question on the participation of the elderly when it comes to decisions on renovating or building new homes for them, Jamsen noted that;

“previously the elderly where not consulted before carrying out renovations or building new homes for them because this developments and changes where usually
done in projects which of course was a good way to make progress and focus on specific areas and also the lack of information to the elderly”.

However Kukkonen pointed out that;

“recently the Joensuu municipality started organizing “the senior housing renovation- days where by the elderly came up with ideas on how they wanted their homes to look like, from this ideas brought up by the elderly, the Joensuu municipality implemented a welfare center called Senioripiha (senior home/courtyard) for the elderly made up of more than 200 apartment both rental and owner-occupied dwellings. There will also be nursing departments, as well as a place for meetings, activities and events whose content has been requested by the elderly. The senior homes are supposed to be ready by 2012”.

This idea of the elderly participating in decision to renovate or build new homes for them is in line with Rubinstein et al. (1992) who explained that older persons living in the community are the ones who make environmental changes to fit what they see as their own capacities and weakness. Because the requirements of the elderly are considered from the preliminary phase of both renovation and building of new homes of the elderly in Joensuu, it will go a long way to avoid costly design changes later and also enhance place attachment amongst the elderly since the wishes of the elderly are considered at the earlier stage of both construction and renovation of their homes.

When the respondents where prompted to explain how the municipality of Joensuu participate in innovation and construction of new homes for the elderly, the respondents emphasize on the importance of the Kaste² program as being a catalyst in helping the municipality to renovate homes and build new ones for the elderly. The Kaste program as explained by the respondents is a statutory strategic steering tool of the Ministry of Social Affairs and Health in managing social and health policy. This programs defines the aim of social and health policy in Finland from

²Literally “Elderly-Kaste”. Kaste is an acronym from Finnish words meaning county/municipality social and health services improvement program.
2008-2011, the focal development and supervision areas, as well as reforms and legislative projects in support of the implementation of these. This program was adopted by the government on the 31st of January 2008.

The aim of the program is to enhance social inclusion and reduce social exclusion, enhance wellbeing and health, narrow inequalities in health and wellbeing, and also to improve the quality, effectiveness and availability of services and reduce regional inequalities. This project is governed by the city of Joensuu that covers Eastern and Central Finland. The respondents also explained that this project also supports them in dissolving the institutional system of care in Finland, the first phase of the project has just ended and the second phase of the project is about to start and the main focus is on housing for the elderly in both urban and rural areas. The aim of the project is not only on housing but also on how to support people to live in their own houses and to have all the equipment and facilities which can enable the elderly to live independently. The project also focuses on transportation. According to the respondents, this project has made it possible that housing in rural areas around Joensuu is not more a problem since the program also emphasizes the renovation of houses in the country side’s low-density areas. The problem now in these rural areas is the lack of basic services for the elderly.

In response to a question on the use of technology in the homes of the elderly in Joensuu Kukkonen noted that;

“safety technology is widely used in Joensuu and its surrounding rural areas, this involve the installation of safety phones, motion sensors on doors, alarms in medicine dispensers (the dispenser gives an alarm when the medicine is suppose to be taken), kitchen stove “guardian” that automatically puts off the stove if the stove is accidentally left on by an elderly, easy-access and easy-open door locks (abloy), easy access movement in apartments”.

Jämsen also acknowledges the use of technology by the elderly in Joensuu and its surrounding rural areas but pointed out that;
“technology is used just to an extend by the elderly in Joensuu but not as much as it is suppose to be both in the surrounding rural areas and in the city. Nowadays, there are more facilities and possibilities which never existed before. There have also been very nice projects focusing on technological innovation but most often when funding stops coming the projects comes to an end which is a major hindrance to the full advancement of technological usage by the elderly in Joensuu”.

Over all, respondents explained that the municipality has made it possible for preventive home call to be made to all homes of those over 75 years old and these calls are free of charge and optional. There are equally alarms switches install in the homes of the elderly in order for them to alert home help services when they think that they might need help urgently.

There is also the availability of internet services and telephones in the house of the elderly as expressed by the respondents there by making it possible for them to keep in touch with friends and relative even if they are far away from them. Continuity sets in here since the elderly are able to keep in touch with their old friends with the facilities provided to them by the municipality.

According to Mason (2002), for the elderly to age successfully and be more attached to their homes, they must have greater control of their homes; consequently, the elderly in Joensuu will age successfully and be more attached to their homes in the future because the technological development has made it possible for them to have greater control of their homes, technological development allows doctors and caregivers to see the movements, body functions, comfort levels and safety of the person from a distance at any time from any place and equally allows for instantaneous communication as well as visual contact that permits virtual house calls from the doctor or regular online visits from love ones.

Although assistive technology has the potential to contribute to the safety, security, independence and quality of life of the elderly population living alone, there are limitations, for example not all the elderly will benefit from or accept new technology aids or devices. In response to a question about attitudes of the elderly towards assistive technology Kukkonen
stated that” good guidance and training helps, majority of the elderly do not resist the use of devices if they bring safety in to everyday life”. Thus the municipality sensitizes the importance of new technology to the elderly in Joensuu and also teaches them how to handle the devices which will consequently help them to live independently in their homes.

Tedre on the other hand stated that “there are differences between generations in the use of technology in Joensuu and its surrounding rural areas, the younger generation are more verse with new technology while the older generations are not”.

Similarly, Jämsen had the same view and gave a detail situation of her own mother;

“If we think of the elderly nowadays, it should be started early not when and elderly is already ill. It should be started earlier before hand and that is the main difficulty nowadays. For instance I could give the example of my own mother who had diseases which was in an early stage and she was staying home and was given an alarm bracelet to press in case of emergency, I ask her what she was wearing on her arm? She said it tells her the time, and I said it doesn’t tell you the time; you have to press it when you need help, and I ask her again; how do you do when you need help? She just waved her hand. She was in the early stage but it was too late, there was no use of this because she used it as a watch, and I think there are two different things, when we think the elderly who are old now it is a different think and when we think of the future elderly now for example it is a different thing and there will be a change to better but we should also care for nowadays elderly”.

This therefore implies that it will be completely needless for some technological appliances to be given to some elderly who are unable to utilize them except someone is there to teach them or remind them what time or when it should be used, with the shortage of workers as already mentioned by some of the respondents it will imply that care institutions will still be very important to cater for today’s elderly who cannot use such appliances since there will always be someone to watch over them in the care homes. It will therefore be realistic for the future elderly to live independently in the future since nowadays they are being taught how to use technological appliances.
Despite the fact that not all the elderly will be capable to acquire assistive technology because of poverty Jämsen stated that;

“I think it is scary that polarization is evident but we have a law for services for the disabled and partly that law also includes the elderly so there is equality, and also there are many claims nowadays that we should have a law for the elderly. I think that is one of the equality issues but if you are disable it doesn’t matter if you are old or young, you can have some services and facilities by law whether you are rich or poor”.

Tedre supports this idea and noted that;

“if there is some technology an elderly needs home, the municipality can support you, but if it is about computer technology, you know around Joensuu city there are places where you can go and use computers and at the moment I think when you speak about technology it is not so important whether you are reach or poor, at the moment the gap between the reach and the poor is gradually closing and if any kind of technology can support you to live at home it doesn’t matter whether you are poor or rich”.

4.2 Housing Environment

This category composed of aspects like supportive or appropriate environment, location of the elderly residential areas, crime and home ownership.

Regarding the housing environment, when ask if there is anything done in Joensuu to make the environment or having appropriate outdoor spaces, Kukkonen stated that;

“Parks, sports halls, swimming pools, are established and even physical exercises and outdoor activities are central factors in the welfare of the elderly in Joensuu. in the surrounding rural areas flower gardens and country service centers are build where older people live, walking paths are also constructed in residential areas of the elderly which allow the elderly to walk around, the aim of locating this walking paths is to increase their health exercise level at home and in their surroundings”.
The municipality of Joensuu also trained those who work with the elderly to understand the significance of exercise, and to assess and support them. Consequently, the municipality of Joensuu has offered great opportunities for elderly to be active, relax and meet people, since the outdoor environment plays a significant role in maintaining and enhancing the quality of life of elderly people. Though the outdoor environment offers opportunities for the elderly to be active, relax and meet people, on the other hand, many activities associated with moving around and enjoying the outdoor environment require certain level of strength, agility and stamina which are the qualities that majority of the elderly are in the process of losing, the respondents all confirm that the municipality has made it a duty to train personnel who will help move around with the elderly or to help them perform those exercises that they find too difficult to perform. According to Skelton (2000) regular physical activities help reduce the possibility of falling which is the major cause of disability in later life, consequently the number of falls will be reduced among the elderly in Joensuu since they have appropriate outdoor spaces which guarantee regular exercises and the presents of personnel to help them exercise. Yaffe el al. (2001) observed that participation in physical activity generates positive effects on the cognitive functioning of the elderly people and that elderly who regularly walk a longer distance are less likely to develop cognitive decline, therefore this pertains to the situation in Joensuu since walking by the elderly is a common exercise by the elderly in Joensuu.

Jämsen on the other hand sees it differently as she stated:

“I think this social issue and social environment is beauty and it is very broadly understood, for instance in institutions usually there are very beautiful, colorful and lighted and clean and I think that is quite ok but then all these outdoor activities are the same if you live in an institutions or your home.

Jämsen however explained that although the municipality tries to train personnel to help move around with the elderly, there are still problems as she noted:

“there are many elderly living in their own homes that never go out and I think it is a very bad thing and also for the staff because they know that it should be different but there is not enough staff and so it depends on the volunteers who come and take
people for a walk or their relatives. I think it is very much discussed in Finland and that is again a thing that is not an issue of not knowing or not understanding nowadays. It is an economical question and then you put economy, wellbeing and social issues, then you know how it works”.

Concerning the location of residential area for the elderly, when ask which facilities the municipality of Joensuu consider important before locating a residential area for the elderly, all the respondents explained that the municipality always try to locate residents for the elderly in close proximity to physical structures such as; shopping malls, parks, financial institutions, health services, leisure pools, sport parks and flower gardens are also planned and country service centers in neighborhoods of the elderly. Therefore the municipality of Joensuu has made it possible for the elderly in Joensuu to be living near the main activity centre which increase the likelihood of unplanned encounters and equally leads to greater environmental satisfaction and place attachment. It is also possible for the elderly in Joensuu who want to access the local facilities on foot or by wheelchair since the elderly homes are located nearer to the city center. It would not have been the case if the elderly residential area had been completely isolated from the main commercial area in Joensuu.

When prompted to highlight the differences that exist between the city of Joensuu and its surrounding rural areas, Jämsen stated that;

“all the services that where located in rural areas are moving to the core of service center which is the city of Joensuu, and then it may be a bit difficult for the elderly living there who do not have cars or can no longer drive or any relatives or neighbors who can help render help”.

Similarly, Tedre noted that;

“almost all the services in the rural areas are going out so that there are no shops, banks and many other important services and eventually they will need a good transportation network, some municipalities have good solutions to drive people from their homes the city center for example Liekza is one of the good examples and Joensuu too”.
In order to solve these differences that exists between the Joensuu city and the surrounding rural areas, the municipality at first tried to provide home help about four to five times a week but it was not successful especially for those elders who resided in the rural areas since the city staff who had to go there most of the times usually do not arrive on time. According to the respondents, the municipality has tried to solve this problem especially in rural areas by organizing good transportation network, the municipality has put in place some mini buses that run from Joensuu city center to the rural areas and back every week on Wednesday and Fridays. This enables the elderly to carry out their normal activities and to purchase whatever they need in the city center in Joensuu.

Scharlach (2009) explains that since the automobile has become an essential link to the outside, the elderly person who cannot or should not drive can quickly become physically as well as socially isolated due to the fact that getting to transit stops, boarding buses and negotiating fare systems is frequently considered more demanding than simply driving a car, but this is not the case in Joensuu and its surrounding rural areas since the municipality has put a good transport network to the disposal of the elders, consequently the elders can go along without any major problems. Though the transportation network for the elderly in the municipality of Joensuu is good the respondents indicated that there is still a big problem that exists especially for those elders who reside in the rural areas for example what happens if an elderly person need emergency care at night. With this problem the municipality has turned to solve this problem using technological appliances for example security phones have been placed in home of the elderly not only in the rural areas but also in the city center for the elders to call if they need urgent help, medicine dosage converter alarms (alarms indicating when a particular medicine should be taken), stove guard that will turn the stove off, easily/lightly unlocking the door.

Another important aspect that came up during the interview was the smart house technology which is being used in most elderly homes in Joensuu nowadays. This is all initiated by the municipality of Joensuu, worth noting is the fact that this smart houses can monitor both the physical system of its occupants and can feed the data to remote locations, and the products as explained by the respondents will become very cost effective solutions over time in Joensuu as
they are being distributed tested more and more in Joensuu. This technological development will also allow the elderly in Joensuu a quick return to their homes from hospitalization and give them more confidence that their medical support system is working. Consequently, the elderly in Joensuu will be able to live a better life in their own homes rather than to move in to an institution where he has to be monitored since the smart house will give greater peace of mind both to the elderly and the care provider since they know that their health is being monitored. This research in new technology in Joensuu is what Miskelly (2001) explains, that recent developments in new technology are the subject of research destined to make an important contribution to the care of older people both in institutions and at home.

Another aspect of home environment of the elderly is crime. Harel and Broderick (1980) as cited in Burby and Rohe (1990:325) explains that another pertinent issue in the lives of the elderly is crime, but in Joensuu, at present as pointed out by Kukkonen “crime is not a big problem but is gradually on the rise, there has been reports that some teen agers have tried to take money and goods from some elders forcefully. The following statement by Jämsen also illustrates that crime is not really a serious problem.

“I think that crime is not a big problem but the problem here is that, when there are more and more people with memory problem living alone and in their homes, the risk is that someone can take advantage on the elder, but the problem has not been discussed since it is not common”.

Tedre similarly mentioned that “we live in peace”. It is important to note that crime has never been a problem for the elderly in Joensuu and if it has to be as pointed out by all the respondents then the municipality will do anything possible to stop it, in Joensuu there is also good cooperation that exists between the security firms and the police and there is always rapid intervention in case a problem as such arises. Consequently, the activities of the elderly in Joensuu will not be limited only to their homes since there are no threatening situations, thus attachment to their neighborhood will be same as in their homes.

Home ownership was another aspect which was deemed to be a positive predictor for the elderly to pursue a better life in their own homes. Taylor (1996) point out that home ownership
represents investments that foresee both neighborhood quality and place attachment. Home ownership according to Husband (2001) may be viewed as a proof that older residents can still take care for themselves despite functional decline. When ask what is being done in Joensuu for the elderly to own their own homes, Kukkonen emphasize that:

“The city offers rental apartments to the elderly if needed, and in this case, the rents to the city are paid from pensions of the elderly. However, many of the elderly have acquired an apartment in which they can live as they get older. Some of the elders are assisted by their children in the acquisition of apartment”.

Tedre also noted that

“many elderly live in their own flats and it has been for 20 or 30 years that the elderly from rural areas bought flats in Joensuu so that when they retire they will move to the Joensuu city closer to services and those who cannot buy flats or own their own homes, they can rent and I think that the very marginal group of elderly who do not own homes or haven’t money can be supported financially, I am sure you know about the social security system, therefore at the moment in Finland many elderly have the possibility to own a flat”.

Jämsen also pointed out that a basic policy nowadays is called ageing in place;

“it doesn’t matter if you own it or live by the trend, it implies that you should age where you have been living i.e. you own environment, then a big issue that have been discussed is that if an elderly has to age in an institution then he or she has to pay for it and most of the time they are private institution where the bills are quite high, previously the elderly usually sold their property to food their bills in such institutions but nowadays it has changed since there are children who always want to inherit their parents property”.

Generally accommodation is not a problem in the municipality of Joensuu and its surrounding rural areas since in cases where and elder cannot pay for his rents the municipality comes in and help. This is also an advantage to the elderly in Joensuu since the municipality also renovates their homes for them. In extreme cases some elderly previously sold of their property to pay for
their care in an institution but nowadays it is not more the case since most of them prefer to live their properties to be inherited by their children. Consequently, it can be concluded that the elderly in Finland are free from the menace of landlords since in most cases the government takes care for their accommodation, therefore and elderly in Joensuu can live as he or she wants in his or her apartment which thus contributing to a stronger place attachment.

4.3 Family care giving and social relationships

Family care giving and social relationship was the third category, this category include aspects like motivation to family members who take care of their own elderly, social participation of the elderly, continuity of previous habits by the elderly, and drunkenness which poses serious problems to the elderly in Finland was also deemed important.

In relation to Family care giving Kukkonen pointed out that,

“Municipalities are required by law to provide assistance and support for family members taking care of their elders, in this case, the support is consisted of a monthly allowance and other services provided directly to the homes of the elderly person. Many family members also choose to care for their own elders without financial help or services provided by the municipality out of love and respect towards an elderly family member, many people consider it a social duty and honor to provide assistance for family members without outside help”.

Jämsen similarly confirmed that a lot is done by the municipality in relation to family care and it is very much stressed to age in place

“the family members who takes care for his or her elderly, can get financial support from the city administration, but there are two classes; if you need little help or more help, so it depends but even the highest amount is very small and it is a budget thing in the city government, so it might be a certain sum in a month in some municipalities, I am not sure what the situation is today in Joensuu, but in some municipalities it might be monthly but the problem is not every one who is doing the same thing has got financial support”.
Tedre on the other hand had this to say,

“I don’t know how it is in Joensuu but I know according to many studies also in Finland the family members are the first who will help, then comes the public services and nowadays private services, the point is that family members will help old people but the problem is that majority of the elderly do not have family members, the family members might be living far away from the elderly and also the elderly in Finland live alone, I think this is a very big issue if you compare it to the situation in your own country, therefore they need more help and they seldom get the help they need most”.

However Tedre supports Jämsens’ idea and noted that

“yes there are social security systems, you know that municipalities will support you if you take care of your elderly relatives, but those support are quite insignificant, and therefore it is the real choice for people to live their jobs to help their relatives, but this policy is very much emphasized for the future”.

This financial aid and services to family members taking care for their elders go a long way to help the elderly to live in their own homes. This is very important too since the elderly will avoid professionals or formal carers who as Litwak (1985) and Litwak et al. (1990) puts it apply more technical knowledge in taking care for the elderly which is in contrast to informal carers in general who are characterized by the nature of their motivation to help and skills and knowledge they use in providing support.

Overall the respondents detaily explained that the municipality also provides vouchers to family members taking care for their elderly in cases the family does not want to put the elder in a care institution. This covers the expenses for the family member for taking care for the elderly at home. There is also a new idea that is developing in Joensuu nowadays, if somebody for example pays for private home help or does some renovation to the apartment of his or her elder, the municipality compensate the individual by reducing his taxes. With all the assistance in the form of finance and services to family members, the elders in Joensuu will definitely be more attached
to their environment and also stay in their homes in future and consequently achieve continuity of life style and stability since they have family members, friends, religious communities and neighbors to assist them. This will also be true to those elders experiencing a devastating or stressful loss such as widowhood since they count on the companion of lifelong social relations whom they derive support, self definition and sense of stability and continuity.

Social participation in old age and even among those elderly suffering from spousal loss are associated with reduced levels of suicide, better physical health, reduced mortality and higher levels of psychological well-being, in response to a question on what the municipality of Joensuu is doing so that the elderly should participate in social activities; Kukkonen stated that;

“the elderly service office of the municipality arrange social activities, this activities are held as optional day program so that elderly can have pleasant things to do during the day, these activities are held around the city in different service centers or club houses in cooperation with local religious denominations and pensioners associations. The activities are available nearly every working day as well as during weekends, the groups are open and any one can join without notice”.

According to Jämsen the role of the municipality in organizing social activities for the elderly is insignificant as she noted;

“I think there are some day groups and these kinds of discussion groups and they are partly organized by the municipality, for instance when there is spousal loss, various denominations and NGOs invite this people and try to talk to them. I think here the again the municipality responsibility is quite small because it is social, nowadays, municipalities and public services are more and more focusing on the very basics because of the financial situation, although this social support and social participation is very important for the elderly, it is more and more organized by NGOs, churches and volunteers”.

Tedre confirmed that this question was very important and noted that;
“there are some arrangement and one of them is the voluntary sector which is very popular in organizing forums where retired people come together every time to discuss and to socialize together, and also the municipality have quite a good number of activities where they try to find solutions how to support social activities of the elderly”.

Although the municipality plays a role not as significant as that played by religious denominations and NGOs in organizing social activities for the elderly in Joensuu as mentioned by two respondents, the elderly will still be much more attached to their homes and their environment even those suffering from spousal loss since this churches and NGOs organizes forums where by those suffering from spousal loss can attend for seminars from religious leaders. Rowe and Kahn (1997) explains that active and effective engagement in the society is a central component of successful ageing, and if applied to bereavement, sustained social engagement could also be a critical component of successful adaptation or coping, this can be likened to the situation in Joensuu and its surrounding rural areas, although the municipality doesn’t organizes a lot of the social activities, religious denominations and NGOs cover up the gap and organizes social activities where the elderly always participates.

When prompted to identify facilities put in place for the elderly to maintain their long time friendship which is a very important part of an elderly social network since having long time friends provide older individuals with companionship, assistance and emotional support, Jämsen stated that;

“I think NGOs for instance and different kinds of associations for example pensioners associations because they are in Joensuu, and they are based where you have been working or what political side you belong and also if you belong to a dancing club. I think in this perspective, I think what the city of Joensuu is doing is a very good thing; they offer the premises where NGOs and associations can organize their festivals, meetings and celebrations. I think this kind of cooperation between the city of Joensuu and NGOs is very successful; another good example is the old people’s home owned by the cities also gives their premises to NGOs to have their meetings or these kinds of discussion groups which is a good way to come together”. 
In relation to the maintenance of friendship Tedre pointed out that;

“loneliness is really a problem among elderly people, and if you speak about your old friends may be it is up to the elderly themselves to try and find solutions to continue social contact and mostly it is through mobile phone and it is surprising how many old people use mobile phone and quite many old people text messages, it also seem to me that at moment it is a small group of elderly people who use the internet but all the time the group is becoming bigger, and I believe that in the future internet usage will increase but at moment the mobile phone is more important and writing letters and sending greeting cards”.

The role of NGOs and religious denominations again cannot be underestimated in trying to help the elderly maintain their long time friendship since the team up with the cities administration to organize forums where the elderly can come together and meet their peers. These forums enhance continuity with long time friendships since older adults especially those experiencing a devastating or stressful loss such as widowhood tend to count on the companion of lifelong social relations from whom they derive support, self definition and sense of stability and continuity. Furthermore, these forums will help bring family members, friends, religious communities and neighbors who will help the elderly assist them in achieving a continuity of lifestyle and stability in social relationship. The municipality of Joensuu together with NGOs and religious denominations are also trying to enhance place attachment among the elderly by minimize disruption in daily activities of the elderly rather than for the elderly to construct a new life with new activities and new acquaintances which normally takes place in care homes, therefore the elderly will definitely be living in their homes in the future if this corporation between the municipality and NGOS and religious denomination continues.

Related to continuity in habits, activities and roles which are very important upon entering old age Kukkonen pointed out that;

“The activities organized by the elderly service office include; memorizing past times, memory exercises, literature, singing, sports, joga, painting and dancing and these are all activities which many of the elderly where doing when they were younger”. 
On the other hand Jämsen stated that;

“I think this is very much by relatives, friends and volunteers, if you have a volunteer as a visiting friend, they could do this very often, and it could be the main focus for visiting friend to do these kinds of activities”.

Tedre sees this continuity of habits, activities and roles in a different way, she pointed out that;

“If you speak about reading, in the library there are elderly services in the library where the elderly can visit and take home books, if they have been visiting restaurant, gardening, fishing and hunting previously then it will be important for them do so again when they enter old age. It seems to me that at the moment there is no solutions for this kind of things”.

Although the municipality of Joensuu organizes activities including memory exercises, memorizing past times, literature, singing, sports, joga, painting and dancing which are activities which majority of the elderly previously carried out, if the municipality can also be more active in other activities like fishing, hunting, gardening which are also important activities which some elderly had previously performed instead of counting on the services of relatives, friends and volunteer who are not always going to be available all the time, this will definitely enhance place attachment among the elderly in Joensuu and they will definitely continue to live in their homes in the future.

There are also some problems concerning independent living by the elderly in Joensuu and one of them is heavy alcohol consumption. Kukkonen noted that; “the alcohol problems of the elderly and the youths are increasing every day”.

Jämsen similarly acknowledges that the question was very important and noted that;

“it is all the time growing nowadays, home help staff always report that they noticed it when they are visiting the elderly and also it is very surprising because I think earlier it was though we are called the wet generation and it was thought that when we grow old it might be a problem, but it came earlier. So many people in Finland
for some reason consume a lot of alcohol because of some reason, then for many elderly people it is because of loneliness and after retirement if you don’t have any hobbies or any specific meaning for your life it is very easy to be alcoholic”.

Commenting on the remedies taking by the municipality to try and reduce alcohol consumption by the elderly Kukkonen stated that;

“the use of alcohol is taken as a topic of discussion during management session of service office\textsuperscript{6}, there also exists a healthcare statistics program which monitors the use of alcohol, and if the use of alcohol is within reasonable limits, if it is realize that an elderly has become addicted to alcohol, then he can be sent to a rehabilitation center to be rehabilitated”.

Jämsen acknowledges that education for home help staff is very important and stated that;

“firstly the staff noticed it and then they can help because they know what to do or they have a device which can detect the level of alcohol somebody has consumed then it is a serious problem when alcohol with elderly people is combine with medicine. I think this is also connected with earlier question, there should be more social participation and outdoor activities and different things where you could get connected with other people and places where you get together in a very social way and in the summer time it is in the market place and in winter time there should be as well, I heard that there is a group of elderly men who always gather every morning at 9:00 in isomyy\textsuperscript{7}. I think that this could be one thing that we could as a municipality and as professionals should support and in a way facilitate this kind of things which may reduce the level of alcohol consumption among the elderly”.

\textsuperscript{6}This means that those who are participating in the service provided by the municipality can have a discussion with service providers and give feedback about the services. In these sessions, people can discuss how the current services match the needs of the elderly, how they have been progressing in health and rehabilitation programs, or if they might want to change the services they receive and to know the details of current services.

\textsuperscript{7}A shopping mall in Joensuu.
4.4 European Union

According to Jones & Bayen (1998), there exist natural impairments that characterize normal ageing. They divide this deterioration into four groups; firstly, cognitive slowing which is made up of reasoning, memory and spatial abilities. Secondly, is the limited processing resource which comprises attention and working memory, thirdly is the lack of inhibition which is made up of discrimination of information and lastly sensory deficits which is the loss of vision and hearing. Jones and Bayen (1998) argues that if these factors are considered in the design and conduct of teaching for the elderly, nearly equal level of performance compared to younger adults can be achieved by the elderly. Consequently, impairment does not render the elderly incapable of learning, though the learning may be slower and needs more recap, time and support and be different of content compared to younger adults.

The European Union encourages this through the communication from the European commission on Adult learning. In this communication there are preambles such as “it is never too late to learn”, “it is always a good time to learn”. The objective of this communication on adult learning is to remove barriers to participation, to increase the quality and efficiency of the sector, to speed up the process of validation and also to ensure sufficiency investment and to monitor the sector. Finland adopted this policy and made lifelong learning one of the guiding principles in Finnish educational policy.

Jämsen confirmed that the Joensuu municipality has also adapted this adult learning through the University of Eastern Finland as she noted;

“I think one good example is the University of Eastern Finland, where there is the Third age University and I myself I have had a group in the third age University for 5 years. It is group learning social policy and social issues and it has been for me a very important window for these learning issues, it is very important unfortunately there will be no University of Joensuu again; it is now the New University of Eastern Finland and the third age University will not be closely link to the university again, it will be organized now as a summer university, it is going further from the academic University and it is a pity because the elderly where very proud and touched to be part of the academic institution”.

76
Lindroos & Korkala (2008) explains that acquiring skills, knowledge and staying up to date has become one of the main issues both in succeeding in working life and in active societal participation. Silva similarly stated that:

“in Joensuu, there has been for years the third age University as part of the University of Joensuu and here the elderly have the advantage to acquire many skills; computer skills, arts and craft”.

Overall, the respondents explained that the department of computer science started a research project and community outreach program called seniors’ club which was both a technology club for the elderly people and an experimental living research environment for researchers in the field of educational technology and human computer interaction. The idea of the senior club was to help senior citizens to acquire the technical skills and knowledge needed in the modern knowledge society economy. This idea as explained by the respondents was to enable them to utilize information and communication technology in order to improve their quality of life.

Furthermore, the club is also meant to empower the senior citizen to take their role in the information society as actors and developers consequently utilizing their life long time experience and social skills for designing relevant innovations for their peers together with researchers and also fighting their potential technological isolation. Majority of the elderly in Joensuu now can easily communicate through internet with their friends; some of them even do online buying.

When prompted to answer a question whether similar projects for adults learning have existed in Joensuu before Finland became part of the European Union, Jämsen stated that;

“The North Karelia University of Applied Sciences have had some but not for the elderly completely, they offer courses related to the elderly, for example there are degree programs of social and health care, studies in work with the age is also an option, elements of work with the age in nursing and physiotherapy studies and internship placements often within work with the aged”.
In response to a question about European Union sponsored projects in Joensuu, Jämsen pointed out that:

“it seems to me that the meaning of the European Union is very important when you talk about different projects for old people, there are plenty of different European Union projects and where quite a lot of money come from European Union through different projects, one of this is the Northern peripheral programs and, the program emphasized local projects in peripheral regions”.

Jämsen also noted that:

“the North Karelia University of Applied Sciences have been very active so they have these kinds of funds from the European Union, for example the European Union has partly funded research projects related to the elderly through the Centre for Innovations for Independent Living (ISAK) which is part of North Karelia University of Applied Science. The main target of this research has been to increase the possibilities for independent living of the elderly providing project services and developing concepts and devices together with partner organizations”.

There are more than ten organizations now in the Centre for Innovations for Independent living partnership network, and all of them as she explained have their own point of view for increasing independent living solutions. Abloy Ltd which is a worldwide company is also part of ISAK, there are also representative of retired persons, rehabilitation, education and research, development organizations and public health care services. The aim as explained by Jämsen is to connect the ideas of all the partners and special know how and expertise and realize it in the innovation development projects. This research has been very fruitful in the Joensuu Municipality for example there has been the development of DAVID-Senior Line- gym concept for the elderly people including the new model equipments and guideline for the gym exercise. Jämsen insist that;

“The good thing about this project is that the elderly people formed the evaluation group from the beginning of the project and they were also mentors for the
guidelines that offered to the company (DAVID Ltd) who developed and launched the concept”.

ISAK have good possibilities to grow since it is a part of the North Karelia University of Applied Science. If this research in the Joensuu continues to grow, the majority of the elderly in Joensuu especially the future elderly will definitely live in their own homes in the future.
5 Discussions and Conclusions

The world’s population is increasing both in numbers and as a percentage of the overall population according to the World Health Organization (2003). This trend is expected to continue for the next quarter-century and beyond. In terms of residential environments in elderly care, this future projection constitutes a concern for elderly care homes as supportive environment catering to the elderly interested in maintaining a healthy lifestyle. Research has shown that one of the serious problems in elderly care is the unsuitable residential environment for the elderly who are physically and psychologically fragile (Lee, 2007). A significant amount of international research according to Folkhalsoinsitut (2002: 27 in Lee 2007) supports the general positive health effects of physical, mental, and social activities for the elderly. Physical activity, good eating habits, social relations and a meaningful life are the pillars upon which good health for the elderly should be build.

Focusing on health promotion and prevention of diseases for the elderly is advantageous for both the elderly individual and society at large. Lee (2006), Brummet (1997) have also insisted that the homelike environment holds the most curative potential for the elderly. The homelike environment as pointed out by Gaunt & Lantz (1996 in Lee 2007) has a curative purpose, intending to strengthen residents’ resources thus delaying the degeneration of cognitive abilities. According to Ericsson (1991), the home environment is important for the elderly in the following ways; encouraging independence, supporting social belonging, providing safety, arousing recognition, offering physical activity, orientation and stimulation of the senses.

The main focus of this study was to comprehend what the municipality of Joensuu is doing or what actions are taken by the municipality of Joensuu to enable the elderly in Joensuu and its surrounding rural areas to live independently in their own homes. Before commencing the conclusion chapter it will be important to remind ourselves about the main research question of this master’s dissertation:

- To what degree it is realistic for the elderly in Joensuu to stay in their own homes in future? This could only be achieved if the home environment of the elderly is made
supportable. Aspect of home environment considered in this study was housing, and the housing environment.

According to Sommers (1976), if home help services are readily available prior to placement in a nursing home or an institution of care, there is convincing evidence to conclude that such care may not only postpone but possibly prevent more costly institutionalization, and more important is the fact that this home help services can enable the elderly to live independently in their own homes, where most of them would prefer to be. This is applicable to the situation in Joensuuas explained by Kukkonen who is the service and support manager of elderly people that the municipality organizes home visits about four to five times a week to provide help to the elderly and to examine their health situation. Some basic services are also provided in the homes of the elderly for example, readymade meals, support instruments and services for easy movements. Therefore, with the availability of home help services and basic services to the elderly in Joensuu and the surrounding rural areas, it will be realistic for the elderly to live in their own homes in the future. Silva shared this idea by Kukkonen but stressed that there is always insufficient staff to help the elderly in their own homes and most of the times the elderly are forced to pay for private home help which is kind of expensive for an elderly citizen who’s sources of income are very limited. If the Joensuu can further employ more trained staff who can regularly visit the homes of the elderly, the elderly in Joensuu will definitely be more attached to their homes and will realistically live in their homes in future rather than move to a care home where nurses are always available to render help to them.

According to Nihtilä and Pekka (2007), very poor housing conditions, such as insufficient clear space for wheel chair users, wheel chair unfriendly bath rooms, lack of loop type handles on hardware, absent of grab bars in the bath room and no knees space under the sink, are significant determinants of institutionalization among older adults. Tinker (1984) similarly remark that many people enter residential homes, or fail to leave hospital primarily because of housing problems. All 3 respondents commented that, in Joensuu and its surrounding rural areas, dwellings of the elderly have been renovated and majority of them have care settings, for example elevators, switches on the walls are lowered, sufficient clear space for wheelchair users, wheel chair friendly bath rooms, hot water and flushing toilets, loop type handles on hardware,
grab bars in the bathroom, knee space under the sink. This definitely means that it is realistic for the elderly in Joensuu and its surrounding rural areas to live independently in the future. Silva, who is the researcher further reiterated that even those elderly whose homes cannot be renovated because they never go out of their homes often buy houses with care settings and move to these houses which further strengthened the point that it will be realistic for the elderly in Joensuu to be live in their own homes in future since this supportive houses will facilitate their independence and functioning.

This independent living by the elderly which has resulted from the availability of care settings will also given the elderly the opportunity to continue to co-exist with their family members and friends, not breaking away from family members and friends will also make the elderly much more attached to their environment (Lewicka 2010) and this strong connection of social ties and place attachment have made some researchers to include measures of neighboring into the general measures of attachment to neighborhood. There are a range of benefits from social interaction identified by Flacker and Kiely (2003) which the elderly in Joensuu will also stand to gain such as improved health, wellbeing, low rates of depression and lower mortality rates.

The elderly in Joensuu will also be able to maintain continuity in self identity and in familiar surrounding which is a very important aspect as the elderly experience changes in their lives (Atchley 1989). Lawton (1985); Parmelee& Lawton (1994) also observe that elderly residents with diminished capacities, if they are familiar with their surroundings can carry out daily life activities nearly successfully, on the contrary, these activities can be very hard to carry out even by less disabled elderly, when they are not familiar with the surroundings. This is applicable in Joensuu where by even the elderly with diminish capacities will be able to carry out their daily activities since their homes are renovated and care settings installed in them, consequently they will not have to relocate to new surroundings or to institutions where they will have to start learning how to live in such environments and making new friends.

Worth mentioning is also the fact that the elderly are also consulted by the municipality before building new homes and renovation the old once as mentioned by Kukkonen who is the service and support manager of elderly people, thus lending support to what Rubinstein et al. (1992)
stated that “older persons living in the community are the ones who make environmental changes to fit what they see as their own capacities and weaknesses”. The municipality organizes the senior housing innovation day where the elderly come together and bring forth ideas on how they want their houses to look like. This is very important as pointed out by Demirkan (2007) since it will go a long way to avoid costly design changes. This finding also confirms that of Cavanagh (1996 in Demirkan 2007) in London where the women design service provided advice and information on the requirements of elderly women to architects to improve standards and choices in housing design. It can therefore be concluded that it will be realistic for the elderly to live their homes in the future since they are consulted before any changes are made in their homes which therefore means that what is put in their homes are recommended by the elderly which is definitely what fits their own use.

Overall it was highlighted by all the respondents that because of the kasted program houses in the rural areas have care settings same as in the city center in Joensuu but another question also came up which was that of important services which use to exist in these rural areas but have all moved to the city center of Joensuu. This definitely means that the most important services especially for the elderly no longer exist for example health services, banks, pharmacies and restaurants. This therefore means that if an elderly is in an urgent situation he or she needs to be transported to the city center where all the services are found and it is not evident that an ambulance will always arrive on time to evacuate an elderly citizen to a health facility. If these important services could be established in the rural, this will definitely enhance place attachment among the elderly and it will be realistic for them to live independently in their homes in the future. If these services are not available in the rural areas, I think care homes will still be ideal places for the elderly residing in these rural areas since in care homes, workers are always available and the elderly are also well monitored. It is also important to highlight here that these rural areas are marked by high rural exodus (out migration of the youth to city centers in search of opportunities), therefore the elderly are usually alone in these rural areas which further strengthened the face that without health services in the rural areas care homes will still be very important for the elderly living there.
Another element as explained by Mason (2002) which is appropriate to be included in the expanded perspective of healthy and adequate housing that supports successful ageing and place attachment is the smart home technology, technology is in existence everywhere in many aspects of our lives and one place where this is becoming increasingly important is in the homes. Similarly, the interviewees noted that technology has been very influential in Joensuu municipality and a lot of research is still going on in this field. A smart home is capable of allowing the occupant of residents to monitor its various systems for example heating, refrigerator, security, and lighting, ventilation from a distance either from a computer terminal in the house a portable web pad or from a web enabled lap top computer half a planet away. The smart home is also capable of supporting home based technology that can digitally monitor seniors themselves with biosensors, videos cams, telemedical units whose voice, data or video content can be streamed to medical person or love ones outside the home through the internet.

Furthermore, technology is capable to allow others, doctors and caregivers to see the movements, body functions, comfort levels and safety of a person from a distance at any time from a any place and allows for instantaneous communication as well as visual contact that permits virtual house calls from the doctor or regular online home visits from love ones. With the presents of this technology in homes of the elderly in Joensuu and its surrounding rural areas it will be unnecessary for the elderly to move to institutions of care since their health situation can equally be monitored while they still live in their homes. It will be important to highlight here that technology alone cannot fully guarantee the elderly to live independently in their own homes or it will not be realistic for the elderly to live in their homes in future. A very good example was given by Jämsenwhose mother a today’s elderly could not use an electronic bracelet which she has to use to call for urgent help instead she thought it was to tell her the time, so it is completely useless if technological appliances are in existence but cannot be properly used by the elderly. Therefore, care homes or institutions will still be very important for today’s elderly because majority of them are not able to use these new technology, they absolutely have to be where nurses are available to get rapid intervention in times of urgency. In order for technology to help the elderly live independently in their homes in the future, the elderly should be thought earlier how to use technological appliances not when they are already old or sick , which is what is being done now in Joensuu as noted by Jämsen. Jämsen even cited herself as an example of a
future elderly who will definitely know how to use technological appliances meaning that in future the elderly in Joensuu will know how to use technological appliances since they are being thought how to use them now. Consequently, it can therefore be argued that it will be realistic for the elderly in Joensuu to live independently in their own homes in future. This technological development will also allow the elderly a quick return to their homes from primary care facility and gives them more confidence that their medical support system is working for them on an ongoing bases (Mason 2002).

Mason (2002) explains that research findings has consistently highlight the fact that for the elderly to age successfully and be more attached to their homes, they must have greater control of their homes, this is definitely going to be the case in Joensuu since technological appliance are being installed in the homes of the elderly and research in the field of technology is still going on for future use in Joensuu which will consequently enabled the elderly to have greater control of their homes there by making it realistic for them to live in their homes in future.

It was also stressed in the interviews that the municipality of Joensuu and the University of Eastern Finland has also make it as a duty to teach computer courses to the elders who are willing to learn, and computer courses according to Morris (1992), have an effect on attitudes and knowledge of the elderly, autonomy and communication skills can be improved, and there is a strong propensity of the elderly using Information and communication technology to sustain and support non-computer based hobbies and leisure activities to fit the technology in their daily life. There are also some advantages of continued participation in learning computer skills cited by Rogers et al. (2004) which also applies to the situation of the elderly in Joensuu, the department of Information Technology continue to teach the elderly skills and knowledge needed in the modern knowledge society and economy as commented by Silva. Moreover in Joensuu, the idea is to enable the elderly to utilize information and communication technology in order to improve their quality of life. These advantages include prevention of cognitive decline, interconnectedness of the elderly with family and friends, assistance on health related issues, enabling the elderly to remain safe and functionally independent, increase intergenerational interaction and enhance self esteem and place attachment. Subsequently, it will be realistic for the elderly in Joensuu to live an independent live in their own homes in future.
The housing environment also plays an important part in the lives of the elderly living independently. Kasanen (2004) explains that aesthetics has an influence on the competence and it is a very vital quality in as much as the elderly wants to cope independently. This is applicable in Joensuu, as commented by all the interviewees, that the environment of the elderly have all the qualities capable of improving their lives at home, for example, there are parks, sports halls, refreshment pool and sport parks which are being planned in areas occupied by the elderly, as well as gardens and flower gardens in the service centers of the elderly. Thus the elderly in Joensuu with the outdoor facilities put in place by the municipality can easily interact socially with their friends. Social networks according to Evans et al. (2009) have a dual function, firstly, the provision of social support and social connectedness. House et al. (1985 in Evans et al. 2009) similarly identified three types of social support; emotional support, instrumental support and appraisal support which increase the self esteem of the elderly and sense of belonging and attachment to place. Therefore, it will be realistic for the elderly in Joensuu to live in their homes in future since these three types of social support will always be available for them.

Even though the housing environment of the elderly in Joensuu have been made supportive which provide a range of benefits including opportunities for exercises, a problem still exists which is that of insufficient municipal staff to assist the elderly walk around with them as elaborated by the Jämsen and Silva and as such the municipality of Joensuu usually count on the services of volunteers, family members and neighbors to give a helping hand and it is not always easy to get volunteers or neighbors who can do this, therefore if the municipality of Joensuu could employ more staff who can always go around and assist the elderly in their homes I think it will be realistic for them to live independently in their own homes in future. If the problem of insufficient staff continues then care homes will still be ideal places since Jämsen also mentioned that institutions of care are usually very beautiful, lighted and clean and the outdoor environment are the same as in home of the elderly, and also giving the fact that workers are always available in care institutions who can walk around with the elderly.

Given the relative importance of location of homes for the elderly closer to facilities and services, it was also strongly emphasized by all respondents that the municipality of Joensuu also
make sure that homes of the elderly are located in close proximity to physical structures such as shopping malls, health services, churches, and other facilities deemed important for the elderly. Consequently, the elderly in Joensuu because they are living near the main activity center and sharing enclosed outdoor spaces will increase their likelihood of unplanned encounters and lead to greater environmental satisfaction (Sugihara and Evans 2000). Furthermore, the elderly in Joensuu living independently in their homes will be able to walk more and more functionally independent since their residents co-exist with retail and other commercial uses (Clerk and George 2005). Therefore it can be argued that it will be realistic for the elderly in Joensuu to live in their own homes in future since according to Finchum and Weber (2000) having familiar contact point’s help keeps friendships intact.

This same scenario would have been difficult to older individuals living in the surrounding rural areas because of lack of services, but the municipality has made accessibility to the Joensuu city easier by providing mini buses that run to the rural areas and back, which is in line with what Atchley (1989) stated that “access and interactions are facilitated by the types of transport system that bring people together of all ages closer together with the services and products they need”. Since good and services and other facilities have been brought closer to the elderly, it can be concluded that the elderly in Joensuu will not need to relocate to institution of care where this services can be provided to them since they themselves will not need to cover a substantial distance either to buy groceries, see a doctor or visit a friend, the same applies in the rural areas though there are no services there, transportation is provided which enable them to come and get the services they need in Joensuu.

There have been a shift recently from care delivered in formal settings towards care provided in informal settings like the home, consequently, relatives are now much more involve in informal care giving, and given its relative importance in the sphere of giving care in the home, the demand for informal care by the elderly population is going to increase reasons being that informal carers in general are characterized by the nature of their motivation to help and the skills and knowledge they use in providing support. All three respondents elaborated that the municipality of Joensuu provides assistance and support for family members taking care for their elderly relatives, the support is in the form of a monthly allowance and other services
provided directly to the home of the elderly person. But Jämsen and Silva stressed that this financial support to family members taking care for their elderly relatives are generally very insignificant which can therefore not allow a family member to abandon his or her job completely to engage in caring for their elderly relatives. If the municipality of Joensuu can emulate the Swedish example as explained by Hekenstad and Johnson (1990) that informal care giving is included as an integral part of the newly elderly care policy; attention is given to the significant role that family care giving plays in the Swedish society and the need to support informal caregivers through both income subsidies and formal services, and informal care is envisioned as complementary to, rather than a replacement for formal care, Then it will be realistic for the elderly to live in their homes in future in Joensuu since at every moment there will be a family member to take care of the elderly, worthy of mention is also the fact that family members know the needs and desires of their elderly relatives more than those professional nurses who just come to perform their professional tasks and might not even know the elderly citizen at all.

If the Swedish example is emulated, whereby elderly care is inside normal employment procedure and family are well paid, I think loneliness among the elderly will be a thing of the past because informal carers will definitely give more time than the hours of which they were employed and many more people will remain at home and take care of their elderly relatives since they will be well paid. This will also reduce alcohol consumption among the elderly which as mentioned by Jämsen is detrimental to the health of the elderly living alone, especially those who are on medication since the will always be well monitored and well taken care by their relatives. Consequently this will enhance attachment to place and it will therefore be realistic for the elderly in future to live in their own homes and there will no fear that something unexpected will happen to them, even if something happens there will always be quick intervention since their relative will always be there for them.

In Joensuu as gotten from empirical data, there is a link that exist between formal and informal care, if this link could be made more stronger like in Sweden, it will then be more realistic for the elderly to live in their own homes in future, because formal care which is mostly professional usually takes place in institutions, will now be brought right in to the homes of the elderly to
complements the tasks provided by the informal network, this could not have been possible in institutions of care which are places design only for professional. Why should the elderly then relocate to institutions when they could receive the same care that would have been given to them in care centers in their own homes?

Based on social participation which is associated with reduced levels of suicide, better physical health and reduced mortality and higher level of physical wellbeing according to (agahi et al. 2006), Kukkonen emphasized that in Joensuu, social cultural day activities are organized around the city and also in rural areas but Jämsen contrary noted that the role of the municipality is quite insignificant in organizing social activities for the elderly because the municipality and public services are focusing more on the basics because of the basic economic down turn. However, the municipality still offers its premises to other organizations like; religious denominations, NGOs and pensioners associations to organize their social activities, meetings, festival and celebrations. It can therefore be argued that it will be realistic for the elderly to live in their own homes in future because by participating in social activities organized both by the municipality and other organizations they become more attached to their environment and also become more healthier both mentally and physical, and will not need to relocate in to care homes or institutions.

The municipality is doing its best to uphold an active older population, since it is trying to promote participation in activities that elderly cohorts engaged in earlier in life than to start new activities (Agahi et al. 2006). Kukkonen noted that the municipality does this by giving them the opportunity in the group activities they organize to memorize their past times through memory exercises, literature, singing, sports, yoga, painting and dancing. These social activities according to Healy and Yarrow (1997) assist senior citizens in remaining in their own neighborhood longer and continue to be emotionally and physically healthy. Remaining in their own homes, the elderly in Joensuu will be able to use familiar skills to do familiar activities in familiar places in the company of familiar people (Atchley 1992). This could not be possible in institutional living environments since such environments produces impersonal care by restricting social contact between residents and people outside and the elderly cannot as well control their own time as space. Consequently, making it impossible for the elderly to establish and maintain friendship.
Furthermore, the participation of the elderly in social activities has made the elderly in Joensuu at the same time to maintain their long time friendships which also enhance place attachment among the elderly, and according to Finchum and Weber (2000) friendships have been identified as important parts of an individual’s social network, therefore it will be realistic for the elderly in Joensuu to live independently in future since their long time friendship will provide the elderly with companionship, assistance and emotional support.

The role of the European Union to help the elderly live an independent live in their homes cannot be underestimated; Silva even noted that the European Union has been very important; the European Union has funded projects under the banner of Northern Peripheral programs. The European Union have together with some regional actors in the Joensuu region funded projects through ISAK (Centre for Innovations for Independent Living ), which is part of the North Karelia University of Applied Sciences, the projects are aimed to develop concepts and devices which can help the elderly live independently in their own homes. It also carries out research and project development and improves the general development of the field in Finland. Worth noting is the fact that these projects includes local, national and international partners, and the partners (educational organizations, rehabilitation centers and public and social health care organizations). These partners connect their special know how and expertise and realize it in the innovative development projects. If these funds from the European Union keep coming then it will realistic for the elderly in Joensuu to live independently in their own homes in future since enough research will still be carried out and more devices will be develop which will go a long way to help the elderly live in their own homes.

Another project financed by the European Union related to the ageing in Joensuu was the O.W.L (Older Workers’ Life). The project was still financed through the North Karelia Institute of Applied Sciences, and the project was aimed at finding and developing new solutions that will support ageing work communities. The O.W. L project partners were from Finland and Italy. During the project, the partners acquired new knowledge on the challenges of ageing work communities and search for innovative solutions. The main idea of the project was to enhance the wellbeing of individual workers in the domains of work and private life which was seen to
benefit their working communities. The value of the ageing work force was also highlighted and should be seen as a profit making investment in every community. With all these funds coming from the European Union for research and projects related to the elderly combined with huge efforts from the municipality of Joensuu, one cannot refute the idea that in the future the elderly in Joensuu will be living independently in their own homes.

There were some implications that stem out from the research, first are the lack of health services in the surrounding rural areas which might be detrimental to the elderly living in these areas. It will be important for the municipality of Joensuu to direct some resources towards projects or programs that will help build some health services in these rural areas that will cater for the elderly in cases of emergencies. It is certain that emergency team will always arrive late when an elderly citizen is in an emergency situation, this small health units if constructed will cater for such cases in the rural areas.

Secondly, the municipality should endeavor to teach the elderly on some of the technological appliances since some elderly because of memory lapses do not know the use of these appliances, for example some of the elderly usually consider the electronic bracelets as wrists watches and do not even use them in times of emergency so it is important for the municipality to start teaching them early so that they will get acquainted with some of the appliances before the reach the stage to start using them.

The main aim of this study was to comprehend what is being done in Joensuu to enable the elderly live independently in their own homes, giving the fact that a lot of empirical studies have been carried out in this area; in North Karelia,and the whole of Northern Peripheral regions. nothing has been done to help the elderly living in these areas. These regions have the added challenges of being located close to National land and sea borders. As such the main types of problems they face are remoteness, low population density, limited transport opportunities, lack of suitable services, and ageing population coupled with youths out migration (Gloersen et al. 2005). It will be very important if policy makers could try to find solution to this challenges which will be very advantageous not only for the elderly but for the whole commuty at large.
Conclusively, this study applied a qualitative research method to comprehend what the Joensuu municipality is doing to enable the elderly live independently in their own homes. Findings from the study shows that the municipality of Joensuu is doing everything possible to make the homes of the elderly good places to spent their entire life.

Aspects of home considered in this research were housing and housing environment. Since housing stock and other physical infrastructure age in place just as their inhabitants do probably becoming even less ageing friendly than they might have been originally, findings from the research show that the municipality of Joensuu is renovating the houses of the elderly which were constructed without ageing occupants in mind to fit the needs and necessities of the elderly today for example, removing thresholds or sills, installing rails and elevators, switches on the walls are also lowered to enable the elderly who are handicap to be able to reach them, sufficient clear spaces for wheelchair users, the use of ramps and wheelchair friendly bathrooms, loop type handles on hardware, grab bars in the bath room and knee space under the sink.

Findings from the study shows that newly constructed buildings for the elderly have care settings since in Joensuu, the municipality organizes the “senior citizen housing innovation days” in which the elderly give ideas on how their ideal apartments and housing should look like, and the care department takes the ideas and wishes of the elderly in to consideration before building new homes for them, meaning that there will be no need for the elderly to move to care homes or institutions since their homes have all the facilities needed to live independently.

The municipality of Joensuu has made sure that homes of the elderly are located in close proximity to shopping malls, health services, churches, banks to ensure that health and social needs of elderly individuals living independently with age-related disabilities are met. Transport services are provided by the municipality to those elderly living in the surrounding rural areas to come to the city centre twice a week and buy what they wish to buy. Consequently, with all the access to basic necessities, the elderly will definitely be living independently in their own homes in the future.
Findings from the research also shows that the homes of the elderly also have Information and Communication Technology based product which will allow elderly people to live longer at the place they most like which is home, while ensuring their autonomy and a high quality of life. They will be assisted to carry out daily activities and if necessary be able to have their health and activity monitored thus reducing the need for institutional care. Information and Communication Technology in the homes of the elderly in Joensuu is also capable to enhance older people’s safety and security and provide them with access to social, medical and emergency services. Information and Communication technology will also allow the elderly to maintain social contacts and remain active members of society and work force.

Research findings also shows that there is a link existing between informal and formal care in Joensuu, family carers are supported by the municipality to take care of their elderly relatives, and at the same time the municipality make sure that the homes of the elderly are visited four or five times a week by professional nurses to examine the health situation of the elderly, meaning that the elderly in Joensuu will definitely live independently in their homes since they are able to receive formal care in their homes which is more professionally inclined and informal care which depends mostly on assisting the elderly on activities of daily living which is most preferred by the elderly living independently.

Whether young or old, quality of life depends on the efficiency, comfort and cosiness of the place an individual calls home. For the elderly especially, home is a place of memories where they spent plenty of their time. Their demands on their environment will increase and change with advance age especially when their state starts to deteriorate, yet the ability to execute activities of daily life with no or little help from others is fundamental to the elderly well being and self esteem.

The homes of the elderly in Joensuu are efficient and comfortable due to the efforts of the municipality. The home environment and the community of Joensuu as a whole is also ageing friendly because the municipality of Joensuu has made it possible for its major systems (transportation, housing, productivity, cultural and religious involvement, educational and leisure activities) to be responsive to the changing needs and capabilities of its members as they age,
subsequently providing opportunities for fulfillment alongside six psychosocial developmental task of later life: continuity, compensation, attachment, connection, contribution and challenge.
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Appendix 1

Cover Letter

My name is Tubuo Ferdinand Chiatoh from Cameroon. I am an international Masters Degree student in the department of human Geography in the University of Eastern Finland, conducting a research interview concerning my final dissertation, entitled Housing and other basic services for the elderly: Future Alternatives for the elderly in Joensuu. My supervisor is IlkkaPyy, and I am hoping to acquire some information on your personal views on Ageing in Joensuu. Your
answers will be kept anonymous, and data collected will be used only for research purposes. Enclosed you will find my questions for the interview in advance.

Consequently, I kindly like to ask whether you could have a short period of time (about one hour) for such an interview. I would also like to record the interview. The expert interview form the bases of my empirical analysis and that is why your answers are crucial for conducting my masters theses research. I will be very pleased if you could suggest time and place for the interview. If you have any questions or worries about the study please contact IlkkaPyy who is my supervisor (Ilkka.Pyy@uef.fi) or Paul Fryer who is the coordinator of the Human Geography Program (paul.fryer@uef.fi)

Best regards

Tubbo Ferdinand Chiato
Appendix 2
Interview Guide

Part 1- Identity of the respondent

1 Name

2 Expertise (precise area)

3 Private/public

Part 11- Housing

4 What measures of support have the city of Joensuu taken to promote the elderly to live in their homes rather than moving to institutions?

5 Can you briefly explain how you modify the houses to suit an elderly person?

6 Do the elderly in Joensuu and its surrounding areas usually participate when it comes to decisions in innovating or building new homes for them?

7 How is this being done in Joensuu?

8 How does the municipality of Joensuu participate in innovations and construction of accommodations for the elderly?

9 Another element which is becoming common nowadays is smart house technology, is it already functioning in Joensuu? if yes how?

10 Can you briefly explain the easy ways in which you persuade the elderly to participate and share the benefits of this technology?
There is equally the possibility that this process will favor only the rich who are capable of acquiring this kind of technology, what is the municipality doing about the situation of the half nots?

**Part 3- Housing Environment**

12 Is there anything being done by the municipality of Joensuu to make the home environment of the elderly appropriate?

13 Before locating a residential area for the elderly which facilities does the municipality of Joensuu consider important?

14 Which are the differences that exist between Joensuu and surrounding rural areas as regards services for the elderly?

15 What are the main problems faced by the elders in the surrounding rural areas in Joensuu?

16 What measures are taken by the city of Joensuu to solve these problems in the surrounding rural areas?

17 Is crime a problem faced by the elderly in Joensuu and its surroundings?

18 What is being done or are there any measures taken in Joensuu to keep the environment of the elderly crime free?

19 Is there anything done or any policy to enable the elderly own their own homes in Joensuu?

**Part 4- Family care Giving and Social Relationship**
20 Are any policies put in place in Joensuu to motivate family members taking care of their elderly relatives?

21 What policies measures or incentives are available for women to enable them take more care at home for their elderly relatives rather than to get involve in other professions?

22 What is being done in Joensuu to enable the elderly to participate in social activities?

23 What is being done in Joensuu to enable the elderly to continue with their previous activities?

24 What are the facilities put in place for the elderly to maintain their pass relationships?

25 In Finland, drunkenness is noted to be a problem; does this cause any problems to the elderly in Joensuu? if yes, how do you remedy the situation?

**Part 5- European Union**

26 The European Union encourages adults’ education which can play an important part in improving the quality of life of older adults, have this idea been adopted in Joensuu?

27 Have similar project existed in Joensuu before Finland join the European Union?

28 How is adult education carried out in Joensuu?

29 The European Union equally offers financial assistance for collaborative projects that involve the development of information and communication technology and other projects to enhance the quality of life of elderly people at home, community and at work, do the fund comes directly to Joensuu or pass through the states?