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UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

"Making a house a home: The lived experience of older adults residing in sheltered housing in Ireland"

Gráinne Dolan and Rachel Foley

CARL Research Project

in collaboration with

S.H.A.R.E

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- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
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Abstract

Introduction: The home is a locus point in older adults' lives and having a sense of home is essential to older adults' identity, occupational engagement, social interaction and wellbeing. As Ireland's population continues to grey, there is an increasing number of older adults moving to sheltered housing. Therefore, it is essential that sheltered housing supports older adults in creating a sense of home and belonging following the transition to sheltered housing.

Method: This qualitative phenomenological study explored Irish older adults' lived experience of creating a sense of home following the transition to sheltered housing. Data were collected through in-depth semi-structured interviews with seven residents, aged 66-88, living in sheltered housing. Purposive sampling was used to recruit people with diverse characteristics in terms of dwelling, age, gender and sheltered housing complex location.

Findings: Three themes that captured the lived experience of older adults creating a sense of home following the transition to sheltered housing were; a) personal values, b) environmental aspects and c) occupational engagement. These findings confirmed that developing a sense of home following the transition to sheltered housing is influenced by numerous factors.

Discussion: In adherence with the literature, factors which impacted the development of the participants' sense of home included, having autonomy and choice, and engaging in meaningful occupations. Novel factors included the influence of a sense of permanency and generativity, and reciprocal relationships on the sense of home.

Conclusion: This study provides an insight into the essential elements which older adults require to create a sense of home when moving to sheltered housing. In order to promote the wellbeing of older adults living in sheltered housing, it is essential that occupational therapists and sheltered housing organisations understand the factors which contribute to the development of a sense of home.

Keywords:

Older adults; sense of home; sheltered housing.

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"Making a house a home: The lived experience of older adults residing in sheltered housing in Ireland"

Introduction

The home bears meanings connected to a person's life story, personality and experiences (Iwarsson, Horstmann, & Slaug, 2007). While many consider the concepts of 'house' and 'home' as intricately linked, others make distinctions between the 'house', as the physical environment, and the 'home', as a subjective attachment to place (Leibing, Guberman, & Wiles, 2016). Home is a multi-layered concept extending beyond the household to encompass the neighbourhood and wider community (Bigonnesse, Beaulieu, & Garon, 2014; Oswald & Wahl, 2005), and represents physical, personal, social (Cloutier-Fisher & Harvey, 2009; Oswald & Wahl, 2005), cultural and political dimensions (Seamon, 2014). This research explored the concept of the 'sense of home' which is a multifactorial phenomenon involving the attribution of meaning to the built environment based on personal experiences and memories (Rijnaard et al., 2016). Developing a sense of home is a gradual process whereby one's independence, choice, security and sense of identity are essential elements (Cooney, 2012; Molony, 2010)

Evidence within the literature highlights that an older adult's experience of home impacts their health and wellbeing (Iwarsson, Horstmann, & Slaug, 2007; Rowles & Chaudhury, 2005). The home environment becomes increasingly important as one ages (Haak et al., 2015). Current research shows that as older adults' functional capacity declines, they spend increasing amounts of time at home (Schaie, Wahl, Mollenkop, & Oswald, 2003). Older adults frequently wish to age-in-place by remaining in their homes (Cullen, Delaney, & Dolphin, 2007), however when this is no longer possible sheltered housing becomes a viable option (Department of Health and Children, as cited in, Ireland Smart Ageing Exchange & the Housing Agency, 2016). The transition from home to an unfamiliar place, means that these older adults must adjust to a new house and create a new experience of home (Tracy & DeYoung, 2004).

This study was undertaken in S.H.A.R.E., a charity run sheltered housing association in Ireland. S.H.A.R.E. was originally established by a group of secondary school students and continues to be funded by students each year through fundraising initiatives. Sheltered housing is a unique form of social housing, which provides communal and supported living, primarily to lower income older adults (Cullen et al., 2007). It bridges the gap between living independently at home and residential care (ALONE, 2018). These facilities may include care supports, recreation areas and an on-site warden but generally do not provide intensive care. Sheltered housing often comprises of a number of individual apartments adapted to meet the needs of elderly people (van Bilsen, Hamers, Groot & Spreeuwenberg, 2008). For the purpose of this study, sheltered housing

will be defined "as schemes with on-site communal facilities for assisted independent living" (The Irish Council for Social Housing [ICSH], 2005, p. 16) as this definition best represents the housing provided by S.H.A.R.E. The older adult population in Ireland grew by over nineteen percent between 2011 and 2016 (Central Statistics Office, 2017). Thus, increasing the demands for sheltered housing to accommodate individuals who are unable to remain in their own homes, yet can live independently with some assistance (ICSH, 2005). Although the number of older adults residing in sheltered housing in Ireland is unknown, as Ireland's population continues to grey, there will be an increased number of people moving to live in sheltered housing.

This research explored how older adults residing in S.H.A.R.E., created a sense of home following the transition to sheltered housing. In accordance with the Association of Occupational Therapists of Ireland research strategy (2013) this research investigated "the link between occupation, environment, health and wellbeing" (p. 4.) and researched the lived experience of occupation. Within the Irish context, the National Positive Ageing Strategy outlines housing as one of the priority policy-making areas for the elderly (Department of Health, 2013). The policy aims to support research on ageing which focuses on removing barriers to participation and maintaining or improving older adults' health and wellbeing. This study satisfied both calls for research by exploring the factors contributing to older adults' development of a sense of home following the transition to sheltered housing.

Literature Review

A relevant literature review, related to the research topic, was completed using the databases EBSCO, ProQuest Central and Scopus by employing a keyword search strategy and Boolean logic statement (appendix 1: Record of searches and tracking the literature). References from these articles, government publications and grey literature in relation to older adults and their homes was also reviewed. The following themes emerged from the literature; the sense of home impacts health and wellbeing, and the sense of home being influenced by social, physical, personal and occupational dimensions.

The Sense of Home and Health and Wellbeing

Within the literature, evidence indicates that the experience of home can influence health and wellbeing (e.g. Oswald & Wahl, 2005; Rowles & Chadbury, 2005). Developing a strong person-place bond has been found to positively impact a person's health and wellbeing as it allows individuals to feel a sense of belonging (Scannell & Gifford, 2017). A sense of belonging is considered a necessity for psychological wellbeing (Maslow, 1970) and represents the distinction between a 'house' and a 'home' (Rowles, 2006). A quantitative study of Swedish older adults

indicated that their life satisfaction and perceived health was impacted by their housing satisfaction, including accessibility and usability (Iwarsson et al., 2007). In contrast, other studies depict that home may represent a place of domestic violence, confinement or sadness thus negatively impacting the wellbeing of older people (Manzo, 2003; Rubinstein & de Medeiores 2006). As an older adult's experience of home can impact their health and wellbeing (Moore, 2000; Rowles & Chaudhury, 2005), it is therefore imperative to understand the dimensions which contribute to the development of a sense of home following the transition to sheltered housing. Within the literature, social, physical, personal and occupational dimensions were found to permit older adults in creating a sense of home.

Social Dimension

The establishment of a sense of home in sheltered housing was found to be influenced by the social norms of a region, as highlighted in a study on sheltered housing in the U.S. and South Korea (Shin, 2014). An individual's sense of home is impacted by social interactions in both the macro-environment of the community and neighbourhood, and the micro-environment of the home (Cloutier-Fisher & Harvey, 2009). Contributing to community life was important in developing a sense of home for older adults who had recently transitioned to a retirement community (Cloutier-Fisher and Harvey, 2009). For these retirees, active engagement in community life was the main tool used to redefine their sense of home and transform an "unfamiliar space into a meaningful place" (p.253). Similarly, for older adults living in community-based housing, the experience of home was impacted by the presence of public meeting spaces and the opportunity to interact with neighbours (Bigonnesse et al., 2014).

Having positive relationships is essential in creating a sense of home (Molony, 2010). However, according to Dobbs (2003), residents' development of a sense of home within assisted living facilities was hindered by a lack of emotional attachment between the residents and caregivers, and a loss of relationships and roles. This is supported by an Irish study in a long-term care setting, which found that the social environment influenced the residents' sense of being at home, as residents who did not feel at home also reported being isolated (Cooney, 2012). Therefore, it is evident that the social dimension of home incorporates meaningful relationships established within the built environment of the house and the wider community. However, moving to a new place can hinder the sense of being at home, as the older person is removed from their familiar surroundings and social relationships.

Physical Dimension

As older adults typically spend more time at home, they tend to centralise indoor activities in the home by setting up "control centres" (Schaie et al., 2003). Control centres often constitute a comfortable space, with a good view and close proximity to required items within the home (Rezeanu, 2014). In congregate housing, older persons' sense of home was found to change in correlation with the fit between their house and their functional abilities or life situations (Leith, 2006). In order to compensate for reduced functional abilities and to remain socially connected with the community, many older adults creatively manipulate their home environment by developing control centres. Older adults with reduced mobility remained socially connected with the world by carefully positioning their chair near the front door of their apartment so that they were visible to neighbours and apartment workers (Jackson, 1996). Control centres encourage interaction and the development of social connections in the home. As a result, control centres become some of the most meaningful areas in a person's home by supporting one's engagement in valued activities and social interaction.

Literature on older adults residing in public housing, found that personalising the physical environment was an effective means of transforming a house into a home (Tanner, Tilse, & de Jonge, 2008). Personalisation is a widely recognised tool used to develop one's sense of home (Smith, 1994). Decorating the home with personal items and photographs allows the individual to embed their identity within the living space and turn their physical house into a meaningful home (Shin, 2014; Jackson, 1996). Similarly, personal belongings were found to be imperative in the development of a sense of home and permitted an individual to become attached to their new place (Cooney, 2012; Rijnaard et al., 2016). Older adults' sense of home was influenced by their autonomy in personalising the physical environment with decorations, furniture and even the colour of the walls (Bigonnesse et al., 2014).

Additionally, older adults who felt physically secure had a stronger sense of home (Board & McCormack, 2018; Mitty & Flores, 2009). Home represented a place of security, refuge and safety for residents and their sense of at-homeness was influenced by their ability to "withdraw and shut the door" (Leith, 2006, p. 329). Similarly, in a nursing home, residents with a private room were found to feel more at home (Rijnaard et al., 2016). Following the transition to sheltered housing residents reported a significant sense of financial, emotional and physical security (Shin, 2014). Therefore, it is apparent that physical domains such as control centres, personalisation and security support the development of a sense of home.

Personal Dimension

The home carries significant personal meanings associated with the trans-active, dynamic and reciprocal relationship between person and place (Tanner et al., 2008). Individuals often establish meaning with a place through positive memories and strong emotions experienced within the built environment (Scannell & Gifford, 2010). Attachment and a sense of belonging to a place maintained a sense of identity for community-dwelling older adults (Wiles et al., 2009). A study found that retaining a sense of identity and self, is an important aspect of home for those living in assisted living facilities (Mortenson, Sixsmith, & Beringer, 2016). However, it was found that on moving to assisted living, residents lacked emotional attachment to their new environment as there was an absence of personal meanings (Dobbs, 2003). Research in care homes found that establishing a meaningful sense of home is a gradual process and occurs in response to personal emotions and experiences (Bland, 2005; Cooney, 2012; Molony, 2010). In contrast, tenants in assisted living regarded their previous house and community as home, rather than their new residence (Dobbs, 2003). Attachments to home begin to grow through frequent positive experiences until, eventually, home is acknowledged as part of one's self-identity (Scannell & Gifford, 2010). Therefore, understanding how older adults create a meaningful home by maintaining a sense of identity and forming attachments to their new place is crucial.

Another recurring theme within the literature is the relationship between sense of home and autonomy and control. Studies found that residents' ability to create a sense of home in assisted living was influenced by their experience of autonomy, control and freedom of choice. (Mortenson et al., 2016; Shin, 2015). Sense of home is heavily determined by whether the move to long-term care is voluntary or involuntary (Bland, 2005; Cooney, 2012). Older adults report that having choice and feeling in control about how and where they live is important to creating a sense of home (Fjordside & Morville, as cited by, Board & McCormack, 2018). There is an intrinsic link between choosing to move to assisted living and the process of ageing and dying (Mitty & Flores, 2009). It was found that residents decided to move to sheltered housing as they realised that they were coming to the end of life, and therefore sheltered housing held meaning as place in which they could peacefully die (Shin et al., 2014). Furthermore, residents who had made the decision to transition into long-term care, were more positive about the move (Cooney, 2012). In contrast, those had involuntarily moved into long-term care had difficulty settling in their new place. Thus, it is evident that personal domains such as attachment, identity, autonomy, control and choice all contribute to an individual's overall sense of home.

Occupational Dimension

Occupations are the everyday activities which people engage in to occupy time and bring purpose and meaning to life (World Federation of Occupational Therapists, 2019). There is link between older adults' positive sense of health and wellbeing and engagement in meaningful occupations (Bedding & Sadlo, 2008; Clark et al., 2012; Liddle, Parkinson, & Sibbritt, 2013). The home represents the origin and locus for occupational participation for most older adults (Haak, Dahlin-Ivanoff, Fänge, Sixsmith, & Iwarsson, 2007). Older adults' experience of home is influenced by their capacity to engage in activities of daily living and their ability to care for their homes (Bigonnesse et al., 2014). However, an older adult's ability to maintain meaningful occupations is impacted by moving out of the home (McIntyre & Atwal, 2013). For residents in a care home, home represented a place to engage in previous routines, meaningful activity, habits and domestic tasks (Cook, Thompson, & Reed, 2015; Falk, Wijk, Persson, & Falk, 2013; Rijnaard et al., 2016). The impact of routines on an individual's experience of home is a recurring theme within the literature. An Irish study in long-term care settings found that maintaining usual daily activities and routines was an essential element in experiencing a sense of home (Cooney, 2012). Similarly, another qualitative study established that meaningful activities in the home environment are essential to evoke meaning in the residents' life, improve satisfaction and provide a sense of being at home (Rijnaard et al., 2016). On the contrary, Cook et al. (2015) found that, residents were engaged in relentless routines imposed by staff which resulted in extreme boredom. This is reiterated by a study of sheltered housing in the U.S. and South Korea, where residents experienced difficulty adjusting to the rigid daily routine (Shin, 2014). Imposed routines were found to have a negative impact on the resident's sense of being at home (Shin, 2014). Residents expressed a desire to participate in chosen meaningful activities, which provide a sense of achievement, fulfilment or a purpose (Cook et al., 2015). It appears that engagement in meaningful activities and occupations influences older adults' sense of home however, in the context of sheltered housing there is a lack of literature and research.

Literature Gaps and Research Question

The literature suggests that an individual's sense of home is associated with their health and wellness, but the meaning can be disrupted through moving. The main limitation of the literature was the lack of studies available in the context of sheltered housing both in Ireland and worldwide. Studies rarely describe the setting of the research and therefore it was difficult for the authors of this paper, to evaluate if findings were relevant for this study. Sheltered housing offers a unique home context for older adults, as a stepping stone between independent living and residential care. Therefore, as the supports and barriers to creating a sense of home vary between home

environments, a gap exists within the literature. To the knowledge of the researchers, there is currently no published studies on older adults' sense of home in sheltered housing in Ireland. The question that this research attempted to answer was: *how do older adults create a sense of home following the transition to sheltered housing?* The aim of the research was to explore the social, physical, personal and occupational factors which contribute to the development of a sense of home for older adults in Ireland, following the transition to sheltered housing. By gaining an insight into factors affecting how older adults create a sense home following the transition to sheltered housing, this setting may be able to gain an understanding around their role in assisting residents feel at home, and as a result maintain or improve the residents' health and wellbeing.

Research Design

Methodology

This research applied a qualitative approach in order to explore and gain a rich understanding of subjective lived experience of residents in creating a sense of home. Guided particularly by the theoretical approaches of phenomenology, it considered that there are limitless realities, and infinite interpretations and possibilities of the lived experience of the phenomenon (Polgar & Thomas, 2008). This study placed importance on gaining a holistic understanding of the participants' subjective experience and meaning of a phenomenon and aimed to precisely describe it from their perspective (Cohen, Kahn, & Steeves, 2000; Denzin & Lincoln, 2005). However, it was accepted that the authentic experiences of participants would never be fully understood (Polgar & Thomas, 2008).

Method

Qualitative interviews elicited in-depth information which explored the lived experience and meaning of this phenomenon (Lewis, 2003; Kahn, 2000; Steeves 2000). Despite the small sample size, interviews provided rich explanations and valuable insights into the participants' personal perspectives. Evidence from the literature and reflexive construction was applied to develop an interview guide of 8 open-ended questions and several follow-up questions to encourage participants to elaborate on ideas (appendix 2: Interview guide). The semi-structured open-ended questions allowed flexibility of individual differences. Pilot studies were conducted with S.H.A.R.E.'s director and a resident, which highlighted issues with the interview guide and permitted the researchers to make modifications prior to recruitment (appendix 3: Pilot study). Seven participants consented to one semi-structured audio taped interview, which facilitated face-to-face, conversational communication. One researcher asked questions while the second researcher took detailed notes and sketches of the home to achieve triangulation in data collection.

Participants and Recruitment

The research was undertaken in S.H.A.R.E. in partnership with Community Academic Research Links [CARL] in University College Cork. CARL is a community engagement initiative which aims to support the research needs of voluntary and community groups. Participants were recruited using purposive sampling, as a selective sample allowed for the exploration of the specific phenomenon being studied. The director of S.H.A.R.E. acted as a gatekeeper in recruiting participants and was informed about the nature of the study and the inclusion criteria. The gatekeeper held an information session for residents in the day-centre in January 2019 and flyers advertised the study across all S.H.A.R.E.'s complexes (appendix 4: Flyer). Seven residents from four S.H.A.R.E. locations expressed interest in the study through contacting the researchers by telephone or informing coordinators about their interest in the study. Researchers determined that all seven interested residents were eligible to partake in the study (table 1). Information leaflets which informed participants about the nature of the study were posted to their home address (appendix 5: Information leaflet). To allow for sufficient reading time, participants were contacted by telephone one week after receiving the information leaflet. All questions were answered and a suitable time and location for the interview was arranged. A reminder phone call was made to each resident the day prior to the interview. Participants were assured of confidentiality through the use of pseudonyms and written informed consent was obtained prior to the interview (appendix 6: Informed consent form).

Table 1: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
• Aged 65+ years • Resident of S.H.A.R.E. sheltered housing • Speaks fluent English • Capacity to consent and participate in an interview	• Under 65 years of age • Non-resident of S.H.A.R.E. sheltered housing • Does not speak fluent English • Unable to consent or complete an interview

At the time of recruitment S.H.A.R.E. provided housing for 126 lower-income residents across seven complexes, aged between sixty to ninety. Participants represented 5.5% of the resident population in S.H.A.R.E. As 72% of participants identified as male, this was representative, as 75% of S.H.A.R.E.'s residents were male (S.H.A.R.E., personal communication, 2019) (table 2).

Table 2: Participants who consented to partake in the research

	*Pseudonyms	Age in Years	Gender	Ethnicity	Length of Residency in S.H.A.R.E.	Marital Status
1.	Joy*	77	Female	Irish	5.5 years	Separated
2.	Michael*	71	Male	Irish	9 years	Single
3.	Frank*	67	Male	Irish	2 weeks	Separated
4.	Denis*	80	Male	Irish	2.5 years	Widowed
5.	Brian*	75	Male	Irish	13 years	Single
6.	Tom*	84	Male	Irish	7 years	Separated
7.	Anne*	88	Female	Irish	10 years	Single

Data Collection

As sufficient in-depth data were gathered through conducting one semi-structured 30 to 60-minute interview with each of the seven participants, additional interviews were not necessary. Interviews were conducted over a two-week period in February 2019, in a location convenient to the participant. Two interviews took place in the day-centre and five interviews were conducted in the participants' homes. Following written consent all interviews were audio-taped and a sketch of the participants' home was taken. Prior to, during and after the interviews, field notes were taken, which recorded the context of the interview, observations, researchers' personal reflections, individual quotes. Additionally, a questionnaire gathered basic demographic information was completed prior to the interview (appendix 7: Demographic questionnaire). Informed consent sheets, printed transcripts and other data were securely stored in a locked cabinet accessible only by the researchers. Audio recordings and transcripts were stored on an encrypted password protected computer. In accordance with University College Cork [UCC] Data Management Policy (2016), data will be stored in UCC for a minimum of 10 years.

Data Analysis

Interview audiotapes, observed response and field notes were transcribed verbatim by the researchers (Carpenter & Suto, 2008). Data were analysed in a private and secure booked lecture room in UCC. The researchers applied inductive thematic analysis to analyse data. By applying the three stages of thematic analysis; data reduction, data display, and conclusion drawing and verification (Braum & Clarke, 2006; Carpenter & Suto, 2008), the researchers identified, analysed and recorded themes. Prior to initial-coding each researcher individually read the transcripts and fieldnotes multiple times. Familiarisation of the data during the data reduction stage, permitted researchers to organise and abstract meaningful sections for coding. The researchers independently completed line-by-line initial coding for each transcript, by identifying and assigning shorthand labels to data fragments. The researchers collaborated to compare and combine codes and established 31 initial themes (appendix 8: Sample coding). Initial codes and themes were displayed in tables (appendix 9: Initial codes and themes). Inductive coding ensured that the researchers did not attempt to fit the data into pre-existing codes. The researchers used concept maps as a visual representation of the data, to determine links and overlaps between initial themes and collated them into seven sub-themes (appendix 10: Sample concept mapping). Sub-themes were then refined and synthesised to form three overarching themes, which captured the complexity of phenomenon being studied. Prior to the data collection and analysis, the researchers outlined their underlying personal assumptions and biases and explored how their role within the process could influence the data, this permitted reflexive reading of the transcripts (appendix 11: Underlying Assumptions).

Ethics

This research was granted ethical approval by the Social Research Ethics Committee, UCC, Ireland in December 2018 (appendix 12: Ethical approval). Researchers adhered to the UCC Code of Research Conduct 2016 (UCC, 2016), and General Data Protection Regulations (Data Protection Commissioner, 2018). To the knowledge of the researchers conflicts of interest and coercion were absent. Pseudonyms for the participants ensured confidentiality, however, while all efforts were made, anonymity could not be guaranteed. Rigour was ensured by trustworthiness in the research process, through credibility, dependability, transferability, and conformability (Prion & Adamson, 2014). Researchers established credibility of data through participant member checking and participant validation. Following data analysis, member-checking was completed by phoning each participant to ensure accuracy of the findings and gain consent for the dissemination of findings in a research poster. An audit trail was maintained in a research journal and through discussion with a supervisor to ensure that the research was dependable and representative of the complete data set (appendix 13: Extract from audit trail-Supervision record). The data collection and analytical process

was transparent as researchers' justification for decisions were clearly outlined in the research proposal and audit trail. Confirmability was assured as the researchers engaged in consistent reflexivity through a reflexive journal (appendix 14: Extract from Reflexive Journal). Finally, the recruitment of participants from various S.H.A.R.E. locations and the contribution of two researchers achieved researcher and source triangulation.

Findings

The thematic data analysis identified three broad themes which related to the overall theme, recreating a sense of home in sheltered housing: (1) personal values (2) environmental aspects; and (3) occupational engagement (table 3). These themes were referred to by the participants both directly and indirectly throughout the data. Findings were supported by direct quotes from participants and sketches of the participants home.

Table 3: Overview of Themes and Sub-themes

Themes	Sub-themes
Personal Values	a. Choice and Autonomy b. Family c. Personalisation
Environmental Aspects	a. Security b. Control Centres
Occupational Engagement	a. Meaningful Occupations b. Social Interactions

Theme 1: Personal Values

Participants incorporated their personal values into the environment to create a sense of home in sheltered housing. Personal values were divided into three sub-themes which included: (a) choice and autonomy (b) family; and (c) personalisation.

Choice and Autonomy- "It's up to myself to make a home"

Residents relied on their own autonomy to create a sense of home. All participants valued having the freedom to do what they wanted within their home. Having choice and feeling in control about how and where they lived was important to creating a sense of home:

"It makes it home because everything I want is here you know, and I can go out when I want to… I can more less do what I want" (Denis)

Participants reported that their sense of home was influenced by whether the choice to move to sheltered housing was voluntary or involuntary. Participants who had choice in where they lived and experienced anticipation before the move settled into their new home more quickly:

"I said to myself when I retire, I'm going to live here" (Frank). As a result, Frank felt at home *"the minute the first day I came in here".*

In contrast, Denis moved to sheltered housing unexpectedly as his previous home was no longer accessible following a major operation. As a result, Denis took longer to settle into his new house:

"I didn't like it for a while cause your used to your own home, do you know what I mean… but I settled in, and I made friends here"

Family- "Family means a lot for home"

Family was an important personal value for all participants and an essential aspect of home. It was often the primary factor that participants associated with home. In some cases, participants moved to sheltered housing in order to be close to their family:

"The fact that my girls are here is the reason I moved." (Joy)

Family was intrinsically linked with the participants' meaning of home as it represented the social and emotional connection associated with home. Home was so closely linked to family that for some participants, home did not exist without family:

"Before it (home) was kind of for protection, your mother and father were there and things like that, and they say when father and mother are gone then your home is gone as well" (Michael)

Personalisation- "I have all my little artefacts there from me travels around the world"

The majority of participants created an emotional attachment to their new home by embedding their identities into the environment. Participants personalised their homes with symbolic items that held

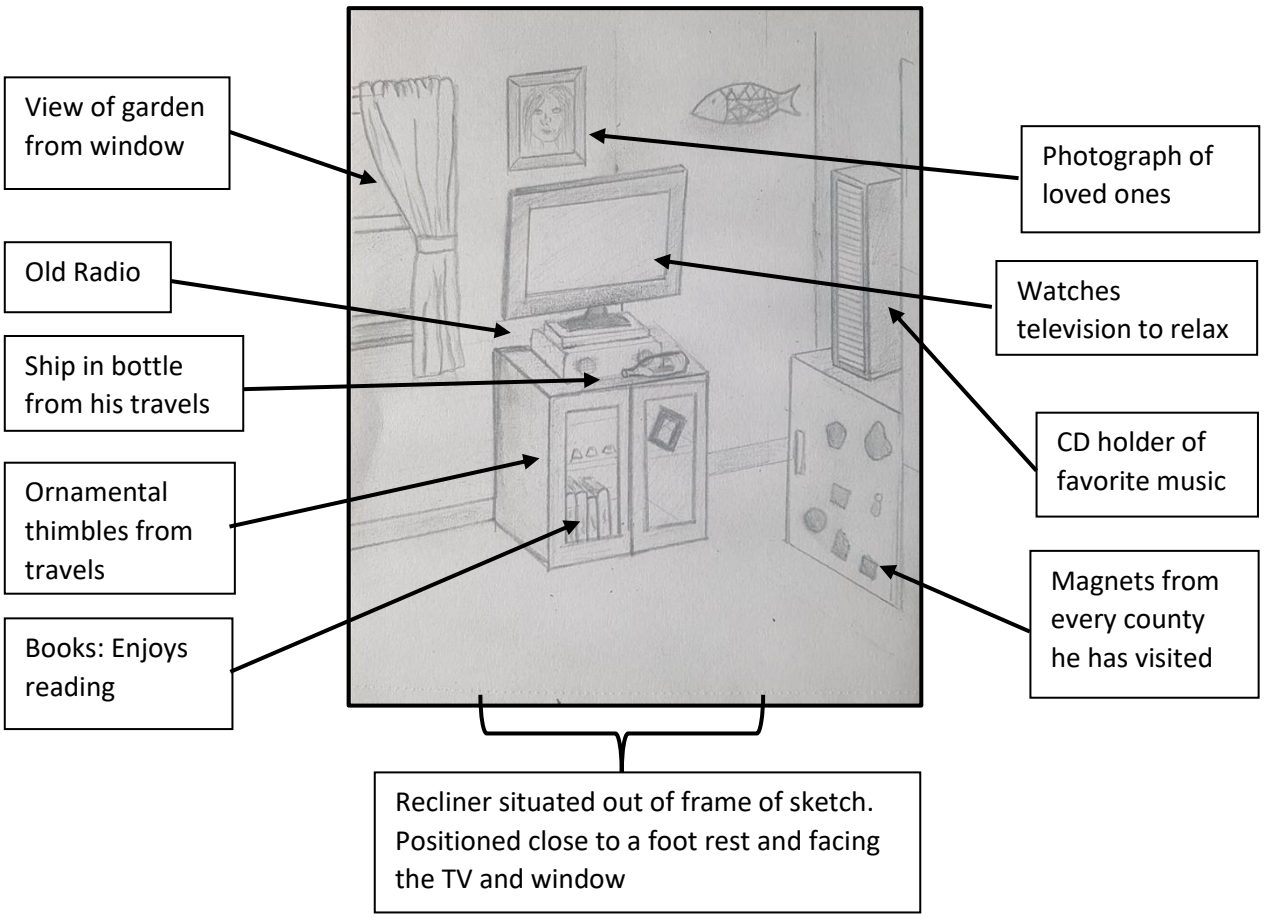
personal meanings and represented significant memories. Photographs were an important means of remembering loved ones, particularly those who had passed away:

> *"I brought a couple of small things only yes, a picture of my mother and father"* (Tom)

Similarly, Frank created a home that was a symbolic expression of the meaningful events and memories of his life. His home was decorated with souvenirs that symbolised memories from his travels and other artefacts which represented his identity and interests (sketch 1). Frank had control over his environment as S.H.A.R.E. allowed him to personalise his home as he wished:

> *"I'll paint this place up now myself… They said they'd paint it up, but I'd prefer to do it myself"*

Sketch 1:



Theme 2: Environmental Aspects

The physical, social, spiritual and economic aspects of the environment contributed to the participants' development of a sense of home. Two key elements of the environment included (a) security; and (b) control centres.

Security- "Security really, that's basically it"

Security was a vital environmental component required by most participants to create a sense of home. Security was considered a multidimensional concept, incorporating a sense of financial, social and physical security. However, the spiritual security of permanency proved most important. Permanency refers to the spiritual security that participants felt knowing that S.H.A.R.E. was now their permanent home, and the place which they would die. As many participants lived in rented apartments throughout their lives, they had never considered their homes to be permanent, as they feared eviction:

> *"I've lived in over 25 houses...moving has just been one of the feature's in my life that has been just appalling. I've never had any fixed notion of what I want as home just as long as its secure"* (Joy)

Similarly, Michael describes that constantly moving impacted his ability to create a sense of home:

> *"You'd be afraid to say this is your home, because maybe you might move on again like"*

However, following the transition to sheltered housing participants found relief in having the stability of a permanent house provided by S.H.A.R.E., which saved them from being homeless:

> *"Well it's a roof over my head, I have somewhere to go. I don't have to go to a hostel or anything like that you know"* (Denis)

Furthermore, S.H.A.R.E. provided most participants with the spiritual security of knowing where they were going to die:

> *"I'm secure about the knowledge that they won't throw me out. This is my last move anyways, won't be moving out of here, they'll be taking me out of here in a box"* (Frank)

Having a sense of permanency assisted participants to settle in and form a sense of home in sheltered housing:

*"*Researcher: *What do you think helped you settle in?*

Denis: *Well I knew where I was going to end my days… so yeah I'm quite settled in now knowing where I'm going to end up"*

Control Centres- "Everything you need is there like"

Within the participants' home environments, control centres were identified as meaningful areas which supported engagement in valued activities and social interaction. Control centres enabled participants to access everything they required in their environment. Brian used his bed as a control centre to compensate for physical limitations:

"I prefer watching the television from here (profiling bed), I can adjust myself high if I want to. That's where I normally sit because sometimes, I get very tired"

Furthermore, by having his 'grabber' at his bedside, he could dress himself from his control centre and pick up things that were beyond his reach. Additionally, Brian manipulated his environment to support his social interaction by leaving his door unlocked:

"I don't bring them (friends) in at all they just comes in. Between you and me, I don't lock the door there at all so 'tis easier"

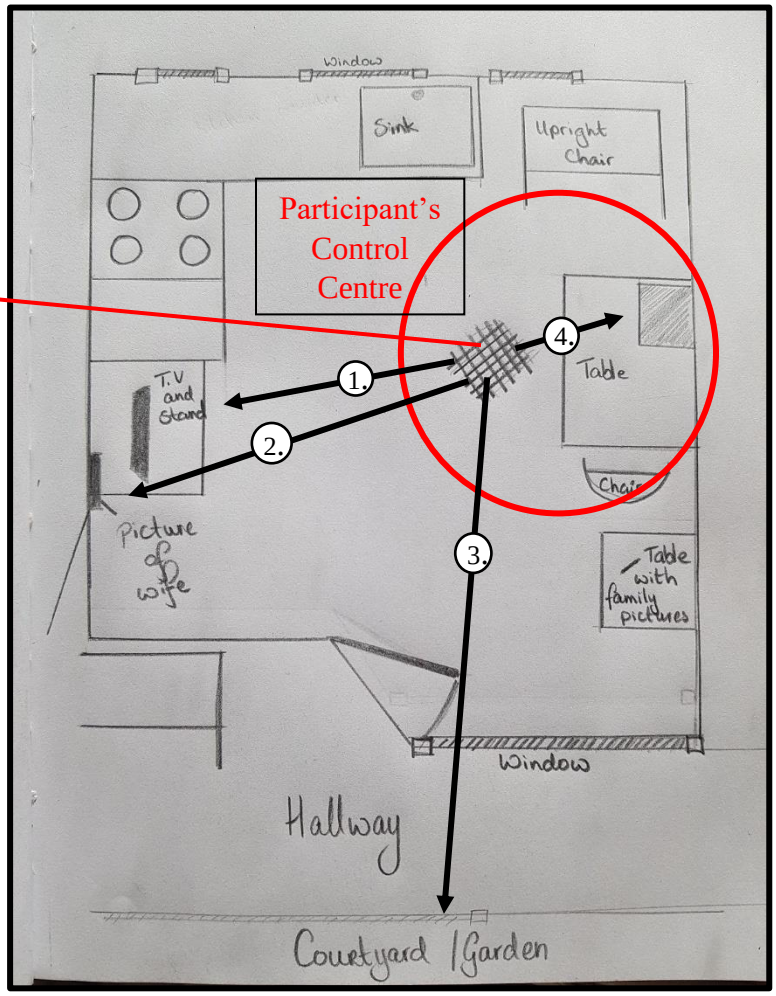
Denis set-up a control centre at his kitchen table to easily reach everything while seated in his wheelchair (sketch 2 and 3). The table was at a lower height than the kitchen counters, so the microwave, kettle and toaster were located here instead. In this way, he influenced the physical environment to maintain his independence in meal preparation tasks.

Sketch 2

Participant was sitting in his wheelchair in this location drinking tea and smoking when the researchers arrived.

1. Good view of the television: Meaningful occupation

2. Good view of pictures of loved ones



3. Good view of the garden: Favourite part of participants home.

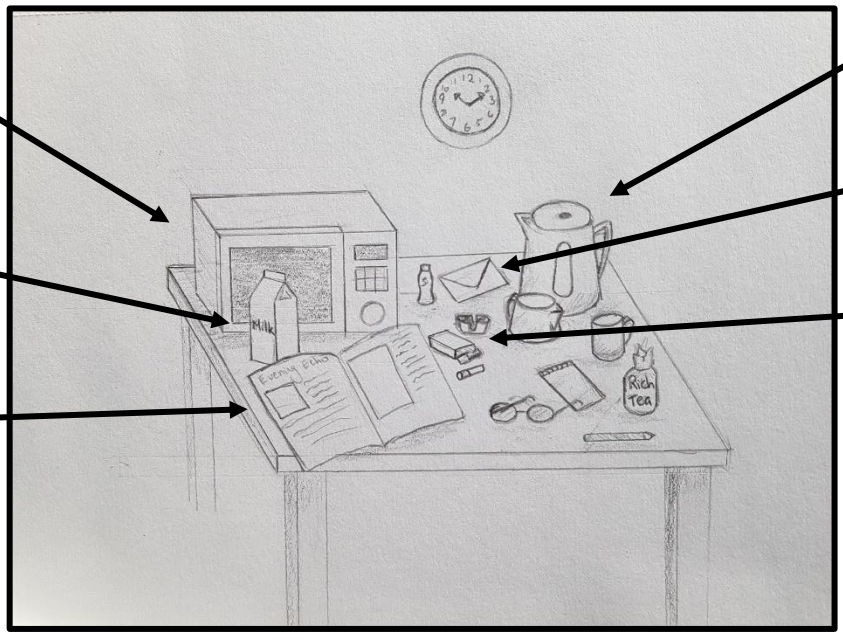
4. Required items were within easy reach (sketch 3)

Sketch 3

Microwave: Heating meals on wheels

Milk: For tea

Enjoys reading the newspaper



Kettle: For tea

Letters: Appointments

Ash tray and cigarettes

Finally, for some participants control centres simply represented a place of refuge and relaxation. In Frank's control centre, he had access to everything needed to unwind:

> *"A place that I can come in turn on my television, turn on the radio turn on my CDs… I can come in here and put my legs up on the recline and watch the world go by and things like that"* (refer to sketch 1)

Theme 3: Occupational Engagement

The final theme which emerged related to the residents' engagement in meaningful occupations. This engagement influenced their sense of identity and therefore the meaning which they attributed to their home. Two sub-themes emerged: (a) meaningful occupations; and (b) social interaction.

Meaningful Occupations- "I enjoy helping people, that's what I do and that's my life"

All participants reiterated the importance of engaging in meaningful occupations in their home. Some participants engaged in productive roles within S.H.A.R.E., which gave them a sense of purpose:

> *"There's a pond and the ducks come every year to breed. I'm assigned to feed them and all that… The ducks keep me going*" (Tom)

Meaningful occupations which provided a caring role for participants were found to further add to their sense of identity and purpose. The most important occupations to the participants included caring for others, pets and the garden. Engaging in purposeful activities provided a flow experience and enabled participants to overcome their physical limitations:

> *"I have arthritis, as I said I've had my knee replaced, but it doesn't bother me once I'm out in the garden, all that goes… I don't have a pain or an ache I'm just happy out"* (Frank)

S.H.A.R.E. offered several opportunities for occupational engagement particularly through the activities in the day-centre. Although participants recognised that the staff try to cater for a range of abilities, some found that the activities *"can be very very boring"* and yearned for "*games that would be challenging"* (Joy). However, for the majority of participants, attendance at this service proved very meaningful as it was an opportunity to show their appreciation and loyalty towards S.H.A.R.E.:

"I feel very loyal towards the day-centre, I feel S.H.A.R.E. provide such a service" (Joy)

Residents had a reciprocal relationship with S.H.A.R.E. whereby they valued giving back to them more than engaging in the actual activities, as it gave them a sense of purpose and benevolence. Although few participants attended the day-centre, many appreciated having the option to attend this service in the future as their abilities decline:

"I reckon I'm too young for that yet, but you know I will use it more as the days go by if the man above leaves me" (Frank)

Social Interaction- "You make a connection with others but some of them are so bloody annoying"

All participants highlighted that social interactions contributed to their sense of home in various ways. S.H.A.R.E. aimed to develop a sense of community and belonging by promoting social interaction among residents. Several communal facilities were available to encourage interaction, however physical limitations were a barrier to social interaction:

"There's a lot of the residents that wouldn't be that mobile, it's a shame like there a brand-new pool table inside there and it would be nice for to come down and have a game." (Frank)

Furthermore, all participants discussed the intergenerational aspect of S.H.A.R.E. whereby, on Wednesday afternoons, a group of secondary school students visit each S.H.A.R.E. complex. This optional initiative was highly praised by most residents who valued the friendship with the students:

"The students come in here every Wednesday and they play cards with us and we have good craic together. We have a good ole chat" (Tom)

The participants also appreciated other initiatives, such as coffee mornings and day trips which promoted social interaction. However, it emerged that privacy was a key element to the participants' sense of home, as *"some people just like living their own private life"* (Michael). While S.H.A.R.E. advocate for increased interaction, many residents were already satisfied with their social lives:

"Nah why should I get to know them? I have my own circle of friends" (Brian)

The data analysis uncovered several crucial factors, including personal values, environmental aspects and occupational engagement, which supported the development of a sense of home following the transition to sheltered housing.

Discussion

The analysis sought to enhance the understanding about how Irish older adults created a sense of home following the transition to S.H.A.R.E. sheltered housing. The findings revealed that personal values, environmental aspects and occupational engagement contributed to the development of the participants' sense of home. This discussion focused on both findings which were consistent with the literature and those which provided novel insights into the factors pertinent to the participants' development of a sense of home.

It was apparent from the findings that participants required attachment to place in order to develop a sense of home in sheltered housing. Participants integrated their personal values into their homes to establish an emotional connection to place and maintain their sense of identity and belonging. As found in the literature, identity was found to be essential in creating a sense of home (Mortenson, Sixsmith, & Beringer, 2016), and was maintained by participants through having autonomy and control over their lives. For many older adults, the home was a symbol of their independence (de Jonge, Jones, Phillips &. Chung, 2011) as it remained the only environment where they could exert autonomy and control (Haak, et al., 2007). S.H.A.R.E. supported participants' freedom of choice in their occupational engagement and home environment. Participants demonstrated control over their home through personalisation, by embedding their personal narratives into the environment with photographs of family members and meaningful household items. Additionally, the study highlighted that having freedom to choose to engage in occupations was imperative for participants' sense of identity. Occupational choice has been found to contribute to one's identity (Christiansen, 1999). While S.H.A.R.E. offered numerous occupational opportunities such as the day-centre and intergenerational project, the ability to choose to engage, or not, in these occupations proved just as important as the engagement itself. The participants often gained meaning from occupations by choosing not to engage as it granted them a sense of control and autonomy over their daily lives. This finding was supported by Jackson (1996), who found that maintaining self-direction and participation in occupational choices was crucial for older adults in retaining their sense of independence and personal worth. This study highlighted that having control over the home environment and choice in occupational engagement influenced the residents' sense of home.

Consistent with the literature review (Bland, 2005; Cooney, 2012), this study found that having a choice in where one resides had a significant impact on participants' attachment to place. In order to create a sense of home in S.H.A.R.E., the participants required a sense of permanency. The authors coined the concept of permanency to refer to the spiritual security felt by residents in respect to knowing where they would die. Permanency was particularly prominent for the participants in this

study, as most of them had never owned their own homes. S.H.A.R.E. represented a place of stability and permanence in which participants would not be forced to vacate, unlike some of their previous residencies. Thus, participants ascribed meaning to their home as a place to peacefully die. For this reason, the researchers hypothesised that S.H.A.R.E. supports 'ageing-in-place', as it provides residents with a permanent location in which to age. Usually ageing-in-places refers to remaining in one's own home for as long as possible (Corneliusson et al., 2019), yet these findings show that ageing-in-place can occur in sheltered housing. This was supported by the definition of ageing-in-place as "living in the community, with some level of independence" rather than moving to residential care (Davey, Nana, de Joux & Arcus, 2004, p.133). S.H.A.R.E. assists residents to live independently within the community, thus demonstrating that ageing-in-place is possible within sheltered housing. This offered a novel insight into ageing-in-place in sheltered housing, which has been previously unexplored within the literature. Having the opportunity to age-in-place in S.H.A.R.E. granted a sense of permanency and spiritual security which contributed to many participants' overall sense of home.

This research has found that supporting participants to engage in meaningful occupations was fundamental for their wellbeing, identity and sense of home. The participants' homes represented the context for engagement in meaningful occupations, routines and roles. It emerged from the findings that while S.H.A.R.E. supported participants' engagement in some meaningful occupations, engagement in other desired occupations was limited. Meaningful occupations which provided a caring role and a sense of purpose such as caring for pets, loved ones and the garden was an important aspect in the participants' previous homes. However, as a result of moving to sheltered housing and physical decline, the participants' ability to engage in these occupations was more restricted. The literature showed that engagement in occupations such as gardening and caring for pets had a positive impact on older adults' health and wellbeing including, providing a sense of companionship, safety, and increasing physical activity (Scott, Masser, & Pachana, 2015; Velde, Cipriani, & Fisher, 2005). This study demonstrated that supporting residents to engage in meaningful occupations permitted them to build a sense of identity and positively influenced their health, wellbeing and sense of home.

This study examined the significance of participants having a reciprocal relationship with S.H.A.R.E. Within this research, the term reciprocal relationship refers to the relationship between the residents and S.H.A.R.E., as the residents wish to express their gratitude in return for the services they receive. While the concept of reciprocal relationships was not evident in the literature, this research presents a new insight into the meaningful occupations of older adults living in sheltered housing. As outlined in the findings, the day-centre encouraged occupational engagement and social interaction, which promoted the residents' sense of community and belonging. However, the particular activities provided in the day-centre were not considered to be meaningful occupations to most of the participants. Despite this, many participants derived meaning from attending these

activities as it was an opportunity to demonstrate their appreciation for S.H.A.R.E. It was the participants attendance at the activities which generated meaning, giving them a sense of purpose and benevolence. This finding offered an additional layer to concept of meaningful occupations, demonstrating that while activities themselves may not be considered meaningful to an individual, meaning can be derived through reciprocity. This research has highlighted the importance of sheltered housing in supporting older adults in the '*doing'* of meaningful occupations, to provide them with a sense of '*belonging'* to their home in sheltered housing.

S.H.A.R.E. provided a unique opportunity for social interaction between the residents and secondary school students through the intergenerational project. It was found that for most participants, the friendships they developed with the students were more meaningful than their peer relationships with other residents. The literature review highlighted that many Irish older adults' development of a sense of home was hindered by loneliness and social isolation (Cooney, 2012). However, S.H.A.R.E. was found to tackle these issues through the innovative intergenerational project. The students acted as a tool to encourage social interaction among the residents by visiting the residents with reduced mobility and playing games with the more mobile residents. This research identified that the participants gained a sense of generativity when interacting with the students. Erikson (1950) defined generativity as "establishing and guiding the next generation" (p.267) which impacts the development of older adults' identity. The participants felt that they were contributing to the community by providing guidance and passing on their wisdom to the future generation. Generativity, along with productivity and caregiving, have previously been found to guide and bring meaning to the daily activities of older adults (Jackson, 1996). As the students were increasing social interaction among residents, and the residents were providing guidance to the students, the intergenerational project represented an additional reciprocal relationship for most participants. This finding is supported by the literature which states that, contributing to the community is important in developing a sense of home (Cloutier-Fisher and Harvey, 2009).

This discussion highlighted the most significant factors which influenced the development of the participants' sense of home which included; having autonomy and choice, a sense of permanency and generativity, and engaging in meaningful occupations and reciprocal relationships.

Implications and Recommendations for Practice

- Previously there has been little importance placed on older adults' sense of home in Irish sheltered housing. This study provides novel insights into this phenomenon and highlights the multiple factors which facilitates the residents' development of a sense of home. As demonstrated, engagement in meaningful occupations was central to the residents' development of a sense of home, therefore occupational therapists have a duty in supporting older adults to settle in following the transition to sheltered housing.
- This research found that the spiritual security of permanency was essential for older adults' sense of home in S.H.A.R.E. It is evident that ageing-in-place was supported by sheltered housing and can occur outside of one's original house. Therefore, in order to support aging-in-place, occupational therapists need to explore how this can be achieved for those who have never had a permanent home, and for those residing in sheltered housing.
- It is recommended that S.H.A.R.E. encourages *engagement for all* rather than *engagement for few* by including challenge and risk in activities for older adults to ensure activities are meaningful. Following participant feedback, it is recommended that S.H.A.R.E. promotes opportunities for older adults to be assigned caring and productive roles, such as gardening, pets and brain-teaser activities. However, it is recognised that many residents are satisfied not engaging in activities provided and therefore, not all residents wish to partake. Additional recommendations will be provided to S.H.A.R.E. in a separate document (appendix 15: Extract from Recommendations for S.H.A.R.E.).
- The research highlighted the multiple benefits of the intergenerational project in increasing participants' social interaction. The role of reciprocal relationships in providing a sense of purpose and generativity for residents was demonstrated. This sense of purpose and generativity positively influenced the participants' sense of home. Therefore, it is recommended that sheltered housing organisations integrate intergenerational projects into their services.

Limitations

Limitations of this study included time constraints and a small sample size from one sheltered housing organisation, meaning that findings cannot be generalised to the wider population. It would be beneficial to recruit a larger number of participants from all of S.H.A.R.E.'s complexes and other sheltered housing organisations in Ireland to gain a more in-depth understanding of this phenomenon. This study applied a qualitative approach to gather data, however it would be beneficial to apply a mixed methods approach in future studies. Researchers could develop a quantitative survey based on the findings of this research, to measure the significance of various factors that influence the development of one's sense of home. Furthermore, those who had a positive experience of sheltered housing may have viewed this study as an

opportunity to express their gratitude, therefore findings may not have been representative of the entire population. Future research could gain a global representation of the population by sending out surveys prior to data collection, to allow for purposive sampling of participants who are both satisfied and unsatisfied with their home.

Conclusion

This research aimed to explore the lived experience of older adults creating a sense of home following the transition to sheltered housing in S.H.A.R.E. As demonstrated in this research home is a multidimensional concept. In order to promote the wellbeing of older adults living in sheltered housing, occupational therapists and sheltered housing organisations must understand the factors that contribute to the creation of a sense of home. The residents appreciated having a home which represented their personal values such as identity, choice and autonomy, as well as family. These personal values were integrated into their homes through personalisation. Additionally, environmental factors including security and control centres, supported the participants to settle into their new home. The novel concept of permanency was of particular importance to these participants, as they finally found a permanent home which gave them a sense of belonging and attachment. Furthermore, S.H.A.R.E. provided residents with a sense of permanency which enabled them to age-in-place in sheltered housing. Finally, engagement in meaningful occupations and reciprocal relationships were essential for the residents' sense of productivity, purpose and generativity and brought meaning to their new home. Although the reciprocal relationship gave meaning to participants attending the day-centre, S.H.A.R.E. could incorporate more challenge and risk into activities to ensure that the activities themselves are also meaningful for residents with a greater functional capacity. While the concept of creating a sense of home in sheltered housing, is a complex phenomenon, it is evident that through the development of a positive emotional attachment to place older adults can become part of their home and the home, in turn, a part of them.

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Appendix 1: Record of Searches and Tracking the Literature

The key words included “sheltered hous*” OR “sheltered accommodation*” AND “meaning of home”, yielding 64 results, of which 24 were eligible for the literature review. Several key terms such as long-term care facilities and nursing home were excluded from the search strategy as they yielded results unrepresentative of the population in sheltered housing.

Databases and Sites Searched	Search Terms	Limits Used	Articles Retrieved
EBSCO -Academic Search Complete -SocINDEX with Full Text -OmniFile Full Text Mega (H.W. Wilson) -Social Sciences Full Text (H.W. Wilson) -Psychology and Behavioural-Sciences Collection -Education Full Text (H.W. Wilson) -General Science Full Text (H.W. Wilson) -PsycINFO	"sheltered accommodation*" OR "sheltered hous*" OR "Independent living communit*" OR "retirement communit*" OR “assisted living facility*” OR “personal care home*” OR “continuum care retirement communit*” OR “senior housing*” OR “age restricted communit*” OR “senior co-housing” **AND** "meaning of home"	-Peer Reviewed	**13**
Scopus	"sheltered accommodation*" OR "sheltered hous*" OR "Independent living communit*" OR "retirement communit*" OR “assisted living facility*” OR “personal care home*” OR “continuum care retirement communit*” OR “senior housing*” OR “age restricted communit*” OR “senior co-housing” **AND** "meaning of home"		**6**
ProQuest Central	"sheltered accommodation*" OR "sheltered hous*" OR "Independent living communit*" OR "retirement communit*" OR “assisted living facility*” OR “personal care home*” OR “continuum care retirement communit*” OR “senior housing*” OR “age restricted communit*” OR “senior co-housing” **AND** "meaning of home"	-Peer Reviewed -2008-2018	**51**
Total Number Retrieved	64	Total Number Eligible*	**24**

***Eligible articles were decided on through removing exact duplicates and screening articles for relevance.**

Tracking the Literature

As shown in the table below. This search yielded one study set in sheltered housing, three studies in assisted living facilities and the remainder in varying settings.

Author	Methodology	Method	Setting/Participants	Discipline
(Bigonnesse, Beaulieu, & Garon, 2014)	Qualitative	-Focus Group -One Case study	-Residents of the Age-Friendly Cities Project in Quebec, Canada -392 participants	
(Board & McCormack, 2018)	Qualitative	-Photo-elicitation interview	-Own homes -Aged 47-62 years -6 participants	Nursing
(Cloutier-Fisher & Harvey, 2009)	Qualitative	-Interview	-Retirement community	Psychology
(Cook, Thompson, & Reed, 2015)	Qualitative	-Interviews	-Care home -8 participants	
(Dobbs, 2003)	Qualitative	Observation Interviews	Assisted living facilities	
(Haak et al., 2015)	Mixed methods	-Interview -Observation -Questionnaires	- 371 individuals living in ordinary housing in urban as well as rural areas in southern Sweden -Aged 67-70	Gerontology
(Haak, Fänge, Horstmann & Iwarsson, 2008)	Quantitative	-Survey	-Sweden -314 Participants -Aged 80+	Occupational Therapy
(Iwarsson, S., Horstmann, V., Slaug, B., Occupational Therapy and Occupational Science, Arbetsterapi och aktivitetsvetenskap, Lund University, & Lunds universitet., 2007).	Quantitative	-Meaning of Home Questionnaire	-Very-old, single living Swedish people with different ADL dependence levels. -Setting not specified, participants from general population.	Occupational Therapy
(Leibing, Guberman, & Wiles, 2016;)	Qualitative	-Interview -Photo elicitation	-26 older, community-dwelling people living in Montreal. - Aged 66 - 96 years	Gerontology

(Leith, 2006)	Qualitative	-Interviews	-Congregate housing complex in the U.S. -20 female participants.	Social work
(Mitty & Flores, 2009)			- Residents and staff in assisted living	Nursing
(Molony, 2010)	Qualitative metasynthesis			Gerontology
(Mortenson, Sixsmith, & Beringer, 2016)	Qualitative	-Interviews	-Ambient assisted living facilities in Vancouver and San Francisco. -27 participants - Aged 60+	Gerontology
(Ness, Hellzen, & Enmarker, 2014)	Qualitative	-Interviews	-11 women living in rural Norway in their own homes -Aged 82-95	Nursing
(Peace, Holland, & Kellaher, 2011)	Literature review			Gerontology Social Science
(Rezeanu, 2014)			-Comparing Romania to International context	Gerontology
(Rijnaard et al., 2016)	Literature review		-Nursing Home	
(Roy, Dubé, Després, Freitas, & Légaré, 2018)	Literature review			
(Shin, 2015)	Literature Review		-Long term care settings	
(Shin, 2014)	Qualitative	-Interviews	-Sheltered housing Korea and U.S.	Psychology
(Tanner, Tilse, & de Jonge, 2008)	Qualitative	-Interview	-Public Housing -Aged 65+	Social Work Rehabilitation Science
(Wiles, Allen, Palmer, Hayman, Keeling, & Kerse, 2009)	Qualitative	-Interviews	-New Zealand -83 participants -Aged 75+ -Community-dwelling	Social Science
(Wister, 2005)	Literature Review		-The built environment	

Appendix 2: Interview Guide

Interview time approximately 45 minutes to 1 hour

Meaning of home:

1. What does 'home' mean to you?
    - What does not feel like home to you?
    - Describe the layout of your home
    - Where is your favourite place in your home?
    - Does your family live close by?

2. Do you feel at home here (living in sheltered housing)? Can you explain why/why not?
    - Do you feel safe/secure living here?
    - Do you feel you have a sense of control over your home?
    - How does sheltered housing differ from your previous "home"?

Occupations:

3. Can you tell me about things that you really enjoy doing at home?
    - Who do you do these things with?
    - What activities/things make you feel at 'home'?

4. Has moving to sheltered housing impacted the things that you do on a day-to-day basis? (y/n) If so how?
    - Do you find it easy or difficult to do…(depending on answer to 3)? Why?
    - What supports you in this/what would support you in doing…..?
    - Is it easy to access the city from your home/Is public transport available?

5. Do you attend the day-centre services offered by SHARE? If not, why not?
    - What do you understand about the day-centre? Are you aware of the services that they offer?
    - What do you do at the day-centre?
    - What do you like/dislike about the day-centre?
    - How could the day-centre be improved?
    - Does the day-centre services or events organised by SHARE contribute to your feeling of being at home?

6. Do you participate in any of the events organised by SHARE? (e.g. tea parties, coffee morning, Christmas dinners?). If not, why?
    - Are you aware of these events?
    - What do you like/dislike about these events?
    - What is your favourite/least favourite event and why?
    - Are there and events that you would like to be organised?
    - Do you feel you can give honest feedback on the events to the staff members?
    - What motivates you/would motivate you to attend these events?

7. SHARE students visit the residents every Wednesday. Do you have any involvement with the students?
    - If not, why?
    - Can you tell us about what happens in these visits?
    - How do these interactions impact your life?

8. Do you have any recommendations for how SHARE could make their facilities fell more like 'home'?
    - Or is there anything SHARE could do to make you feel more at home?

9. Are there any rules in SHARE that prevent you from doing the things that you want?

<u>Example Prompt Questions</u>

- Who visits you in your home?
- Could you tell me more about that?
- Why do you think that is?
- How would you compare…?
- Is that important to you?
- How does that make you feel?
- Just to confirm that when you said….did you mean?
- How did that impact you?

Appendix 3: Pilot Study - Interview Guide Amendments

A pilot study was completed with the Director of S.H.A.R.E. and a resident of S.H.A.R.E., which highlighted issues within the interview guide. The initial pilot study was completed with the gatekeeper and director of S.H.A.R.E., as her expertise allowed us to gain insight into the sheltered housing. Following the pilot study with the director it was concluded that the original interview guide did not explore all aspects of the experience of living in sheltered housing. Therefore, amendments were made to the original interview guide. Additional questions were added to the guide to gather information about the day-centre and events and outings organised by S.H.A.R.E. An additional pilot study with the adapted interview guide was completed with a resident of S.H.A.R.E. and sufficient in-depth data was gathered from this pilot study. Therefore, the researchers concluded that this interview guide was suitable for the interviews with participants in this study. The original interview guide is outlined below. Please refer to appendix 2 for updated interview guide.

Pilot Study Interview Guide

Meaning of home:

1. What does 'home' mean to you?
    - What does not feel like home to you
    - What is your favourite place in your home?

2. Do you feel at home here (living in sheltered housing)? Can you explain why/why not?
    - Do you feel safe/secure living here?
    - Do you feel you have a sense of control over your home?

Occupations:

3. Can you tell me about things that you really enjoy doing at home?
    - Who do you do these things with?
    - What time of day do you do these?

4. Has moving to sheltered housing impacted the things that you the things you do on a day to day basis? (y/n) If so how?
    - Do you find it easy or difficult to do…(depending on answer to 3)? Why?
    - What supports you in this/what would support you in doing…..?

5. What activities/ things make you feel at 'home'?/ What activities/things would make you feel more at 'home'?

Appendix 4: Flyer

"MAKING YOUR HOUSE A HOME"



ARE YOU 65+ AND LIVING IN S.H.A.R.E HOUSING?

WE WOULD LIKE TO HEAR ABOUT YOUR EXPERIENCE OF LIVING IN S.H.A.R.E

WHO ARE WE?

We are 4th year UCC Occupational Therapy Students who are looking for volunteers to take part in a study about what home means to you and how you created your sense of home after moving to sheltered housing.

WHAT WILL I HAVE TO DO?

- **One interview in person lasting approximately 1 hour**
- **One meeting to review the findings from the interviews**

FOR MORE INFORMATION

For more information about this study, or to volunteer for this study please contact: Rachel: 085 *****

This study has been approved by S.H.A.R.E. and the Social Research Ethics Committee, University College Cork

Rachel: 085 ***

Appendix 5: Information Leaflet

UCC
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Information Leaflet

Research Study Title: "Making a House a Home": The Lived Experience of Older Adults Residing in Sheltered Housing in Ireland"

Researchers: Rachel Foley and Gráinne Dolan- 4th Year Occupational Therapy Students

School: Department of Occupational and Health Sciences, Brookfield Health Complex, UCC

You are being invited to take part in a research study. Please read the following information carefully. If you have any questions or would like further information, please contact Noreen Dorgan (Head of SHARE services).

What is the purpose of this study?

You are being asked to participate in this study because you are a resident of SHARE sheltered housing. The purpose of this study is to gain an understanding of what home means to you and if this affects the activities you do in your day-to-day life. We would like to hear your opinions on this matter in order to inform SHARE on how to help residents feel more "at home" in their living facilities. After all, you are the real experts in this area.

Study design?

We are asking residents aged over 65 years old to volunteer to participate in one semi-structured interview to discuss their meaning of home with the research students. The interview would last approximately 30-60 minutes and would be held in a convenient place for you (e.g. in your home or SHARE facilities). This interview will be audio-taped, with your permission, so that the researchers can analyse the data. In this interview, residents will be asked a few questions by the researchers and will be free to share their opinions in a confidential manner.

How is your privacy protected?

No staff working with SHARE will be advised if you decide to participate, or withdraw from the study. Only the final, anonymised results of the study will be available to SHARE. The content of the interview discussion will remain between the resident and the research students and will not be disclosed with the staff in SHARE. To assure confidentiality in this study, a pseudonym (i.e. fake name) will be used for every resident. The audio recording will be stored on encrypted, password protected computers to ensure your privacy is protected.

How long will data be stored?

In line with research integrity best-practice, the *UCC Code of Research Conduct* specifically requires that research data be securely held in UCC for a minimum of ten years after the completion of a research project, to guard against research misconduct and promote transparency.

Any risks involved in participating?

We do not anticipate any serious risks to participants by volunteering for this study. However, the meaning of home can be a sensitive topic for some people so there is a risk that participants may become emotional or upset during the interview. If this occurs, we can stop the interview at any time. We will also have contact details for organisations and support groups should you require further emotional support.

Can you withdraw from the study?

Yes, participants can withdraw from the study at any time up until two weeks after the interview, without having to give a reason. This study is entirely voluntary, so if you change your mind you can withdraw. If you choose to withdraw from this study, there will be no negative consequences to your living situation or otherwise.

When will the study be published?

The data will be analysed by the research students following the interviews. The final research report will then be written up and a copy of this report will be sent to SHARE and the participants in May 2019.

Compensation?

Unfortunately, we cannot offer any reward or compensation for participating in this study. Participation in this study will be on a voluntary basis.

Contact details

If you would like to participate in this study or ask further questions, please contact Rachel Foley, *4th Year Occupational Therapy student*, at:

Rachel- 085 ******.



Thank you for taking the time to read this information leaflet.

Appendix 6: Informed Consent Form

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Informed Consent Form

Title: "Making a House a Home": The Lived Experience of Older Adults Residing in Sheltered Accommodation in Ireland
Name of Institution: Department of Occupational and Health Sciences, Brookfield Health Complex, UCC.
Researchers: Rachel Foley and Gráinne Dolan

PLEASE PLACE AN 'X' IN EACH BOX TO AGREE WITH THE STATEMENT:

- I have read and understood the Participant Information Leaflet and have received enough information about the study. [ ]
- I have had the chance to ask questions and talk about the study and I have received satisfactory answers to all my questions [ ]
- I understand that I am free to withdraw from the study at any time, without having to give a reason, and without this affecting my living situation in SHARE in any way [ ]
- I consent to the audio-taping of the interview for data-analysis purposes. [ ]
- I am aware that all my personal information will remain confidential through the use of pseudonyms. I consent to the storage of my data in UCC for the next 10 years. [ ]
- I understand that I will not benefit financially from taking part in this study. [ ]
- I am willing and consent to taking part in this study. [ ]

Participants Signature:_____ Date: _____

Participant's Name in Print: _____

Witness Signature (if required):_____ Date:_____

Witness Name in Print: _____

Appendix 7: Demographic Questionnaire

Background Information

Please answer these questions as accurately as possible by circling the correct answer or filling in the space provided.

1. **What is your age? _____**
2. **What is your ethnic background? _____**
3. **What gender to you identify by?**
    a. Male
    b. Female
    c. Other
    d. Prefer not to say
4. **What country were you born in? _____**
5. **How long have you lived in S.H.A.R.E sheltered housing?**

    _____
6. **Where did you live before you moved to your current house?**
7. **What is your marital status?**
        1. Single (never married)
        2. Widowed
        3. Divorced
        4. Separated
        5. Married, or in a domestic partnership
8. **Describe your employment: _____**

Thank you for completing this personal profile.

Appendix 15: Extract from Recommendations for S.H.A.R.E.

Gardening: Most of the participants highlighted gardening as a meaningful occupation. While some were still gardening in sheltered housing, others highlighted the barriers to engaging in gardening due to physical decline or lack of opportunity. Engaging in gardening has been found to provide numerous benefits to health and wellbeing including increasing physical exercise, social integration, self-esteem and spiritual connection (Sempik, Aldridge & Becker, 2005). As engaging in gardening has been found to positively influence the health and wellbeing of older adults, the researchers suggest that S.H.A.R.E. could provide residents with the opportunity to engage in gardening. Previous studies have found that the accessibility and design of the garden environment can impact the engagement and occupational performance of individuals using wheelchairs to mobilise (Jonasson, Marklund, & Hildingh, 2007). Therefore, it recommended that the garden spaces and outdoor areas are well designed and accessible (Annerstedt, 2009, NICE, 2014).
The researchers suggest the following:

- Residents who are physically able could be supported to garden in the available gardens, such as Mount Saint Josephs. They could be assigned to maintain the flowerbeds and lawns.
- For residents who experience physical limitations such as having difficulty bending over, it is recommended that SHARE provide raised flower beds. Beds could include flowers or fruit/vegetables. Beds could be built at both standing and sitting level, as this will additionally accommodate those who use wheelchairs/those who have difficulty standing for prolonged periods of time. This is a technique called energy conservation, which consists of prioritisation and organisation of activities, planning, and positioning (Cooper & Kite, 2015).



- Finally, residents who are housebound/bedbound could be provided with flower pots in their rooms. They could be provided with a small watering-can (so that they are easier to lift). Additionally, home-help, coordinators or other residents could be encouraged to assist less able residents in watering their plants. This could increase social interaction between residents, while providing them with a productive/caring role.

- Vertical planters such as wall/trellis spaces can make harvesting and maintenance more accessible for older adults with physical limitations.
- Older adults with physical restrictions e.g. arthritis, may have difficulty gripping tools. Therefore, adaptive tools and equipment could be use. These can be purchased in some hardware stores or online.
    - Foam, tape and plastic tubing can be used to modify existing tools to provide a better grip.





    - Lightweight tools are easier to handle, e.g. smaller watering cans and plastic rather than metal.



- Installing retractable hanging baskets, pots, containers and wheelbarrows on castors, could make it easier for older adults use.
- Environments which have plenty of shade, suitable chairs and flat, non-slip paths are recommended.

It is recommended that an occupational therapist works in collaboration with SHARE in order to provide specific recommendations to promote inclusive gardening for residents. These recommendations apply only to those interested in gardening, and may not be applicable to the entire population.