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Ageing as well as you can in place: Applying a geographical lens to the capability approach

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ABSTRACT

Despite policy commitments to support ageing in place, we know very little about the everyday realities and experiences of older people living in different environmental circumstances, with varying personal capabilities. This paper: 1) examines the valued place-based functionings of older people through the use of geo-spatial and in-situ methods, where functionings are defined as states of being and doing, and place-based functionings are defined as places, activities, interactions, routes, and routines that support these beings and doings; and 2) demonstrates the utility of a capability approach by amalgamating the interconnected concepts 'ageing in place' and 'ageing well'.

Three in-depth individual experiences of ageing at home in a Dublin (Ireland) suburb show how differing health and mobility challenges are managed, and illustrate how conceptions of ageing well in place can be identified from geographically-grounded lifeworlds. Participants' place-based functionings are identified by combining qualitative and geo-spatial approaches through the use of annotated maps, using data obtained from traditional interviews, go-along interviews, and mapping exercises. Results demonstrate the diversity of place-based functionings valued by each individual, and how functionings are negotiated depending on different needs, wishes, and health or mobility challenges. Results also highlight the importance of supportive environments and social supports in enabling older people to realise their most valued functionings over time, which include being able to get out and about, engage and connect with others, carry out daily tasks and errands confidently, and remain independent.

By paying attention to subjectively valued place-based functionings, as well as the specific supports required to sustain them, we can facilitate older people to not just age in place, or age well, but to age - *as well as they can* - in place.

1. Introduction

When older people can continue to live at home, this has economic, subjective, and health benefits. These advantages are inter-related and to understand these relations we need to explicate the relations between place and healthy ageing. This paper draws on work in human geography, medical sociology, and environmental gerontology to posit the centrality of *place* in ageing well, and also explores how older people may subjectively define ageing *well* in place. In particular, a subjective conceptualisation of both ageing well and ageing in place is introduced, and through a capability approach lens, these are integrated as 'ageing - *as well as you can* - in place'. This idea was explored through the use of geo-spatial methods, which included a mapping exercise alongside traditional interviews and 'go-along interviews'.

1.1. Ageing well in place

The concept 'ageing in place' is typically defined as staying in your own home or community as you age. The benefit depends on how attached an individual is to their home-place and how well this environment suits their shifting needs and abilities (Lawton and Nahemow, 1973; Peace et al., 2011). Traditionally, the concept has focused on providing adaptations within the home, but ageing in place now encompasses a broader definition of *place* to incorporate features beyond the home, such as the local environment and community (Phillips et al., 2010; Wiles et al., 2012). Furthermore, studies of healthy ageing now recognise the importance of, and include more critical engagements with place (Buffel et al., 2012; Day, 2008; Finlay and Finn, 2020; Finlay et al., 2019a,b, 2018; Lager and van Hoven, 2019; Peace et al., 2011). Such an approach recognises that certain environments can make ageing

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in place more or less difficult for specific individuals (Breheny and Stephens, 2010; Finlay et al., 2019a,b; Sixsmith, 2017; Vasunilashorn et al., 2012) and that we must consider the variety of subjective experiences (Golant, 2015; van Hees et al., 2017).

Ageing well, in its many forms, has both objective and subjective elements, and researchers have criticised traditionally more objective interpretations for ignoring the diversity of older people and their settings, which make it easier for some than others (Breheny and Stephens, 2010; Stephens et al., 2015). Consequently, older adults themselves, and increasingly the social scientists who study them, draw upon the self-assessments incorporated in 'lay' understandings of the good life (Bowling and Dieppe, 2005; Gilroy, 2008; Jeste et al., 2010; Phelan and Larson, 2002; Phelan et al., 2004; Tate et al., 2003; von Faber et al., 2001).

1.2. A capability lens to ageing well in place

This turn to subjective understandings of ageing has both conceptual and methodological implications. Developing a Rawlsian critique of the founding principle of the World Health Organization (1946)—that "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"—Daniels (1985, p.28) insists that expectations should be constrained by "normal species functioning", and that the implied right to health care is limited to a fair share of medical resources. The capability approach to human rights suggests that people have a fundamental right to the various bases of human flourishing, but in each case, the standard is socially and contextually specific. Thus, among other capabilities, the right to life is to one of "normal length", bodily health includes the right to be "adequately nourished, to have adequate shelter", and the capacity for "sense, imagination, and thought" should be "cultivated by an adequate education" (Nussbaum, 2003, p.41–2). Notions of 'normal' and 'adequate' have both individual and societal frames of reference and for the purposes of this article, it can be expressed as an interest in understanding how and whether individuals can age as well as they might want given their limitations. Sen (1993, p.32) describes the capability approach as "based on a view of living as a combination of various "doings and beings", with quality of life to be assessed in terms of the capability to achieve valuable functionings". It is the individual who must specify which capabilities are most 'valuable'.

This paper seeks to build on existing literature, and integrate the increasingly interconnected, but traditionally quite distinct concepts of ageing well and ageing in place, by arguing for more importance to be applied to *place* when thinking about how and whether people can age well, and to recognise the importance of ageing *well* in the places that people grow old in. Applying a capability approach as an overarching framework allows for this in such a way that recognises the importance of individual values and priorities. Golant (2019, p.1) defines ageing in place successfully as having "healthy, independent, active, and enjoyable lives". If we are to learn what matters most to individuals about ageing as well as they can in place, we need to investigate whether their local environment is an 'enabling place' for them (Duff, 2011). It is important to learn from older people themselves about how difficulties arise: whether due to health or mobility challenges, or whether due to living in 'the margins', in 'unsupportive', 'difficult' or 'unsuitable' places for growing old (Day, 2008; Finlay et al., 2018; Gilroy, 2006; Scharf et al., 2007; Severinsen et al., 2016). Meijering et al. (2019, p.232) ask for more research on "how older adults can live a meaningful life in the context of the impairments they experience" and argue that a capability approach offers a useful lens to explore this. With a focus upon how individuals value for themselves the ways they can realise their capabilities in meaningful activities, i.e. their various 'functionings', the capability approach provides a way of "valuing and giving voice to people's own conceptions of what matters" (Gopinath, 2018, p.258).

The current research describes the place-based valued functionings of older people, as well as the barriers and enablers to realising these important daily practices. Whilst functionings are defined as states of being and doing, place-based functionings have been conceptualised as those places, activities, interactions, routes and routines that are most valued by an older person because they support people to achieve their valued functionings. This approach operationalizes the capability approach by documenting valued place-based functionings.

2. Methodology

A combination of qualitative and geo-spatial methods were used to generate "contextually grounded knowledge" (Hand et al., 2017, p. e58). Interviews and mapping exercises were conducted with fifteen people, and, of these, ten also participated in 'go-along' interviews. Go-along interviews are in-situ and immersive and can provide additional insight beyond the traditional interview (Bell et al., 2015; Finlay and Bowman, 2017; Foley et al., 2020). The research was geo-spatial in that "the participant [was] actively involved in collecting data related to locations or places" (Hand et al., 2017, p. e50). Informed by the capability approach, the aim was to understand what matters most to older people themselves (Zimmermann, 2006) and, in particular, how "place (s) can enable and constrain capabilities" (Gopinath, 2018, p. 260).

2.1. Sampling, recruitment and study setting

The larger study of this project included both a suburban and inner-city location but in this paper, only the former is included. From a working-class suburban 'new town' located at the periphery of Greater Dublin, Ireland, a purposive sample of older people living in their own homes was sought. Participants were recruited through local gatekeepers; primarily local community centres and social groups. Sampling within the areas pursued the maximum feasible variability (Teddlie and Yu, 2007). A special effort was made to recruit participants who experienced health or mobility challenges, recognising that their experiences are less well known or understood, and the very challenges they face make it more difficult to participate in research in the first instance. Table 1 below provides an overview of participant characteristics recruited from this suburban location, in particular age, gender, how they were recruited, their use of any mobility assistance devices, and whether health challenges or conditions were identified during interviews.

Research involved contact with more vulnerable sub-populations of older people, such as those with cognitive impairments or frailty. To mitigate risks to participants, they were supported in a "care-full" way in all stages of the research to ensure they were enabled to participate

Table 1
Participant characteristics.

Gender:	Male (n = 4)
	Female (n = 11)
Age Range (at time of interview):	65-69 (n = 1)
	70-74 (n = 9)
	75-79 (n = 1)
	80-84 (n = 0)
	85-89 (n = 1)
	Age not identified during interview (n = 3)
Recruited through:	Local Community Centre/Social Group (n = 13)
	Dementia Day Care Centre (n = 2)
Use of mobility assistance:	Yes – walker (n = 2)
	No (n = 13)
Health conditions or challenges identified during interview:	Yes – Chronic Obstructive Pulmonary Disease (COPD) (n = 3)
	Yes – Alzheimer's Disease (n = 2)
	Yes – Parkinson's Disease (n = 1)
	Yes – Digestive Conditions (n = 2)
	Yes – Macular Degeneration (n = 1)
	Yes – Non-specific limitations (n = 2)
	None identified (n = 4)

(Foley et al., 2020). For example, two participants had Alzheimer's disease and were recruited through a dementia day-care centre. In this instance, consent forms and information sheets were adapted to make them more visual. Carers and family members also provided additional consent. Through discussion with carers, who were present during data collection, interviews were shortened to reduce demands on participants, but still focused on activities and places of importance, as well as how they defined a good quality of life.

In this paper, the principle conclusions are reported and then exemplified in the lives of three individuals, each living with a different health or mobility challenge. Table 1 gives a sense of the health conditions and limitations identified by participants in this study area. Three different health and mobility challenges are presented to offer a breadth of experience and to offer insight into how certain conditions may influence daily experiences.

2.2. Data collection

With each participant, a semi-structured interview alongside a mapping exercise was carried out. Participants were asked how they interacted with their local environment, how important it was for them to get out and about, whether they felt limited by their health, and how they would define a good quality of life. Participants were given a map of their local neighbourhood and asked to identify places of importance to them and why, as well as regular routes they might take. A place of importance was not necessarily positive, and this was often the case. Places that were perceived negatively helped to identify barriers to valued functionings. Participants were encouraged to complete the mapping exercise themselves unless they were physically unable or unwilling to. Mapping exercises complemented the interviews, because they provided a talking point "triggering thoughts and reactions", and helped to "set the stage" for the go-along interview which was carried out afterwards (Carpiano, 2009, p. 270).

Although interviews and mapping exercises offer possibilities of thinking spatially, the setting remains detached from the places mapped (Carpiano, 2009). The 'go-along' method is a type of in-depth qualitative interview carried out in context (Kusenbach, 2003), and "on the move" (Finlay and Bowman, 2017). Such mobile interviews elucidate person-place interactions (Carpiano, 2009), and are increasingly used in research on ageing and environment to explore everyday experiences of ageing (Finlay and Bowman, 2017; Gardner, 2011; Lager et al., 2019; Van Cauwenberg et al., 2012, 2018). Go-along interviews were optional, participants were encouraged to only do what was within their usual capabilities, and the researcher kept pace (Foley et al., 2020). Participants chose where to go and what to show based on the following instructions: *"I would like you to show me some of the areas in your local environment that are important to you, or where there may be some issues or barriers that make everyday life more difficult"*. There were no structured questions during the go-along interviews and participants acted like "tour guides", being the experts in their local area and somewhat redressing the power imbalance between researcher and participant (Carpiano, 2009, p. 267; Finlay and Bowman, 2017). Table 2 shows some of the variation in the interviews, mapping exercises, and how they were adapted to suit participant needs, abilities and wishes.

The route of the go-along interview was captured using the GPS software app 'Endomondo', and settings were modified to ensure that data captured was private. Data was exported from Endomondo shortly after data collection to both table and spatial forms (as shapefiles). Data was stored on an encrypted laptop. Interviews and go-along interviews were audio-recorded and transcribed verbatim. The audio device was hidden from view during go-along interviews to not draw attention to the participant and to make them feel more comfortable. This was particularly important when participants revealed fears about walking in their local environment during the interview. Participants decided if they wanted to reveal they were conducting a go-along interview when interacting with bystanders. The conversation data with bystanders was not used, as they did not provide consent to take part, but the interaction itself was noted. Fieldnotes were taken immediately after each interview and go-along interview to capture places of interest identified, and researcher's observations.

Table 2
Interview, mapping exercise and go-along interview details.

Interview Total (n = 15)	Format: • Individual (n = 10) • Accompanied by family member (n = 1) • Joint (2 instances where 2 participants took part at the same time) (n = 2) • Joint (2 participants also accompanied by carer) (n = 2)
Mapping Exercise Total (n = 15)	Format: • Participant completed this themselves (n = 12) • Carer completed this (n = 1) • Researcher completed this (n = 2)
Go-along Interviews Total (n = 10)	Type of Go-Along interview: • Mainly or all driving (researcher drove) (n = 6) • Mainly or all driving (participant drove) (n = 1) • Walking (no mobility device assistance) (n = 3) Distance: • Range: Between 300 m (walk) and 37 km (drive) • Average (Median): 8.4 km Duration: • Range: Between 13 min (walk) and 1 h 24 min (drive) • Average (Median): 36 min Format (all with researcher present): • Individual (n = 7) • Also accompanied by carer (n = 2) • Also accompanied by family member (n = 1)

Fieldwork was carried out from December 2017 to September 2018, by a female PhD researcher aged late twenties with training and experience in interview techniques, community engagement and participatory research approaches. Ethical approval for this study was awarded in November 2017 from the Social Research Ethics Subcommittee at Maynooth University (Reference: SRESC-2017-092).

2.3. Data analysis

Interview transcripts, fieldnotes, maps and photographs taken during the go-along interview were imported into NVivo 12. Thematic analysis was carried out in NVivo and focused on themes of places of importance (including place-attachments and place-fears), mobility, health, social interaction, barriers, enablers, and definitions of a good quality of life (Braun and Clarke, 2006). Coding of interview transcripts was carried out with another researcher on a sample of four interview transcripts, to ensure agreement about the themes identified, and that the researcher's interpretations of the places of *most* importance were correct. Typically, the more times a participant mentioned a place, the more important it was, although contextual information was also used. From the primary interviews, the researcher learned what mattered most to each participant, and this was clarified with participants during the interview, mapping exercise and go-along interviews. To combine spatial and qualitative data, mentions or references of particular places and activities in transcripts were coded in NVivo and linked to each participant (case). This made it easy to retrieve interview data about what a participant said about a particular place. Places were given coordinates and digitised spatially in ArcMap 10.2.2. A key ethical consideration was ensuring the pseudonymisation of participants when combining spatial and qualitative data. For this reason, the name of the study area has not been revealed in this article, base maps have been edited to exclude street names, and street patterns have been removed to ensure participants' immediate local environments are not identifiable. Furthermore, only approximate locations of home addresses have been provided, and participants have been given pseudonyms.

For this paper, data has been integrated as a "geo-narrative" (Bell

et al., 2015, 2017). Results have been presented diagrammatically as a series of annotated lifeworld maps, produced in Microsoft Publisher, alongside a rich description of each individual's place-based functionings. Three individual geo-narratives of Edith, Eamon and Moira are now presented, as examples of how conceptions of ageing as well as you can, can be identified from accounts of geographically-grounded lifeworlds (Seamon, 2018). Edith and Eamon were chosen because they exemplify ageing as well as you can, in that they are still able to do things that are important to them as they age in place with health and mobility challenges. Moira, on the other hand, was chosen because she is struggling to accomplish her valued functionings as a result of a less supportive environment.

3. Results

3.1. Edith

"I mightn't be able to walk very far but I enjoy my life".

Edith, aged 74 has lived in her neighbourhood for 48 years. Interviewed in her home, she explains that life is "mostly what I can do for other people, not what other people can do for me", and that the most important things to her are family, neighbours and friends. Edith has Parkinson's disease and consequently took the difficult decision to retire early from a job she loved. Edith is unable to walk far, requiring frequent pauses. She uses a walker, deploying it also as a seat when she needs to rest. Although she is no longer able to work, she has found other satisfying activities to participate in.

Getting out of the house to meet others each day is a valued functioning for Edith, and is vital for her quality of life. It is a goal that she admits she doesn't always meet due to her health, but she still tries very hard to engage in activities that are important to her, even if this is at a slower pace or through a more passive experience:

> It's very important [to get out and about]. First of all, I don't want to become a vegetable sitting in the corner. Life is for living and for whatever bit I have left I want to live it. It might not be living to other people, but to me, it's living. You know, just to get myself up in the morning and get myself showered, washed, whatever I do. Get my

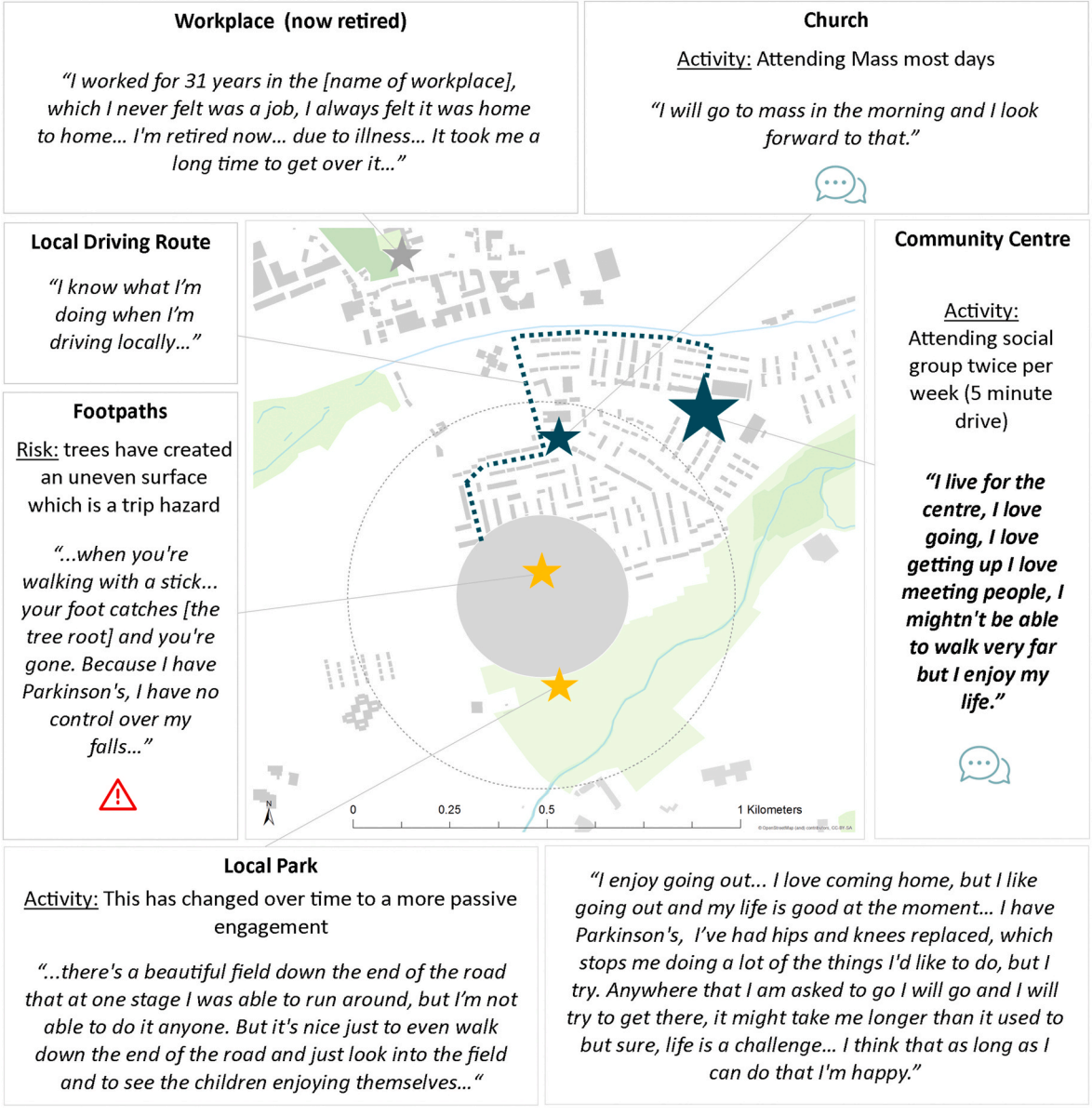


Fig. 1. Edith's lifeworld.

breakfast, go to mass, come home, and go back out to anything that's going on.

Here Edith demonstrates awareness of what living might mean to others, and that she might not be living up to this 'ideal' standard, but what she strives for is living to her:

I'd like not to be sick and I'd like to be doing the things I used to do when I was 60. But that's not ever going to happen again. But I think I have a good quality of life. Even though I have all these things wrong with me, and I have many things wrong with me, I still enjoy life, and I still think I have a good quality of life … I'm still able to get around … And whether it's a 5 minute walk up the road, and 10 minutes to get back [smiles], it's a good day that I can do that.

Edith conceptualises a good or bad day in terms of whether she is able to get out and achieve her valued functionings. Edith copes with her current contextually bounded capabilities and exerts her agency to carry out meaningful activities outside of the home. Several places are integral to this 'good life', and these were identified in her mapping exercise and interview. Fig. 1 shows that within her immediate local environment, there are five special places and one especially significant route. These include attending Mass in her local church, which she tries to do daily. She also walks short distances in her local area, such as to her local park, although she admits that she finds this difficult due to tree roots obstructing the footpaths. Fig. 2 provides a key for the icons used in all annotated maps.

The place of *most* importance currently to Edith, and which she "lives for", is her community centre in the neighbourhood adjacent to her own, where she attends a social group twice a week. Edith can drive locally and picks up two of her friends on the way to the centre. Here she helps others, which is very important to Edith. Edith has been attending the social group for six years. Going there lifts her mood and this continues when she is home. She summarises the positive impact that going to the centre has on her:

…the centre is the place you can go to when you're happy and when you're sad. The times I have gone to the centre and I feel the weight of the world on my shoulders. And the way I say to them is that I bring a basket, an imaginary basket … and it's weighing so heavy to get out there. And when I come back to it at the door I lift the basket up and it's so light to bring it back in. Then my worries are shared … and I feel better when I'm back in. So it's my way of trying to explain to people the way I feel … while I go out sometimes with a tear in my eye, I come back with a smile on my face.

Edith admits that when she first went to the centre, she was dreading it. Her daughter suggested she go and Edith initially said 'no' because she felt that she was too young. Now, it is her most valued activity and exclaims that if she could go five days a week she would. She describes how supportive the staff have been, and how they are waiting for her when she arrives to help with getting her walker out of the car, which she finds difficult. The centre is Edith's connection to others, where she meets people, talks, laughs, and drinks tea. She is also supported so that she can still attend with health and mobility challenges.

Edith can face her health challenges and has a clear sense of a good life, which has changed over time. This is based on personal relationships but also rests upon a lifeworld that is far more extensive than her home. In helping others outside the home, she restores her own sense of self-worth. Alongside daily mass, a community centre that facilitates social interaction is vital to her sense of wellbeing.

3.2. Eamon

"I like to do things myself … You can say, "oh but I've Alzheimer's now I'm afraid I'll get lost", [but] you've got to push yourself a bit, you know?" (Go-along Interview).

Eamon lives in the same neighbourhood as Edith, and has done for over 40 years. Eamon has Alzheimer's disease and was recruited through a dementia day-care centre that he attends several times a week. During a joint interview with another participant also attending the centre and with his carer, he was asked to define a good quality of life. He explains that it is important for him to "keep up with neighbours", to remain independent by doing things for himself, and also to feel like himself. As with Edith, it took very little to draw Eamon into an account of his wider lifeworld.

During the interview, Eamon explains the importance of routine; making his wife breakfast at 9 am and, on the days he goes to the centre, being outside waiting for the minibus by 9.30 am:

I have to be up every morning, if it's rain or snow, I've got to be up (Main Interview).

Eamon feels that routines are a very important part of managing his condition and admits that he has routines for everything, which he believes "protect" him. He has routines about getting dressed, taking

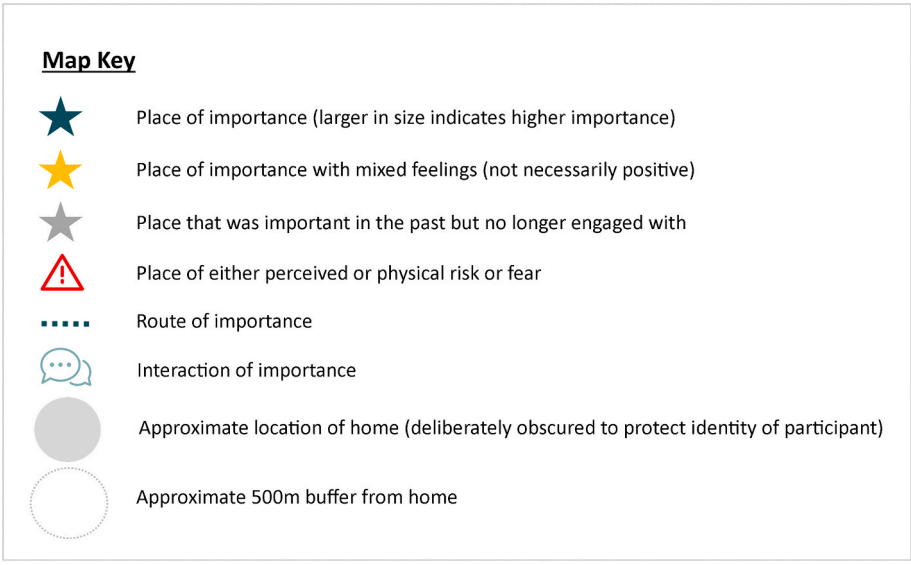


Fig. 2. Key for annotated maps.

tablets, and leaving items in particular places around the home, but also when it comes to leaving the house and engaging with the wider neighbourhood. One of his most valued daily routines is walking through his local park to visit the local shop and buy a newspaper. His go-along interview involved driving from the day centre to his local park and walking some of this daily route.

Fig. 3 illustrates Eamon's place-based valued functionings, which includes attending the day centre and walking to the shop every day. It is not known whether he makes this route to the shop *every day* or not, but he has the intention and desire to do so. He admits himself, that although he tries to walk every day, the length of this varies depending on how he feels and the map shows an aspiration which is met on some days but not others.

Another important activity that Eamon participates in once a month is traveling by public transport to attend an Alzheimer's Society meeting, also shown in Fig. 3. Here he gives a talk to others with the condition, and he shares his experiences. He advises other people with Alzheimer's to get out and walk every day, and this gives him an extra push to do it himself. He remarks during the interview "why am I telling people to do this if I don't do it myself?" (Main Interview). Talking at the centre gives Eamon a sense of purpose and pride. People listen to him and he is a role model for others. Eamon explains that an important part of feeling like himself is going for a walk and being independent. He mentions that sometimes people offer him lifts or taxis to the Alzheimer's meetings and offer to go to the shop for him, but because independence matters to him, he tries to do these activities on his own.

Neighbourly support plays a role in helping Eamon to achieve and maintain his independence. His neighbours know about his diagnosis, and during his go-along interview, he told a story of when we went to go for a walk in his local park when two of his neighbours interrupted him as he was leaving the house. They asked him where he was going and he said "I'm going for a walk", however, his neighbours told him he was wearing the wrong shoes and escorted him back to the house. He was grateful for this, and rather than saying "you've Alzheimer's you shouldn't be going walking", his neighbours said, "you're wearing the wrong shoes, you can't go for a walk in them". Eamon felt this was very nice of them and a "lovely way to do it". In Eamon's own words, "the main thing is for people to have patience" (Main Interview).

The researcher explored with caregivers how best to adapt the research so that Eamon could make his contribution. A caregiver was on

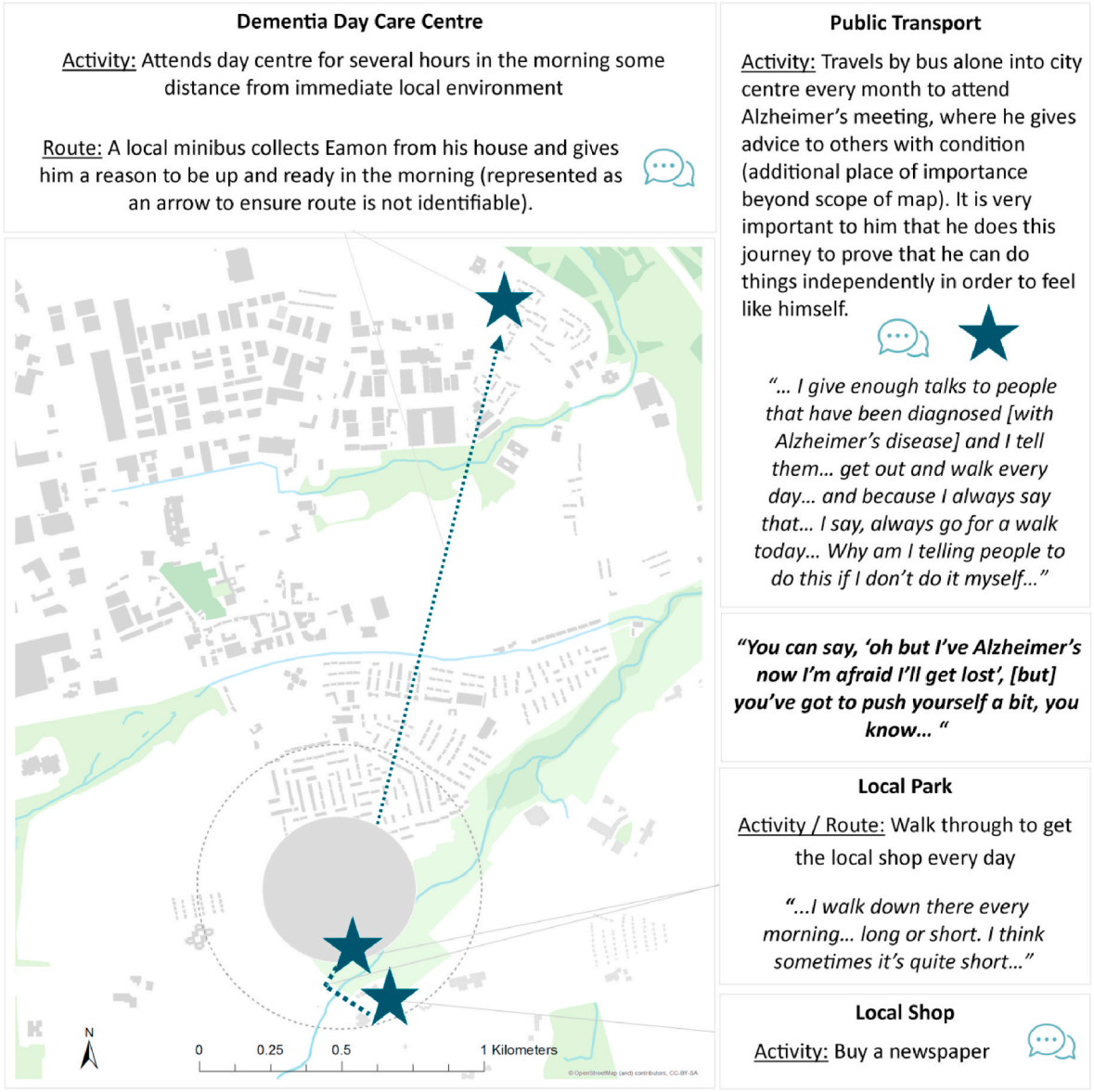


Fig. 3. Eamon's lifeworld.

hand during both the main and the go-along interviews. Eamon told very similar stories on both occasions and some of the time references were inconsistent. However, the meaning he placed upon them was evident and consistent. Like Edith, he underlined the practicality of sustaining a sense of a good life despite health challenges. He also dwelt upon a lifeworld and functionings that went well beyond the home and stressed the importance of altruism. Alongside this evident interdependence and social support, Eamon is still able to insist that he has significant independence.

3.3. Moira

"… anywhere I'm going I really need a lift" (Go-along interview).

Moira is aged 66 and has lived in her neighbourhood for 40 years. Moira lives in a different neighbourhood to Edith and Eamon, which was built several years later, and is located on the periphery of the suburban new town. Moira has Chronic Obstructive Pulmonary Disease (COPD) and finds it difficult to walk long distances as she gets out of breath easily. When Moira was asked how she would define a good quality of life she emphasises being able to get up, get out, and do her shopping and cleaning:

> Well I think once you're able to get out, get up … you know, yourself, and take your own shower … look after your own, you know? Able to do your own cleaning and washing … once you're able to do things like that and do your own shopping." (Main interview).

Being independent is also a highly valued functioning for Moira, and for her, this includes activities within her home and across the wider local environment. The places that Moira identifies as important to her during the mapping exercise were mainly related to carrying out errands and activities, such as going shopping, going to the Post Office to collect her pension, and going to doctor's appointments. Moira points out the shopping centre located in the town centre during her mapping exercise, which she attends once a week to do her grocery shopping and collect her pension, as shown in Fig. 4. She relies on a lift to get to the centre, usually from a family member, and this is reflected in the go-along format, which was a driving go-along where the researcher drove. It takes 30 minutes to walk to the town centre, and travelling on public transport takes 25 minutes, which includes 15 minutes of walking. This is too far for Moira. She mentions a local bus that used to go into her

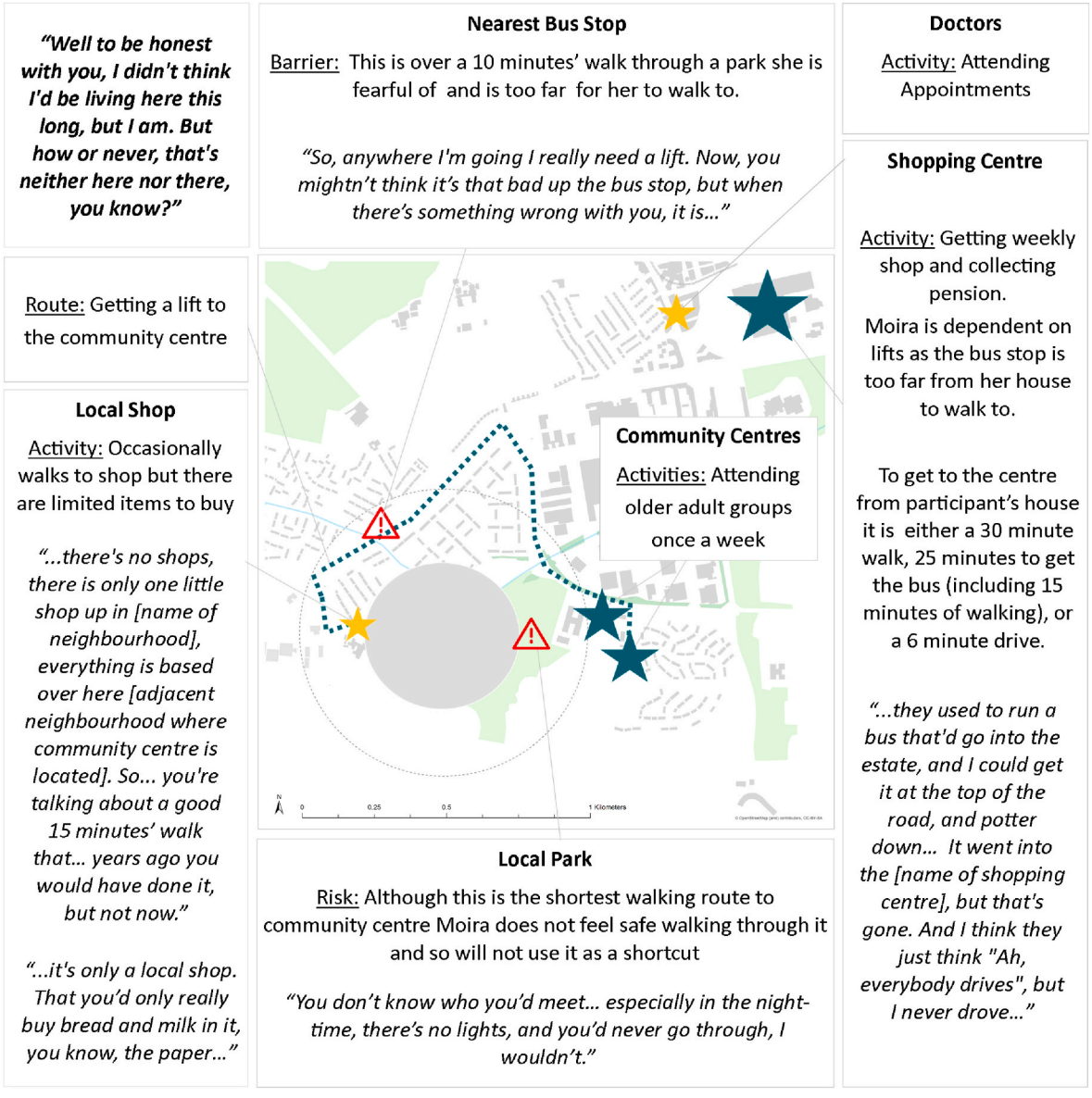


Fig. 4. Moira's lifeworld.

estate, but it is no longer running. She suspects it is because of an assumption that people drive, but she didn't learn to drive and now regrets this. In this more geographically isolated and car-dependent neighbourhood, activities like shopping are a challenge, because it is not easy to get to the town centre where most services are concentrated. Moira identifies a small local shop located in the estate, but its supplies are limited. She would only occasionally use it if she ran out of milk or bread. Moira expresses frustration that some of her friends in the adjacent neighbourhood have more convenient services, including a Post Office and better local shops.

Two additional places that Moira identifies as important, are local community centres in an adjacent neighbourhood (see Fig. 4), where she attends an active ageing group and a social group once a week, one of which she was recruited from. In order to participate, Moira gets a lift from a friend that also attends. She explains that it looks as though it is a short distance to the community centre from her house on the map, but in reality, it is much further. It takes approximately 20 minutes to walk to the community centre via the main roads, which is too far for her. A much shorter route is a walk through her local park. However, she does not feel safe walking through it, because it is very open and she is fearful about whom she might encounter:

> You don't know who you'd meet, you know what I mean? … especially in the night-time, there are no lights, and you'd never go through. I wouldn't. (Go-along interview).

When Moira explains her fear of walking through the park is related to not knowing who she would meet, she alludes to distrust of some of her neighbours. Whilst Edith and Eamon both demonstrated strong place attachment to their neighbourhood and neighbourly ties, this was not the case for Moira. She knows some of her neighbours that moved to the area at the same time she did, but many of these people have moved out of the area, and she reveals concerns about new people moving in. She didn't think she would still be living in this neighbourhood, and she misses the way that neighbours and friends used to call into houses, but that this doesn't happen anymore. Here she expresses a desire for more positive interaction with her neighbours that she does not currently have.

Moira's functionings are currently below her desired expectations and wishes, and her reliance on lifts conflicts with her valued functioning of being independent. Given safer public spaces, adequate local services and better transportation support, Moira might have more realistic opportunities to carry out some of the activities that she values. Instead, her neighbourhood and community are not supporting her to age as well as she could.

The places of importance identified by Edith, Eamon and Moira, whilst each quite distinct and subjective, were consistent with other participants when aggregated and examined at a category level. A sample of 15 interviewees from this suburb mentioned 79 distinct places. The top ten categories of places were (in terms of the number of references made to the particular place):

1. Shops/Post Offices/Banks or Credit Unions (189 references)
2. Community groups that participants were recruited from (135 references)
3. Green and blue spaces (82 references – although many of these were negative)
4. Health Services (e.g. doctors, hospitals, pharmacies, chiropractors, dentists) (58 references)
5. Other community groups that participants were not recruited from (53 references)
6. Churches (45 references)
7. Trip locations (28 references)
8. Places for eating or drinking (24 references)
9. Cultural buildings (e.g. museums, cinemas, tourist attractions) (22 references)
10. Libraries (13 references)

From Edith, Eamon and Moira's explanations, it is clear that the desire for independence elevates the significance of such sites as shops, post offices, banks and health services. Green and blue spaces were also frequently mentioned, and like Moira, these were not always positive. The importance of community groups is also particularly striking, and the way they were used by Edith, Eamon and Moira illustrate why they are so valued.

4. Discussion

This article highlights the importance of both a supportive environment and social supports in helping older people with compromised physical and cognitive capacities to realise their most valued functionings and capabilities. These typically revolve around being able to get out and about, engage and connect with others, carry out daily tasks and errands, and remain independent.

The mapping exercise and go-along interviews showed the activity space of the lifeworld, the place-attachments or topophilia (Tuan, 1974) enjoyed by most, but also the landscapes of fear (Tuan, 1979) avoided by some. Mapping activity spaces have been frequently used to explore how older people engage with their local environment as they age in place (for example, Hirsch et al., 2014; Hirsch et al., 2016), and mixed-method approaches have also added qualitative dimensions to this (Milton et al., 2015; Meijering and Weitkamp, 2016). There is also research emphasising the importance of subjective approaches to ageing well, and how a capability lens can contribute to understandings of ageing well (Stephens, 2016; Stephens et al., 2015). Research has also highlighted the importance of capabilities and functionings that involve getting out and about (Gilroy, 2006; Meijering et al., 2019). However, these studies have not been spatially grounded with the use of geo-spatial approaches such as geo-narratives to illustrate individual experiences of this. This research, therefore, advances the literature by bridging and integrating these approaches, examining how older people subjectively define and enact ageing well in place, based on their existing abilities and environmental context.

The integration of place, wellbeing and flourishing can best be illustrated through individual biographies. The lifeworlds and functionings of Edith, Eamon and Moira show an intense wish for independence, which Meijering et al. (2019) also identify as significant in their work, which applies the capability approach to explore the mobility of older people. Edith, Eamon and Moira also cherished many of the domains singled out as important to quality of life by the participants in Gilroy's (2008, 2006) studies of older adult flourishing; notably social relations, mobility, and health. Furthermore, they express, as did Gilroy's participants, a pragmatic adjustment of expectations of health in line with physical capacities, but also in grudging recognition of limitations imposed by perceptions of safety and access to suitable transportation. Health and mobility matters because it enables functioning. This research suggests that as long as individuals can exercise freedom and agency with regards to their capabilities, they are likely to not feel trapped by their limitations. Approached through a capability framework, Edith, Eamon and Moira had very clear ideas about what ageing well meant to them, and their activities and their stated preferences revealed an aspiration to not just age in place, but to do so as well as they can.

Whilst an overarching functioning (to be able to get out and about) may be commonly desired by older people, the way that this is enacted, prioritised and negotiated by individuals in place, varies considerably. Many of the places identified as important by Edith, Eamon and Moira, as well as those identified collectively by all participants in the study area, are places that foster social interaction and connection with others. This highlights the important role that 'third places' and social infrastructure can play to support ageing well, which has been argued by Gardner (2011) and more recently Finlay et al. (2019a,b). However, the

way this social infrastructure enables older people to achieve their particular valued functionings has not been fully explored.

Meijering et al. (2019) argues that independence is intrinsically related to an individual being able to exert their agency and convert a resource into a functioning and that this differs considerably between individuals in differing contexts. For example, someone living in an unsupportive environment may be able to overcome these barriers with sufficient funds, by ordering a taxi instead of taking public transport if this becomes too difficult. This research has illustrated how this may or may not happen, with resulting implications for independence. Meijering et al. (2019) also argues that the overarching valued functioning for older people is independence, and this research contributes to this argument by demonstrating how independence is enacted and performed in-situ, and that many valued functionings are inherently spatial. Place-based functionings offer a way of considering and re-claiming the importance of place in subjective constructs of ageing well through a capability lens.

Both Edith and Eamon were still able to carry out valued functionings with health and mobility challenges because their local environment supported them enough to do so; whether through the use of a minibus for Eamon to take him to his day-care centre and the opportunity to give talks about his condition; or with Edith, where she is still able to drive locally, give her friends a lift and attend a social group and activity which lifts her spirit. Independence was also closely related to altruism and both Edith and Eamon nurtured a sense of personal dignity by acting outside the home in support of others. Moira, on the other hand, finds it much more difficult to realise her valued functionings, because of her local environment. Someone can be described as ageing – *as well as they can* – in place when their valued place-based functionings align with their everyday practices. That is, whether they embody and enact what is of most importance to them through the places they visit, the interactions they have, and the routines and activities they carry out. When these align, subjective quality of life and wellbeing will inevitability be higher. This is also a much more manageable, positive and comfortable definition of ageing well, and every older person should have a right to this, and should not be compared to any ideal that may be impossible for them.

When barriers and enablers are considered from the perspective of an individual's wishes, what may appear to be enabling may not actually be supportive in the long run. For example, many people such as carers and family members offered Eamon a taxi, rather than have him get the bus on his own to his Alzheimer's meeting. Whilst this was done out of concern for Eamon's safety and was well-meaning, it impacts on his sense of self and desire to feel independent. Meanwhile, Moira's goal is to remain independent and do her own shopping, but because she lives in an unsupportive environment that she does not feel safe walking in and has poor public transport connections, she has no choice but to rely on others for lifts, thereby reducing her independence. Owing to the nature of their conditions, Edith, Eamon and Moira's daily routines involve additional risk, fear and vulnerability, such as getting lost, fear of strangers, getting out of breath, or falling. This produces a dilemma, particularly for family members, carers, neighbours and members of the community who support those with health and mobility challenges, but particularly those with Alzheimer's disease or dementia. It is very important to understand those functionings that are highly valued by individuals, and why taking part in an activity such as getting a bus or walking every day may be so important to them, because it is a physical enactment of that valued functioning. Understandably, there may be concerns that someone may get lost or confused, but to deny them access to their local environment will impact their wellbeing and quality of life. Navigating this with the person themselves, to ensure they are adequately supported to continue carrying out their valued functionings as much as possible, is paramount.

The valued functionings of ageing - as well as you can - in place should be one focus of health policies for older people, because it operationalizes the capabilities version of fundamental rights for this important group of citizens; older people wishing and able to live at home. In practice, this means attending to barriers which may be a result of geographical disadvantages, such as living in environments that do not support mobility and interactions outside the home. In turn, this requires that priorities are informed by residents; the experts in their local areas. There is a need to engage in participatory and bottom-up approaches, and to consider the needs of the diverse older people that live in a particular community. Ireland's *National Positive Ageing Strategy* commits, as one of its four goals, to "Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities" (Department of Health, 2013, p.19). Adopting a capability lens would be an important step towards this.

5. Conclusion

The current research shows the value of pursuing research in-situ. By examining the locally specific and meaningful activity spaces of individuals, it allows for subjective health and wellbeing experiences to be placed at the heart of individual lifeworlds. These lifeworlds are elaborated in place and are best studied there, where recall and reference are richly enhanced by context. The importance of ageing as well as you can in place has developed from the review of the integration of diverse places and practices within the lifeworlds of these individuals, in a way that can only be exemplified in the richness of individual and spatially located biographies. Further research could explore a wider range of contexts, such as the ageing experience of individuals from different socio-economic and ethnic backgrounds, and who are homebound. These methods of place exploration could also be developed longitudinally, to explore some of the adjustment and innovation that is part of coming to terms with changing family circumstances and individual capacities.

In-situ methods offer a way of experiencing these local environments from the perspectives of older people themselves, and the use of qualitative and spatial approaches can visualise these in a way that ensures their perspectives and experiences are represented. By mapping the meaning, and focusing on what it is that older people value most in their lives, we see that places, interactions and routes that people take are so much more than lines on a map, but are a vital component of older people's sense of self, wellbeing, and quality of life. If key stakeholders such as health and social care practitioners, planners, policymakers, researchers, as well as older people themselves were to approach ageing in place through a capability lens, it could lead to dramatic improvements in the subjective quality of life of older people. Future research might therefore ask: what local and specific support is needed to help the diverse and heterogeneous population that is 'older people' to age - *as well as they can* - in place, recognising existing capabilities and subjectivities of what functionings matter most to them?

Credit author statement

Hannah Grove: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Data Curation, Writing – Original Draft, Writing – Review & Editing, Visualization, Project administration, Funding acquisition.

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