AGEING WELL IN PLACE: A CAPABILITY APPROACH

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ABSTRACT

Despite the continued attention on ageing in place on the one hand, and ageing well on the other, these concepts lack explicit integration. This article addresses this conceptual gap by reviewing existing literature on both ageing in place and ageing well, before integrating these terms using a Capability Approach to explore what it means to 'age well in place'. The article presents an understanding of ageing well informed by Amartya Sen's Capability Approach, where quality of life is determined by the extent that individuals can pursue and realise their most valued functionings, which often require an engagement with both people and places beyond the home. Drawing on health geographical understandings of the ways that health is shaped by place, this article argues for more person-centred, place-based and equitable policy responses that integrate ageing well and ageing in place to better support older people to thrive in their communities.

Key words: Ageing Well; Ageing in Place; Capability Approach; Health Geography; Older People

INTRODUCTION

Supporting older people to age in place within their homes and communities remains a key policy priority. However, the term has received extensive critique within academic literature, particularly related to how 'place' is understood (Andrews *et al.* 2007; Finlay & Finn 2021; Yarker *et al.* 2023; Cutchin & Rowles 2024). The policy prioritisation of ageing in place has often failed to capture variations in the everyday realities of the older adult population, their differing person-environmental contexts, and the *quality* of their experiences over time (Buffel & Phillipson 2024). Meanwhile, what it means to age well and how this should be defined is widely debated. Various definitions are presented in the literature, drawing on both subjective and objective interpretations, which have differing levels of attainability (Glass 2003). Recognising the prevalence of chronic health conditions amongst the older population and how this can commonly have health, social, and economic gradients, it is vital from a social and spatial justice perspective that we conceptualise ageing well in a way that captures both variation in older adult experiences over time, and in ways that older people can relate to (Stephens *et al.* 2015). Furthermore, conceptualisations of ageing well require more (health) geographical understandings which emphasise the role of place in shaping health, recognising that lay understandings emphasise the importance of place in shaping quality of life (Bowling & Gabriel 2007).

Despite the continued attention on ageing in place on one hand, and ageing well on the other, these concepts still lack explicit integration, and more inter-disciplinary approaches are required, particularly within ageing policy. This article addresses this conceptual gap by reviewing existing literature on both ageing in place and ageing well, before integrating these terms using a Capability Approach to explore what it means to age well in place. The article presents an

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understanding of ageing well informed by Sen's (1993) Capability Approach, where quality of life is determined by the extent to which individuals can pursue valued functionings. Applying this framing, the article argues for the need to develop more equitable and socially just policy responses that can better integrate ageing well and ageing in place, and considers how using this interdisciplinary framing, we could develop policy responses to better support older people to thrive in their communities.

AGEING IN PLACE

Ageing in the home – Ageing in place refers to when an older person remains living in their own home and avoids moving into institutional care as they age (Phillips *et al.* 2010, p. 17; Wiles *et al.* 2012). Ageing in place policies and interventions have primarily focused on delivering support services and adaptations within a home setting and have arisen in response to concerns about providing care for an ageing society and the costs associated with moving into institutional care settings (Milligan 2000; Wiles *et al.* 2012; Lewis & Buffel 2020). These policies are based on assumptions that older people themselves desire and prefer this option (Barrett *et al.* 2012; Wiles *et al.* 2012). To some extent, this is supported by research, which has shown that many older people do prefer to age in their homes (Gabriel & Bowling 2004; Gillsjö *et al.* 2011; Wiles *et al.* 2012; Stones & Gullifer 2016). These findings recognise that the home environment can hold significant meaning and value to older people, providing a sense of familiarity, safety, stability, and continued sense of identity when other aspects of life and environment might be changing (Wiles *et al.* 2012; Hatcher *et al.* 2019). Whilst the term ageing in place is common amongst service providers and policy makers, it is not necessarily familiar to most older people and its definition is not "fixed" or clear (Wiles *et al.* 2012).

Geographical understandings of ageing in place – Building on existing critical research debating ageing in place, this article draws from geographical interpretations of home and place (Andrews *et al.* 2007; Finlay *et al.* 2019; Finlay & Finn 2021; Yarker *et al.* 2024; Cutchin & Rowles 2024). Such an approach recognises that whilst the home environment is important in shaping the overall experience of ageing in place, the broader physical and social environment and community is also of vital importance (Phillips *et al.* 2010; Peace *et al.* 2011; Wiles *et al.* 2012; Hillcoat-Nalletamby & Ogg 2013; Lager & Van Hoven 2019; Pani-Harreman *et al.* 2020). This is reflected in other disciplinary discourses, such as gerontology and particularly within social and geographical gerontology, which has engaged more critically with the spatial aspect of ageing in place, recognising that it holds multiple meanings which require more holistic understandings and that it operates at multiple scales (Andrews *et al.* 2007; Bigonnesse & Chaudhury 2022; Finlay & Finn 2021; Yarker *et al.* 2024; Cutchin & Rowles 2024).

Place can refer to more physical or tangible aspects of a local environment, or to more intangible, emotional and experiential aspects, which influence levels of place attachment and belonging (van Hees *et al.* 2017; Pani-Harreman *et al.* 2020). Pani-Harreman *et al.* (2020) emphasise that ageing in place is about "not only staying in one's home" but is also about "remaining in a stable and known environment where people feel that they belong" (p. 25). This involves feeling a sense of "being in place" (as opposed to "being out of place"), which Rowles (2018) argues is the "essence of well-being in later life" (p. 202 & p. 208). Several researchers have called for a change from ageing in place to ageing in community to recognise the broader than home and relational elements of ageing in place, as well as the need for adults to be meaningfully involved within their communities for their health and wellbeing (Thomas & Blanchard 2009; Black *et al.* 2012; Provencher *et al.* 2014).

Existing research has highlighted the importance of thinking about ageing in place relationally and recognising the importance of the social contexts that people age in (Andrews *et al.* 2007; Yarker *et al.* 2024). This has led researchers to expand the idea of ageing in place to considering how older people are 'ageing in networks', to explore how social networks operate at the neighbourhood

and community level but also extend beyond these more local settings to international and virtual settings (see Gao *et al.* 2024; Ho *et al.* 2024). Furthermore, research that has explored the experiences and "unbounded geographies" of older people, including older migrants, have challenged policy assumptions that older people "age in (one) place" (Ho *et al.* 2024, p. 737).

Ageing in the right place – Increasingly, there is a growing awareness about the importance of ageing in the "right" place (World Health Organisation 2007a; Golant 2015; Sixsmith *et al.* 2017; Finlay *et al.* 2018; Yarker *et al.* 2024). Home is an important setting for older people; however, continuing to live at home can be a challenge and not always a positive experience (Hatcher *et al.* 2019). A variety of factors can influence whether a sense of home is made or unmade and how this can change over time (Webber *et al.* 2023). For some older people, the home can be a hostile environment (Lewis & Buffel 2020) and a place where frustration, boredom, distress, worry, loneliness, and isolation can develop, particularly when there are difficulties with maintaining and leaving the home (Sixsmith & Sixsmith 2008; Tse & Linsey 2005; Webber *et al.* 2023). This can be exacerbated by older people who may be living in more precarious housing situations (Bates *et al.* 2020).

In general, the older adult population spends more time than other age groups in their own homes (Brasche & Bischof 2005). Whilst population trends can mask significant variations amongst this age group and how routines may change over time, it raises questions as to whether increased time spent at home translates to a change in the *importance* of leaving the home for older people. What remains unclear, are the *reasons* behind this trend. For example, is this due to increased personal or environmental challenges which make leaving the home more difficult or is it something that is preferred by older people. When staying at home is less a *choice*, and more due to a lack of support and alternative options, older people have reported feeling physically and metaphorically "trapped" (Tse & Linsey 2005; Olsson *et al.* 2013), "stuck" (Franke *et al.* 2019; Author 2022; Ziegler & Schwanen 2011; Coleman & Kearns 2015; Rogers 2017), and "imprisoned" (Sixsmith & Sixsmith 2008; Olsson *et al.* 2013; Gardner 2014; Author 2022) within their own homes (Davidson *et al.* 1993). Recognising "limits" to the comfort and security a home can provide (Tse & Linsey 2005, p. 137), an important aspect of "homeliness" is the ability of the home to "act as somewhere you leave" and return to, and not just a place to "reside" (Ewart & Luck 2013, p. 41).

The extent to which people need to leave their homes may vary, but in general, leaving the home on occasion is valued by most older people for positive health and wellbeing (Grove 2021, 2022; Holland *et al.* 2005). As a result, the broader neighbourhood and community context in which someone ages can strongly influence their overall experience of ageing in place. Our environment has the potential to provide a range of therapeutic benefits for health and wellbeing (Wiles 2018; Rowles & Cutchin 2024), including benefits associated with engaging with nature, interacting with others, and being physically active (Alves & Sugiyama 2006; Sugiyama & Ward-Thompson 2007). There are widely recognised wellbeing benefits associated with the ability to be mobile, recognising it as the physical enactment of freedom and independence (Metz 2000; Mollenkopf *et al.* 2011; Schwanen *et al.* 2012).

A growing literature exploring lived experiences of older people, has provided insight into the diverse and unequal person-environmental contexts of ageing in place (for example Lager 2015; Dobner *et al.* 2016; Finlay *et al.* 2018; Buffel *et al.* 2021; Grove 2022; Webber *et al.* 2023). Existing research has shown that for many older people, leaving the home is not always desirable, ideal or an easy option, particularly when ageing "in the margins" (Finlay *et al.* 2018), or ageing in "unsuitable" (Severinsen *et al.* 2016) and "difficult" places (Scharf *et al.* 2007). This highlights the need to pay attention to the ways that different forms of inequality can influence the experience of ageing in place (Yarker *et al.* 2024). As Finlay *et al.*'s (2018) work exploring the lived experiences of older

adults in Minneapolis, Minnesota in the US has highlighted, place attachment is unattainable for many. Staying in one's home can involve risk and hazards, as well as social isolation due to a lack of supportive infrastructure and concerns about crime. Participants in these situations have a lack of options or resources to change their situation, leading to social and spatial exclusion, where they are "striving" to age well in place, but unable to do so (Finlay *et al.* 2018, p. 768). Owing to differing person-environmental contexts and the heterogeneity of older adult experiences over time, situations can arise where individuals feel "out of place" (Brittain *et al.* 2010), "out of sync" (Lager *et al.* 2016), and where familiar environments can become unfamiliar (Phillips *et al.* 2013). This could be due to personal factors such as mobility or cognitive impairments, or due to various physical and social environment factors, including urban transformation and change (see Brittain *et al.* 2010; Lager *et al.* 2013).

Recognising the diversity of personal and environmental contexts of ageing (Lawton & Nahemow 1973), it becomes clear that a "blanket" political and policy prioritisation of ageing in place, without considering how this is easier for some than others, is problematic (Phillips *et al.* 2010). Caution has been raised about viewing ageing in place "as a 'one stop' solution to later-life aspirations and needs" (Hillcoat-Nalletamby & Ogg 2013, p. 1,780). Critiques focus on the assumption often placed on ageing in place about it automatically being desirable, without considering the diversity of the population who are ageing in place and how their needs may change over time (Phillips *et al.* 2010).

The experience an older person may have as they age in place, and how positive this proves to be, depends not only on how attached they are to their home-place, but how well this environment suits their shifting needs and abilities. It will be influenced by the existing resources they can draw on, and how well they can adapt and cope with changing circumstances over time (Peace *et al.* 2011). Such a view of ageing in place recognises that it is "not a continuous, uniform experience or solution, but will vary in its 'do-ability' depending upon evolving lifecourse needs" (Hillcoat-Nalletamby & Ogg 2013, p. 1,788). This recognises that ageing in place is an "ongoing dynamic process of balance between the demands and resources of the environment and the individual capacities" (Bigonnesse & Chaudhury 2022, p. 69). Ageing in place therefore needs to be recognised as the complex and dynamic process that it is, where older adults are continually navigating and (re)negotiating their relationship with and to people and places (Andrews *et al.* 2007; Hopkins & Pain 2007; Wiles *et al.* 2012; Ziegler 2012; Lager *et al.* 2013, 2015; Skinner *et al.* 2014; Ward *et al.* 2024).

To ensure that we focus on ageing well in place, rather than just ageing in place, it is necessary to consider the overall quality of experiences for older people, rather than assuming it is desirable (Bigonnesse & Chaudhury 2022). As a result, we need to better integrate ageing in place with ageing well and to consider the ways that the local environment can support an optimal quality of life. However, in the first instance, there is a need to critically examine how we should define ageing well, and this is now considered.

AGEING WELL

How is ageing well defined? – Alongside debates related to ageing in place in both research and policy, another term within ageing research that has received considerable attention is 'ageing well', and how we might define a good old age. Ageing well is used here as an umbrella term to relate to various types of optimal or desirable forms of ageing which are referred to within gerontology literature and policy, which all have slightly different definitions and emphases. These include successful, positive, productive, heathy and active ageing (Balderas-Cejudo *et al.* 2020). Whilst various desirable forms of ageing are referred to within gerontology literature and policy, successful ageing remains a dominant version and is discussed in this article in more detail. The wide variation in types of optimal forms of ageing reflects the lack of consensus and complexity as to what a desirable form of ageing is.

The term successful ageing is multidimensional (Rowe & Kahn 1997; Phelan *et al.* 2004; Martin *et al.* 2015), and a range of definitions are presented in the literature. In general, these definitions can be categorised into biomedical and psychosocial definitions. Biomedical approaches emphasise the importance of optimal functioning and engagement (Phelan & Larson 2002) and is seen as a "better than normal" status (von Faber *et al.* 2001, p. 2,694), in that an individual goes beyond "usual ageing" (Tate *et al.* 2003, p. 737). An example of a dominant biomedical model of successful ageing is that of Rowe and Kahn (1997), who define successful ageing as the achievement of the following: avoidance of disease and disability; maintenance of high physical and cognitive functioning; and sustained engagement in social and productive activities (p. 439).

Psychosocial approaches on the other hand, recognise more subjective components of successful ageing. In this instance, successful ageing is viewed as more of a mental state or outlook (Glass 2003) and a lifelong process of adaptation and adjustment (Baltes & Baltes 1990; Tate *et al.* 2003). Bowling and Dieppe (2005) highlight the importance of concepts such as life satisfaction, social participation, and functioning, as well as psychological resources (p. 1,549). Such psychological resources for successful ageing include: a positive outlook and self-worth; self-efficacy or sense of control over one's life; autonomy and independence; and finally, effective coping and adaptive strategies in the face of changing circumstances (p. 1,549). Phelan and Larson (2002) conducted a review of the definitions of successful ageing and identified seven major elements that are typically included in successful ageing studies. These include: life satisfaction; longevity; freedom from disability; mastery or growth; active engagement with life; high or independent functioning; and positive adaptation (p. 1,307). Some of these studies focused on biomedical definitions, whilst others looked at more psychosocial components.

Traditionally, it has been clinicians that have led with more objective definitions, whilst older adults themselves have related to more subjective interpretations (Glass 2003). A major criticism of earlier research on successful ageing was the lack of consideration of how older adults themselves viewed successful ageing (von Faber *et al.* 2001). In recognition of this, researchers are increasingly arguing for the need to pay greater attention to the voice(s) of older people (Tate *et al.* 2003), and to develop more 'lay' or patient-centred definitions of successful ageing, which are of greater relevance and validity to those who are ageing (Phelan & Larson 2002; Bowling & Dieppe 2005). Research that has explored how older people define quality of life, have demonstrated the importance of the home and neighbourhood settings, especially through providing opportunities to socialise with others, feel safe and secure, and provide access to enjoyable activities (Bowling & Gabriel 2007).

How attainable is ageing well? – A crucial difference between biomedical and psychosocial definitions of ageing well, is the degree of success that older adults can attain. Objective definitions tend to have much stricter criteria than subjective definitions. In addition, the number of people that meet objective successful ageing criteria is much lower, whilst the number of people that *think* they are successfully ageing is typically higher. In a study looking at the prevalence of successful ageing amongst older adults aged 85 and over, only 10 per cent met the criteria pertaining to optimal levels of functioning and wellbeing, yet nearly half of the participants reported an 'optimal' state of wellbeing, even when they identified physical limitations (von Faber *et al.* 2001). In qualitative interviews within the same study, successful ageing was perceived by older adults to be about the "successful adaptation to physical limitation" with older adults rating wellbeing and social functioning more highly than physical and psycho-cognitive functioning (von Faber *et al.* 2001, p. 2,699). In a review of successful ageing definitions, Jeste *et al.* (2010, p. 80), only a small percentage of older adults were successfully ageing according to objective definitions based on absence of disease (15%) and freedom from disability (38%). However, a far higher percentage believed they were ageing successfully according to more psychosocial domains including: active engagement with

life (74%); positive adaptation (81%); life satisfaction (84%); self-rated successful ageing (90%); and independent living (94%).

Phelan *et al.* (2004) sought to identify which aspects of successful ageing were of most importance to older adults and found that many of these were strongly related to health. These included: remaining in good health until close to death; being able to take care of themselves until close to the time of death; and remaining free of chronic disease (p. 213). Subjective components of successful ageing were also valued. These included: being able to act according to their own inner standard and values; being able to cope with the challenges of later years; being able to meet all their needs and some of their wants; being able to make choices about things that affect how they age, such as diet, exercise, and smoking (p. 213). Many of the attributes identified were consistent with maintaining a sense of self, being resilient and coping, being able to get by but also to flourish, and having sufficient choice.

There are considerable overlaps between ageing well and health, with health being a valuable resource in the ability to age well. Similar debates are taking place with regards to defining health, and whether more idealistic, medicalised, consistent, and objective measures should be used, versus more realistic, subjective, lay, and flexible definitions. Within the health field, the traditional definition of health developed by the World Health Organisation (1946) as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" has been criticised as being "no longer fit for purpose" (Huber *et al.* 2011, p. 1). This is in response to the rising prevalence of chronic conditions and ageing populations, which means that a state of complete health is simply not possible. Instead, an alternative definition of health has been presented by Huber *et al.* (2011). Rather than focusing on an idealised and unattainable version of health, Huber *et al.* (2011) define health as "the ability to adapt and self manage in the face of social, physical and emotional challenges" (p. 1). The important distinction between the traditional definition of health and the more recent definition of positive health is that you can attain and achieve positive health in a less than perfect state. What matters is not whether you have an underlying condition or disease, but whether you are able to cope and manage this disease and whether you have the skills to adapt your circumstances in such a way that you are able to lead as normal a life for you as possible, so that you can perceive yourself to be healthy. This way of conceptualising health, alongside the need to address health inequalities is starting to be more widely recognised within policy circles:

> Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience healthy ageing. Being free of disease or infirmity is not a requirement for healthy ageing, as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing. (World Health Organisation 2020)

Huber *et al.* (2011) work connects with Antonovsky's ideas about an individuals' sense of coherence (how an individual sees their world and how they fit within this) and ideas about *salutogenesis*, which is a more enabling and proactive view of health. Such an approach considers what creates health, rather than what causes disease or illness (Antonovsky 1987). More recently, this work has been applied to consider healthy ageing in place (see Walsh 2014). This work also aligns with Baltes and Baltes' (1990) psychosocial model of ageing well 'Selective Optimization with Compensation' (SOC), where ageing involves three components. When an individual is faced with physical or cognitive challenges or restrictions, they will *select* and focus their attention to those areas within their life that are of the greatest priority to them. In addition, individuals will *optimise* by continuing to engage in those behaviours that enhance their physical or cognitive capacities. Finally, individuals may *compensate*, or negotiate, by using certain psychological or technological strategies. As a result, the older person engages in a process of adaptation and negotiation, using their agency and resources to maximise their desired outcomes and avoids negative outcomes. Ageing well in this instance is their ability to navigate this successfully.

Recognising the broader determinants of ageing well – With increasing policy and societal pressure targeted at older people to adopt and follow a successful ageing lifestyle, we are witnessing "societal demands" to age well and in a positive way (Breheny & Stephens 2010, p. 41). However, depending on whether this is defined objectively or subjectively, will influence the number of those that can achieve this. If defined objectively, then far fewer individuals can attain ageing well. Policy responses to encourage successful, positive, and productive ageing have been criticised for aligning with more neoliberal responses to health promotion, which put the responsibility of achieving good health on individuals, without considering the variability in people's capacity or resources to achieve it, whether due to individual circumstances, or wider structural, societal, or environmental factors. Focusing on the individual and 'lifestyle choices' in influencing a healthy older age, runs the risk of making older people who cannot attain such ideals feel like failures, instead of recognising the "complexities of life choices and chances" and the impact this can have on the circumstances of later life (Breheny & Stephens 2010, p. 46). Atkinson (2021) argues that such "hyper-individualised" interpretations of wellbeing are "toxic", because they fail to consider the broader spatial and temporal contexts, and political landscapes that shape (inequalities in) wellbeing. Instead, more situated relational, social understandings of wellbeing are offered as a more "wholesome tonic" (Atkinson 2021, p. 1; 2013). This highlights the need to consider the social, spatial, political, and cultural contexts that older people are ageing in, which can result in varied access to resources and capital, which can in turn influence the ability to realise successful ageing goals (Gibson *et al.* 2024).

A positive ageing discourse benefits older people who can take advantage of opportunities to engage beyond retirement and who want to. However, those with fewer resources, who may have chronic conditions and reduced mobility, are "additionally burdened by the demands to age positively, rather than supported by an expectation of care as they age" (Breheny & Stephens 2010, p. 46). Individuals that cannot objectively age positively, actively, or successfully are "excluded from participating in an acceptable way of life" but not from the "imperative to age well" (Breheny & Stephens 2010, p. 42). Stephens *et al.* (2015) warn about the dangers of idealising older adults as a healthy, active, and homogeneous group that are willing and able to continue to contribute towards society. Such an approach ignores the diversity within the older adult population and the structural inequalities that may exist between older adults, which influence their ability to age well (Stephens *et al.* 2015).

A Capability Approach to ageing well – An alternative way of conceptualising ageing well involves using Amartya Sen's Capability Approach (see Stephens 2016). This is a way of defining wellbeing based on "beings" and "doings" of daily life, with quality of life being assessed on the capability to realise these valued "functionings" (Sen 1993; Robeyns & Byskov 2021). Capabilities are the extent to which an individual has the freedom and opportunity to achieve these functionings, which is influenced by the various resources or "conversion factors" they may be able to draw on (Robeyns & Byskov 2021). An important distinction between a Capability Approach to ageing well is that it is framed by a more nuanced interpretation of health and factors how broader environmental and social factors and resources can shape health (Stephens 2016). This recognises that the extent to which individuals can realise their valued activities and meaningful engagements is strongly influenced by environmental context:

> One of the key determinants of the capabilities of older people, and whether they can achieve the things that are meaningful to them, is the environment in which they live. (Beard & Montawi 2015, p. 5)

Health in this instance is defined as when an individual can do the things that they value. This is a flexible and subjective model of wellbeing, where the individual decides what is of most importance to them. This is a far more person-centred and inclusive approach, which

moves the focus away from what people cannot do, and instead towards a strength or asset-based interpretation of health and wellbeing, where the aim is to enable and meet the needs of what an individual "in-the-moment", focusing on what they value and "*can still do*" (Ward *et al.* 2024, p. 5).

When applied to ageing well in place, this would require consideration of whether individuals can age as well as they might want, which is in turn shaped by the context of their "personal, social political, and environmental conditions" (Robeyns & Byskov 2021). Stephens (2016) has applied a Capability Approach to types of ageing well. Rather than putting the responsibility on older people to age successfully with no consideration of their ability to do so, this approach prioritises supporting older people to achieve their most valued functionings based on their existing capabilities, and to understand their specific needs in their "actual circumstances" (Stephens 2016, p. 7). This aligns with more psychosocial descriptions of both health and ageing well, rather than biomedical and objective standards, as well as Atkinson's work critiquing more subjective and individualised constructs of wellbeing (Atkinson 2021). Stephens *et al.* (2015) conceptualised and defined health in their research as being able to carry on doing the things that are valued by older adults, which makes it more accessible to all and means that it can be attained with health and mobility challenges. This is a far more "nuanced" and holistic interpretation of health, which takes into consideration the "role of social structure, unequal incomes, spatial contexts and social provisions" (pp. 728–729).

Considering ageing well using the Capability Approach, can help to identify the wider social and physical environmental contexts which influence health, as well as the wider societal contexts within which older adults are situated and affected by. Meijering *et al.* (2019) argue that a Capability Approach offers a useful lens to explore the ways that older people "can live a meaningful life in the context of the impairments they experience" (p. 232). Such an approach would ask questions such as: "What are the environmental and social conditions which support these particular capabilities?" and "how are these capabilities valued by older people in a particular context?" (Stephens 2016, p. 6). Stephens' (2016) work has been informed by Baltes and Baltes (1990) model of Selective Optimization with Compensation and combined this with a Capability Approach, recognising that the ability to navigate this is influenced by the "social circumstances of people as they age" (p. 6). They emphasise the need to understand "the actual goals of older people, and their capability to select, optimise and compensate to achieve those goals" (Stephens 2016, p. 6). Building on these understandings, a conceptual framing of ageing well in place using a Capability Approach is now presented.

AGEING WELL IN PLACE: A CAPABILITY APPROACH

The importance of being and feeling in place in a way that specifically captures the importance of moving beyond the home to engage with a broader neighbourhood environment, has been under-developed within quality of life and ageing well research. Geographical understandings of health have been instrumental in bridging the gap between ageing well and ageing in place. Broadly, health geographies of ageing are concerned with understanding how place can impact older people's health and wellbeing (Wiles 2018). As a subdiscipline, this has moved and evolved over time from more biomedical understandings of health as being the absence of disease, to embracing "more holistic socio-ecological understandings of ageing and health in social, physical and symbolic contexts" (Wiles 2018, p. 31). This discipline is well situated to integrate the concepts of ageing well and ageing in place, to consider "how environments are supporting quality of life for older people" (Gilroy 2006, p. 343). This recognises the complex factors that influence the overall experience of ageing in place, including the role of broader structural forces (such as inequalities), which can not only influence the variations in experiences of ageing well, but how well this can be attained in different places.

Bigonnesse and Chaudhury (2022) have proposed a conceptual framework exploring ageing in place through a Capability Approach lens, emphasising that ageing in place is influenced by the following five components: place integration; place attachment; independence; mobility; and social participation (p. 64) and that these components are in turn influenced by the following four factors: individual characteristics; the accessibility of the built environment; proximity of services and amenities; and finally, the development and maintenance of meaningful social connections (p. 64). There is a growing literature that has examined the lived experience of older adults using a Capability Approach, identifying some of the most valued functionings of older people to age well in place. In the UK, Gilroy (2006) identified several domains that were important to older people themselves, as well as how environments can contribute towards supporting a good quality of life for older people. The domains identified included: health; an adequate income; mobility; a safe neighbourhood; a comfortable and secure home; and social relations and support (pp. 346–353). Whilst home was mentioned as an important domain, engaging safely with the broader than home environment was significant. Valued functionings such as being mobile and engaging socially were vital components of this (Gilroy 2008, pp. 149–152). Gilroy (2008) notes that there is strong "interdependence" between these domains but that the "qualities of local environment are most fundamental", as place is "the arena in which other elements of a quality old age may be achieved or eroded" (p. 152). Meanwhile, Burton *et al.* (2011) argues that for "ageing in place to work well, housing and neighbourhood environments need to facilitate older people's independence and wellbeing" (p. 2):

In semi-structured interviews with older adults living independently in both urban and rural locations in New Zealand, Stephens *et al.* (2015) asked participants to talk about their daily needs and practices, including the resources that they currently lack or would like, the characteristics of their community and physical environment, how this influenced their ability to participate socially, as well as their ability to manage on their income. Six broad domains of functioning were valued by older adults: physical comfort; social integration; contribution; security; autonomy; and enjoyment (pp. 720–724). Being able to realise these valued functionings involved some level of engagement with local neighbourhoods and communities.

In the Netherlands, Meijering *et al.* (2019) carried out in-depth interviews with older people living both independently and within sheltered housing to explore the various capabilities of importance to older people. They identified three key capabilities that contributed to the achievement of being independent, which Meijering *et al.* (2019) argue is the overarching goal for older people. These included: (1) to be comfortable at home and in the neighbourhood, (2) to enjoy a fulfilling social life (including maintaining reciprocal social relationships) and (3) to be mobile (p. 240). Results highlight the ways that capabilities are shaped by both contextual and individual factors, which influence the functioning of being independent and what that looks like to an individual. As a result, it provides a more "nuanced view" on how older adults define the capabilities that are so crucial to their independence (p. 247), as well as how they draw on resources, conversion factors, and agency to negotiate this.

Ageing well in place, examined through a Capability Approach lens, is about having the capability to engage with the broader than home environment and to be able to do this safely and comfortably. This allows an individual to enact the specific components of daily life that lead to a sense of independence. It is about carrying out those valued functionings that are of most meaning to an individual and often, these can only happen by engaging with the broader than home physical and social environments. Considering ageing well in place raises the importance of mobility for wellbeing purposes. Existing research has shown that mobility, getting outdoors, or leaving the home, is about far more than just travelling from A to B, it is in fact a vital component of wellbeing and quality of life to older people (Metz 2000; Mollenkopf *et al.* 2011; Schwanen *et al.* 2012; van Hoven & Meijering 2019). The overarching wellbeing

benefits that stem from being mobile, is through enabling older people to be independent (Schwanen & Ziegler 2011; Schwanen *et al.* 2012). Schwanen *et al.* (2012) conceptualise independent mobility as:

> older adults' ability to move fluidly through geographical space; their ability to do things at different sites in geographical space and thereby be socially connected, participate in civil society, and enact desired identities. (p. 1,321)

Considering mobility using the Capability Approach, can be conceptualised as "the ability to choose where and when to travel and which activities to participate in outside the home in everyday life" (Nordbakke 2013, p. 166). Nordbakke (2013) shows that the opportunity to be mobile is not "fixed", instead it is "managed, shaped and directed by the individual" (p. 166). Individual resources and contexts at a given moment in time, provide the opportunity to be mobile, as well as the strategies available to overcome barriers, which can then shape overall mobility patterns. Ryan and Wretstrand (2019) have applied a Capability Approach framework to explore the link between modes of travel available to older people and opportunities to participate in everyday activities. Results highlight that a combination of health challenges and a lack of public transport infrastructure, particularly lack of services, can lead to participants being unable to have "the possibility to participate" in activities that were valued (Ryan & Wretstrand 2019, p. 107).

A Capability Approach to wellbeing is therefore able to consider the significant role of place for wellbeing through the idea of "place-based capabilities" (Robeyns 2020). This recognises the ability of certain places to provide opportunities for older people to achieve valued functionings and how this might vary, as well as how certain capabilities require the engagement with place(s) to be realised (Robeyns 2020). As demonstrated through the individual lifeworlds of participants exploring how older people define and enact ageing well in place, many of the valued functionings of importance to people require them to leave their homes to participate with their broader neighbourhoods and communities (Grove 2021, 2022). Such beings and doings of daily life therefore occur within a temporal and spatial context.

To summarise, ageing well in place needs be pragmatically and individually defined, with an emphasis on doing "as well as you can", for as long as you can, based on existing capabilities and circumstances at a given point in time (Author 2021, 2022). It needs to be recognised as a process of adaptation and negotiation, which is influenced by our relationships and interdependencies with people and place. Ageing well in place is about having good enough health, wellbeing, and mobility, to be able to leave the home and engage with the broader neighbourhood and participate in community life in some form to physically be and emotionally feel in place. It is about being able to realise the beings and doings of life that give life meaning and quality, which typically involves socialising and connecting with others, carrying out valued routines and daily practices, and enacting independence through being mobile. With the right supports and resources, this definition of ageing well in place is attainable to everyone.

DISCUSSION & CONCLUSION

This article has reviewed the existing literature on ageing in place on the one hand, and ageing well on the other. Both strands of literature are moving towards each other, and health geographical understandings of place are helping to further integrate these concepts, recognising the role of place in shaping the experience of ageing and the ability to age well. Building on critiques within the ageing well literature, this article has presented literature that has explored how to age well through a Capability Approach lens, which conceptualises wellbeing based on the extent to which an individual can achieve their own personally defined valued functionings. Existing research has shown that for older people, common overarching valued functionings typically relate to being able to enact independence and participate socially in the broader neighbourhood environment. Meanwhile, literature exploring how older people themselves define a good quality of life reveals the importance of place and mobility for wellbeing (Gabriel & Bowling 2004). An important indicator of how well someone

may be ageing in place is therefore the ease with which they are able to engage and participate with their broader neighbourhood environment, as well as feel in place, primarily through social connections. However, it is also recognised that leaving the home is far easier for some than for others, depending on an individual's personal and environmental 'fit' or congruence (Lawton & Nahemow 1976). Where individuals find it more challenging to leave the home, their ability to engage in meaningful interactions and activities may be diminished, and their valued routines may have to be curtailed, which can impact their health and wellbeing.

How can we better support older people to age well in place? – A key international policy response which recognises the importance of the broader environment in shaping the experience of ageing in place, is the World Health Organisation's (2007a) Age Friendly Environment movement. The Age Friendly Cities and Communities Programme was developed in 2007, and its key strategy and vision was to make the world more age friendly. Whilst this has been a crucial step in recognising the role of the environment in shaping the experience of ageing in place, however these policies have been criticised for focusing more on ideals and less on the everyday realities of the current older adult population (Buffel *et al.* 2012). Buffel *et al.* (2012) question the appropriateness of an objective checklist of age friendliness, as it focuses on an "ideal" age friendly city, instead asking "what are the actual opportunities and constraints in cities for maintaining quality of life as people age?" (p. 601). To improve the experiences of older people ageing in place, there is a need to understand the full range of experiences of being an older person, recognising the heterogeneity of this population group.

Alongside a growing awareness of the need to plan for and design age friendly environments and increasing understanding about environmental characteristics that may serve as barriers to older people, it is increasingly recognised that "an 'optimal' or 'ideal' environment for 'ageing well' is complex and multifaceted" (Phillips 2018, p. 68). Approaches that focus on more objective and universal environmental standards, characteristics or barriers have been criticised for a failure to recognise the heterogeneity of the older adult population and their experiences, and that what may serve as a barrier for one individual, may not for another (Phillips 2018). The use of universal standards can ignore context and difference (Handler 2014; Buffel & Phillipson 2018; Phillips 2018). Phillips (2018, p. 70) raises an important question as part of this critique: "What kind of older people are age-friendly communities trying to reach?". Focusing solely on the needs of one group may serve to reinforce the exclusion of another, unless this diversity is recognised (Phillips 2018). The complexity of personal and environmental factors and how they interact to influence the experience, capability, and frequency of an individual to participate in their broader communities, as well as how this varies over time, shows that a "one size fits all" approach to age-friendly environments is simply not possible (Hammond & Saunders 2021 p. 10).

The World Health Organisation (2007b) Age Friendly Environment checklists are built on quite limited and more objective constructs of place, focusing on more tangible components of place and the built environment, rather than the intangible and subjective components, which are often more important to older people themselves (van Hees *et al.* 2017; 2021). As a result, more subjective and heterogenous insight about the older adult experience is missing. This includes a lack of consideration about what is of most importance to older people themselves to age well in place and how may they define this. The importance of more subjective experiences of ageing in place and subjective interpretations of age friendly environments is increasingly being recognised within academic literature (Golant 2015; van Hees *et al.* 2017; Lager & Van Hoven 2019). The need for this to transfer into policy is likewise acknowledged. Existing research from the UK that has interviewed planning practitioners about Planning for an Ageing Society has found that planners are aware of the need for further knowledge about "the composition, aspirations, experiences and requirements

of this population, now and into the future" (Hockey *et al.* 2013, p. 538). This includes paying greater attention to, and addressing the unequal provision of resources and socio-spatial exclusion experienced in some communities, which influences the ability of some older people to attain or maintain a good quality of life as they age in place (Finlay & Finn 2021; Buffel *et al.* 2024). Gilroy (2006) recognises how these vital components of quality of life can often be "compromised by poor policy provision" (p. 343) and identifies the need to broaden the focus of ageing policy "from the intensive needs of the frail" and instead consider the ways that older people can be "supported to live lives characterised by independence and well-being" (Gilroy 2006, p. 354).

Conceptualising ageing well in place using the Capability Approach offers a flexible, pragmatic, and subjective framework which recognises the importance of place for wellbeing. By applying more geographical understandings of health, wellbeing, and ageing, we see that ageing well in place is not something that can be measured objectively, but is instead an embodied practice, which is enacted within a spatial and temporal context (Ward *et al.* 2024). This requires us to pay greater attention to the "in-the-moment" (Ward *et al.* 2024) experiences and practices of older people as they enact wellbeing by connecting people to the people and places that give their lives meaning.

If we were to apply this understanding of ageing well in place to policy, it could lead to greater attention being placed on supporting older people to leave their homes for wellbeing and making this easier to attain. If we were to develop more dynamic policy responses to ageing in place which emphasise wellbeing, then we might emphasise and prioritise certain 'person-in-environment' interventions (Finlay & Rowles 2021), particularly those which support older people to leave their homes to carry out meaningful activities and interactions. Questions should therefore be raised about the ways we are currently delivering services to support ageing in place, which primarily focus on the home environment. Instead, we should be considering to what extent are we providing environments and social networks which support older people to attain a good quality of life in old age? To achieve this, we need to better embed health and wellbeing into ageing in place policies to ensure that we design age friendly environments which promote ageing well. We also need to incorporate more socio-spatial understandings when defining what it means to age well, recognising this may be conceptualised and attained differently by diverse older adult populations.

A key challenge for policymakers, planners and service providers is how to plan for the varying social and mobility needs, wishes and contexts of older people in a way that captures diversity and dynamic experiences, and which addresses existing inequalities that make it easier for some to age well in place than others. Applying lay-informed, dynamic, and integrated policy interventions which are theoretically underpinned by social justice and health equity principles, would help to ensure that policymakers more explicitly consider the qualities of place-based experiences to better support older people to achieve the lives that they strive for over time. Such an approach would lead to a "shift in focus towards the capabilities that support older adults to achieve independence as their valued functioning, rather than on how 'successfully' they age" (Meijering *et al.* 2019, p. 251). Recognising the diverse and unequal ways that place shapes our health and wellbeing in later life, policy interventions looking to support older people to ageing well in place should focus on bridging any gap where people may struggle to achieve this goal. To do this, we need to focus on those individuals and communities with the fewest resources, to ensure that we address inequities as part of this. This will allow us to support older people not just to age in place at the mercy of their contextual and personal fates, but to age how they might want to over time.

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