

Land, history and people: Older people's stories about meaningful activities and social connectedness in later life.

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Abstract

Social and humanistic gerontology have challenged the narratives of pessimism and decline embedded in bio-medical models of aging and care. One stream of criticism comes from literature

about active ageing, and another from literature on person-centred care. A common concern is how to promote well-being in old age. This study explores the possibilities of promoting well-being and person-centred care practices in the context of home-based elderly care. It is based on qualitative interviews and observational data from two rural municipalities in Northern Norway. Using descriptive-interpretive qualitative research methods, we have explored the met and unmet needs of 28 older adults receiving home-based care services. The interviews revealed that their needs for medical treatment and practical assistance in the home were largely accommodated for. However, they had needs that frequently remained unaddressed, particularly for social interaction and for engaging in meaningful everyday activities outside the house. What is experienced as meaningful to our participants is embedded in local landscapes and practices, and in their personal biographies and bodily experiences. We show how carers and local communities may promote well-being by accommodating for embodied experiences that create a sense of connectedness to the land, history and people.

Keywords

Home care, person-centred care, social care, ageing, well-being, older people.

Introduction

In most parts of the world, people above retirement age constitute a growing part of the population (Department of Economic and Social Affairs 2017). This demographic change is characterised as the “ageing” or “greying” of society and is a major source of concern because it increases the demand for health and care services (European Commission 2012). The ageing population is often described in apocalyptic terms as a wave that threatens to flood society and place unbearable burdens on the working population, welfare budgets and health-care systems (Robertson 1997; Higgs and Gilleard 2015). Social and humanistic gerontology have challenged these narratives of pessimism and decline and there is a countertrend oriented towards a more positive conceptualisation of ageing (Settersten and Angel 2011). There is a growing stream of literature investigating the possibilities of, for

example, “successful ageing” (Depp and Jeste 2006; Emlet et al. 2017; Fisher and Specht 1999; Moen et al. 1992), “active ageing” (Clarke and Warren 2007; Michael et al. 2006; Boudiny 2012), “positive ageing” (Chong et al. 2006; Jacobsen 2015) and “healthy ageing” (Sixsmith et al. 2014). A common argument is that ageing does not necessarily imply illness, dependency and the need for costly health and care services. In addition, policy documents increasingly question the picture of older people as a burden, and stress that people above retirement age are indeed a major resource to society – for instance, through voluntary work and consumption (Zaidi and Howse 2017). Several scholars have, however, criticised the current obsession with active ageing present in policy and research (Calasanti and Repetti 2018; Ranzijn 2010; van Dyk 2014; Wilińska 2012; Segal 2013). Lamb (2014), for instance, argues that the cultural model of successful ageing is counterproductive because it neglects the realities of lived life and leads to seeing decline and dependency as personal failures. In the wake of such criticism, some scholars have chosen to use concepts such as “well-being” and “ageing well” when exploring the possibilities for fulfilment and appreciations as we age.

Another important stream of literature in social and humanistic gerontology questions the dominant bio-medical model of ageing and argues that ageing must be understood as a socially constructed experience (Kitwood 1997; Bruens 2013; Segal 2013). For example, many of the difficulties faced by people living with dementia are due to their position in society and depersonalising social interactions that erode personhood just as much as the neurological processes of cognitive decline (Kitwood 1997: 46). Kitwood has defined personhood as a “status that is bestowed upon one human being by others (...) and implies recognition, respect and trust” (1997: 8). He used the concept of person-centred care to denote care practices that maintain personhood by enabling choice, the use of abilities, the expression of feelings and living in the context of relationships (Kitwood 1997: 60). In the wake of this humanistic tradition, there is an on-going scholarly debate about how to provide person-centred care services – that is, care practices contributing to maintaining personhood (see for example Nolan et al. 2002; Twigg and Buse 2013; Ray 2013; White-Chu et al. 2009; Driessen 2018).

While there are many valuable contributions investigating how well-being and recognition of personhood may be promoted by care professionals in nursing homes (e.g. Næss et al. 2016; Driessen 2018; Twigg and Buse 2013), we argue that there is a need to explore these issues in the context of home-based care. Thus, the aim of this study is to explore the possibilities of promoting well-being and person-centred care practices in the context of home-based elderly care. This article is based on qualitative data from two rural municipalities in Northern Norway. It proceeds as follows: First, we present some key features of elderly care services in Norway and central findings from international research about experiences of ageing and well-being. Next, we present our data and methods. Then, our findings are presented in four sections where we outline key themes identified in the data analysis: In the first section, we illustrate the importance of recognising life history in social interaction; Second, we outline what our participants describe as meaningful activities; Third, we show that the prioritisation of health-care services must be challenged; Fourth, we show that embodied practices connected to the sea and land are central to the well-being of the participants in this study. Finally, we discuss the implication of our findings for home-care service provision for frail older people.

Ageing in the Norwegian Welfare State

Norway is categorised as belonging to a cluster of Nordic welfare state regimes characterised by providing an extensive set of universal social rights, including economic benefits and public services (Esping-Andersen 1992, 1999). Care services for dependent children, persons with disabilities and older people are provided universally – that is, with equal access to such services regardless of income. The responsibility for providing elderly care is delegated to the municipalities and approximately 25 per cent of people above 67 years of age receive public care services (Mørk 2013). There has been a gradual change from institutional to home-based elderly care (Vabø 2009), and consequently, the majority of elderly care recipients continue to live in their own homes (Otnes 2012: 69). Home-based care has proven to be more cost-effective for municipalities compared to institutional care (Sørbye et al. 2016), and most older people who need services prefer to stay at

home (Berge 2017; Ward et al. 2008). What is defined as 'home' in the context of municipal elderly care may be the house that people have lived in all their life, or an apartment in an assisted living facility. Home-based elderly care is organisationally divided into nursing care and practical assistance. A recent law on health and care services articulates the importance of social relations and meaningful activities (Health Services Supervision Act 2011, § 1-1 number 3), but these aspects of care are yet to be effectively implemented (Meld. St. 15 (2017 –2018)). Recent research indicates that the organisation of the Norwegian elderly care system is characterised by a medical paradigm and, consequently, that social care is at risk of being neglected at the expense of medical treatment and nursing care (Munkejord et al. 2017).

Experiences of ageing

A substantial body of empirical research has emerged investigating old age from the perspective of older people (e.g. van Wijngaarden et al. 2015; Amzat and Jayawardena 2016; Breheny and Griffiths 2017; Lamb 2014; Liang and Marier 2017; Blix et al. 2013; Brittain et al. 2010; Gabriel and Bowling 2004). A common feature is that people need to engage in some kind of meaningful everyday activity in order to experience well-being. Several studies have shown that what is considered meaningful may be activities within the home, such as reading, using an exercise bike, completing a puzzle, doing a crossword, watching birds from the window, cooking or doing chores (Munkejord et al. 2019; Ness et al. 2014a); It may be "about ordinary needs and deeds, rather than the activity-driven goals of earlier years" (Clarke and Warren 2007: 472-483). While some older people manage to find meaning in everyday life through such activities, others also emphasise the importance of getting out of the house and engaging in activities together with others, including organised exercise, religious activities or informal meetings at a local café (Wray 2003; Munkejord et al. 2019).

Studies of older people's experiences of ageing have emphasised the importance of maintaining a sense of social connectedness and reciprocity on the one hand, as well as a sense of autonomy and self-determination on the other (Fox 2005; King and Farmer 2009). Wray (2003), for instance, has studied the meaning of quality of life and well-being among older people from different ethnic

groups in the UK. She found that relationship to family and kin, commitment to family and grandparenting, and relationships based on collective identities such as race, class, gender and religion are important for these older women's experience of quality of life (Wray 2003). Other studies have shown how loneliness, lack of social connectedness and dependency may be experienced as very difficult for older people, and for some even unbearable (Kjøseth et al. 2009, 2010; van Wijngaarden et al. 2015; Ness et al. 2014b). Thus, a number of studies from various social contexts show that meaningful everyday activities, social connectedness and a sense of autonomy and reciprocity stand out as important factors for well-being during old age.

Methods

This article is based on fieldwork in two rural municipalities in Northern Norway. The study is part of a larger research project where we set out to explore the meaning of home and care services for older people, and the organisation of home-care services for older people in rural areas characterised by small populations and large distances.¹ The project design was exploratory, open-ended and combined different qualitative methods including in-depth interviews, focus-group interviews, and participant observation. Following Elliott and Timulak (2005), we took a descriptive-interpretive approach to qualitative research.² Data was collected between May 2016 and June 2017 and was concentrated during a period of two weeks at each location in May and September 2016. In total, we interviewed 28 older people, 11 employees, five leaders and 11 people engaged in voluntary work in the local communities. Fieldwork also included participant observation and formal as well as informal meetings with members of the local communities. As noted by Blix et al. (2013:

¹ The project "Ageing at home: Innovation in home-based elderly care in rural parts of Northern Norway" was financed by the Regional Research Program of Northern Norway (RFF Nord). The program required cooperation between researchers and public or private organisations in Northern Norway, and the two municipalities in question participated as partners. Thus, the two municipalities were chosen based on geographical and demographical characteristics.

² Qualitative research encompasses a wide range of approaches, including pluralistic approaches combining different methodological traditions (see for example Frost et al. 2010; Taber 2010). We agree with Elliot and Timulak (2005: 148) that emphasising brand names and minor differences between different approaches can be confusing and proprietary, and take a generic approach that emphasises common qualitative methodological practices.

268), choosing to present only parts of the data in one specific paper allows for focused attention and does not imply that other parts of the material are left unanalysed. Thus, in this article, we primarily focus on in-depth interviews with older adults and participant observation conducted in one community, where the first author lived during the period of data collection.

Data collection

We interviewed 28 adults between 70 and 96 years of age, some of whom passed away during the project period. Participants included 17 women and 11 men, most of them living alone in their home at the time of the interview. All but one received municipal care services, varying from cleaning services once a week to several visits per day by nurses. Participants were recruited with the assistance of managers in the municipal elderly care sector who distributed information about the project and provided contact details to those who were interested in participating and agreed to be contacted by the research team. Furthermore, some participants contacted us directly after they came to know about the project from nurses, family, friends, or from the local newspaper. One participant was recruited in the field.

All interviews were conducted in the participants' own home. Some still lived remotely in the house in which they had lived in most of their lives, while others had (recently) moved into a room in an assisted living facility in the municipality centre. While the interview recordings lasted from 50 minutes to almost 3 hours, the visit often lasted somewhat longer and included informal talk, help to arrange flowers, a tour of the house or enjoying a cigarette on the porch. The interviews had elements of what Phoenix and Sparkes (2009) have labelled "interactive interviewing" in which both the interviewer and interviewee talked about themselves in a way that resembles normal conversations and relationship building. For example, the interviewees talked about where they had grown up, specific places they had been to and what they appreciated about the municipality in question. Sharing memories about home and place helped create some common ground in a social situation characterised by difference in age, education and occupation.

For the interview, we used an open-ended strategy in order to let the participants set the agenda and to talk about what was important to them. We started out by asking people about their experiences of ageing in the community and encouraged participants to talk about themselves and their lives. As a response to these broad questions, they told stories about home and place, their past and present daily life, identity and self-esteem, what they had, what they had lost and what they needed. In addition, the researchers asked some more specific questions about what kind of help they needed and received from friends, family and the municipal home-care services. After each interview, the researcher wrote notes about key themes emerging in the interview, the participant's life story, descriptions of the house and the researcher's reactions and interpretations of the interview situation. All interviews were transcribed verbatim.

As suggested by Charmaz (2005: 507), we engaged in simultaneous data collection and analysis, and emerging themes directed further data collection. During interviews with the older participants, we noted that many emphasised the importance of engaging in meaningful everyday activities and social interaction. Moreover, some specific people and activities seemed to play an important role in the lives of quite a few participants. For example, the "Thursday Club" – a weekly activity for frail older adults – appeared to be an important event. Therefore, one of the researchers spent four days over a period of 13 months conducting participant observation at this location. After each instance of fieldwork, the researcher wrote detailed field notes and "memos" in order to give a clear direction to the further data collection and analysis (see Charmaz 1999: 376-377).

Data analysis

While initial analysis took place during the process of data collection as a part of writing field notes about observations, interviews and self-reflection, the formal process of analysis proceeded as follows: First, the researchers carefully read the transcripts and field notes in order to get the overall picture, writing down themes and concepts and identifying emerging insights and understandings (Elliott and Timulak 2005: 153). Second, the researcher team spent three days working together to

present and discuss the data and the emerging analyses of each team member. Collaboratively, we developed a list of themes that was used to code the data. The thematic analysis was combined with narrative approaches, paying attention to biographical stories and the construction of self-identity (Phoenix and Sparkes 2009; Buse and Twigg 2016: 2-6). Third, we further developed our analyses as a part of the writing process by presenting and discussing preliminary results between ourselves and with participants and members of the local community (Elliott and Timulak 2005: 156). For example, we received important feedback from some of the older participants when we presented findings at an open meeting in the local community.

Ethics

The study was approved by the Norwegian Centre for Research Data (NSD), reference number 48366. Approval from NSD is the appropriate level of ethical review according to Norwegian law. Informed consent of the participants was achieved by providing oral and written information about the project, including the voluntary participation and the confidential handling of data provided. Information about the project was distributed by the home-care services. In addition to this procedural dimension of research ethics, it is important to reflect on the ethical dimensions of everyday research practice (Guillemin and Gillam 2004; van Wijngaarden et al. 2018; Etherington 2007). We would argue that one important aspect of ethical research practice is to make research findings available to use and review for the people concerned. Throughout the project period we engaged extensively with participants and members of the local community, e.g. older people, employees, leaders and politicians, and discussed how findings may be used to improve well-being and care services. In addition, as Guillemin and Gillam (2004: 276) have suggested, in the following analysis and discussion we will present some reflections on “ethically important moments” during the research process.

Results

Personhood and life history

Previous research about frailty, ageing and care has criticised care services for engaging with care recipients as physically frail bodies. Rather, one should engage with people in a way that recognises personhood and identity, and capacities as well as losses (Nicholson et al. 2012: 1431-1432). Thus, in the open-ended interviews, before asking about frailty and care needs, we invited the participants to talk about themselves and their lives. Most participants seemed to appreciate the opportunity to relate their life and talked about their upbringing, working life, social relations, important life events and more recent everyday experiences. They recalled memories from the past, expressed pride about their work and achievements – for example, engagement in politics and community work, handicrafts, fishing skills and great catches, or building up a farm and small-scale tourism.

Arne,³ one of the older participants in our study, talked in detail about his youth and related dramatic events at sea and during World War II. Through such stories, he presented himself as a strong, hard-working and self-sufficient man in good health. He also talked about himself as a knowledgeable person who read and sought to understand history and politics:

Whenever I read something, I think about what I have read and try to understand the bigger picture. (...) But here [at the assisted living facility], there are senile people and people who do not have the same interests as me. It is almost impossible to talk to them. They don't have a clue. They haven't thought about it. That is a problem.

In this quote, Arne described himself in contrast to other older people living in the assisted living facility. The other residents did not read, and some experienced cognitive loss; thus, he found it difficult to have interesting conversations and meaningful social interaction with them.

³ The names used in this article are pseudonyms, with the exception of the couple running the Thursday Club. They are, according to their own wishes, referred to by their real names.

Consequently, he kept to himself and experienced long days with little to do. During the interview, Arne noted that he, like the interviewer, would have been a researcher if his family could have afforded school when he was young. In the interview with Arne, he constructed a self-image of a strong, hard-working and intelligent man.

Another participant, Solveig, presented herself as an activist fighting on behalf of people with disabilities as well as frail older people. She talked about what she found unjust and wrong and how she continuously fought for societal change. Fighting for the rights of others was central to Solveig's story about her past, the present and the future. For instance, she explained how she had contributed towards establishing an open café in the premises of the nursing home and volunteered at the café several times a week. Just before the interview, the municipal administration had proposed closing it down to cut costs. Solveig explained how she had publicly opposed those plans and stressed that she aimed to continue her voluntary work because it was important to others:

Still, I can contribute to maintain a meeting place for older people at the nursing home. I think that is important, and they [the older people attending] say that it is important to them because they have something to look forward to during the week. The one day during the week when it is closed, they do not know how to spend the day. It is obvious that they need to talk to other people.

Contributing to the well-being of other older people by participating at this meeting place and lately also struggling to keep it open was described as a meaningful activity for Solveig. What is more, the quote illustrates how she would refer to older people in the interview as "they", rhetorically distancing herself from the category of frail old people. Although she also referred to herself a couple of times as "we oldies", she primarily constructed an identity as an activist fighting on behalf of older people. As Robinson (1990) also found when analysing the narratives of people living with chronic illness, some of our participants exhibited a subtle unwillingness to talk from the position of a care recipient, engaging rather in narratives that allowed for positive self-identity. Through their

narratives, they requested that the interviewer recognise their personhood instead of being reduced to a frail recipient of elderly care.

Arne and Solveig's narratives stood out in the sense that they distanced themselves from other older people, appeared reluctant to discuss their needs for care in detail, and responded to such questions in brief and general terms. They did recognise frailty and loss, but primarily talked about how they were still going strong. Another participant, Ruth, had been suffering from arthritis since youth and talked about frailty and illness as an integrated part of her life history. Throughout her life, she had spent a lot of time in hospital and had her ups and downs. She recalled the good times when she and her husband moved into their own house for the first time:

It was delightful. I had flowers hanging in the windows. Outside, I had a kitchen garden. We also had a potato field. I very much like gardening. It was good times! Having our own home. And I was pretty healthy too. I was on medication, but I felt quite well.

In old age, however, her condition had exacerbated: "The older you are, the more illnesses you get. Before, I used to be vigorous from time to time. But after the operation, it just goes on and on. It is draining me of energy". Ruth noted that she had outlived the doctors' expectations by 20 years and that she probably did not have much time left to live.

Despite their somewhat different ways of talking about illness and frailty, what seemed important to Arne, Solveig and Ruth, and indeed to most participants, was recalling memories of the past, and present contributions and achievements. As Twigg and Buse (2013) have argued in their work on clothing, personhood and dementia care, reminiscence and life-history approaches can help to maintain personhood and prevent stigmatisation in social interaction between care recipients and professional carers, and our data suggest that it is also important to incorporate these approaches in home care and in relation to people who do not suffer from dementia. What is more, our research underlines that life-history approaches may be an important part of an ethical research practice that

“lower barriers between researcher and researched, and allow both sides to be seen and understood for who they are” (Etherington 2007: 600).

Meaningful activities and social connectedness

As already mentioned, previous research into experiences of ageing has shown that access to meaningful everyday activities and a sense of social connectedness are essential for well-being. What is considered meaningful and enjoyable is what resonates with particular people’s past and evokes memories and feelings (Driessen 2018: 28). In our data, outdoor activities such as fishing, farming, gardening and berry-picking were central to participants’ life stories. The participants talked in detail about the best marshlands for picking cloudberries, how they had walked across mountains herding sheep, and the hard manual labour of farming. Fishing salmon, cod and trout from local lakes, rivers and fjords – or far out at sea – had also been important activities in many of the participant’s lives, both for men and women, but was perhaps more important to the men’s identity. Moreover, fishing, farming and berry-picking were important – both as leisure and as sources of income and subsistence – in both rural communities of this study. Most participants could no longer pursue such activities on their own, due to frailty. During the interviews, some focused on recalling good memories from the past, while others expressed a deep sadness about no longer being able to be out on the fjord fishing or to walk the familiar landscapes of their childhood and youth. Hans and Lisa, for instance, regretted that they could no longer go fishing and visit their mountain cabin where they used to stay while rounding up sheep each autumn, and Gerd expressed great sadness about not being able to go across the fjord to see the small farm and familiar landscapes where she grew up.

The participants also talked about participating in various activities in the local communities, such as dance or music groups, voluntary work and local politics. Some of the older adults in this study were capable of getting out of the house, meeting friends and family and participating in various organised activities in the local community. This could be because they were in good health and (still) had a driver’s licence, or because they (now) lived in the municipal centre where most activities were

organised. One participant, Anna, had recently moved into a flat in an assisted living facility. She described a range of social activities available at the living facility as well as in the local community: “There is a lot of entertainment, such as the choir and the band coming to sing and play. (...) I have a good life. We do not sit alone around here at any time!” Another participant however, expressed that he had done his share of community activities and said: “I have pulled out. I am ninety years old, so this is it. It’s enough“. Instead of community work, he took pleasure in working his strawberry patch and in the frequent visits from his son. Moreover, engaging in meaningful everyday activities did not necessarily entail leaving the house. Some recounted that they declined any offer to take part in more organised activities in the local community, preferring their own company while reading, knitting, solving sudoku puzzles or just watching the birds outside, or appreciating the beautiful and familiar landscapes from the kitchen window. As found in other studies of older people’s experiences of ageing, satisfaction is obtained from ordinary everyday activities in the home (Clarke and Warren 2007: 473-482; Ness et al. 2014a).

The participants in this study also emphasised their own and other older people’s needs for social interaction. However, for most of our participants, accessing community activities or visiting friends and family required some assistance, and some did not have the energy, mobility and social networks to get out of the house. Others presented an overall narrative about living a good and interesting everyday life during old age. Inger, for instance, declared that “nobody has as many people around themselves as I do!” after describing important relationships with family, kin and neighbours. She was frequently invited for dinner by relatives and appreciated when she was served a traditional dish of cod fresh from the fjord. Inger also enjoyed the company of a home help, whom she had known for many years, who came every week to clean the house. Nevertheless, she also noted that the days were quiet, despite visits, in contrast to when her husband was alive. Inger’s overall narrative of a good life during old age, with access to meaningful everyday activities and social interaction, did not preclude the fact that she also struggled to cope with loss and loneliness.

Our analysis shows that meaningful everyday activities and social interaction were important to participants' well-being. Activities described as meaningful were often related to outdoor manual work connected to the land and sea, such as fishing, farming and berry-picking. Other important activities were related to voluntary work, associations and politics in the local community. Finally, several participants found satisfaction in activities in the home, such as chores, reading, bird spotting and looking out across the landscape. In order to be able to maintain such activities, most participants needed some kind of assistance from family, friends, volunteers or care professionals.

Health and social care services

When talking about their unmet needs and losses, the participants in this study frequently mentioned that they missed having somebody to talk to and something meaningful to do throughout the day. Many participants expressed that they would need some assistance to get out of the house to see people and places that were important to them. For example, Else said: "It would be nice to get out of the house for a change and see other people at our age. I would like that. (...) It would be easier if somebody arranged for something that people could attend". Throughout the interview, Else communicated that getting out of the house and meeting people was important to her well-being and that she could use some help to organise for it. Nevertheless, like most other participants, she did not expect home-care services to provide such help. Gerd, however, explicitly complained about the professional care staff from the municipality that did not assist her in going out to take a coffee and meeting other people. She said:

Whenever they [the nurses] are here to help me wash and dress, I tell them I need to go to the Red Cross café. But they never respond. Their task is to help me wash only, so I better stay put at home. They say it would cost a lot, so they cannot take me out. To get out, I would have to organise it myself. Lisa [a nurse] usually asks me whether I have been out lately. Then I ask her: Do you help me get out of the house?

According to Gerd, the home-care services helped her with personal hygiene and medication, getting dressed and preparing coffee in the morning. She related how she struggled, but managed somewhat to cook for herself, do the dishes and collect the mail from the mailbox. She repeatedly stated that she could use more help with these practical chores. The most central message in her narrative, as illustrated in the quote above, is that she wanted assistance to get out of the house and see other people. However, when Gerd asked the home-care service providers to accommodate these needs, they turned down her requests.

During the interview, she persistently talked about getting out of the house and meeting people as being an important need for herself and other elderly people. This is illustrated in the following exchange between Gerd and the interviewer:

Participant: I heard I would have a visitor and thought you could come and listen to how we live. They [the nurses] cannot do anything but look after us. But what we need is daily contact with people. I wonder, are you going to visit me regularly?

Interviewer: Well, I was supposed to come today at least because of this research project. I do not know about visiting everyone once more. I don't know about that.

Participant: Right, right, right. No, I just wondered whether you will come back to see me?

Interviewer: No, not really, no.

Participant: Well, no. But you hear what I am saying. I get help to dress in the morning. (...) Do you know what I thought? That you would say, come on, let's drive somewhere!

Interviewer: Would you like to be taken somewhere?

Participant: No, no. Not right now. I am just saying what I was thinking.

During the interview, Gerd expressed that she had hoped for the interviewer to take her out, and insinuated that she accepted the interview invitation partly because it would be nice to have a visitor. The above dialogue made the interviewer somewhat uneasy, and this uneasiness prompted some ethical reflections. Even though Gerd gave us her time, opened her home and shared willingly from her life, the interviewer, like the nurses, turned down her request for regular visits. Also, had Gerd misunderstood the information about the research project that the home-care services had distributed on our behalf? The above dialogue indicates that this might be the case. Other participants had also expressed that they wished to participate in the study because they wanted to talk about their life, appreciated having a visitor to talk to and because they wanted the researchers to know and write about what was important to them. A possible interpretation is that Gerd and the other participants did understand the purpose of the visit – which the interviewer had also presented clearly at the beginning and end of each interview – but that Gerd and some others actively negotiated the interview situation to accommodate their own needs and purposes.

According to the participants, the home-care services appeared to respond primarily to needs for health care and practical assistance in the home. Interviews with home-care workers and leaders confirmed that services were primarily focused on health care and personal assistance such as medicine, personal hygiene, food and chores (Munkejord et al. 2017). For the most part, they either did not have time or did not see it as their responsibility to assist people in getting out of the house and engaging in meaningful everyday activities (Munkejord et al. 2017). The organisational priority of health care and practical assistance in the home does not necessarily mean that these needs are adequately provided for. Some of the older people we interviewed expressed that they could use more help in performing practical tasks such as showering, doing the dishes, collecting mail, carrying firewood, getting their medication, washing and changing curtains and buying groceries. Additionally, a few participants described a lack of necessary health care.

Other needs, however – such as having someone to talk to, getting out of the house and engaging in activities with others – were accommodated for to a lesser degree by home-care service providers. This finding reflects a general feature of the Norwegian elderly care system: Despite a legal obligation to provide care services that accommodate for meaningful everyday activities together with other people, there is a strong emphasis on health-care services. Social needs, however, are at risk of being neglected at the expense of medical treatment and nursing care (Munkejord et al. 2017; Helgøy 2005). As Twigg has argued, elderly care is characterised by a medical/social divide where medical care is recognised as having a special legitimacy, in contrast to that of social care, where the legitimacy of public provision is weaker (1997: 213-215). To some extent, the participants in our study challenged the priority of medical care. First, many emphasised the importance of social needs. Second, some participants actively negotiated the interview situation in order to get what they wanted – namely, someone to talk to or assistance to get out of the house. Third, some participants told the researcher that they had explicitly asked for municipal-care services to accommodate such needs for themselves as well as others – so far, without being listened to.

Land, history and people

During interviews, we noted that some specific people and activities seemed to play an important role in the lives of several participants, exactly because they offered access to meaningful activities and social interaction. In both communities, organised meeting places for older people such as the municipal Day Centre, the Red Cross Café or the open café in the premises of the nursing home, were highly appreciated. In one community, several people talked warmly about another such meeting place – the Thursday Club. As explained in the methods section, we followed this preliminary finding and had the opportunity to participate in the Thursday Club and further investigate why this meeting place was important to participants. In the following, we analyse field notes from the Thursday Club. Following Annelieke Driessen's (2018) study of dementia care, we take a closer look at moments of pleasure and ask what they can teach us.

The Thursday Club is a weekly event for frail older people that is organised by the owners of a local farm – on a voluntary basis – in cooperation with the municipality. One Thursday morning, a group of approximately ten people arrived at the farm, as usual, at 11 o'clock. Three voluntary workers, themselves senior citizens, had picked up the participants in their homes earlier that morning and driven to the beautiful old farmhouse. The farm is located by the sea and has a spectacular view of the peaks of the Lofoten archipelago – a familiar view for people in the local community. As the group arrived, the farm owners, Eva and Ketil, came out to greet everyone. Elisabeth, one of the participants suffering from Alzheimer's, appeared very tired and confused that day. Eva greeted Elisabeth, assisted her into the living room and brought along two kittens. That day, the researcher had also brought her baby, and as soon as Elisabeth saw him, her face lit up. With the kittens on her lap and the baby nearby, Elisabeth was soon back in her usual good mood, laughing and singing quietly to herself. As we gathered around the table in the living room, we all started singing. Music, animals and children made the day for Elisabeth. Eva remarked on the stark contrast between Elisabeth's state when she arrived and after she had been at the farm for only a few minutes surrounded by animals, a child and her favourite music.

Another Thursday, when the group was seated around the table sipping a cup of fruit tea, Ketil brought an old wooden fishing pole that his father had made. Passing around this beautiful piece of handicraft, together with an old compass and old maps of the area, we started talking about the best lakes for catching trout, great catches and exciting hikes. As Rowels and Bernard (2013: 19) have argued, photos – or in this case objects – enable people to recapture places of their past and retain and reinforce identity. On other occasions, Eva and Ketil accommodated informal conversations about old words in the local dialect and memories from World War II. The war was an important life event for the participants in our study, as many of them had experienced dramatic evacuations of local communities. During conversations, Eva made sure to include everyone by calling people by their names and asking about something they knew, were familiar with, or remembered from the past, and to which they could respond from a position of knowledge and competence. During

fieldwork, Eva talked to the researcher about her own process of learning how to relate to people with dementia. Echoing findings from Næss et al.'s (2016) study of care workers at nursing homes, Eva emphasised that one should talk about something that can generate a feeling of competence and knowledge instead of failure, of know-how instead of helplessness.

The Thursday Club meetings at the farm were filled with laughter and smiling faces, and everyone was having a good time. As noted by Driessen in a recent study of dementia care: "Pleasure is a relational achievement, one that is contagious for those who let themselves be affected" (Driessen 2018: 1). The atmosphere was truly like that of a group of friends. This resonates with Sharon Wray's (2003) study in which the older participants expressed that the opportunity to meet others was crucial to self-development and well-being. Moreover, the older adults valued social relationships based on respect and reciprocity (Wray 2003). It is both important and possible to create conditions under which joy is experienced collectively by those who assist and those who are invited to take part (Driessen 2018). At the Thursday Club, the able help the disabled, but nevertheless they manage to create an ambiance of reciprocity, friendship and enjoyment among peers.

Another central part of the routine at the Thursday Club was cooking dinner. Eva and Ketil planned and prepared it, but everyone took part in the cooking by cutting vegetables or mixing the sauce. Eva and Ketil focused on using local food, such as vegetables from the farm, fish from the fjord or rhubarb from the garden. One autumn, they had brought the group out into the field to harvest potatoes for dinner, but when the researcher visited the participants were too frail for such activities. One day at the Thursday Club, Ketil had been out fishing and we prepared two dishes: the traditional dish of pollock with liver and a more contemporary recipe of cod with vegetables and tomato sauce. For dessert, one of the volunteers had brought lingonberries he had picked himself, and we made the traditional dessert "Crème de Trolls". While enjoying it, we discussed the best places to pick lingonberries, blueberries and cloudberries, and the volunteer who had brought the

berries explained that he used to pick a lot more than he needed, because he liked to give away berries to other older people who could no longer pick themselves.

Fishing, farming, berry-picking and cooking are embodied practices of foremost importance to the participants' personhood. They have been important activities in their lives and are still central activities in the two local communities in question. However, these familiar activities were out of reach for most participants without facilitation and assistance. Food from the sea, mountains and land connected people to their past, to others and to the world. Preparing joint meals and eating in an atmosphere of friendship and reciprocity gives a powerful sense of community and connectedness. Our fieldwork data illustrate an important finding of this study: Practical work such as farming, fishing and harvesting were central to the skills and life stories of our participants and the possibility to continue these embodied practices was highly valued. As Twigg and Buse (2013) have argued, "the material, embodied relationship we have [...] is embedded within our biographies and sense of who we are" and its maintenance can be important in the provision of person-centred care. For frail older people who may not be able to access familiar and meaningful activities on their own, the conditions can be created for people to experience pleasure and well-being (Driessen 2018).

Discussion and conclusions

Previous research about experience of ageing has shown that meaningful everyday activities and a sense of social connectedness are essential for well-being. In this study, we have investigated the needs of frail older people who receive home-based care services. We found that access to meaningful everyday activities and a sense of social connectedness was the most significant unmet need among the study's participants. According to our participants, the home-care services primarily responded to the need for health-care services and practical assistance in the home. Thus, our study shows how a medical and technical model of service provision reinforces the tendency to reduce older people to frail bodies in need of care and leave the need for meaningful everyday activities and social connectedness primarily unattended. Given their importance for well-being, we argue that home-care services must meet older adults' need to engage in meaningful activities and social

interaction in a way that recognises personhood. Previous research has called for such changes, but has focused primarily on dementia care in nursing homes. Based on this study, we argue that key insights from the social and humanistic scholarship on dementia care should be included in our understanding of how to improve home-based elderly care.

Access to meaningful activities and social connectedness are very general needs for older people's well-being across social and geographical contexts. Previous studies have highlighted how music, bathing, clothing, community meetings, religious activities and everyday chores in the home may be experienced as meaningful. However, for the participants in this study, outdoor activities such as fishing, farming and berry-picking had a particular significance. What is experienced as meaningful is embedded in local landscapes and practices, and in their personal biographies and bodily experiences. As we have pointed out, carers and local communities may promote well-being by accommodating experiences that create a sense of connectedness to the land, history and people. Thus, we agree with scholars emphasising the importance of embodied practices of reminiscence in care work (Driessen 2018; Twigg and Buse 2013; Rowles and Bernard 2013: 19). Moreover, our study supports the argument that bodies are always situated in particular places. As scholars of environmental gerontology have argued, our relationship to places is essential to well-being in old age (Rowles and Bernard 2013; Andrews 2003). Consequently, elderly care services, whether provided in institutions or homes, by family, voluntary workers or professional service providers, should be embedded in local practices and places in order to promote the recognition of personhood, meaningful activities and social connectedness.

Our study indicates that there are limitations to the provision of home-based elderly care services in Norway. Accommodating for meaningful everyday activities and social interaction is key to promoting well-being for frail older people, but care services do not seem to respond adequately to these needs. Our study included only two rural municipalities that share some specific geographical and demographic characteristics; however, previous research and recent reform initiatives indicate

that prioritising health-care services is a general feature of the Norwegian health-care system (Meld. St. 15 (2017 –2018) ; Helgøy 2005). We argue that participants’ concerns should be taken seriously in on-going debates about the position of older people in society. Our findings indicate that there is a need for social, structural and organisational changes in the approach to care. We agree with van Wijngaarden (2015: 263) that active engagement in public debate to promote social change is an important ethical dimension of research. Our response to the unease we experienced when confronted with unmet needs has been to engage in supporting the two municipalities in the work they have initiated in order to improve the quality of home-based care service, and more generally to share insights from this study at conferences, in social media and in newspaper articles. We argue that if person-centred care is a goal, in-depth knowledge about the life history and embodied and place-based experiences of the particular people in question is key to the provision of care services.

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