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The Continuation of Dwelling: Safety as a Situated Effect of Multi-Actor Interactions Within Extra-Care Housing in Sweden

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ABSTRACT
This article examines the space–time situatedness of residing within extra-care housing (ECH) in Sweden. ECH constitutes an example of ordinary housing but is often categorized, along with senior housing, as “in-between housing.” What differentiates the extra-care housing from the ordinary is an age limit for moving in, the provision of communal facilities, and the presence of staff at certain times each week. Two housings with different environmental and architectural conditions have been analyzed through spatial analyses, observations, and interviews with residents \( (n = 18) \). The article concludes that the two different assemblings enabled two very different possibilities for accessing “safe aging.” One offered opportunities for the continuation of identities which contributed to feelings of safety, and one demanded the reconstitution of identities for developing meaning in the new housing.

KEYWORDS
Safety; extra-care housing; space–time trajectories; architecture; assemblings

Introduction
Elderly people who reside within ordinary housing in Sweden are generally feeling safe (Socialstyrelsen, 2017). However, there is a group of older adults who feel lonely and unsafe, while not having the formal right to move into assisted living. Research shows that the elderly want to age in their own home, but there is a perceived point when the home becomes unsafe and a person wants to move (Harrefors, Savenstedt, & Axelsson, 2009). Extra-care housing (ECH) was introduced as part of the official governmental report that opened up the opportunity for municipalities to offer housing for elderly “who feel worried or unsafe in their current homes [and who] experience themselves as lonely and/or isolated” (SOU, 2008, p. 59, authors’ translation).\(^1\) EHC should be considered as political solution to...
a perceived problem among elderly and their families, of a too big gap between the ordinary home and that of assisted living. EHC constitutes an example of ordinary housing but is often categorized, along with senior housing, as “in-between housing” (Abramsson, 2009). What differentiates the extra-care housing from the ordinary is an age limit for moving in (often 70), the provision of communal facilities, and the presence of staff at certain times each week. Older people’s social well-being and perceived safety constitute thus the heart within the representation of the problem when enabling this new housing type. A research and development (R&D) report sets out that moving to the extra-care housing was partly based in a desire to change one’s social situation. The safety dimension was recognized to be connected to having accessible staff, being within a socially familiar space, and other environmental factors such as lock pads on doors (Ekvall, 2008). Another R&D report highlights the importance of self-management and the possibility to remain and age in one place as key factors for the elderly’s experience of safety within the ECH (Lindahl, 2015). There are limited peer-reviewed studies to date on social well-being within the ECH in Sweden (e.g., Lindahl, Andersson, & Paulsson, 2018). This study adds to this small yet growing body of literature by particularly examining the space–time situatedness of residing within an ECH. The present study answers the following research question: What notions of (un)safety are produced as situated effects of multi-actor interactions within two extra-care housing settings in Sweden?

**Researching safety**

**Dimensions of safety**

Research on safety in general, and among older people in particular, can be differentiated in the ways in which the phenomenon is ontologically approached. Safety is, for example, often explicated as having an “inner” and an “outer” dimension (Fagerström, Gustafson, Jakobsson, Johansson, & Vartiainen, 2011). Often the “outer dimension” focuses on measurable qualities that perceptions of insecurity can be connected to. This research often has an overarching aim of reducing various forms of risks—for example, falling accidents among the elderly (Pynoos, Steinman, Nguyen, & Bressette, 2012; Braubach & Power, 2011; Fonad, Robins-Wahlin, Heikkela, & Emami, 2006; Rogers, Rogers, Takeshima, & Islam, 2004), or exposure to personal assaults or other crimes (Lee et al., 2008). Researching risks should be considered as part of an overarching governing system in which the world rendered in calculable forms becomes governable (Dean, 1998). It becomes possible to

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2 These conditions were originally requirements for state financial support for construction.
make interventions (such as emergency safety alarms, handles in bathrooms) and measure and audit their impacts.

Research on the “inner dimension” of safety tends to use phenomenological approaches as its point of departure, by focusing on elderly people’s stories, with their desires and experiences of dwelling in various forms of housing. Safety is, for example, associated with being close to one’s partner (Harrefors et al., 2009), perceived meaningfulness in life (Fagerström et al., 2011), perceived health (Boström, Bravelli, Lundgren, & Björklund, 2013), and ability to maintain familiar habits and practices (Fonad et al., 2006).

Safety and space

The spatial dimensions of perceptions of safety among the elderly have been analyzed on various scales, often coupled to the so-called “outer” measurable dimensions of safety. It often concerns specific micropatial situations, such as how safety can be enacted when showering or toileting. Space is often approached deterministically, by identifying factors causing or hindering undesired outcomes, for example, configurations that can enable conceived “secure” situations in which the risk of injury is low (Crews & Zavotka, 2006). Researching safety at a larger neighborhood level tends to be approached socially by drawing from the correlation between socioeconomic characteristics of the area and crime/fear of crime, and the relative presence of social and physical incivilities. This approach is often coupled with a two-dimensional approach to space (Koskela, 1999) by, for example, using a geographical information system (GIS) as a method for mapping fearful areas (Ceccato & Bamzar, 2016). It is recognized that older people and women are to a higher degree likely to self-report fear in public places, despite not being victimized to any higher extent than other groups, which can be explained by a range of factors—for example, as a symptom of experienced vulnerability in society (Ceccato & Bamzar, 2016). However, living in a perceived unsafe neighborhood is considered to have a negative impact on the elderly’s social activity and to contribute to functional decline (Sun, Stijacic Cenzer, Kao, Ahalt, & Williams, 2012; Piro et al., 2006). Residential spaces that are adapted to older people needs, such as by locating everyday services in close proximity to the homes (De Donder; Buffel, Dury, & De Witte, 2013), or residential areas that have a strong social cohesion (Ahrentzen, 2010; Cramm & Nieboer, 2013), or to which a sense of belonging is attributed (Young et al., 2004), or that are perceived as familiar (Ceccato & Bamzar, 2016), constitute contributing factors to perceptions of safety among the elderly at the neighborhood level.

Researching safety based on inner and outer dimensions of safety contributes to the development of polarized “either or” positions, between external factors
as contributing factors on the one hand, or inner experiences on the other. This becomes unproductive for understanding how safety is enacted within an ECH. Safety must be approached as relational to both how the material conditions enable certain practices (at both micro and district scale) and the lived histories and social lives of the dwellers. Both are co-constitutive of the effect (e.g., safety) they produce. For understanding the effect of a governmental initiative such as ECH, it must be examined beyond this dualism.

Safety as situated effects—assembling

This article aims to overcome the dualistic nature of researching safety in relation to space, by approaching experiences of safety to be situated effects of both time and space in which the “inner” and “outer” dimensions are co-constitutive. This study draws from McFarlane’s (2011) approach of connecting the phenomenology of dwelling to the relational theory of assemblage. Through this positioning, the temporal and procedural dimensions of assemblage are brought forward, the very act of taking place. From this theoretical perspective, it is not constructive to make a division between inner and outer dimensions of safety, and the ECH is thus conceived to be dwelt, experienced, and inhabited as much as it is material and built (cf. Högström, 2017). An isolated actor, such as space, or an individual, cannot alone constitute a source that determines effects (such as feeling safe). The human dwelled experience is thus always situated, bodily, historically, materially, and culturally. By using the term “assemblings,” McFarlane (2011) contributes to displacing the conception of the human as passively “having” experiences in time and space, to someone who is engaging in multi-actor interactions. The multi-actor situated interactions, the assemblings, also produce specific subjectivities of the residents, such as “a patient” or “an active individual,” that, in various ways, open or close possibilities.

The present study examines temporal and procedural dimensions of elderly people’s experiences of residing within the ECH and the interconnected subjectivities that are produced, when a particular constellation of humans and nonhuman actors come together in assemblings—that is, when a particular spatially planned and managed constellation (ECH) and different users (residents, safety host, home care staff members, and families) come together in a network with their own different space–time trajectories (Murdoch, 1998) and co-produce new outcomes. The experience of residing in an ECH is thus interconnected with one’s own trajectory in time and space as well as those of others, and the trajectory of the material conditions that operate to stabilize and enable specific practices. The analytical concept of “space–ime trajectories” is operationalized in this study as a way of pointing to “how things are separated and bound together” (Murdoch,

Methodology

The study uses qualitative case study as its overall approach for collecting empirical data (Yin, 2014). Two empirical cases of extra-care housing have been strategically selected as study objects (cf. Bryman, 2012). These two represent two different spatial and environmental situations. Both of the housings are provided by the municipal housing company and are located within the geographical boundaries of one small municipality in southern Sweden. Both housings constitute converted assisted living centers, and host municipal elderly meeting points (lunch is served).

Case A constitutes a three-story apartment building located in a mixed-type housing area with walking distance of the town center (Figures 1 and 2). There are in total 24 flats in the building. All flats are accessible from an elevator and fitted for wheel chair use, with accessible kitchens and bathrooms, as well as plastic floors with no thresholds. The apartment building is organized in two units that are connected via a ground-floor shared-entrance bungalow. Entrances to the buildings are from all three units. The shared-entrance bungalow comprises communal facilities such as a dining hall and a lounge room in which a TV, shelves of books, and exercises bikes can be found. A furnished outdoor area is accessed from the dining hall.

Figure 1. Case A, seen from the street. Photo taken by first author.
Case B consists of ground floor terraced housing organized around a green, and is centrally located in a small village in the countryside, approximately 30 minutes by car north from example A. There are in total 16 one-bedroom flats. The housing is organized in three rows, centered around the communal green and a bungalow building (see Figure 3). The bungalow hosts a dining hall and a lounge room with tables and chairs, as well as a kitchen. The green consists of a covered pedestrian circular tarmac walkway, as well as a lawn, shrubs, and sitting areas. Each flat has a front terrace and a rear garden. Most residents have furniture and planted flowers or shrubs in the front (Figure 4).

A municipal “safety hostess” visits both of the homes at least once a week and organizes afternoon coffee. A few times a year, the hostess organizes special events such as music evenings, summer parties, and the alike. There is no permanent staff in either of the homes, although in case B the home care unit has its offices in the bungalow building.

Data collection was done by first author. The data consist of transcribed individual interviews with residents (nine in case A, eight in case B; see Tables 1 and 2), field notes from unstructured participant observations from eight full days that followed the daily activities and informal conversations (between April 2017 and January 2018), and spatial analyses from observations, photos, drawings and floor plans. The interviews were carried out in the residents’ homes and were open/semistructured and focused on the residents’ experiences of living in the particular housing type, including themes such as why they chose to live here, what they think about their

Figure 2. Case A, view from a balcony. Photo taken by first author.
home and their neighbors, and how they spend their days. One theme concerned life quality and safety. The aim was to introduce themes for discussion and letting the residents speak freely (Rapley, 2004). The participant observations were organized so that the researcher could follow daily activities within the housing unit during spring, early summer, and winter.
All informants have voluntarily participated and have been granted anonymity as well as the right to pull out from the project at any time, and each informant has given oral consent to participate. The project follows the Swedish Research Council’s ethical guidelines (VR, 2002).

In the following section, an analysis of the material is presented through the following three space–time trajectories: “accessing,” “continuing,” and “reconstituting.”

**Space–time trajectories of (un)safety**

**“Accessing”**

I turn 87 in a couple weeks’ time. But I manage on my own so far, and I don’t want any help right now. But of course, one knows that the days will come when I will need help. (Man 5, case B)
But, then one must look ahead. I won’t be any better, I might appreciate other things when I get worse and need more help. Because at that point it is like this, I will already know the home service and they will know who I am when I walk around out here and say hello and chat for a little bit. (Woman 4, case A)

All residents in both case A and B have purposively moved to the premises by wanting access to a situation in which care can be provided, or access to a social or material context that supports aging. Often, the children of the residents are engaged in the decisions:

I wanted to move to another housing, and then my children say, you are not going there. Where am I then moving? I hadn’t heard so much about this place. You are going here, they say. Oh well, I said, what is the place like? It is a housing for you. There is an available apartment for you and in that way, I got here. (Woman 8, case A)

For others, the social services have placed them on the premises (Man 3, case B). Many stress accessibility as a condition for moving in, such as access to an elevator (Woman 6, case A), no stairs (Woman 3, case B) or convenient locations of laundry and recycling facilities (Woman 2, case A). At the same time, since the housing takes the form of being “in between” assisted living and ordinary housing, it creates uncertainty in terms of what care that is provided. Two residents stress the lack of permanent staff as a disappointment:

No, I don’t feel that I have any safety here. Because it is as I say, one can have safety alarm and home service. And they are not here all the time the home service, they have their schedule. And it is not manned here in that way. (Woman 6, case A)

Well, the only thing that I was a bit hesitant of was that it wasn’t staffed here 24-7. I thought it was, so it is a bit … Well well. (Man 2, case B)

These two dwellers from both case A and case B report accessing personnel as key to their feelings of safety. In case B, many of the elderly do, however, report that their experience of the housing is a feeling of having full access to care and assistance when they need it. They bring forward the “girls that are on the premises” as a natural background to the housing. The fact that the home service unit has its offices within the housing area produces the effect that these appear to be accessible for the residents, and contribute to feelings of safety. Both of the premises offer access to accessible dwelling as well as a social context, but offers different space–time trajectories for the residents.

“Continuing”

Here, it is so good. And good housing and no stairs, one can just walk straight out. … Here I sit in the morning after breakfast and I always sit here. Then when the sun moves one has to move along. And, when having had a farm and the alike, one
is used to be outside for the most of the time ... It was a small farm. And it is located down there, so it is the first thing that I see in the morning ... I wanted to be here. I didn’t want to move into the town or anything. It was unthinkable. (Woman 3, case B)

Many of the residents in case B explain that they have lived in farms within the nearby area their whole lives, and have memories from various places within the immediate vicinity of the ECH. One resident, as pointed out in the quote, can point to her previous farm from her flat. And, as the resident stresses in the quote, having lived at farms makes outdoor life an intrinsic part of everyday life. Many of the residents know each other also already from school, or are relatives. One resident reports that her brother lives in same housing (Woman 1, case B), and another that her grandmother used to be her neighbor within the ECH (Woman 2, case B). People from the service provider and the safety hostess are also familiar from the local area. One interviewee points out that the hostess is her cousin (Woman 2, case B); another stresses that the hostess was friends with her children from school (Woman 3, case B). The safety hostess’s father also lives on the premises. The location and spatial organization of the ECH enable the majority of the residents to continue their life trajectory and relationship with each other and the outdoors. They can easily choose to sit outside and enjoy the spring sun, or take a walk with a walker, or choose to look out on the well-known fields. Should they want to enjoy the lunches, they must go through the green to the communal building, and after the lunch there are many opportunities within the outside spatial organization to remain a bit longer, and sit down and chat. During one of the field visits, one group of residents hung around for an hour after lunch, smoking and chatting, before retiring to their individual homes. This type of social gathering is something that was also pointed out by one of the residents:

Yesterday a few of us sat down and chatted for a couple of hours or so. There is a lady here that I used to know, I was friends with her from elementary school [laughter] ... I have a few acquaintances and a few relatives here in the nearby area, and I am often invited there. (Man 5, case B)

The resident just quoted reports that his social context comprises both the local and the extended context of the ECH. The familiarity is as such not limited to the village itself, but is all the nearby farms and other locations. The community as a whole is small and everyone is rendered familiar and known. The environment supports the residents to be part of a community, and also, should they want, to remain within their private sphere yet still have an opportunity to visually follow what goes on within the housing area (e.g., remain in the front garden), or remain completely private in the rear garden. The concordant trajectories of the different
dwellers, which the very organization of space enacts and reasserts, produce effects of continuity and independent life in which the dwellers have the ability to maintain familiar habits and routines. The assemblings produce subjectivities such as social and independent individuals that build on connections with their previous lives.

“Reconstituting”

I’ve always said that I didn’t want to move here. … It was the location, I didn’t want to move toward this side of town. No, we are from the other side … I really enjoyed it there … So that is what I reacted to, the location, I didn’t want to live up north. (Woman 9, case A)

Many of the residents who reside in case A report that they had to reconstruct their lives when moving into the ECH. Moving into the ECH meant, for example, that they had to change the housing district that they were familiar with and possible associated social status. The subjectivities that become available are positions that don’t register as familiar to them. Their life trajectories are interrupted, and must be transformed through the creation of new identities. The residents appear also to have different expectations of what social context the housing comprises. One resident described that she decided together with her children to move to ECH for accessing a social context but reported that she was horrified when moving in due to the relative illness of the fellow residents:

When I moved here I was terrified of only being surrounded by elderly people. I didn’t want to. I told my daughter that now you have to come and get me. At that point, I was very sad here, the early days here. The first half a year. … I think the worst thing is, now I might just be the same, they sit there. They don’t want any push push, you know I keep myself busy down there, I play bingo, I help out in the kitchen, I cook, I fix things and go about. I don’t know, they sit where they sit. (Woman 7, case A)

The woman just quoted used to be a housewife with a large social network, in which organizing parties and activities constituted part of her identity. Wanting to sustain that identity fell short upon moving in and produced disappointment, and instead subjectivities such as “old” and “passive” became available. Others are very content with the social context (Woman 3 and Woman 8, case A); one speaks of it in terms of “not being boring,” which also points to the resident’s rather low expectations of it:

We play the bingo one afternoon a week, and then there is entertainment and the alike. Time passes. I have no problem, and it hasn’t been boring at all. This is how it is, it would be worse if one thought it was sad and boring and still had to be here. (Woman 8, case A)
Some of the dwellers’ stories witness the difficulty there is in developing a sense of community when residents have different health status, in which some are too tired to participate or suffer from dementia (Woman 2, Woman 5, and Woman 7, case A). Also the quality of the social contacts appears disappointing—for example, not emotionally reacting when other residents pass away (Woman 7, case A). Others stress that those types of social gatherings are simply not for them (Woman 6, case A) or don’t prioritize these events (Woman 4, case A). Others report that they are disappointed at not being able to take part in social activities due to tiredness (Woman 1, case A) or other bodily limitations, such as poor hearing (Woman 9, case A). Participating in events requires active decisions that one wants to take part; one has to make the decision of taking the elevator downstairs and entering the communal facilities. There are no spatial opportunities to passively watch what goes on from one’s own accommodation or at a safe distance, and perhaps over time gain courage and participate. The safety hostess describes how some residents sometimes linger about before the events begin, but leave when it is due to start. The conflicting expectations between the residents and the safety hostess coupled with functional spatial limitations, such as the kitchen being too small, the social spaces too institutional, produce effects of disappointments and loss of agency among some of the residents.

Some of the interviewees highlight that strangers congregate in the building (Woman 8 and Woman 9, case A), and not really knowing their neighbors contributes to suspiciousness toward each other. On the front door of one of the residents is a sign that in cursive handwriting states “video surveillance is used here” (Woman 8, case A).

A lot of senile people have lived here and have been banging and knocking on the doors all nights. So, there is no safety in that way. (Woman 6, Case A)

As reflected in the preceding quote, two of the residents who live within the same stairwell describe how people with dementia contribute to an anxious atmosphere within the housing, by knocking on their doors at inappropriate hours or being noticed screaming or getting lost outside (Woman 6 and Woman 7, case A). Similarly, one resident points out that staff members from the home service unit mistakenly open the wrong doors in the middle of the night, which adds to anxiousness, which also the spatial organization amplifies (Woman 7, case A). Narrow staircases make informal social gatherings when leaving or arriving home unpleasant, and peepholes located too high up on the front doors prevent the residents identifying who’s on the other side of the door. Altogether, this produces subjectification effects of being strangers.

The residents need to reconstitute their identities for developing meaning in the new context, in which some manage better than other ones. The
Discussion
The assembled ECHs enabled the accessing of a context that provides safe aging for the residents in accordance with the requirements of the governmental report, such as availability of common facilities and a hostess (SOU, 2008). Consequently, access to a social and supportive context was a reason for moving into the ECH in both case A and case B. However, these EHC assemblings were entangled with two dominating different space-time trajectories that offered very different access. Case B offered the dwellers access to an environment that supports aging, both socially and materially, while giving access to familiar subjectivities that build upon experiences from their previous lives. Case A offered the dwellers access to an environment that materially supported aging, but in which the dwellers had to reconstitute their identities for creating meaning in the new social context. This was hard work to many of the residents. Residents experienced vulnerability since the place lacked the spatiality in which a strong social cohesion naturally emerged, which research has indicated as of vital importance to feeling safe (Ahrentzen, 2010; Cramm & Nieboer, 2013). The geographical location of case A and its spatial configuration (three-floor apartment buildings next to a road, separate entrances, and narrow stairwells) enabled few opportunities to spontaneously and informally getting to know one’s neighbors. The space–time trajectory of individuals with dementia having residing there, coupled with staff from the home care unit having opened the wrong doors and locations of peepholes on the front doors, co-produced effects of worry and suspiciousness toward each other. Even though no residents directly reported that they felt unsafe, the assemblings (the staff, the building, and the residents) produced effects of relative unease and discontent. The social context of the housing coupled with the unfamiliarity of the neighborhood (cf. Ceccato & Bamzar, 2016) offered few opportunities to build upon previous experiences in the reconstituting of their identities.

The assemblings of case B offered experiences that were quite the contrary. The geographical location of case B in a village and the architectural spatial organization (e.g., terraced housing around a green, rather than a multistory apartment block next to a road) coupled with the residents’ specific lived histories offered continuity and independence in both time and space. They could continue being close with the outdoors that they had been used to, and the architectural spatial organization enabled self-elected participation in a community, or distanced participation overlooking activities on the
premises. The presence of the care staff on the premises also contributed to perceived safety, although there were uncertainties about how much care was provided. But this continuity that contributes to general well-being is also temporal, subject to these specific lived histories (residents having lived on farms their whole lives) at this point in time, here and now. Since ECH is a relative new housing type, it contributes to an uncertainty among the residents of what it qualifies for in terms of care and social life, and what one can expect and demand. The study concludes that even though safety was catered to on a formal level in both housings, the trajectory of “continuing” offered stabilizing effects on a sense of safety among the residents.

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