

**Reconstructing home as a site of care:
an exploration into the changing
meaning of home for elderly women**

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Abstract

In a climate of increased emphasis on the provision of care for the elderly in the domestic space, this study explores the constitution of home as a site of care. Through in-depth qualitative research, driven by the metaphor of 'stories', six female homecare recipients are empowered to share their personal experiences of how care impacts on the meaning of home for them.

With these rich and colourful accounts, this paper calls for a move beyond the simplistic claims that homecare reverses the meaning of home, instead arguing that recipients respond in a diversity of ways to receiving care. Intersections of health, rapport with care workers and familial support are key to the nuanced manner in which meanings of home are negotiated and reordered. An understanding of this can be of value to professionals when making decisions about care provision, and crucially, in light of calls to use research as a springboard for action, this knowledge is actively taken into policy spheres.

Preface

I would like to thank the following people for their contribution to this dissertation:

- Louise Crewe my dissertation tutor who has provided boundless enthusiastic encouragement and guidance.
- The participants of this research who welcomed me into their homes and were willing to spend so much time with me.
- Miriam Pullinger and her colleagues at Age UK Peterborough who introduced me to the homecare recipients whose stories are at the heart of this study.

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1. Introduction

“A profoundly important issue” (Dyck et al, 2005:180)



Figure 1: Newspaper headlines

Located against a backdrop of growing interest in the provision of homecare for the elderly, this study engages with an issue that directly interfaces with a number of the most significant concerns in contemporary British society (Milligan et al., 2010), visible in the sheer volume of media attention that it commands (see Figure 1). In political spheres, debates surrounding where, how and by whom care for the elderly should be provided have been propelled to the top of the agenda, encompassing two pressing issues: meeting the needs of the UK’s increasingly ageing population, and restructuring care service budgets in a time of economic

recession. Fuelled by the prediction that the number of over 85's is forecast to double by 2030 (ONS, 2012), alongside such recent reports as that of the Dilnot Enquiry, which have called for a step change in the way in which care is provided, politicians are sculpting a new landscape of care (Wiles, 2010). Through recent reforms including the introduction of personal care budgets, this new landscape is notably characterised by a distinct shift in the delivery of care from institutional settings to the home.

Yet, alongside this macro-level interest, as ageing, caring and the home together represent three “fundamental” and “profoundly personal” (Relph, 1976:39) parts of life that everyone has experience of, homecare will always be an emotive concern for the wider public. Today, modern living has caused this interest to increase as everyday experiences of old age, caring and the home are in flux: gender roles are being challenged as women are in the workplace, paid employees are entering the home, and families are growing increasingly dispersed (Massey, 2005). Added to this, and serving to push public interest in homecare to a critical level, has been a wave of heavily reported scandals in the NHS and in care homes which have triggered an outcry against poor standards of care, and furthered the desire on the part of politicians and care recipients themselves to look more towards the home as a site of care.

In such a climate, academic engagements with the issues surrounding homecare provision for the elderly have value in illuminating insights relevant, not only in broader political spheres, but also in the lives of ordinary people, which has been deemed the ultimate goal of research (ESRC, 2013).

“A vastly under-researched terrain” (Milligan, 2003:456)

However, although interest is burgeoning, homecare for the elderly remains a “vastly under-researched terrain” (Milligan, 2003:456). In human geography, despite theoretical moves to engage with a ‘critical geography of home’ (Blunt and Dowling, 2006), recognising the domestic world as a complex space that holds profound emotional meaning which alters during the life-course (Jones, 2000), a void exists in studies which explore the impact of formal care on the meaning of home to the elderly.

Researchers who have attempted to shed light on the “shadowy world of homecare” (Twigg, 1999:396) have exclusively focussed on care providers or the political institutional systems of care provision, neglecting the subjective lived experiences of the recipient (Wiles, 2011). As Dyck et al. (2005:173) lament “we know little of the experiences of those receiving care in

terms of the quality of care and the impact of care provision on their experience of home.” The few studies that have positioned such concerns more centrally in their analyses have merely scratched the surface finding that a “dislocation of space” can occur in the home (Milligan, 2003:455) as the private/public divide is blurred, but fail to explore the nuances of this process. Exemplifying this, Twigg (1999) argued that bathing support threatened to undermine three central features in the meaning of home - privacy, comfort and individuality - but failed to investigate how this played out in practice in the lives of care recipients.

Today, as people’s homes now dominate the landscape of long-term care (Laing and Buisson, 2011) and will continue to do so, and as attachment to home is recognised as a vital part of the health of the elderly (UKHCA, 2004), there is much to be gained across social sciences from a greater understanding of the meaning of domestic space and homecare’s impact upon it.

This study

This study directly responds to this knowledge gap. Through in-depth qualitative research with homecare recipients, the processes via which domestic space is reconstructed emotionally, socially and symbolically, as it becomes a site of care, are examined. With the home historically cast as the female domain (Lawson, 1998) and with women representing the group that constitute the highest proportion of those receiving homecare, focussing on their experiences is wholly relevant.

Two research objectives were established:

1. To explore how homecare reorders the meaning of home for elderly women.

Using Twigg’s (1999) study as a framework, secondary questions were set in order to achieve this aim:

- a) What is the role of privacy in the meaning of home, and how does homecare impact upon this?
- b) What is the role of comfort in the meaning of home, and how does homecare impact upon this?
- c) What is the role of personal possessions in the meaning of home, and how does homecare impact upon this?

2. To produce an outcome that could be of active use for professionals and policy makers

At a time when the ESRC (2013) has outlined its vision as “informing interventions which can shape the delivery of public services and enhance well-being”, the challenge has been laid down to researchers to produce knowledge that can be of active use to professionals and policy decision makers, and ultimately, “spark positive change in people’s lives.” (Bricknell, 2012:238). Given the sensitive nature of the subject matter and the current political focus Brun’s (2008:565) challenge that “we should perhaps ask what our responsibilities as researchers in doing critical geographies of home are” garners increased significance and was a key concern of this study, underpinning this second objective. With these observations in mind this study seeks to investigate this subject from a new perspective.

2. Literature Review

This section traces selected literature that frames the focus and choice of methods for the study. Although the discussion concentrates upon the fields of cultural and health geographies, it should be noted that the central concern of this research, that of the reconstitution of the home as a site of care, is a truly inter-disciplinary issue. From sociology to anthropology, the broad relevance of this topic is a further illustration of its importance.

The meaning of home

The fundamental place that gives shape and meaning to people's everyday lives, home is universally recognised as "an idea encompassing much more than a physical dimension" (Leith, 2006: 317). From builder's marketing brochures which seek to sell the dream of the 'ideal home', to such familiar epithets as 'there's no place like home', as Blunt and Dowling (2006: 10) note, while it is connected to a physical structure, it is much more than this, "home is a set of feelings and attachments" and is imbued with meaning.

Widely portrayed as a source of human contentment, "a, if not *the* metaphor for experiences of Marjorie and protection" (Bricknell, 2012: 225), the popular notion of home is one of pure optimism, with the domestic realm cast as a haven in an increasingly alienating world (Kaika, 2004). This normative association between home and positivity is founded on several related ideas, the central pivot of which is the distinction between the public and private, one of the many dualisms which characterise academic discourses of home. "The quintessence of private space" (Twigg, 2006:124), home is a setting exclusively for familial interactions that offers freedom and control away from public scrutiny and comment. Whereas its antithesis, the public sphere, is associated with non-kin relationships and work, home is an intimate space that "provides the context for close, caring relationships" (Mallett, 2004: 71) and conviviality. This connects to a further key feature in the meaning of domestic space, its association with comfort. A site "to which one withdraws from and ventures forth" (Tuan, 1971: 189), the private home is conceived as a shelter, the "locus of love" (McDowell, 1999: 75), in which to receive nurturing and care, and is thus a distinctly feminine space. The materiality of the home further reinforces this sense of comfort as decorative items and memorabilia, as well as furnishings and other effects, carry biographical significance and provide continuity and the scope for personalisation. Indeed, for the elderly, the materiality of home serves to "sum up their lives" (Twigg, 2006: 125)

Contested meaning of home

Yet such idealised depictions, which eulogise home as an “autonomous individual utopia” (Varley, 2008: 50), have been subject to fervent criticism, with a range of commentators exposing the disparities between ideals and lived realities of domesticity (Sibley, 1995; Wardaugh, 1999). Feminist thinking has provided the impetus behind such critiques, emphasising that home exists “not as an individual and homogenously experienced unit of harmony, but as a potential site of struggle and conflict” (Bricknell, 2012: 226). Rose (1993) draws attention to the confinement that women experience in the domestic sphere as the burden of home life falls on their shoulders. Exposed as “less of a castle, and more of a cage” (Goldsack, 1999: 121), home is a workplace as captured so vividly by Friedan (1963):

“As she made the beds, shopped for groceries, matched slipcover material, ate peanut butter sandwiches with her children, chauffeured Cub Scouts and Brownies, lay beside her husband at night, she was afraid to ask even of herself the silent question – ‘Is this all?’

(quoted in Schneir, 1996: 50)

Beyond a focus on drudgery and labour, in Price’s (2002) study of domestic violence against women, the abuse and fear that envelops an increasing number of homes comes to the fore. Equally poignant, Blasco and Varley (2000) emphasise how, for the elderly, home is not a symbol of comfort, but of isolation. Yet, whilst such analyses have done much to destabilise popular representations of home as “perfect and quite above suspicion” (Gilman, 2002: 8), Gurney (1990) laments the tendency to focus upon the abstract categories of gender and age and calls for an engagement with questions of how human interactions and bodily experiences contest the home’s core meanings. Responding to this, Imrie (2004) highlights how, with the onset of disability and bodily impairment, the home becomes a dangerous place to navigate, whilst Gregson and Lowe (1994) demonstrate how the entrance of paid workers, and the resultant non-kin interactions, disrupts the home’s meaning as a site of familial relations. Collectively these critiques indicate the instability of the meaning of home and provide a structure for further work that seeks to engage with “the ways in which home disappoints, aggravates, neglects and confines us as much as it inspires and comforts us” (Moore, 2000: 213).

Towards a critical geography of home

Amidst this climate of growing rejection of home as an emblem of “regressive nostalgia”, in their seminal work, Blunt and Dowling (2006) outline their vision of a ‘critical geography of home’. This analytical approach delivers a radical challenge to assumptions surrounding the meanings of domestic space (McLean, 2008), and engages with home as ‘material and imaginative’, ‘identity and power’, and ‘multi-scalar’ and open. They call on geographers to move beyond a focus on such binaries as idealised/exclusionary, public/ private, personal/ impersonal and to explore and ‘map’ a domestic realm that is “plural and in flux” (Hyndham, 2008: 558). Home, and its meaning, is inherently ambiguous, relational and fluid, constantly being constructed, deconstructed and reconstructed across a range of scales, and through a complexity of processes. Such a framework, attuned to the notions of contradiction and continual change, offers a valuable lens through which to approach this study.

‘Doing’ a critical geography of home

Recently, those researchers following Blunt and Dowling (2006), and approaching home from a critical angle, are increasingly challenged to go beyond merely surveying and ‘mapping’ negative domestic experiences, and to actively ‘do’ a critical geography; directly intervening to “spark positive change” (Bricknell, 2012: 238) by taking their research findings into policy spheres. For the last decade, an onus to ‘get out there’ (Castree, 1999) and politicise exclusionary landscapes has been mounting on academics across social sciences and is visible in the funding criteria of such bodies as the ESRC and the RGS (Cresswell, 2012). Yet, for critical geographers of home, this pressure to ‘do something’ (Castree, 1999) is particularly acute due to the intimate nature of the research encounter. As Brun (2008: 566) explains, by their very definition, geographers of home “come close to their subjects, living with them and learning to know some of their more intimate thoughts”. With this proximity, coming “only inches away”, Brun (2008:565) suggests that moral questions arise as to “what responsibilities we have as researchers?”

‘Stories’

Driven by such reflections, the metaphor of ‘stories’ is increasingly colouring the research engagements of critical geographers (Hubbard, 1999), as the process of collecting and circulating personal narratives of home provides a powerful tool to explore the often hidden side of home life, whilst also “effecting social change” (Cameron, 2012: 582). Exemplifying

this, Pratt (2009: 6) used intensive interviewing to access the emotive and often neglected stories of Filipino mothers of “family separation, loss and grief”. These personal testimonies were then rendered public, evoking “an affective response from policy makers” (Pratt, 2009:6) as well as stimulating interest around an important social issue with the wider public who “cannot keep its distance” when confronted by powerful accounts. Blunt et al. (2007) suggest that such innovative projects provide a footprint for other studies of how novel pathways can be effectively utilised to have a transformative impact by ‘doing’.

Homecare: a rich terrain for critical geographers of home

In following through these dual strands of ‘mapping’ and ‘doing’ a critical geography of home, debates around the provision of homecare are thrust into the spotlight. As Hall (2011) notes, the last decade has seen a marked shift in the manner in which care is provided, characterised by a move towards care delivered more in the homespace in preference to institutionalised settings. With this change, which sees the introduction into the home of unfamiliar people, medical equipment and financial arrangements, the home is rendered a “paradoxical space” (Wiles, 2011:581), both and neither public/private, positive/negative, personal/impersonal, and thus rich terrain for those wishing to engage with, and ‘map’, the home critically. Alongside this, as care provision represents one of the most hotly debated issues in current political and public spheres, visible in constant policy reform and media attention surrounding such cases as the poor care at Stafford hospitals, there is clear potential for ‘doing’ a critical geography, and for researchers to make a valuable contribution to shaping on-going debates.

Homecare and the meaning of home

Thus galvanised, a wealth of work has proceeded (Conradson, 2003), providing a range of analyses of the impact of homecare on the meaning of domestic space. Focussing on terminal care giving, Brown (2003) draws attention to the disruption that occurs to the established meaning of home as a site of ease when the unhomely process of dying occurs there. As a hospice, the home is an ambiguous space as its associations with comfort and autonomy remain, yet there is also dependence and lack of control. Concentrating on the experiences of female homecare recipients, Dyck et al. (2005) depict a similarly ambiguous picture as although as a caring space the private home becomes more public as it is entered by workers, recipients develop strategies to maintain the public/private boundaries through such means as re-arranging furniture. In terms of materiality, Angus et al. (2005: 172) argue

that the home is rendered a “contested space” as the aesthetics of healthcare sit alongside personal items in the home. However, for Twigg (1999: 397) such ambiguity of meanings does not prevail as, she argues that in the context of home bathing support, care is the “complete reversal of the meaning of home with its ethic of privacy, comfort and individuality”.

Stories of Homecare

Despite these rich insights, there has been a notable failure to extend such thinking to the context of homecare for the elderly, with much of the literature on older care recipients remaining focussed upon the providers of care and systems of provision, and neglecting the experiences of the recipient (Parr, 2003). Characterising the few studies that have positioned the recipient more centrally, has been their inherently quantitative approach. Beyond their physical health, little attention is given to the thoughts of the care recipient, their stories, and their experiences as “feeling, changing subjects” (Parr, 2003: 216). With the elderly comprising by far the largest group to receive homecare, as well as being at the forefront of current political and policy debate, the time is right to address this academic neglect. A greater emphasis on the perspective of the elderly homecare recipient themselves can contribute to debates to open up new understandings on this most timely issue.

Focussing on elderly women, for whom the meaning of home has been shown to be traditionally important, this study seeks to explore their experiences through the metaphor of ‘stories’. This conceptual driver allows the voice of the homecare recipient to illuminate the debate from their very personal perspective, yet in a manner that can be readily portrayed to politicians and public agencies in order to influence future decision making.

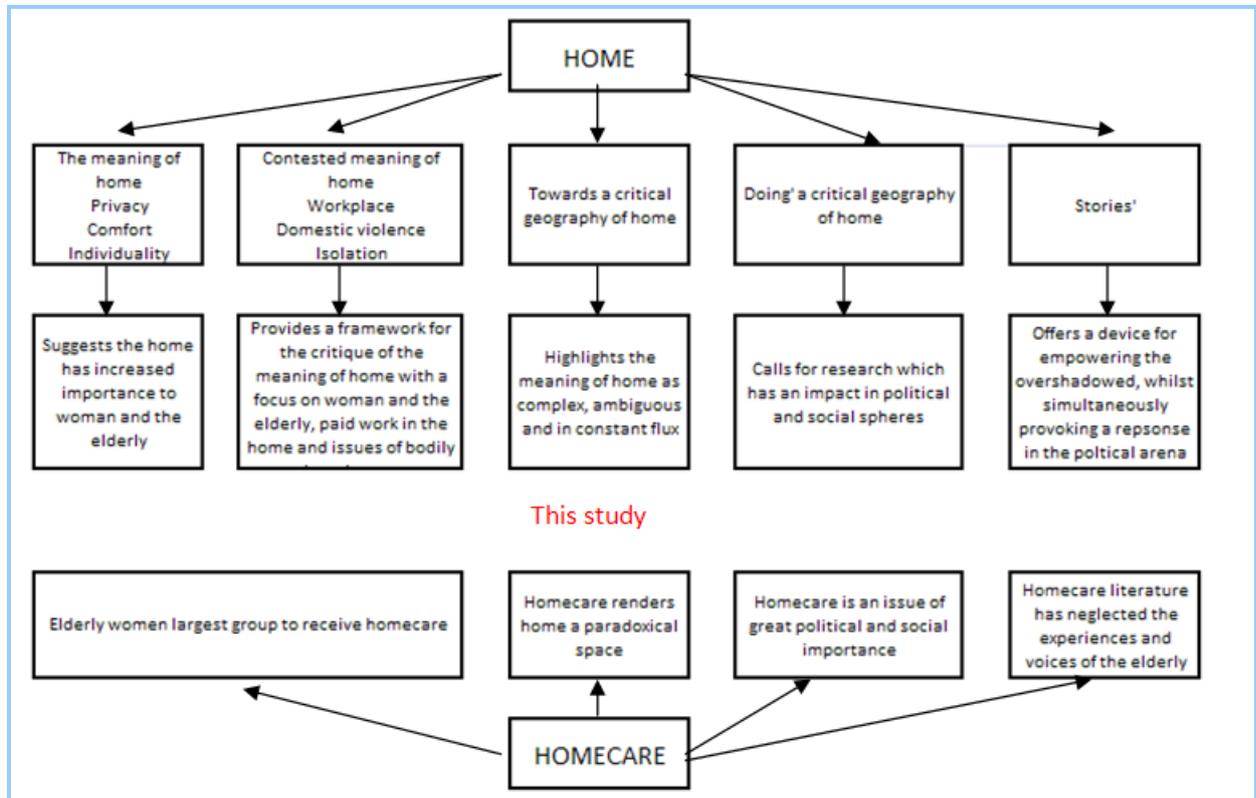


Figure 2 : Summary of literature review

3. Methodology

This section outlines the theoretical stance and methodological practices employed in order to achieve the proposed aims.

'Stories'

Emerging from the preceding literature review is the notion of 'stories' as a key conceptual driver for this research. The idea of 'stories', with their emphasis on the expression of "irreducibly particular and personal" lived experiences (Cameron, 2012: 574), and their proven ability to provoke a response in policy spheres (Pratt, 2004), offers a seamless fit with the aims of this study. However, beyond conceptual concerns, the notion of 'stories' has a clear, and highly important, methodological dimension. The optimum methods through which to facilitate the telling of 'stories', and their subsequent analysis and sharing must be carefully considered (Gibson-Graham, 2002).

Telling stories

Ethnography

An intensive qualitative ethnographic approach was employed in order to access the 'stories' of care recipients. This approach, which encompasses such techniques as in-depth interviews and participant observation (Gilbert, 2001), was particularly appropriate as it has as its central endeavour providing "a detailed description of everyday life and practice" (Gurney, 1997: 375). A plethora of researchers have successfully utilised ethnography to empower participants to narrate their own accounts of home (Hubbard, 1999; Nagar, 2000). Studying families in Bristol, Gurney (1997: 376) found intensive interviewing allowed for the sharing of the "ways in which people make sense of home as a social construction". Whilst for Hochschild (1989: 5), the technique of the 'go-along' (Kusenbach, 2003) offered an equally effective means to explore "personal biographies" of home. As she reflects, this technique, whereby researchers spend extended periods in the home alongside participants, allowed her become as "unobtrusive as the family dog" (Hochschild, 1989: 5) and therefore primed to capture the minutiae of domesticity. Building on this, interviews and 'go-alongs' were the main techniques employed in this study to gather the full accounts of homecare recipients. In light of Hoggart et al.'s (2002) warnings that the over-zealous use of innovative methods can detract from the purpose

of the study, confidence remains that focussing largely on two established methods could reveal deep insights.

Participants

Homecare recipients

After Silverstone et al. (1991: 210) advised that the richest ethnographic work is produced through prioritising the “depth of the encounter”, rather than the number of participants, six homecare recipients were selected from the researcher’s home town of Peterborough to allow for the maximum time to be spent with them. This focus on depth takes on increased significance as the study location, the home, is recognised as “the norm of privacy” (Twigg, 1999: 382), especially for the elderly, thus requiring trust to be established prior to the research which necessitated time being spent together in order to build a good rapport and access deep personal narratives of home.

The six female homecare recipients were aged between 87 and 92, all lived in their own homes and all received homecare of varying types and frequencies (see participant profiles Figure 5). As previous research has highlighted how health, familial, and housing circumstances can impact upon responses to homecare (Dyck et al., 2005), recipients were recruited from a diversity of backgrounds. This allowed for exploration of the ways in which meanings of home are reconstructed in response to care along a continuum of health and social variables.

Relatives and care professionals

Relatives and homecare professionals were also involved in the study (Figure 6), although it is important to note that such engagements were focussed solely on how they could add a new insight into the care recipient’s stories, for the purpose of gaining contextual information, and for help in accessing the care recipients. The experiences of family and professionals have already been the focus of much literature and were not a central concern of this study therefore the experiences of the care recipient were kept central to the interactions at all times.

Recruiting participants

Due to the sensitive nature of the research topic, the subject group and study location of the home, the telling of stories would be dependent on first building up trust. Donovan (1988) found that when conducting research on sensitive issues with a difficult to access group, a gatekeeper can be an effective way to be introduced to participants.

Accordingly, a named contact at Age UK Peterborough was approached, the project introduced and a request made to volunteer at Friendship Clubs run by the organisation across the city. Volunteering at these clubs, where elderly people meet weekly for companionship and a hot meal, enabled the meeting of suitable participants in neutral surroundings and the formation of relationships, which led to invitations to visit their homes where stories could be captured.

The following diagram (Figure 3) illustrates the ascending, snowballing (Flowerdew, 2005) nature of the research process:

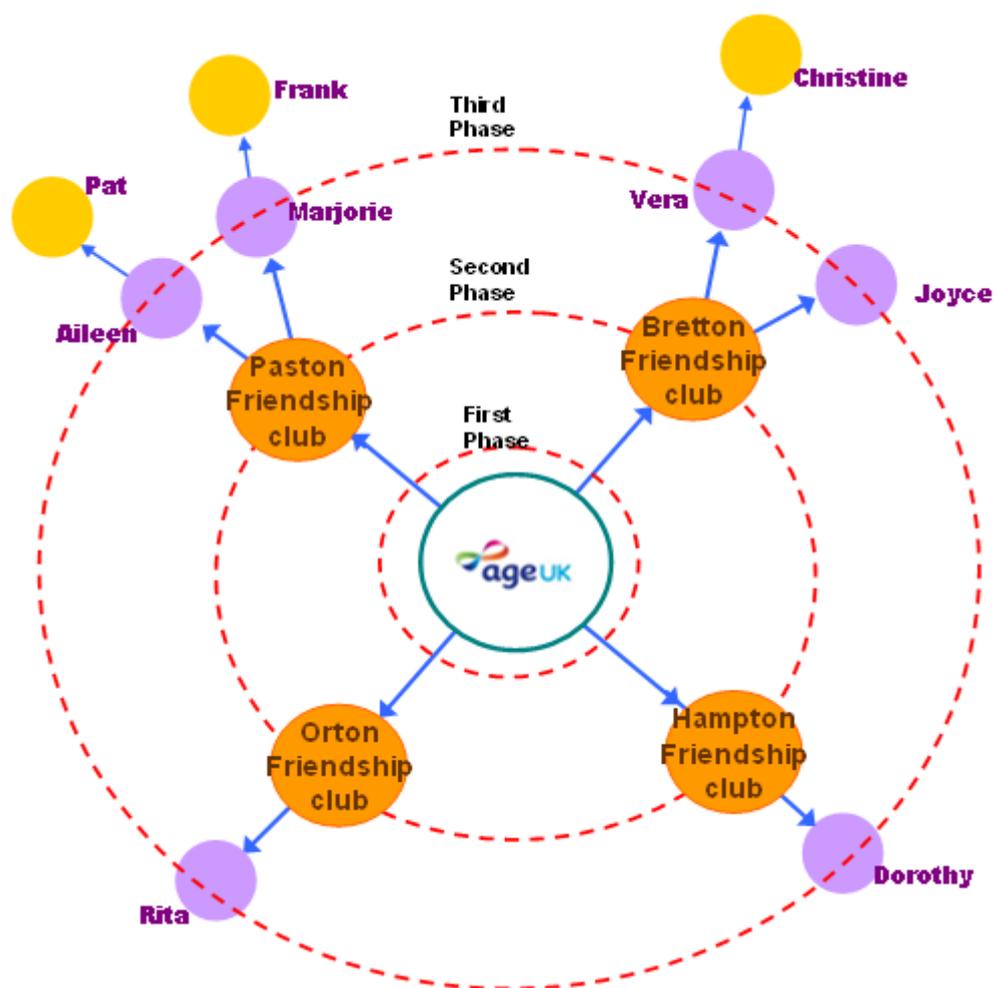


Figure 3: The snowballing nature of research

Conducting the research

There was no set timetable for this research, rather, as the diagram (Figure 3) illustrates, it progressed in stages. The setting of a timetable was deemed to be at odds with the overall ethos of the research of gradually building up trust, to which it was difficult to allocate a specific time frame.

Stage 1: Age UK

Structured interviews were held with the Homecare Services Manager and Friendship Club Manager to gain permission to volunteer at the Friendship Clubs, gather contextual information, and receive the names of potential suitable participants.

Stage 2: Friendship Clubs

Volunteering was undertaken on a weekly basis over four weeks at each of the four separate clubs, to befriend the members, introduce the study and gather an overview of their lives through informal conversations and focus group discussions. A letter outlining the study was distributed (see Appendix 1) following which six participants expressed their willingness to be included.



Figure 4: Bretton Friendship Club, 19th July 2012

Stage 3: Homes

Each participant was visited in their own home on three occasions of two to three hours. These in-depth 'go-along' sessions allowed for full immersion in their daily lives, sharing in activities from peeling vegetables to playing cards. In-depth interviews were held, with each visit loosely focussed on one of the three sub-questions. A discussion guide (see Appendix 1) was compiled with questions intended to elicit detailed descriptions of events, thoughts and feelings; this was intended as a framework and not used directly during the visit as the emphasis was on having a natural conversation. The women were encouraged to share their full stories, with subsequent open-ended questions to elucidate emerging topics of interest and to probe for specific details where appropriate. All sessions were recorded, with participants' permission, to capture all nuances. Three supplementary research methods were employed, each targeted at a specific sub-question:

- **Mapping** – participants labelled a map of their home to contribute to an understanding of the public/private boundaries of the home.
- **Care diary** – participants recorded their thoughts and feelings while care givers were in their homes to capture their perceived level of comfort
- **Photo-voice** (McIntyre, 2003) – participants photographed their favourite and least favourite possessions in their home and gave a short accompanying justification.

Discussions were also held in the home with relatives and carers (see Figure 3).

Research journal

A journal was kept containing detailed notes and photographs recorded in the field. In addition, news articles relating to elderly care were collated.

Analysing stories

After data gathering, transcripts, field notes and photographs were analysed in relation to the themes of the meaning of privacy, comfort and possessions in the home, and to identify other emergent trends. Key extracts which were particularly powerful and which summarised the experiences of each of the homecare recipients, and the impact of care on their experience of home, were identified as their 'stories'.

Sharing stories

Following Pratt (2006: 6), who circulated personal narratives in order to “evoke a response from policy makers”, the recipients’ stories were compiled into a booklet to be presented to relevant parties. Considerable efforts were made to design the booklet in an appropriately professional and succinct style for policy makers, whilst not detracting from the detailed, personalised, interwoven nature of the accounts.

Ethical issues

The combination of private homes, medical care and vulnerable elderly people makes this study ethically sensitive, yet as Pratt argues (1999: 153) researchers should not be discouraged from exploring challenging issues, but should adopt a sensitive approach and strive to “open up doors for communication” on thought-provoking issues. Accordingly, steps were taken throughout to ensure the research was conducted in an appropriate manner. Age UK oversaw the ethical dimension of participant recruitment, and consent forms provided transparency on the study objectives and level of involvement required. Participants received a reminder phone call on the morning of the home visits and at the start of the first session the purpose of the study was reiterated and any questions they had answered. Permission was gained to use the stories and photographs, under a pseudonym if preferred, in a booklet to be distributed to the selected parties.

Figure 5: Participants - homecare recipient profiles

Contextual information on age, health, housing and care.

Bretton Friendship Club

Joyce



Joyce is 91 and in reasonable health, although she finds walking increasingly difficult.

Care workers visit her three times a week to assist with the tasks of daily living including cooking and general housework. She lives alone in a sheltered housing complex where she has a comfortable one bedroom flat.

Joyce is a widow and has three daughters who she sees approximately once a month.

Vera



Vera 88, describes her health as “pretty bad” and relies on a ‘wheeler’ mobility frame.

She is visited by care workers twice a week for assistance with housework and some personal care.

She is widowed, and has three children. Her daughter Christine, (pictured) visits weekly.

Vera has lived in a sheltered housing complex for seven years.

Paston Friendship Club

Aileen



Despite being 86, Aileen is relatively active still and described how she enjoys *'being as independent as I possibly can'*.

She receives homecare services twice a week to assist her with general housework tasks and preparing meals.

Aileen has lived in her current home for 22 years. It is the home she used to live in with her husband, and when he died two years ago, Aileen's daughter Pat, (pictured) moved back in.

Marjorie



Eleven months ago Marjorie, who is 78, suffered a stroke and, as a result, has high care needs.

She is visited by her care worker each morning for assistance with bathing and dressing, taking medication and preparing meals for the day.

Marjorie has been married for 45 years and lives with her husband Frank in a bungalow. They have two daughters, neither of whom live locally.

Orton Friendship Club

Rita



Rita, who is 81, and in her own words '*not as active as I once was*' is visited by care workers twice a week to assist her with housework and shopping.

Rita has been a widow for ten years and she has three daughters, none of whom live locally so they are infrequent visitors.

She has lived in her marital home for 35 years.

Hampton Friendship Club

Dorothy



Dorothy, aged 92, is in poor health and, having undergone a hip replacement last year, has difficulty moving around.

She receives considerable support from a carer who visits her daily to assist with tasks such as washing and dressing. Dorothy also has a range of care equipment in her home including a hoist in her bathroom and rails in her kitchen.

She has been living in her current home, a spacious flat in a new build sheltered complex, for thirteen months.

Relative	Frank	Husband of Marjorie
	Christine	Daughter of Vera
	Pat	Daughter of Aileen
Care Professional	Lynne	Age UK homecare services manager
	Miriam	Age UK Friendship Club manager
	Rachel	Marjorie's homecare worker
	Linda	Joyce's homecare worker
	Julie	Rita's homecare worker

Figure 6: Participants - care professionals and relatives interviewed for the study

4. The Discussion

In the discussion that follows, the care recipients take centre stage, each chapter exploring one of the sub-questions through the presentation and analysis of the stories of two women.

Such an in-depth focus allows for the complexities of homecare's impact upon the meaning of home to be fully unravelled. This is in line with the over-arching aims of the study which lie not in generating knowledge that is statistically representative, as such literature already exists, but in delving into the diverse ways in which women respond to homecare, generating detailed, personal accounts, capable of provoking a response in policy spheres. Presenting the stories and analysing them with the theoretical approach outlined in the literature review, that of a 'critical geography of home' which recognises the fluid and contradictory nature of the meaning of home, provides the optimum means to achieve this as it allows the nuances of participants experiences to come to the fore. Thus the metaphor of stories continues to flow through the study.

5. Privacy and Homecare

Frequently cast as an invasion of privacy, homecare is seen as an “encroachment on domestic space” (Angus et al., 2005: 162). This concern flows, in part, from the traditional understanding that there are private and public worlds that exist separately. In the following analysis of the stories of Aileen and Marjorie, this portrayal of care is exposed as overly simplistic. The public/private blurring that homecare triggers, was found to be highly complex, varying in intensity between recipients and across the homespace itself.

Aileen's Story



Aged 86 and referring to herself as *'a relatively spritely old thing'*, Aileen has homecare services twice a week to assist her with the activities of daily living including housework and preparing meals. She has been a widow for two years and lives with her daughter Pat, who is registered disabled, in a house which she describes as *'small and cluttered'*.

Figure 7: Aileen with daughter Pat

During the first of three afternoons spent in her home, Aileen was asked "what is home to you?", and from that point on her story flowed...

"Your home is the one place where you can do what you want, when you want. It's the place you come back to, after a hard day at work or wherever, and you can just shut the door and be on your own. That's always been important for me, having my own space at home, I've always been a homebird you see.

I've always been quite a private person so I find it very intrusive and stressful having homecare. The workers have their own keys so they just let themselves in and they go all over the house - they go in our bedroom and even in my laundry cupboard. They also do all the jobs that I want to be doing for myself, you know all the things that are quite personal like washing your dirty undies or cleaning your loo. I feel uncomfortable, even vulnerable I suppose, with someone else washing my knickers for me. What makes it worse is that the agency sends a different worker almost every time. I don't have a regular carer, so each week a complete stranger comes into my house.

Homecare has been a loss of self-esteem for me really. It's hard because I've always looked after myself and been independent, but now that's been taken away. I've always taken pride in my home, I've never worked, instead it was always my job to look after the house. You see I was brought up in a different era, I was taught that the wife should look after the house and the kids, and the husband should go out to work, earn the money and maintain the outsides of the house, you know, the garden and the car. So all my life I've been the one in control of the house, that was what I did. I decided what we have for dinner, I arranged all the ornaments on the mantelpiece, I did all the vacuuming – I did everything really! But I did enjoy it, I loved having the neighbours around and they would comment on how nice the house looked.

That's why it was so hard to adjust to having homecare. My daughter organised for them to come three times a week to do the housework, but I hated it. I felt I was no longer in charge of my house, I felt useless and redundant. It's pointless too, I don't need help from them, I'm not at that stage yet, I'm still a relatively spritely old thing."

Figure 8: Aileen's story

Public/private boundaries

For many elderly people, who may feel vulnerable in the outside world (Tagnoli, 1987), the privacy of home garners increased significance and is crucial in enabling them to feel secure and at ease. Accordingly, Aileen talks about being content at home, a place of comfort and freedom to do *'do what you want when you want'*, and these feelings are intrinsically linked to the privacy of domestic space, highlighting the interrelations between the various components of the meaning of home.

Physical/symbolic boundaries

The physical boundaries of domestic space, walls, rooms and locks, provide Aileen with the "capacity to exclude access to certain people at certain times" (Twigg, 1999: 384). These boundaries are highly valued by Aileen, who describes being able to *'just shut the door on the world'* and who expresses resentment that *'the care workers have their own keys.'* Yet, as Dovey (1985: 36) reminds, the home is a place of "both physical and symbolic

boundaries". For Aileen, 'doors' and 'keys' hold great symbolism as a means through which she can assert her power over the homespace and protect her identity, which is constructed via the activity of homemaking (Whitebourne, 1986). Regarding her 'job' as to be 'in control of the house', by restricting the access and activities of others, she protects her position as virtuoso of the domestic space (Kron, 1983), ordering and controlling it as she has always done. In this way, following a 'critical' approach (Blunt and Dowling, 2006), the meaning of Aileen's home as a private space must be seen as interwoven with issues of power and identity.

Blurring boundaries

In the transformation of the home to a site of care, these "strict boundaries between the private and the public are blurred" (Milligan, 2003: 461) and, as Twigg (1999: 397) proposes, this represents "the very reversal of the meaning of home with its capacity to control and exclude strangers". Whereas the idealised picture of domesticity is one of private, familial relations (Blunt, 2005), care brings 'complete strangers' and the public world into Aileen's home. The transience and irregularity of a 'different care worker coming in and out', works against the formation of recipient/provider rapport, as the field note extract below illustrates (Figure 9). In contrast, Cox and Narula (2003: 339) suggest that au pairs and live-in paid workers "become part of the family".

"We are sitting in the living area, 'Deal or No Deal' is on the television, Aileen is shouting at the television, a cup of tea one hand, a McVities digestive in the other, the front door opens and a women, about 30 years old in a purple bib walks in. She comes across to Aileen to say hello but doesn't ask how she is, then quickly leaves the living room to begin her work. I can see her in the kitchen loading Aileen's laundry into the machine, she stops for a moment, wandering off to go and turn on the radio in the corner of the kitchen, and then returns to the laundry...."

Figure 9: Aileen, field notes - lack of rapport

Complex boundaries

However, the disruption that homecare triggers to the meaning of home as a private 'haven' is highly complex and nuanced, with Aileen's account revealing that she feels the 'intrusion' more acutely in certain areas of the home, 'our bedroom' and the 'laundry cupboard'.

Whereas Twigg (2006: 124) views domestic space homogenously as the “quintessence of privacy”, this study joins Lawrence (1987) in calling for recognition that the home is structured along a privacy gradient whereby certain rooms are more private than others. As a result, the ‘intrusion’ of homecare is experienced to differing intensities across domestic space. Mapping (Figure 10) allows for further elaboration of this:

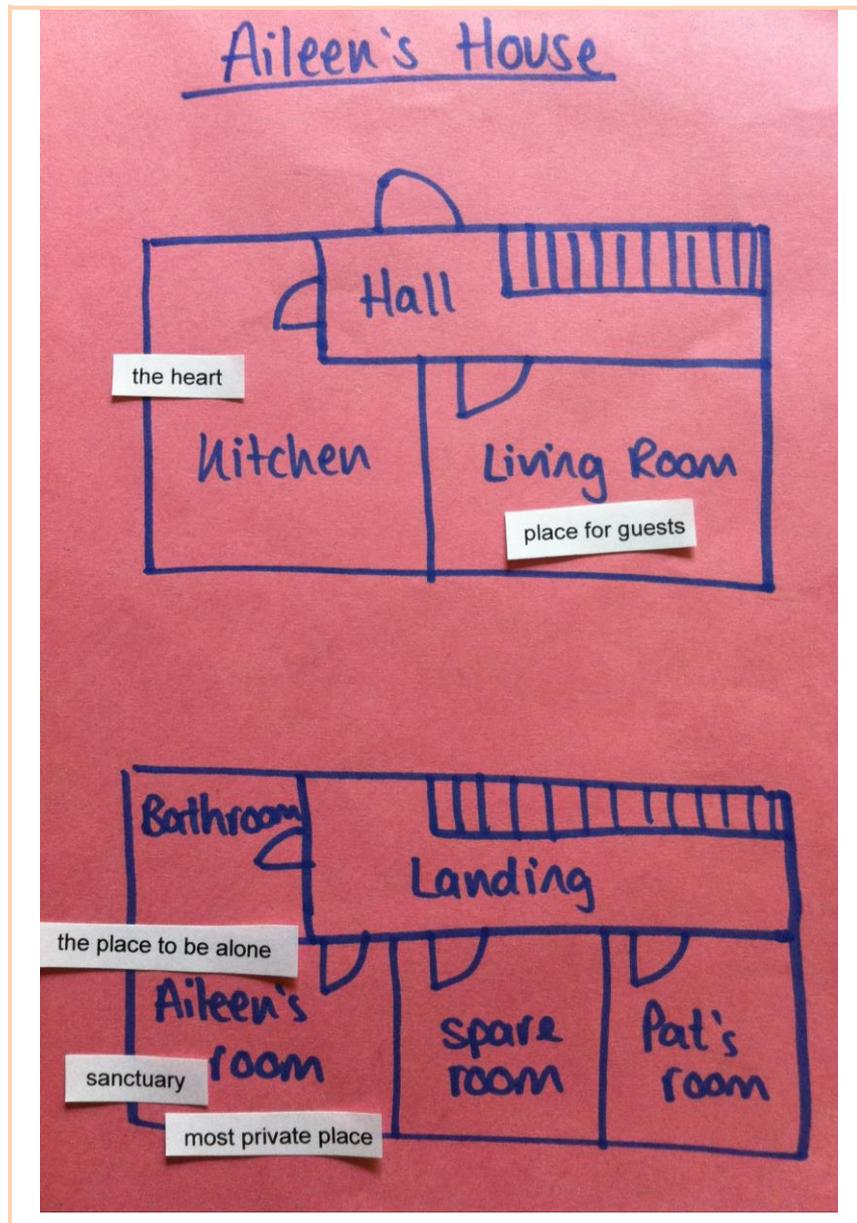


Figure 10: Aileen, ‘My Home’ mapping

Following Cristoforetti et al.’s (2011: 229) study of the emotional construction of places, Aileen’s bedroom represents the “inner sanctum”. This, the most private room in the home, is “semantically rich in meaning” (2011: 230), containing intimate memories as suggested by her request not to have it photographed and in her referral to it as ‘our bedroom’, despite

being a widow. An analysis of her home map highlights Aileen's use of emotive metaphors to describe her bedroom and kitchen. In contrast to the hall and dining room, mundanely labelled '*the place for guests*' and '*the place where I eat*', she labels the bedroom a '*sanctuary*' and the kitchen '*the heart*'. Visiting her home on a number of occasions, and the informal nature of the research process, results in Aileen feeling comfortable to share how in the bedroom she '*felt closer to my husband*'. In the kitchen, she describes her enjoyment of '*cooking up dinner for him every night*' resonating with Fűrst's (1995) concept of the 'rationality of the gift' whereby cooking for her husband represents an act of care and love. This suggests, following Gurney (1998) and McDowell et al. (2005), that certain rooms are more private due to the embodied activities that are performed within them and, for women, the rooms associated with acts of nurturing the family are the most meaningful in the home.

Aileen feels the disruption of homecare on the meaning of home as a private space more sharply in areas where she performs activities closely associated with family life and which therefore perpetuate her identity as a wife and mother. In these rooms the presence of care workers severely trespasses, not only physical, but also symbolic privacy boundaries.

Marjorie's Story



Aged 78 and describing her life prior to receiving care as 'failing apart', Marjorie regards organising domiciliary services as 'the best thing I've done this year'. After suffering a stroke eleven months ago Marjorie has high care needs and is visited by her care worker Rachel each morning for assistance with bathing, dressing, preparing meals and taking medication. She lives in a bungalow with her husband Frank.

Figure 11: Marjorie with husband Frank

"I can whole-heartedly say that having Rachel has completely transformed my life! She comes once a day, in the morning for an hour or so to help me get up, and then every Thursday to help with the cleaning - it's truly wonderful.

You see, since I had a stroke, we'd been struggling, I was used to doing everything around the house, the cooking, shopping and washing, but then suddenly I just couldn't manage anymore. The house became a pig sty, dust and clutter built up, it was depressing to live in such a place and we had to stop inviting our friends round because we were too embarrassed about the state of the house. The worse bit was that my relationship with Frank (pictured with Marjorie) suffered, he became my carer and he started to do all the housework too. That really upset me, I felt ashamed that Frank was doing these jobs, I know it sounds old-fashioned but I felt that they were jobs I should be doing as a wife, not him. I was becoming a burden for him and that felt awful for me. I wanted him to see me as his wife again, not a patient.

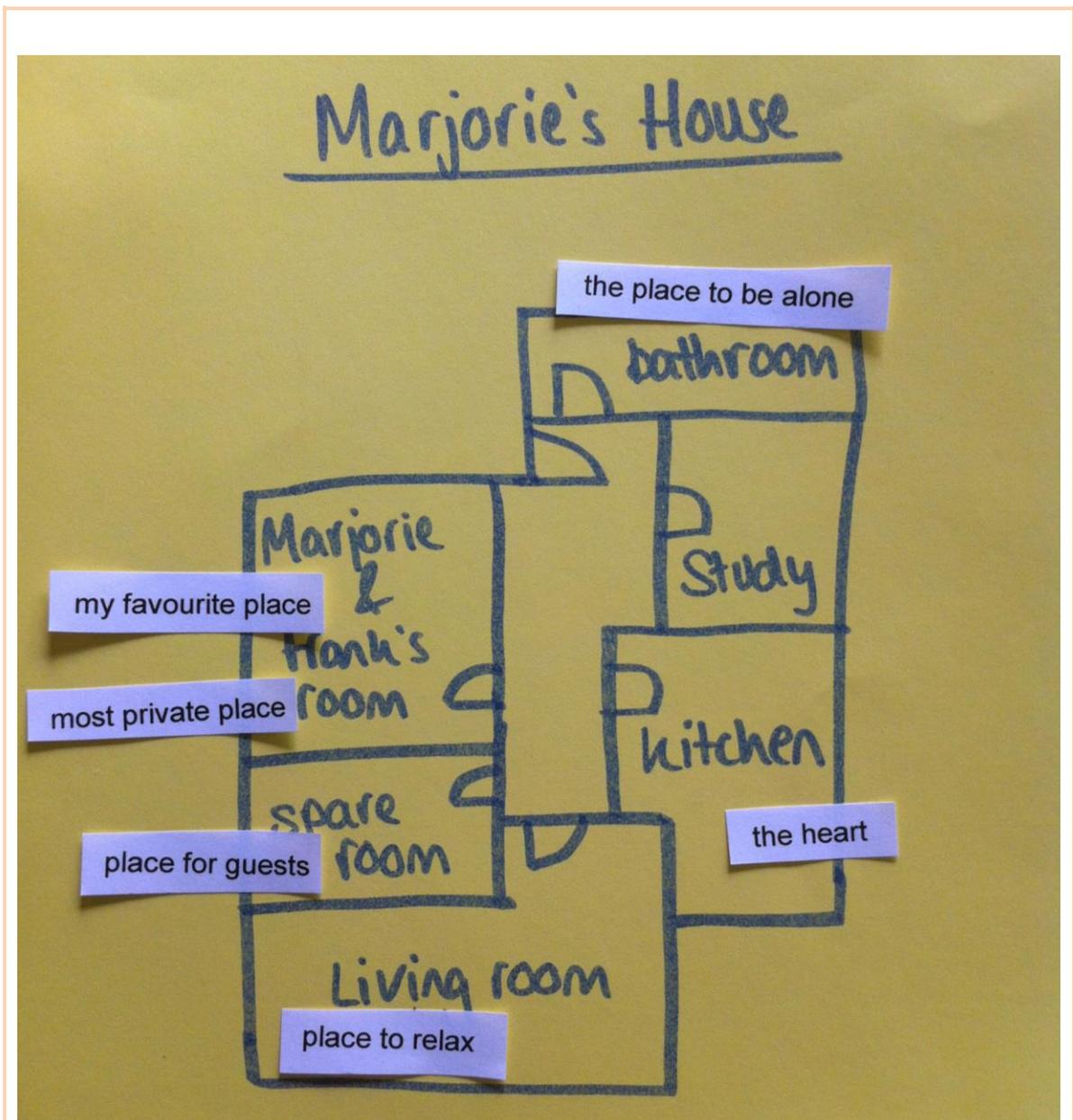
In the end we realised we had to get homecare. I was very wary at first as you always read horror stories in the paper of care workers who come in and steal from or abuse old or vulnerable clients. If I'm honest I only agreed to having homecare because Frank was here, having him here made me feel more comfortable because I thought the care workers wouldn't muck around with a man in the house.

But actually my concerns were completely wrong as Rachel, our homecare worker, is wonderful. She's genuinely a loyal friend to me, I feel she actually cares about me and she often goes beyond her job specification – she took me out for coffee last week! She has given me my life back, not just because she has helped us stay on top of chores and given us our home back, but she's allowed me to have a normal relationship with Frank again."

Figure 12: Marjorie's story

Reinforcing boundaries

Juxtaposing Aileen's story of *'intrusion'*, and in turn highlighting the overly simplistic nature of Angus et al.'s (2005: 162) branding of homecare as an "encroachment" on the privacy of home, Marjorie's account exemplifies how "recipients respond in a diversity of ways to care" (Dyck, 1995: 307). Although, as an analysis of her 'my home' map reveals (Figure 13), Marjorie considers privacy "a central feature of the meaning of domestic space" (Allan, 1985: 89), for her, care *'was not an intrusion at all'*. Moreover, her narrative highlights how, somewhat paradoxically, the service reinforced the privacy of domestic space.



Marjorie's 'my home' mapping highlights how she regards privacy as an important feature in the meaning of home as certain rooms are deemed public, others private.

Figure 13: Marjorie, 'My Home' mapping

Hiding behind boundaries

As "a place that permits people to fashion their own image" (Imrie, 2004: 746) the home is a mirror of its owner's personal values (Cooper, 1995). Through the appearance of the home, an impression is gained of the homeowner, who they are, their status and their identity. With

this, the privacy of the home has significance as it empowers occupants to regulate such “interactions with the outside world” (Shenk et al., 2004: 159). Behind closed doors, the ways our lives fall short of the domestic ideal can be concealed and there is freedom to “drop our smiles, our masks temporarily” (Kron, 1983: 27).

This concealment is important to Marjorie who is evidently a ‘house proud’ individual, who is concerned about what others think of her and who derives “particular gratification from favourable responses of others” to her home (Angus et al., 2005: 170). As Marjorie explains whilst touring her home *‘I judge people on the way the house looks’* and field notes (Figure 14), vividly recount Marjorie’s scrupulously maintained kitchen, the cleanliness and artful arrangement of which indicates her efforts to orchestrate a particular impression. Despite ill health, it is clear that Marjorie goes to considerable lengths to maintain her own appearance wearing smart clothes, jewellery and dying her hair (Figure 14).



“Despite ill health Marjorie’s determination to look her best is immediately apparent.”

“The work tops were spotless, everything was put away in its correct place, and there was a tray laid out with cups and saucers ready for tea.”

Figure 14: Marjorie, field notes and photograph - ‘house proud’ nature

For Marjorie, the privacy of the home gives her power to project to the world the identity of a successful wife and homemaker. As Swenson (1998:389) found, “like herself, the house must ‘look good’ so that neighbours and family can be assured she is still in control and functioning independently”.

Yet, after suffering a stroke Marjorie could no longer maintain this façade, and the power she had to showcase those aspects of her life that she chose to, while concealing others, was lost. Describing the house as becoming a ‘pig sty’, Marjorie felt she ‘had to’ stop having guests to her home which undermined her identity as a homemaker. As Shenk et al. (2004: 157) note, this is particularly distressing for elderly women, who are part of a generation who have “devoted their lives to making a home”.

Building up boundaries

However, homecare allows this façade to be restored and gives Marjorie back the power to control the image she portrays to the outside world of retaining domestic capability. Building on the work of Goffman (1969), care workers take on a liminal character working across the public/private boundaries of the home, assisting with such tasks as washing and dressing in the private ‘back stage’ spaces of the home, to enable the recipient to be presented clean and dressed in the more public, ‘front stage’, rooms. Although this trespasses upon the physical boundaries of the home, it allows the symbolic boundaries to be maintained, enabling the former structure of life to continue, despite failing health. For Marjorie, homecare has not reversed, but reordered the meaning of home as a private space. Privacy is upheld as she can still conceal less desirable aspects of her home life, yet the ways in which it is achieved has changed.

A couple’s boundaries

Following Twigg (1999: 391), “the presence of a spouse was particularly significant in terms of the degree to which the public/private spatial ordering of the home was maintained”. As a couple, Marjorie and Frank are better able to assert the privacy boundaries of their home against care workers, than widowed Aileen. The existence of a marital relationship creates a territory of privacy into which workers feel awkward to intrude, with careworker Rachel commenting “I don’t really want to go in their bedroom, it’s their space”. Clearly, areas of Marjorie and Frank’s home, such as the bedroom, are private in a way that Aileen’s is not.

Summary

Care threatens the distinct public/private boundaries of the home as outside workers and new routines enter this intimate setting. In the stories presented, Blunt and Dowling's (2006) observation that home is the nexus of power and identity is evident in the way that this public/private blurring is shown to be bound up in struggles concerning power and status. For Aileen, homecare represents an *'intrusion'* and severely undermines the meaning of her home as a private space, taking away her power and undermining her identity as 'ruler' of the household. Yet for Marjorie, homecare reorders the privacy of her home in a more positive manner, empowering her to retain and project to others her identity as a capable homemaker, regardless of how disabled her body may be. A number of factors have intersected to produce these renegotiations of meanings. Severe health issues, a good rapport with her care worker, and the presence of her husband combine to negate any feelings of intrusion that Marjorie has.

6. Comfort and Homecare

“A place liberated from fear and anxiety” (Kaika, 2004: 266), a place of nurturing and caring, throughout history and across the world the home is perceived as a positive “space of warmth and security” in which we are at ease (Bowlby et al., 1997: 343). With outside agencies, new financial arrangements and medical practices, homecare has the ability to remove such idealised associations with comfort. Yet, unravelling the stories of Rita and Joyce shows that the service can in fact provide comfort in a different guise.

Rita's Story



Figure 15: Rita

Rita, who is 81 and, in her own words 'not as active as I once was', is visited by care workers twice a week to assist her with housework and shopping.

Rita has been a widow for ten years and has three daughters, none of whom live locally so they are infrequent visitors.

Rita has lived in her marital home for 35 years and whilst touring her home described the memories contained within it...

"When I think of home and what it means to me the first thing I think of is my family. I've been here in this house for 35 years now, and it was the place where me, my husband and our three girls all lived happily together as a family. There are so many good memories in this house, you know, family Christmases, the children's birthdays, special things like that. I dread the day when I will have to move out, it will be awful for me.

It's my base in life and it reminds me every day of my family, of my husband and our life together here. It was always such a happy place, there was always something going on in our house, it was always busy here, the girls coming and going, running around, there was always drama in the house.

Since Bill died the house has become a lonely and quiet place. Our daughters live far away now, one in Southampton, one in Manchester and the other in Australia, so they can't visit me all that often, and the buses are rubbish around here so a lot of the time I'm just here by myself watching the television or something. It's depressing at times being stuck here.

Having Julie, my homecare worker, has changed all that though, she has really improved things for me. She comes around twice a week to help with the housework and bring me my shopping, but the service that I'm most grateful for is her company. She has made the house feel homely again, like it did when the girls and Bill were here. She brings life into the home as she always stays and chats with me over a cup of tea, she tells me about her kids and her family, she's my connection to the outside world I suppose! When she comes it really makes the house feel like it did when my family were here, it feels more alive with her in it, making a noise and doing things."

Figure 16: Rita's story

Emotional comfort

As Rubenstein (2001: 1) reminds, "home is always an emotional space" and for Rita, like many other elderly women who are living alone in the house they once shared with their family, home is a hugely emotive word that triggers memories of *'family Christmases'*, *'children's birthday's'* and positivity. It is these intimate associations with family life, caring for others and *'being a good mum'*, that have given the home meaning as a comfortable haven for Rita.

She describes how home was *'always such a happy place'* because of the people in it, *'the girls coming and going'*, the *'drama'* and the relationships of everyday life. As Swenson (1998: 388) suggests, "caring for others in the home lends meaning to the lives of elderly women", and Rita has certainly derived comfort from caring for her family.

Physical comfort

However, alongside this emotional, imagined aspect, the comfort of home also has an important physical dimension for Rita as these feelings are firmly grounded in the physical

house itself. She describes how the house, in which she has lived for 35 years, *'reminds me of my family'*, and she has purposely left the material effects of the house largely unaltered since her daughters moved out. This is in line with Shenk et al. (2006: 159) who suggest that "time is an important factor in the development of place attachment", and for the elderly a large degree of comfort is derived from remaining in the family home.

As critical geographers argue, home, and its meaning, is "*both material and imaginative*", with these two elements inter-dependent and "tied together rather than existing as separate and distinct" (Blunt and Dowling, 2006: 22). Indeed for Rita, despite the physical material dimension of home remaining unchanged for decades, her home *'doesn't feel as homely anymore'* as the imagined emotional aspect of the comfort of her home has been erased. Since the death of her husband and her daughters moving out, the home has become a *'lonely and quiet place'* and its associations with comfort have been lost now that the relationships of love and caring for her family are gone. As Easthope (2004: 136) has reflected "whilst homes may be located it is not the location that is home".

This change in the meaning of home to Rita, with it becoming a *'lonely'* and *'depressing'*, place, reflects Blanco and Varley's (2006) work that highlights that homes do not automatically function as fixed spaces of comfort and familiarity for the elderly, who can become isolated and withdrawn from society.

A new source of comfort

In light of this sense of loneliness and isolation that Rita now feels, as the relationships that once made her home comfortable have diminished, homecare impacts positively on the meaning of home to her. Whereas others depict care as reversing the comfort of the home, bringing in non-family members and unfamiliar routines (Twigg, 1999; Milligan, 2010), for Rita *'it has made my house feel homely again'*, bringing noise and activity once more and providing her with a new means of social interaction. This reflects Dyck et al's. (2005: 315) study which found that for female MS sufferers "homecare improved their quality of life, providing them with sociability".

Milligan et al. (2005: 1882) propose that care diaries are an effective tool for "capturing the meaning and weight elderly people attach to different events in their lives" and accordingly Rita's diary extracts record how she looks forward to her care worker's visits and enjoy her company:

	Rita : Care Diary Entries
19.7.2012	<p>Julie was round this morning, she brought me some bits from Tesco which is good because it saves me from going up there on the bus and trying to carry it all back.</p> <p>Then she helped me change the bed because I find that really hard to do on my own and then I made a drink and we had a good catch up.</p> <p>Looking forward to her stopping by again on Thursday.</p>
24.7.12	<p>Julie was here this afternoon, she did some ironing for me and brought me some things for the freezer. She stayed for a bit, we spoke about her holiday and she was telling me all about her son who's giving her trouble at home, I told her not to worry about it because my girls went through the same phase!</p>

Figure 17: Rita, care diary extracts

Hall (2010) draws attention to the disruption that paid care causes to the emotional comfort of the home, arguing that it results in the home no longer hosting genuine relationships of love, but of commodified care relationships based on financial exchange. However, contesting this, field notes reveal the obviously strong rapport between Rita and her care worker and how they have a genuinely positive relationship:

“We’re all in the kitchen while Julie is unpacking the shopping and putting it away. She’s telling Rita about her holiday in Cornwall which Rita loves to hear about as she often used to holiday there with her family.”

Figure 18: Rita, field notes - strong rapport

In her care diary Rita speaks about giving her care worker advice and this mirrors Litwin's (1998) concept of care giving as a complex relational process whereby there is mutual benefit for both giver and receiver. Wiles (2011: 579) found that "elderly recipients of care often give social and emotional support to their care providers" (Wiles, 2011: 579). Rita feels that she can still make a valuable contribution in a motherly role, deriving comfort from this new relationship with her care worker in the same way that she used to from relationships with her family. In this way, comfort has not been reversed, but reordered.

Similarly, in his study of female care recipients, Lewinter (2003) argues that the 'cup of tea' serves a symbolic, as well as a practical purpose; providing women with a chance to socialise, something which is important to Rita as she lives alone, whilst also putting the elderly person in the role of the host. However, as homecare service budgets come under increasing pressure, this positive role may be threatened. Talking to Rita's care worker she expresses how she is now expected to visit more clients per shift, thus reducing the time she can '*stay and have a chat, it's a shame really*'.

Joyce's Story



Figure 19: Joyce

Joyce is 91 years old and still in reasonable health although she finds walking increasingly difficult.

She is visited by a care worker three times a week for general help with personal care, cooking and housework. She lives alone in a sheltered housing complex where she has a comfortable one bedroom flat.

"For me, home is all about feeling happy and secure. It's hard to describe, I don't know what it is but when you're in your own home, you just have that feeling, you know, it's almost like a safety net your house you just feel happy because it's familiar to you.... You know what to expect at home, it's familiar, you can just get up and everything's the same. My life at home is quite 'same-y' you know, I get up at the same time every day, I always watch GMTV for a bit, then I potter around in the afternoon - every day is the same, I don't mind that though, it's comforting I suppose.

When the girls were growing up I always wanted to provide that for them. I always wanted them to feel like whatever they did, wherever they were, they always had me and their father and a stable base in life to come back to. See, I didn't have that when I was young, my parents divorced and home was not a positive place for me. I saw my father hurt my mother and I lived with my grandparents and other relatives for a period. Being unhappy at home as a child made me determined to give my kids a comfortable place to live.

Homecare has been positive change for me, I think it's made my home feel more homely. I feel looked after and cared for in my home because I get on so well with my care worker, I'm lucky in that respect. Linda comes around, she does my chores but she also stays for a chat, she asks me how I am, she genuinely looks out for me. I've not lost my independence having Linda help me at home, that's important for me that I stay active around the house. My days used to revolve around doing the chores, but now that Linda's doing those things for me hasn't meant that I'm doing less around the house, it actually means I can do more. Now that I'm not doing the vacuuming or ironing or whatever I have more time to go to the lunch club on a Thursday or have my neighbours around for the afternoon which has really boosted my mood."

Figure 20: Joyce's story

Home past and present

For Joyce, the home possesses important meaning as a place of comfort and “predictable safety” (Swenson, 1998: 382); she places great value on having ‘*a stable base in life*’ as a direct result of her childhood experiences of home. As Tucker (2010: 532) observes, home is a complex construction, “indelibly tied to past, present and future experiences”, and the in-depth ethnographic approach utilised in this study brings this to the fore.

Resonating with feminist work which has illuminated the home as a site of trauma (Manzo, 2003), Joyce vividly describes the breakdown of her parents’ marriage and the unpredictability that thus characterised her childhood home. As Joyce explains, this experience made her ‘*determined to give my kids a comfortable place to live*’, something she achieves for herself today through establishing routines and structure in domestic life.

Whereas for Rita, a comfortable home is created through intangible relationships and interactions with loved ones, for Joyce, it is practical routines such as waking up at the ‘*at the same time everyday*’ and ‘*always watching GMTV*’ each morning that produce home life as stable and predictable, and therefore comforting. In this way, her imagined home of the past, one associated with feelings of alienation, unhappiness and neglect, can be seen as actively shaping her material, practical home of the present.

Home and routines

Shenk et al. (2004: 167), studying older women's attachment to their home, emphasise the importance of time, routines and rituals in the development of a comfortable domestic environment. They argue that women are able to find meaning in their life through the "patterned behaviours that are reminiscent of their days as wife and mother". This was observed during an afternoon in Joyce's home as she described how cooking every night is a comforting ritual that reminds her of family life:

"I cook a proper dinner every night you know, like I did when Cyril was around, not one of those ready meals, I enjoy it."

Figure 21: Joyce field notes - comforting rituals

This is in stark contrast to Casey's (1993) concept of 'habit memories' in which he proposes that actions become ingrained in people and are performed by habit rather than by conscious choice.

Homecare and new routines

The arrival of care workers to perform homemaking tasks inevitably disrupts the comforting routines of domestic life, which in many cases have been in place for years, and therefore threatens to undermine the meaning of home as a haven. Olaison et al. (2006) found that for elderly women in particular the relinquishing of these tasks to others marks a radical change. This is observed first-hand in Joyce's home, as she describes how her day 'used to revolve' around such tasks as 'doing the hoovering' and 'going to the shops', jobs that her care worker now does for her.

Yet although at first sight Joyce's comforting routines appear to have been dismantled, she has been afforded the opportunity to create new, equally comforting routines. In her care diary she describes going out shopping with her care worker every Wednesday, a new, enjoyable routine:

	Joyce : Care Diary Entries
25.7.2012	<p>Linda picked me up at 11 and we went in to town for a bit. We had a nice cup of coffee and did some shopping in Marks.</p> <p>We go out every Wednesday, I really enjoy, it gets me out and about</p>

Figure 22 : Joyce, care diary extract

She also discusses her enjoyment of going to '*lunch club on a Thursday*' and having guests to visit, further new activities which she has been able to undertake since the assistance of care workers has freed up her time from domestic jobs. Such social activities have contributed greatly to Joyce's health and wellbeing and highlight the indirect positive impacts that homecare can trigger (Imrie, 2004).

Summary

Comfort is recognised as a key feature in the meaning of home (Allan, 1989) and has both imagined and material dimensions, which are interdependent (Blunt and Dowling, 2006). Joyce and Rita derive comfort in the home from quite different aspects. For Rita, the home is given meaning as a place of comfort centred on relationships with her family and others, and through her role as a caring mother. These feelings are firmly grounded in the home as a physical dwelling and her continued ability to live in the family home of 35 years.

Joyce's experience of the comfort of home is centred on stability, structure and safety, which she maintains through daily routines and habituated behaviours. Homecare has reordered the meaning and experience of comfort for both women, but in different forms; Rita has built new social relationships with her care worker to replace in part those of family members, and Joyce has continued to enjoy comfortable, albeit new, routines with the help of her care workers. It should be emphasised that this has been made possible because both Rita and Joyce enjoy an excellent rapport with their care workers.

7. Possessions and Homecare

From personal photographs to furniture, the materiality of the home carries great meaning enabling the expression of individuality (Laws, 1997). These 'anchoring', objects provide comfort as they symbolise loved ones and positive memories, and are vital in the maintenance of a sense of self. The entrance of impersonal, unfamiliar care equipment threatens to "institutionalise" (Milligan, 2000:54) the home, connecting this intimate space with the impersonal world outside. In this final chapter the stories of Dorothy and Vera are analysed in light of this charge and demonstrate how the entrance of care equipment is, in practice, both resisted and embraced depending on individual circumstances.

Dorothy's Story



At 92 and having undergone a hip replacement last year, Dorothy is in poor health and describes how she spends most of the day in her armchair *'just watching television'*. She receives considerable support from a carer who visits her daily to assist with tasks such as washing and dressing. Thirteen months ago Dorothy moved into her current home, a spacious flat in a new build private complex where she has room for a considerable number of mobility aids that she uses every day.

Figure 23: Dorothy

In her living room, surrounded by her care equipment, Dorothy describes the importance of home to her...

"Your home is such a special place, it's not just the house you happen to live in, it's so much more than that, home is a feeling, when you are at home you feel warm and cosy and you can't get that feeling anywhere else. If you don't have that feeling, if you're not happy at home, then it affects everything that you do, you feel lost.

I really know this, I know what it's like to live in a house which isn't a proper home. My husband was an army officer, so we moved all over the world - America, Ireland, Australia. Whenever we moved into a new home it always felt characterless when we arrived, but as soon as we got our stuff in, all the photos and the little trinkets, then the house would begin to feel cosy and homely. I got pretty good at doing it you see, creating a home quickly, because we moved so much.... We'd move in one day, John would go off to work, the kids would go off to school, and by the time they all came back in the evening the house would be all unpacked and feeling like a proper home.

That what's important to me about home – being surrounded by all your personal belongings and memories. Since I've started to have homecare my house doesn't feel so personal and familiar anymore. It's got all these contraptions in it now, like this horrid armchair, and that seat in the shower. They are all so ugly and I feel like I'm living in a hospital ward which is depressing.

Things in your house should tell a story or remind you of something, like that dining table, we bought that when I was pregnant, or that vase over there, my sister gave me that when I was 21. But every day when I use these mobility aids they just remind me of being in hospital.

I've tried to make them look nicer, I've put cushions and throws over the armchair and I keep the bathing equipment in the cupboard out of sight. At the end of the day though I'm 92, and I can't do everything for myself anymore. These aids might be ugly but they do make my life a lot easier."

Figure 24: Dorothy's story

Possessions as 'anchors'

For Dorothy, the home has special meaning as a site containing her most cherished possessions. *'The photos'* and *'little trinkets'* in her home reflect important moments and people in her life and she considers being surrounded by these "autobiographical icons" (Swenson, 1998: 385) essential in the transformation of a house into *'a proper home'*. Indeed, "not every house is a home" (Blunt & Dowling, 2006: 3), and numerous writers argue that objects produce domestic space (Rose, 2003), with Daniels (2001: 205) stating that "homes do not simply exist, but are materially created...objects imbued with meanings are placed and used".

Although significant to us all, "possessions are particularly important to those who relocate" (Shenk et al., 2004: 160), and the concrete nature of 'things' has provided Dorothy and her family with a sense of continuity as they have moved *'from America to Ireland'*. Young (1997:151) captures the importance of these 'anchors', explaining that "without them we are literally lost". Dorothy's pride in her ability to manage domestic objects, arranging these 'anchoring' items to *'create a home quickly'* for her family, suggests that the materiality of

home has increased significance for women, resonating with what Munro and Madigan (1999: 114) describe as “women’s traditional responsibility for domestic order”.

‘My favourite things’

The photo-voice method highlights how Dorothy regards these ‘anchoring’ objects as the most valuable items in her home:

What are your favourite possessions in your home and why?	
	<p><i>“These are my daughter’s dolls, she collected them when she was younger. They remind me of my daughter, she used to love playing with them and dressing them up.”</i></p>
	<p><i>“This is my mother’s tea cosy which she embroidered. It was a favourite item of hers and reminds me of her. She gave it to us when we got married.”</i></p>

Figure 25: Dorothy, ‘My favourite things’, photo-voice

In addition to their longevity, uniting her ‘favourite things’ is their low financial value. Mirroring Landy (2002) who, in destroying all his belongings as part of an art installation, found

disposing of his father's sheepskin coat the hardest possession to part with, the objects that Dorothy values most are those that are vital to her sense of self (Tuan, 1977). Whereas the coat symbolised to Landy his identity as a son, Dorothy's favourite possessions reinforce her role as daughter and mother.

'My least favourite things'

In contrast, care aids were deemed the 'least favourite things' in Dorothy's home:

<p>What are your least favourite possessions in your home and why?</p>	
	<p><i>“This is the stool that I have in the kitchen. I use it when I’m cooking as I can’t stand for very long. It looks like a child’s high chair, like it’s for a baby or something. It doesn’t match the kitchen at all, it sticks out like a sore thumb.”</i></p>
	<p><i>“These are the seats I have to have in the shower. They remind me of being in hospital and that reminds me of being old!”</i></p>

Figure 26: Dorothy, 'My least favourite things', photo-voice

The impersonal equipment of care

Following Twigg (1999: 396), care equipment, with its “inherently clinical feel”, has reversed the meaning of home as a site of personal expression. Whereas the ‘anchoring’ items of Dorothy’s home *‘tell a story’* and remind her of positive memories, the “alien objects of care” (Herzberg et al., 2001: 384) now in the home are reminiscent of a *‘hospital ward’*. Here, Auge’s (1995) anthropological theory of place is significant as this once emotionally meaningful space has been reduced to an impersonal ‘non-place’ by the introduction of care aids.

Juxtaposing the decorative nature of her most valued items, “the aesthetics of healthcare are driven by logics of expedience and cleanliness” (Angus et al., 2005: 171). Dorothy describes the *‘ugly contraptions’* and *‘horrid armchairs’*, her choice of words providing a particularly vivid account of her dislike for the appearance of the equipment.

Yet beyond its “technico-medical” appearance (Twigg, 1999: 396), it is the symbolism of the equipment which is the greatest threat to the meaning of home as a site in which “identity is salient” (Altman, 1975: 112). Whereas her most valued ‘anchoring’ possessions symbolise familiarity and stability, and have been in her home for decades, the equipment of care represents a new and unfamiliar intrusion from the outside world that renders her once intimate and ‘cosy’ home a ‘multi-scalar’ space (Blunt and Dowling, 2006). Following Angus et al. (2005) care equipment also symbolises an unwelcome shift in identity. While Dorothy’s most valued possessions reflect her identity as a mother, her care aids link her to “illness and infirmity and indignity” (Angus et al., 2005: 171), reinforcing how at times our “possessions can betray us and reveal things we would rather have remained hidden” (Crewe, 2011: 28).

Personalising the impersonal

However, care equipment has not entirely transformed Dorothy’s home into a “homogenous, medicalised space” (Thomas, 1993; 653). As Angus et al. (2005: 174) found, many homecare recipients have “strategies for concealment”, and as field notes and photographs (Figure 27 and Figure 28) record, touring her home reveals Dorothy’s fight back against the impersonal nature of care equipment via her efforts to disguise care aids with familiar items.



“...the bathroom is incredibly neat and clean and full of pink matching accessories – there are pink towels all folded neatly on a shelf, pink toilet paper, pink plastic flowers on the toilet and pink soaps around the sink. There’s a knitted cover over her walking frame and a multi-coloured crocheted blanket”

Figure 27: Dorothy, field notes and photographs - disguising care equipment

In-depth interviews provided the optimum opportunity to explore these observations further:

Researcher: I noticed you’ve got lots of pink accessories and flowers in your bathroom.

Dorothy: Yes, I try my best to make the place look as nice as possible, you know, make it look more feminine.

Researcher: Why do you want to do that?

Dorothy: Well it looks a bit hospital-like in there doesn’t it. I’ve tried to make it more homely by putting some nice bit and pieces in there. Make it feel more like mine.

Figure 28: Dorothy, interview extract - disguising care equipment

Such resistance is an attempt to make ‘multi-scalar’ aids from the outside world feel more acceptable and ‘homely’. The view that the equipment triggers the “institutionalisation of the homespace” (Milligan, 2000: 54) fails to account for the way in which, in practice, recipients negotiate new meanings and adjust to the coming of care.

Vera's Story



Figure 29: Vera with daughter Christine

Aged 88, Vera describes her health as 'pretty bad' and is visited by homecare workers twice a week for assistance with housework and personal care.

She relies on several pieces of care equipment to carry out such tasks as bathing and cooking unassisted and depends on her 'wheeler' mobility frame to move around.

She has been a widow for 15 years and has a large family. Living in a council run sheltered complex, Vera has one room with a curtain separating the living and bedroom areas, a small

"The things in my house are really important to me. Over the years I've collected so much stuff – photos, books and things – I'm going to run out of space soon! I've got such a small place here but the grandkids, they're always sending me things and I can't bear to throw them away. I love getting things from them in the post, especially things they've made at school or that my granddaughter's made at Brownies. The handmade things and the letters they send to me are the things I value the most, they've taken real time and effort to make them you see.

These things really mean something to me. My grandchildren live quite far away, I don't get to see them that often, they're always so busy with university things or school work and I do worry sometimes that they might forget about me, I know it sounds daft but I do, and when they make a special effort to send me these presents it shows they care and are thinking of me.

My house has definitely got more cramped though over the last few years, since my health's gone downhill. I've had to get quite a few bits of equipment and that's meant I've had to get rid of some of my old furniture and change the layout of my house which was quite upsetting. Like the old sofa that my husband and I bought when we got married, I had to get rid of that to make way for some new armchairs that I could get out of more easily. I know it's only a sofa, but it was special to me that sofa, it reminded me of him in a way.

But that doesn't mean I'm not grateful for this care equipment. I know it doesn't look pretty, it's all plastic and metal, but I wouldn't be able to live here if I didn't have it and I'd have to rely on my family for help a lot more than I do now. It's improved my quality of life - now I've got the walk in bath I can wash myself and now I've got the grab rails in the kitchen I can prepare my own food on the cooker. The equipment's allowed me to be more independent at home."

Figure 30: Vera's story

Possessions as 'connections'

Whereas for Dorothy many items in the home hold importance as familiar 'anchors' (Young, 1997: 159), providing her with continuity and grounding as she moved across the world, for Vera possessions represent vital "connections" (Rowles, 1987: 23) to an ever-expanding network of people and places. This contrast highlights how domestic objects have a multiplicity of meanings, which at times can be contradictory (Moen, 2001).

This “theme of connection” (Rowles, 1987: 23) is strikingly evident in a view across Vera’s living room (Figure 31):



“Shelves are busy with family photographs, holiday momentos are artfully arranged on the windowsill and her grandchildren’s teddies sit on a trunk against the wall.”

Figure 31: Vera, field notes and photograph - living room of connections

The ‘*photos*’, ‘*letters*’ and ‘*handmade things*’ that fill the room are “symbols of others” (Kamptner, 1989:181) and link Vera to family that live ‘*far away*’. Following Appadurai (1986) and Miller (1989), such items have gained meaning, not through stasis and history, but via movement and circulation. Whereas the materiality of Dorothy’s home is important to her because it has remained largely unchanged for a number of years, for Vera the opposite is true. She values the way that the materiality of her home is in constant flux – her grandchildren are ‘*always sending things*’. Whereas Dorothy feels threatened by the potential for the home to become ‘multi-scalar’, and the entrance of new and unfamiliar items, Vera embraces the way in which her home is “porous and open” (Johnson, 1996: 451) and “encompasses distant spaces and people” (Rose, 2003: 8).

'My favourite things'

The photo-voice method (Figure 32) exemplifies this, as although Shenk et al. (2004) emphasise the significance of possessions which link elderly woman to the past, Vera identifies a range of items which symbolise on-going relationships with her grandchildren. This resonates with Young's (1997:154) warnings against romanticising "museum pieces" in the home. To Vera these objects are important as they bring her closer to her family who live 'far away'.

<p>What are your favourite possessions in your home and why?</p>	
	<p><i>"These are drawings that my granddaughter sent me when I was in hospital. They are important to me because they show her concern for me, they show that she cares for me."</i></p>
	<p><i>"My grandchildren play with these teddies when they come and visit me. They are special to me."</i></p>

Figure 32: Vera, 'My favourite things', photo-voice

Intriguingly an old tea set and a toothbrush holder (Figure 33) were also described as significant, raising questions around where value truly lies (Komter, 2001). The influential work of Miller (2001) assumes that the significance of any particular object lies in the meanings attached to it, but following Rose (2003: 8), the significance of these objects lies precisely in their “partial inaccessibility to meaning”. To an onlooker, these objects appear worthless, being described by Vera’s daughter as *‘old junk’*, but to Vera they are imbued with meaning as she explained how *‘me and my husband bought these when we first got married’*.



Figure 33: Vera, field photographs – intriguing items

The entrance of care equipment

Poor health has resulted in equipment “not usually found within the home” entering the domestic environment and, as Angus et al. (2005: 172) suggest, this has “altered the ambience of the place”. Whereas Imrie (2004) found that for disabled homecare recipients, home was an ambiguous space containing personal and medical items side by side, Vera describes the upsetting process of having to *‘get rid of the old sofa’*, an item which reminded her of her husband, and in turn highlights how “destruction can unwittingly reveal value” (Crewe, 2011; 28)

Identity-enabling care equipment

Yet the entrance of care equipment into the home has not completely diminished the meaning of the materiality of the home as an embodiment of the self. Whereas Twigg (1999) depicts impersonal homecare aids as stripping people of an identity, in contrast Vera’s equipment can be seen as the vehicle through which she performs her identity. As she

explains, *'my frame is essential to my life, it allows me to get around and look after myself, and my walk-in shower means I can wash myself without help'* (Figure 34). Here, her care equipment enables her some degree of continued independence.

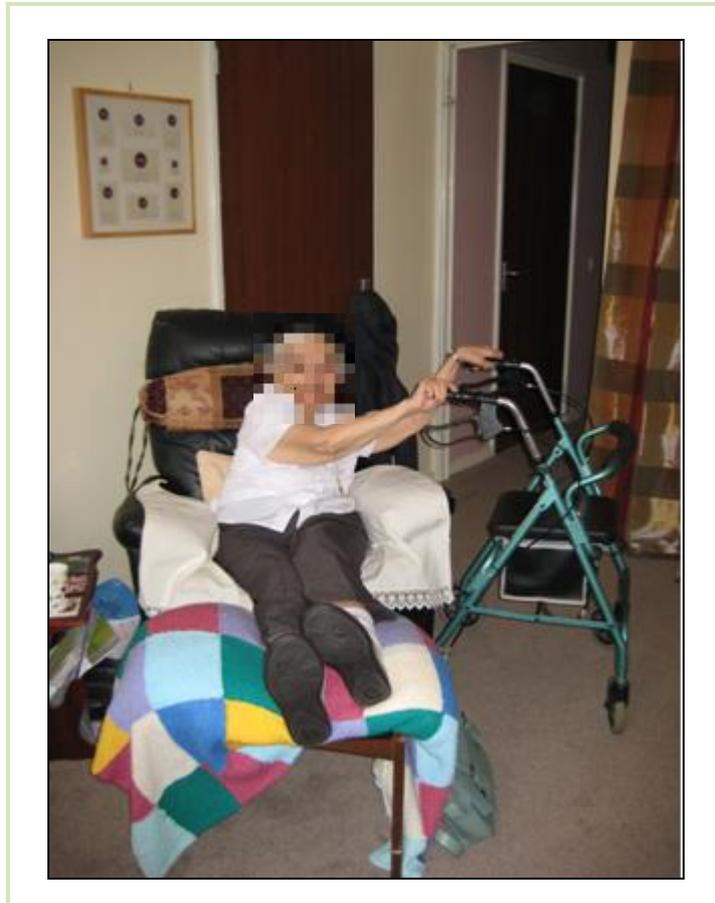


Figure 34: Vera, field photograph - Vera and her wheelie frame

Summary

When medicalised, impersonal care equipment enters the domestic realm, the materiality of home can no longer claim to embody the identity of the homeowner. Clinical aids juxtapose decorative personal possessions and render this once intimate space 'multi-scalar', connecting it to notions of institutional settings far beyond its everyday walls. However, exploring the stories and homes of Dorothy and Vera demonstrates how meanings are adjusted in differing ways in light of their health, personalities and past experiences. Disliking the equipment, Dorothy attempts to personalise it by disguising it with familiar objects. In contrast, Vera embraces it, acknowledging the positive contribution it makes to her independence so that she can continue to be an individual.

8. Conclusion

“Home is more than a house, it’s irreplaceable, it’s a part of you.” Dorothy, 92

As a landscape of care, the home’s geography is far from static. Captured in Dorothy’s reflection, which indeed typifies the views of all six of the care recipients involved in this study, the home is a site weighted with meanings and steeped in emotions, and when care services enter this intimate territory, these meanings are disturbed.

With their voices all too often neglected in accounts of homecare (Parr, 2003), and of home more generally (Rose, 2003; McDowell, 1999), the first aim of this study lay in exploring the negotiation and reordering of these meanings for elderly female care recipients: the metaphor of ‘stories’ provided the optimum means through which to achieve this. “An expression of experience in all its particularity” (Cameron, 2012: 575), the process of capturing and analysing the stories of six women illuminated the complex ways in which home is constructed as a haven centred on privacy, comfort and individuality. As critical geographers propose (Blunt and Dowling, 2006), unravelling the accounts revealed how meanings were bound up in issues of power and identity, possessed both imaginative and material dimensions, and were constructed across a range of scales.

Three critical determinants

On the arrival of care, these established meanings, that together constitute home, were destabilised, with private space rendered public and a combination of new interactions, routines and equipment entering the domestic space. Yet this study calls for a move beyond the simplistic branding of homecare as the “very reversal of the meaning of home” (Twigg, 1999: 397) and instead joins Dyck (1999) in calling for a more nuanced understanding of the ways in which recipients respond to care. Rich and colourful, the stories at the core of this study illustrate how destabilised meanings are negotiated, reordered, and stabilised, not simply reversed. Analysis of the accounts revealed the complex interweaving of three critical factors - health of the recipient, rapport between recipient and their careworkers, and family relationships – which combine to dictate the way in which meanings of home are reordered.

Sharing stories

Given the political climate and the mounting pressure on researchers, generating an outcome that could be of active use in policy spheres formed the second key aim of this study. Therefore, the homecare recipients' personal stories, together with insights into how three factors intersect to affect their personal circumstances, formed the basis of a booklet (see Appendix 7) to be presented to:

- Shailesh Vara, Constituency MP (see Figure 35) (Appendix 3)
- Age UK, Research and Public Policy departments, London (Appendix 4)

With copies also sent to:

- The Offices of Norman Lamb MP (Minister of State for Care and Support) and the Rt. Hon. Jeremy Hunt MP (Secretary of State for Health) (Appendix 5)



Figure 35 : Researcher meeting Shailesh Vara, MP

Evaluations and contributions

Human geography

With homecare for the elderly representing a “vastly under-researched” issue of interdisciplinary concern (Milligan, 2003: 456), the findings of this study have value in establishing an initial understanding of the importance of the symbolic meaning of home in

the structuring and delivery of care. In identifying key factors which intersect to dictate the ways in which meanings are reconstructed, new pathways for future research have been directly illuminated.

Although this is of course a limited, partial analysis, reflective only of a select group, it is important for this research to be viewed against its wider academic context. Inherently quantitative and concerned with the systems of care provision, the nature of the current homecare literature signalled a clear need for a qualitative engagement with the experiences of care recipients. Therefore the aims of this study lay, not in producing knowledge that was statistically representative, but in generating a rich and detailed accounts of experiences and 'stories' provided the optimum vehicle for this.

With such a confident commitment to focussing on the cases of six individuals, this study contributes to broader, philosophical debates concerning the issue of scale in the structuring of geographic enquiry (Cameron, 2012). In its prioritisation of "depth of the encounter" (Silverstone et al. 1991: 210), this study joins feminists calls for a flattening of the topology of research, and for studies to be judged on a criteria based on richness. Additionally, by actively taking findings into policy spheres, this research has also addressed a very pertinent debate in the academy, that of the ultimate purpose of research.

Policy spheres

Homecare needs to be understood in terms of the meaning of domestic space, as attachment to home represents a vital aspect of the physical and mental wellbeing of the elderly. To borrow from de Certeau (1988), there is much to be gained in policy spheres from attending to stories of everyday life as a care recipient, to counter the current policy thinking and to improve the effectiveness of care provision.

Although the overall impact may be relatively small, this research goes some way towards encouraging more debate on the issue as judged by the positive response received from all parties, particularly Age UK Public Policy and Research department

With the combined impact of the ageing population and the desire of both individuals and agencies for more care to take place in the home arena, this study has "opened the door" (Pratt, 1999: 153) for further exploration of the relationship between the meaning of home and care.

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Appendices

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Appendix 1 : Homecare recipient discussion guide

Discussion Guide – Homecare recipient

Home/Family

What do you think of when you think of the word 'home'?	Do you feel 'at home' here?	What is the most important thing about home to you?
How long have you lived in this house? Is this where you lived with your family?	Do you have family that live locally? Do they visit often?	Is home special to you or just bricks and mortar?

Care

How long have you had home care?	How do you feel about having homecare?	Do you miss doing the jobs that they do for you?
What kind of jobs do they do for you?	Do you have a regular carer?	How would you feel about having to have more homecare in the future?

Discussion Guide – Homecare recipient (continued)

Visit 1 – Privacy in the home and homecare

How do you feel about care workers coming into your home?	How do care workers enter? Do they have their own keys?	Do you ever feel like they are intruding?
Is privacy an important part of home to you?	Do your carers do jobs in all rooms of the house?	Are there any places in your house where care workers do not go?

Visit 2 – Comfort in the home and homecare

Do you feel at home here?	Do you get on well with your carer?	Have you always felt comfortable in your home?
Do you have a regular carer?	What makes your home comfortable?	If there was something you could buy or have that would make your home more comfortable what would it be?

Visit 3 – Possessions in the home and homecare

Do you have any care equipment in your home?	What do you think about your care equipment, do you mind it in your home?	What are the most important things in your home?
Is having all your personal possessions around you important to you?	How would feel about having to get more equipment in your home in the future?	Do you worry about the look of the equipment in your home?

Appendix 2 : Initial note introducing the study to potential participants.

Hi, my name is Helen Trimm and I'm currently studying Geography at the University of Nottingham.

I am undertaking research for my final year dissertation, and I am looking for some participants to interview about how they feel about their homes and receiving care in their homes. This would involve three visits with you in your home at a time that is convenient for you.

I would like to seek your permission to publish your account in a booklet to be distributed to Age UK, our local MP and the Department of Health.

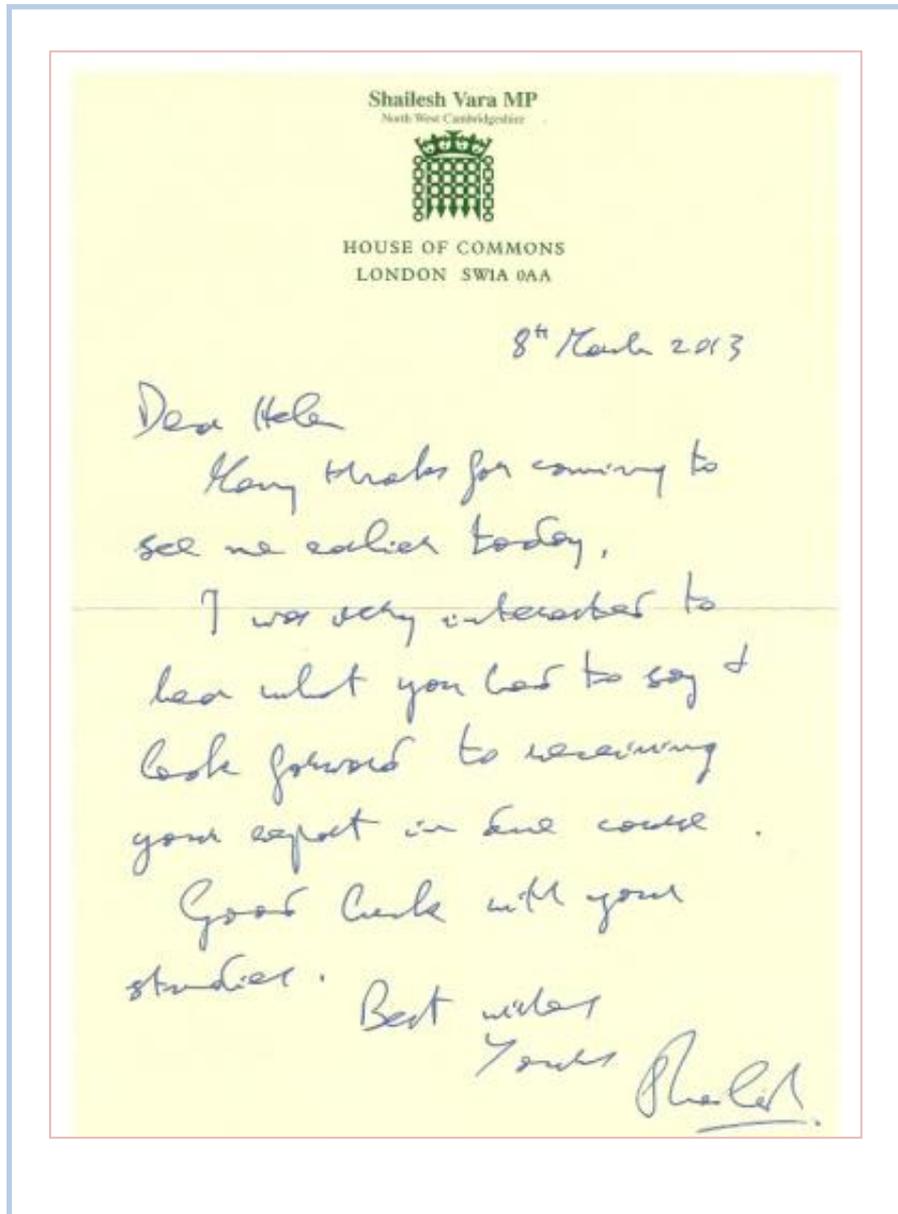
Any help that you are able to give me would be greatly appreciated.

If you have any questions about the project please don't hesitate to contact me on 07717 ### 035 or via Miriam Pullinger.

Thank you

Helen

Appendix 3 : Letter from Shailesh Vara, constituency MP



Appendix 4 : Email correspondence with Age UK

Subject: Experiences of homecare research

Hi Helen

This sounds very interesting and I for one would be keen to hear your presentation. I work in the research department, as does Matt, whom I have copied in.

I assume you need to travel to London, so I am happy for you to choose a day on which perhaps you need to be in London anyway.

I suggest you give us two or three days and possible time spans and I will see who else is available, and then I'll get back to you with more details regarding venue etc.

Phil

Phil Rossall

Research Manager

Knowledge Management

AgeUK

t: 07867 524 355

Tavis House, 1- 6 Tavistock Square

London, WC1H 9NA

Appendix 4 : Continued ...

From: Clive Newton [Clive.Newton@ageuk.org.uk]

Sent: 26 February 2013 12:18

To: 'htri@nottingham.ac.uk'

Subject: FW: Experiences of homecare research

Hi Helen,

Your email below has been passed to me. I'd be interested to see the pamphlet you've produced and, as I'm based at a home office in Derbyshire, it might be easier to meet somewhere more local rather than in London.

Best wishes,

Clive

Clive Newton

National Development Manager - Care & Communities Service Development Department
Services Division Age UK

The Old Manse, East Bank, Winster, Matlock DE4 2DT T 01629650926 M 07721 838393 E
clive.newton@ageuk.org.uk W www.ageuk.org.uk

Appendix 5 : Email correspondence with national MP's

Our ref: DE00000760187

Dear Miss Trimm,

Thank you for your correspondence of 14 February about your research on homecare. I have been asked to reply on the Secretary of State's behalf.

I regret Mr Hunt will not be available to meet you personally to receive or discuss your findings. However, should you wish to send it to the Department of Health, it can be passed to the appropriate policy teams, and officials can respond to the points you raise as appropriate. The Department's postal address is:

79 Whitehall
Westminster
London
SW1A 2NS

I am sorry I cannot be more helpful, but thank you for taking the time to write to the Secretary of State.

Yours sincerely,

Peter Wozniak
Ministerial Correspondence and Public Enquiries
Department of Health

Appendix 5 : continued....

Our ref: DE00000753387

Dear Miss Trimm,

Norman Lamb, Minister of State for Care and Support, has asked me to thank you for your invitation to present him your pamphlet concerning your research on the provision of home care services for the elderly.

Regrettably, the Minister is unable to accept your kind invitation and apologises that he is unable to meet you at the present time.

Yours sincerely,

Paul Larkin
Ministerial Correspondence and Public Enquiries
Department of Health

Appendix 6 : Interview transcript

Extract of transcript of interview held with Dorothy in her home July 2012

Dorothy

I = Interviewer S = Dorothy

- I: (Introduce project) So, as I was saying at the group the other week my project is all about women and how, when you have to start having people coming into your home to help you around the house, whether that changes how you feel about your home, whether it makes your home feel less private and personal to you, or if it makes your home feel less homely, or if you find it hard because you like being independent and doing certain jobs for yourself, things like that.
- S: Yes, yes, I think that's true, yes it does.
- I: Ah ok, that's interesting, so how long have you been your home here for? You were saying at the Friendship Club that you've only recently moved in here?
- S: Yes, yes, about a year it's been
- I: So before you moved in here, you were living in another house in Peterborough were you?
- S: Yes, yes I was, just around the corner from here, in Dogsthorpe, it wasn't that nice, not a nice area really.
- I: Ah ok, so what didn't you feel very at home there?
- S: No, no, I didn't mind the house, I like the house, it was just the area, it was just a noisy areas you know, kids were always noisy in the street outside and that, but no no I felt at home in the house.
- I: Ah ok good, so how long were you in that house for? What made you feel at home there do you think?
- S: Oh I don't know, about 7 years I was there, I had to move in here 'cos I had a fall and ended up in hospital so my daughter found me this place.
- I: Ah ok so it wasn't the family home then in Dogsthorpe, it wasn't where you brought your children up?
- S: Oh no no no not at all, we weren't from round here at all. The kids, they weren't brought up here, no no we're not from Peterborough at all..
- I: Oh, ok, so where are you from?
- S: Well when I was young I lived in Whitton, Twickenham, Middlesex which was near Richmond, that's where I was brought up,

- I: Ok cool and then did you move from there to Peterborough?
- S: Oh no, well when I got older I moved to South Africa and lived out there for a few years, I got married you know, went out and lived there for a while. You see when I lived in Twickenham, down the end of our road was the military school of music, my sister was out walking one day and this chap sidled up beside her and he was in civvies at the time, so she didn't know he was in the service, anyway he got chatting to her and she was only 14 at the time.
- I: Really! She didn't get married when she was 14 did she?!
- S: No but she got married when she was 16
- I: Really!
- S: Yes yeah but urm he got chatting to her and asked you know where do you live and all that, and then anyway he asked her for a date of course and she being young and about nine years younger than the chap she was a bit nervous and she said can you bring someone for my sister and then I'll come! Haha, so she came home and begged me to go on this date you see. Anyway so he brought George with him who was a musician at the school of music you see..
- I: Ah I see..
- S: George was from a military family his father had been in the military, his brothers were in the military, his father was in the military so of course he then joined the military in the school of music.
- I: So you married George and then moved to South Africa for a bit and did you have children there then?
- S: Erm yes well let me see, what came first now, the girls weren't born out there, we all moved there together.
- I: So is that where you brought up the girls then? In South Africa?
- S: Yes, yeah we lived out there in the Cape, Cape Town, out there yeah.
- I: How many children have you got?
- S: Two girls yes two daughters....yeah two girls, we were only out there for a few years though, then George was sent to Ireland for a time and then America, all over the world we went really with him
- I: Wow so you've lived in homes everywhere then?
- S: Yes, yes across the world really, we've most quite a lot I suppose.
- I: How do you think that's made you feel about your home? Is it hard to feel at home if you're always moving around so much?
- S: Nah, I don't think so, I mean your home is where your family is really isn't it. Its where you're loved ones are you know, and its where all your stuff is.

I: So the location doesn't really matter that much?

S: No not really.

I: So you were saying it's important to have all your things around you? Why is that?

S: It just makes you feel at home does it, having all stuff that familiar with you. When you move in you can get it all out and then just like that you feel at home.

I: ah ok, so would you say you like taking care of things like that and looking after the house like that

S: And she was quite young you know, she was about 16 when she first met him you know, yeah. And urm yeah they got married, but he was completely different with money, I mean she got a certain sort of allowance but he had the money and he didn't like passing and giving Gina any, he didn't wana give Gina any, and Gina was having a job to cope you know! You know to buy the food and everything to feed them and all that!

I: O why do you think he was like that? Do you think it was because...

S: Well he was spoilt you see, by his mother he was, his mother didn't take any money off of him, so he was allowed to keep all his money you see so he didn't want to give any of his money to Gina you see! And she was having a job to cope and see was very young, and she was getting depressed and that you know, and I was living not very far from her and she came round to my house one day and I said to her one time, I said look Gina if you want to leave him you can come round and you can stay with us here, I said you can stay with us if you want to leave him, which is eventually what she did in the end yes.

I: Oh ok yes.

S: Yes, yeah, she got very depressed and unhappy.

I: So, in a way, you know when you said to Gina, you know you can leave him and come and live with us in our house, going back to thinking about houses and stuff, do you think it's always been important to you to provide a welcoming loving environment for your family and your children.

S: Yeah, oh yes definitely.

I: Do you think that's more of a women's job or is it like more of a man's job?

S: Oh I think it's the women's job completely really. Well I don't know, it depends on the man I suppose and their dad was never a children's type of dad anyway really, yeah, yeah, he'd provide the money, they'd have to have good manners you know, put your bread down between bites and all that you know nonsense. I wasn't that blinking strict! Haha.

- I: So was it always your job to make the home look nice and feel welcoming and homely or did you share the responsibility with your husband?
- S: No, yeah, yeah, it would have been more like me, yeah, yes.
- I: So when did you first have to have help coming into your home? Is it only since you've been here at Sutton Court?
- S: Yes, I didn't have any help before I came here,
- I: What kind of help do you have coming into your room here?
- S: I have a cleaner, I don't mind here...no so the only thing that I do when I come back is, she doesn't put things all exactly how they are, she, it it looks to me like she goes like that with her hand (pushing back action), pushes it all back a bit
- I: O pushes it out the way a bit.
- S: Yes she sweeps them all back along the shelf so she can dust that bit but she doesn't put them back in the correct place again, I'm a very exact person you see, haha. But I don't ...

Appendix 7 : 'My House, Homecare and Me' booklet