Older people's views about ageing well in a rural community

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Abstract

Maintaining physical, psychological and social wellbeing is integral to older adults being able to age well in their community. Therefore, an environment that facilitates and supports ageing well is imperative. The aim of this study was to explore the views of older people about their preparation for ageing well in a rural community. Forty-nine community-dwelling older people aged between 65 and 93 years participated in a semi-structured and digitally recorded interview. The resulting qualitative data were analysed using a thematic approach. Three main themes were identified: (a) 'sensible planning: the right place and the right people'; (b) 'remaining independent: "it's up to me"'; and (c) 'facing challenges: "accepting my lot"'. Findings from this study identify that across all age groups, these older people were actively and realistically preparing for ageing well. All valued their independence, believing individually they were responsible for being independent and planning for their future. Consequently, environmental planners, policy makers and practitioners need to understand that older people are a heterogeneous group and ageing policies should be geared towards older people's individual abilities and circumstances. Consideration of diversity enables inclusion of older people with a wide range of abilities and needs to achieve the perceived goals of ageing well.

Introduction

In response to unprecedented population ageing, ensuring older adults age well has become a global political priority. Older adults maintaining good physical health, psychological wellbeing, independence and being socially engaged are often identified as key foci (Browning *et al.*, 2017). These aspirational goals have now been translated into government policy. For example, the New Zealand Healthy Ageing Strategy promotes ageing well as transcending the prevention of ill-health and disability, 'maximising physical and mental health and well-being,

independence and social connectedness as people age' (Associate Minister of Health, 2016: 19).

Ageing well is typically used by the lay population to imply a multi-dimensional approach to ageing. Despite extensive debate in the literature, meanings of ageing concepts underpinning ageing well such as successful, healthy, positive and active ageing lack consensus (Fernández-Ballesteros *et al.*, 2013). Furthermore, ageing models are commonly misrepresented and used interchangeably in policy (Walker, 2015). Successful ageing, laudably advanced to broaden ageing dimensions from traditional biomedical models and negative depictions of ageing, has been criticised for assumptions of individual choice and agency. Emphasis on personal responsibility for successful ageing risks overshadowing the influence from genetic and environmental factors (Katz and Calasanti, 2015; Timonen, 2016). Consequently, individual models of ageing have been criticised for being too narrow in focus and failing to account for the heterogeneity of ageing (Timonen, 2016).

Active ageing has been promoted intensely as a global policy strategy since being launched by the World Health Organization (WHO) in 2002. It has been argued that active ageing resembles successful ageing in highlighting individualism and inequality (Timonen, 2016). Further critique of active ageing has centred on lack of flexibility in how the model has been implemented and the loss of meaning when translated into political strategies (Walker, 2015).

Notwithstanding debates on ageing concepts, the inclusion of ageing well as a global policy priority is both positive and important. This has resulted in governments and international agencies, *e.g.* the WHO, developing intersectoral strategies that support the wellbeing of older people. Ageing well has been described 'as maintaining the highest autonomy, wellbeing, and preservation of one's self and identity as possible, even in the face of severe competence loss' (Wahl *et al.*, 2012: 310).

An international commitment to challenging negative stereotypical views of being older and eliminating ageism is essential to the success of ageing well (WHO, 2015). Promoting positive imagery of ageing is on the global agenda. Integral to addressing any negative imagery of ageing is the meaningful inclusion of older people themselves in activities and forums aimed at promoting ageing well (Neville *et al.*, 2018). Research has shown that older people perceive a broad range of factors are important for ageing well and identify that having their voices heard influences how they experience and adapt to the challenges of getting older (Jopp *et al.*, 2015).

Several stereotypical and ageist myths exist about ageing. A dominant view assumes all older people end their lives living in residential aged care, which is not the case. The majority of older people, across all older age groups, remain living in the community, also known as ageing in place (Oswald *et al.*, 2011). In addition, many older people indicate a preference to age in familiar communities of choice (Wiles *et al.*, 2012).

The quality of the environment is an important consideration for ageing well and enabling ageing in place. *Active Ageing: A Policy Framework* (WHO, 2002) promotes creating age-friendly communities to support older peoples' capabilities (WHO, 2018). The WHO's *Global Age-friendly Cities: A Guide* (WHO, 2007) was developed to promote active ageing in the physical, social and service

environment (Plouffe *et al.*, 2013). Subsequently, over 600 communities internationally have joined the Global Network of Age-Friendly Cities and Communities. Research largely undertaken in Canada in more diverse contexts beyond large cities has informed the development of a rural and remote age-friendly framework (Plouffe *et al.*, 2013).

Whilst urbanisation trends indicate an increasing number of older people will be living in urban centres, rural communities have been ageing faster than cities. Over time demographic changes have resulted in a disproportionate number of older people ageing in rural communities (Scharf *et al.*, 2016). This phenomenon results from younger people leaving to seek employment or take up educational opportunities in cities and an associated in-migration of older people as a lifestyle choice.

Ageing well cannot be studied in isolation from the context in which people age. The meaning of ageing is bound to 'the systems of meaning within culture – and context' (Andrews and Powell, 2009: 81). For example, the experience of ageing is different in and within rural areas, when compared to urban centres. Some rural areas have experienced decline in local economy and infrastructure while others have thrived as a result of political, economic and social factors (Walsh *et al.*, 2012). These contextual factors may be experienced differently by older people ageing in place and those migrating to rural areas in retirement (Winterton and Warburton, 2011).

Rural ageing research has predominantly focused on two major perspectives. The first relates to remoteness from social networks, increasing the risk of social isolation and scarcity of accessible services to support older people to age well. The second view is of rural communities as idyllic places with tightly knit community connections that offset effects from lack of services and resources. These views are augmented by the idea that older people ageing in rural communities are more resilient and adaptable than their urban counterparts (Warburton *et al.*, 2016).

Older adults living in rural areas face many challenges to ageing well, including access and proximity to important services, such as health care. Few studies have focused on older peoples' perceptions and experiences of ageing in rural areas (Milbourne, 2012; Scharf *et al.*, 2016). More locally, little is known about how older people prepare for ageing well in the rapidly changing rural New Zealand context. The New Zealand government is committed to developing age-friendly communities and has joined the Global Network of Age-Friendly Cities and Communities. Consequently, findings from this study will contribute to the development of future ageing policies by foregrounding the views of older people about ageing well in a rapidly changing rural community.

Research aim

To explore the views of older people about their preparation for ageing well in a rural community.

Research design

This study was informed by the WHO's *Global Age-friendly Cities: A Guide* (WHO, 2007). The guide was developed from using a participatory approach from a major

co-ordinated research project undertaken in 33 cities within developed and developing countries. The WHO developed the *Global Age-friendly Cities: A Guide* to provide the starting point for communities to assess their age-friendliness. The purpose of this study was to provide foundational empirical knowledge to inform the development of age-friendly communities in New Zealand. Accordingly, we have used the guide to explore the views of people aged 65 years and over about ageing well in a rural area.

This qualitative study utilised interpretive description as the methodological approach. Interpretive description was developed as an alternative to traditional qualitative methodologies to answer practice-focused questions (Thorne, 2016). Subsequently, interpretive description has become widely used in the social sciences and other disciplines. Interpretive description shares the philosophical tradition of naturalistic inquiry and thus takes a non-dualistic position. In other words, the realities researchers seek are not objective phenomena waiting to be discovered but are realities socially constructed from human issues intricately embedded in the every-day real-world context (Thorne, 2016).

Methods

The Consolidated Criteria for Reporting Qualitative Research (COREQ) domains (Tong *et al.*, 2007) were used to guide the development and reporting of methods and findings.

Recruitment and participants

The study was promoted in the local newspaper in the rural town where data were collected. Additionally, advertising flyers were placed on community notice-boards and in newsletters of relevant organisations. People aged 65 years and over who lived independently in the study area and accessed the local service town for goods and services were invited to make contact with a member of the research team. Participants were recruited into the study if they met the inclusion criteria and freely consented to participate following explanation of the study's purpose and research procedures via phone contact. Purposive sampling was employed to ensure a wide age range across the sample. A total of 49 participants were recruited into the study. A convenient time and location was arranged with each participant and a follow-up phone call was made on the day before the interview to confirm the arrangements.

Study setting

The setting for the study was a rural town in New Zealand with a population of 3,909 at the 2013 census (Statistics New Zealand, 2013). There is no standard international definition of rural; thus, individual countries are encouraged to develop their own definitions (Scharf *et al.*, 2016). Rural communities in New Zealand are defined by the amount of influence from major urban centres. Within rural areas in New Zealand, the study setting was considered to be a rural town with the potential to be semi-independent from main urban areas and providing services

to the wider rural area (Auckland Council, 2019). This area was selected because of the high percentage of people aged 65 years and over (26%) compared with the national figure of 14 per cent (Statistics New Zealand, 2013). The town is located in the upper half of the North Island, 60 kilometres from the nearest major city, and is close to regional parks, vineyards and beaches. Many of the participants resided in smaller rural communities and on farms dispersed around the study area; however, they all accessed the town for most of their service needs.

Data collection

Ethical approval was gained from the Auckland University of Technology Ethics Committee (AUTEC 15/10) and Massey University Human Ethics Committee (MUHEC 15/010), reflecting the change in institution of the principle investigator during the early phase of the study. Confidentiality was maintained throughout the study process and pseudonyms were used when referring to participants. Informed written consent was obtained from participants prior to interviews once they had read the participants' information sheet and any questions were addressed. All participants consented to their interview being digitally recorded. All participants requested the interviews be undertaken in their own homes. Undertaking the interviews in participants' homes provided context to their lifestyle and facilitated rapport between the participants and researcher. Semi-structured in-depth interviews were completed with 49 participants lasting between 45 and 90 minutes. Interview questions relating to perceptions of ageing in this rural area were explored: how participants came to live in the study area; what it was like for them living in the area; what were the good and not so good aspects; what they liked to do when they went out; their participation in the community; their ability to afford to do the things they wanted to do; and how respected and included they felt as older people. The recorded interviews were transcribed by a professional transcriber who signed a confidentiality agreement.

Data analysis

Thematic analysis was utilised. Within interpretive description, realities are regarded as socially constructed from subjective data during data collection and data analysis is an iterative process (Thorne, 2016). Although the *Global Age-friendly Cities: A Guide* (WHO, 2007) was used in designing the interview guide, an inductive thematic analytic approach was predominantly used where patterns and themes are derived from the data as opposed to a deductive or theory-driven approach. Latent patterns and themes were sought by delving beneath the surface of the data to construct meanings and realities in line with an interpretive description approach (Thorne, 2016). Six phases of thematic analysis as outlined by Braun and Clarke (2006) were undertaken. Phase 1 entailed a thorough reading of all transcripts by three members of the research team to become familiar with the data-set. Phase 2 involved reading transcripts line by line and assigning initial codes to the data. From collating these initial codes, early themes were identified in Phase 3 and an initial thematic map was used to organise relationships between themes and sub-themes. Two members of the

research team met regularly to discuss codes, patterns and the thematic map. During this stage some codes were combined and others discarded. Phase 4 involved a process of revising and refining the themes and sub-themes and the research team agreeing that the thematic map was an accurate representation of the data-set. The final analytic phase involved assigning verbatim data extracts to accurately illustrate the themes and sub-themes and to tell a representative narrative.

Results

A total of 49 participants ranging in age from 65 to 93 years were interviewed (mean = 78.4; standard deviation = 7.9). Of the 31 females and 19 males interviewed, 15 were widowed, 23 were married, two were single and ten were divorced. Ninety per cent of the participants identified as New Zealand European, 6 per cent as other (Dutch and British) and 4 per cent of participants identified as Māori. This reflects the high European ethnicity of the town (87%). The three main themes and associated sub-themes generated from the data related to participants' views about preparing for ageing well. The first theme, 'sensible planning: the right place and the right people', captured the importance of the place and the people for ageing well. The second theme, 'remaining independent: "it's up to me"', with sub-themes 'being socially engaged' and 'keeping mobile', portrayed participants' understandings that maintaining independence was largely a personal responsibility. The third theme, 'facing challenges: "accepting my lot"', with sub-themes 'coping with challenges' and 'the next/final move', captured participants coping strategies as they faced changes in functional ability and adjusted to environmental challenges.

'*Sensible planning: the right place and the right people*'

The sub-theme 'the right place to live' relates to participants' living situation and the active decisions many had made to migrate and settle in the study area. Many participants made decisions based on how they wanted to live in older age. A strong sense of connection to the physical environment and feeling settled in the area contributed to ageing well for these participants. Reasons participants gave for migrating to and settling in the study area were diverse but nearly all were influenced by the aesthetics of the physical location, being close to beaches, rural landscapes and the small-town feeling. Some participants had settled in early adulthood, perceiving it to be a good place to raise a family, 'we found that living on a wage in [name of city] with four boys was quite a struggle … we came up here to get away from the city' (Martin, male, 85+). For others, housing affordability and moving to be closer to family were motivating factors. Some had decided to settle permanently following a history of family holidays in the area. Only one participant with a farming background reported being a lifelong resident. Several participants had relocated from more remote rural areas in the district to homes closer to local amenities and services.

   The majority of participants described the area as a very pleasant place to live and associated the attractive beaches and rural landscape with activities they enjoyed, including fishing, swimming and walking. Value was placed on the

town's 'village' atmosphere and the friendliness of people, noting that 'small places are easier to get to know people' (Molly, female, 75–84).

On the other hand, almost all participants had been affected by the unexpected seasonal and permanent population growth in the town and wider area. Crowded public areas and traffic congestion made it difficult getting around the town, or to visit beaches and some of the smaller villages, particularly in the summer and over holidays.

> It being now so touristy it has the disadvantage that in the summer time in [name of town] you can't find a park and there are so many people slouching around and so on and if you want to go to [name of town] on a Saturday you might as well forget it. (Graeme, male, 75–84)

Participants showed concern for features of the town and rural areas that could be improved, including lack of or uneven footpaths, poorly maintained rural and unsealed roads, inadequate street lighting and problematic street crossings. Participants were active in drawing these issues to the attention of policy makers by writing to the local council and using local advocacy organisations like Grey Power as a forum to be heard. Lorna (female, 75–84) had recently been campaigning and working with the local council to improve footpaths and street crossing areas for motorised wheelchairs; in this way, expressing genuine care for her community and identifying how the environment positively impacted on ageing well.

Many participants expressed a deep feeling of attachment to their home and surroundings. Connie had lived and worked on the family farm since early adulthood and was hoping to stay there for as long as possible, 'it's wonderful, it really is the pick of the world, I wouldn't change places with the Queen' (Connie, female, 75–84). After her partner died, Connie had considered her options but had opted to stay on the farm.

The majority of participants felt safe in their homes and safe to go out alone to attend activities and events. This feeling of security was a valued feature of the rural lifestyle they had chosen. Jean lived close to the town centre. She was very active in local community groups and had a very busy weekly schedule. 'I feel really safe, I'd go out at night, think nothing of it' (Jean, female, 85+). Similarly for Janet, who lived in a more remote rural location, feeling safe was part of her lifestyle and was cherished, 'I go to bed with the windows wide open, sometimes I get up and the front door is wide open, I love that feeling' (Janet, female, 65–74). Feeling safe enabled spontaneity and a continuation of her independence.

The second sub-theme, 'surrounded by the right people', captured the importance of the community for ageing well. Participants described their support networks and communities in different ways but the consensus was they were living in a friendly and caring community. Participants identified the care and friendship associated with being part of a small-town community was especially evident during critical and difficult times, 'After my husband died there were people sort of turning up doing things, it was absolutely amazing' (Nancy, female, 75–84).

In some of the smaller, more remote communities participants had established informal networks where they shared expertise and skills, and had developed creative ways to establish and maintain supportive communities. Participants in these

smaller communities were cognisant of their potential vulnerability and isolation during extreme weather events and power outages; thus, they had created co-operative systems for preparing for critical incidences and emergencies. Laura valued the relationships formed from the shared experiences of living on a remote peninsula:

> It's a peninsula, there's only one road in and one road out, and because of that you're isolated in many ways, like our telephone, we can't have mobile reception because of the geology of the land, so you have to check on your neighbours, you can't ring them up, and if there's a civil defence emergency, which we're involved in, everyone actually has to go and make sure that people are okay, so you immediately have a warmer, closer relationship with people, but I think that's unique because we've worked on that really hard, so that we've developed things that we do, which the whole community is involved in. (Laura, female, 65–74)

Additionally, this community had established a system of collective ownership of essential equipment, 'We've got a ride-on mower that we share, we have a chainsaw that we share, and a log splitter that we share between eight people … it works but you have to work at making it work' (Laura, female, 65–74). Laura emphasised effort was required to establish these informal networks, indicating that these systems do not just happen but require active participation of community members.

Fostering good relationships with neighbours was considered instrumental in maintaining a supportive community. These relationships required mutual respect, including recognition and appreciation of personal boundaries, 'I have got good neighbours, very nice, we all look out for each other but we are not in each other's pockets all the time' (Gina, female, 65–74). Participants accepted that fitting in to the community was a two-way process 'to be accepted by the community you have to meet them half way' (Connie, female, 75–84). This process was facilitated by reciprocal arrangements, 'We let our neighbour graze and in return he helps my husband with the hedges. He put in the electric fences' (Eleanor, female, 75–84). Participants described other reciprocal arrangements, including watching each other's livestock and trading home-grown produce. Again, these relationships promoted goodwill and cohesion.

Fitting in as a newcomer was not straightforward for Yvonne. It took time and effort to feel accepted, 'This is a cliquey community, hard to break into anything. I did yoga for a year and honestly I was an outsider for the whole year' (Yvonne, female, 65–74). Participants thought about their personal situation and those around them regarding the need for support in the future. For some participants having family living nearby was integral to their social and support network, 'it's nice to have a little bit of family close by because, although you have a lot of friends, inevitably I believe it's your family that are there for you at the end' (Pearl, female, 75–84). Even though participants expressed reluctance to ask family for assistance on a day-to-day basis, there was comfort knowing they were there if needed, especially in more advanced age. With reduced mobility, David took great comfort from having his family nearby. He was concerned that others may not have the same level of support:

We have a daughter just down the road and another in [name of city] so it makes life very pleasant and of course family nearby is quite massive. We know people around here and all the families are all overseas, they're all on their own. I can see that getting progressively worse which means there will be more need for help. (David, male, 85+)

'Remaining independent: "it's up to me"'

The second theme, 'Remaining independent: "it's up to me"', related to the personal responsibility participants perceived in being independent. For most, it meant participating in the community and being physically active. The first sub-theme, 'being socially engaged', related to continuing to participate in valued work, social and volunteer activities. Participants were aware of opportunities to be involved in groups and to volunteer. Typically, participants listed multiple groups and activities that filled up their week, indicating busy and structured schedules:

We play golf, we play bridge, I go to hospice shop, I go to two U3A interest groups that takes up the week and we go to the films at [name of town] reasonably often, and go out to meals with friends and things. (Peggy, female, 75–84)

Many participants chose to volunteer at the local hospice shop as it was perceived to be a worthy charity where they felt highly valued:

Everybody over 70 works in the hospice shop, if they don't do that they do something else, about 120 women working in that shop, and we all have our little slots and our friends that we do it with, and it's well organised and they really appreciate it, they always do stuff for us, they take us to the pictures or something. They always say thank you so much for doing this morning you know, we just love you girls, that's a big part of the [name of town] community as well. (Pearl, female, 65–74)

Participants typically chose to engage in their communities in ways that matched their cultural preferences and enhanced their sense of belonging. For example, one participant noted, 'We go down to the bowling club quite often to have a meal at night time and that's where all the people in my generation are' (James, male, 85+). Some participants avoided attending group activities because they feared not being accepted as a single person, 'I am on my own and I feel self-conscious. There are so many things I would love to go to, I don't like fronting up to a group by myself' (Janet, female, 65–74). Similarly, Yvonne perceived there were social norms associated with being a couple. Consequently, she felt excluded as a newcomer and this had led to feelings of loneliness, 'I find it really hard to break in, I am really lonely here, it is really hard to meet others because it's a couple's world and I am not a couple, I am a single' (Yvonne, female, 65–74).

In adjusting to being single, Frank had found it much harder to motivate himself to continue valued activities after his wife died:

When my wife was alive we used to go to the beach every day for three hours to go for lunch because I am a keen swimmer, I love swimming and that dropped off a

bit because partly I am too lazy to go alone. When my wife was alive it was quite easy, we went together and took lunch and everything. It is different when you are on your own. (Frank, male, 85+)

Participants indicated that loneliness could be prevented by keeping busy and being socially engaged in the community. There was a perception that people had choice and control over how they participated, 'you can find your own level quite happily, it's all about choices I've made, so that's the thing you do what you can' (Faye, female, 65–74). Some participants linked loneliness to personal responsibility, 'I think if you were lonely, you've got to look at yourself' (Rose, female, 85+). Frank also perceived he was responsible for his own loneliness:

I'm a bit lonely, it might be my own fault because I'm not a person to go to clubs or anything like that, I'm not very good at it, of course New Zealand, as a place, if you don't belong to an organisation you do not exist. That's the way it is. (Frank, male, 85+)

The second sub-theme, 'keeping mobile', was also related to independence. Although 'keeping mobile' was expressed predominantly as maintaining physical activity, it was also expressed in ways that participants distanced themselves from stereotypical representations of ageing, 'You don't go and sit yourself in a rocking chair with a rug, and wait to be handed tea and biscuits' (Monica, female, 65–74). Participants perceived they were personally responsibility for their own physical ability, 'I go up the stairs rather than go up the escalator, because I want to be fit as long as I can' (Laura, female, 65–74).

Exercise regimes were undertaken by participants and included walking groups, use of home exercise equipment and finding suitable places to walk. Rural roads in the study area typically lacked footpaths; therefore, some participants would drive to suitable places to walk. For example, flat even footpaths were sought out for walking by participants with knee joint problems. Keeping up driving skills and confidence was also linked to remaining independent:

We're both very conscious of the fact that we have to keep on driving because if we don't keep doing it we'll get like some of our friends, who simply won't drive because there's traffic. You've got to do it otherwise you just lose your confidence. (Pearl, female, 65–74)

Home modifications were undertaken by some participants to accommodate motorised wheelchairs and other assistive devices to meet their mobility needs and to maintain independence. Lorna had commissioned major modifications to her bathroom so she could use her motorised wheelchair inside. She expressed concern for older people she knew on low incomes who may not have the same resources, 'If I had to go through the public system I would have got limited support. I've only been able to make these changes because I've got money behind me' (Lorna, female, 75–84).

'*Facing challenges: "accepting my lot"*'

The sub-theme 'coping with challenges' related to participants' acceptance of changes in their functional capacity and social networks. Many had devised strategies for circumventing and managing challenging situations. Changes in physical and sensory function were common. Some participants had noticed changes in vision and avoided driving at night or to unfamiliar places. New ways of managing day-to-day tasks were also negotiated. Nora (female, 75–84) asked her able-bodied visitors to change light bulbs and complete other small tasks now considered hazardous with her arthritic knees, when they called in to visit. Relying on hired help for housework, gardening and odd jobs were ways some participants coped with more challenging tasks, 'I have a lady that comes in and does the housework, I have a gentleman who does the lawns and a farm manager who keeps an eye on the stock' (Connie, female, 75–84).

Ruth relied on her ability to walk to the local shops and services as she was no longer driving. She carefully planned her outings to fit in with her energy levels:

> It's not easy for me to walk down the street these days, it used to be but it isn't these days but I do it. I often have to give my leg a bit of a rest in the afternoon for a little bit but that's okay, I do that. And I go in the morning when I've got a little bit more energy. (Ruth, female, 85+)

James depended on a self-propelled wheelchair to get about although he was unable to access some buildings, 'I had to miss a meeting the other night because it was upstairs, you know, but that's just part of the disability, there's some places you can't get to' (James, male, 85+). James's accepting attitude towards challenges was a common finding. Some participants acknowledged asking family for help was sometimes necessary and sensible; however, some participants were reluctant to signal neediness and preferred to work through challenges rather than involve family:

> We're both quite independent, we'd hate to ask, my husband had cancer and he had to have treatment, and our friends just rallied round, and I couldn't tell my family because they'd have flown to be with us and I didn't want that. (Laura, female, 65–74)

For some participants, adapting to the challenges of age meant giving up previously held roles and activities. Participants' justification for giving up valued roles included making way for younger people with fresh ideas, having decreased functional capability and concerns about sharpness of cognitive function. Another reason for giving up activities once valued was loss of social networks, as illustrated in this excerpt: 'I was vice president [Returned Services Association] for a number of years, then I was on the committee probably 10 or 12 years but now all my mates have gone, hardly know anybody, hardly go up now' (Ted, male, 85+).

The second sub-theme was 'the next/final move'. Many participants had given thought to the suitability of their current living arrangements as they got older. Maintaining an older home was identified as more difficult for ageing bodies and this meant having to reassess how future upkeep would be managed:

The house is very old, it was built in the 1940s. Whilst we took on the job of maintaining it, it's getting a bit onerous because you know the roof now needs some new sheets. I'm getting a little bit old for doing that sort of stuff. (Bernard, male, 75–84)

Participants considered there to be a lack of local housing options to meet older people's housing needs, 'We've got no council houses up here which a lot of us would like to live in. So we either have to go into a retirement village or I don't know what they do' (Eleanor, female, 75–84).

Many participants had pondered the idea of moving into one of the two retirement villages, both of which were located on the outer reaches of the town. Judith had her sight on the new retirement apartments under construction in the centre of town. Her main incentive to move was linked to maintaining independence if she was no longer driving:

There's a new retirement place going up, just started right in the middle of [name of town], I thought that would be the place to be, I could walk to the bridge club, I could walk to the library. If you were in town, it would be brilliant. (Judith, female, 75–84)

Some participants had moved or were contemplating moving into the town from more remote areas in anticipation of changes to mobility and capability. The decision to move was sometimes made in conjunction with family as needs, real or imagined, changed, 'Just over a year ago because I was turning 90, all the family and I thought that if I didn't get my driver's licence I'd better in [name of town] closer to everything' (Harriet, female, 85+). Harriet had recently moved into one of the retirement villages and was still adjusting to this new lifestyle. The move represented a continuation of her active community involvement which included co-ordinating a weekly activity programme for older people with disabilities. Continuing to feel part of the wider community balanced what she perceived to be a limitation of an age-segregated community, 'plenty here to do if you want to but I'm still trying to do things out in the community as well because I think that keeps you going and well that's good for your health' (Harriet, female, 85+).

Discussion

Ageing well for this group of older people aged 65–93 years was cultivated by being settled in an established community, having a supportive network of people, keeping active, adjusting to challenges and planning for the future. It has been established that to age well older people require some level of autonomy over how and where they live (Wahl *et al.*, 2012). The desire to age in their communities was a common finding. Most of the participants in this study had made the choice to migrate to this rural area and had carefully planned a lifestyle they valued. The places they chose to live and age in reflected the lifestyles they envisioned for themselves. For many, the rural and coastal locations formed a backdrop for valued activities.

Most participants valued feeling secure in their homes and safe being out alone. The perception of safety was an important feature in promoting independence and

autonomy for older people living in rural communities (Winterton and Warburton, 2012; Novek and Menec, 2014). Attachment to rural living resonates with other studies undertaken in rural locations and is associated with self-identity (Burholt, 2006). In a Canadian study, older people took photographs of local walking trails and open spaces to show the beauty of their surrounding rural areas and the association with their physical activity and wellbeing (Novek and Menec, 2014).

The quality of existing homes influenced participant's perception of being able to remain living independently in their own homes. Home modifications enabled some participants to stay in their homes in their familiar community. However, there was concern that older people on low or fixed incomes may lack the financial resources to make changes to their homes. Similar findings with regard to affordability of home modifications have been identified in recent literature (Labbé *et al.*, 2020). Planning new-build houses as lifetime homes, informed by the universal design principles, is considered beneficial for an ageing population as flexible layouts can accommodate the needs of all ages and abilities (Pynoos *et al.*, 2009).

Participants in the current study were aware they may face having to relocate as functional abilities changed. Many participants had investigated local housing options in the area but closer to amenities that may support activities they valued. Remaining in a community of choice is central to the concept of ageing in place (Wiles *et al.*, 2012). Decisions to stay or move are made in the wider context of the community beyond the home. The lack of social housing identified by some participants suggested limited choice for people on lower incomes who wanted to remain connected to their community. Rural planning policies should ensure there are a range of housing options so older people can remain in communities of choice. This should also include housing options for older people relocating and downsizing from farms and more isolated rural places.

Beyond the physical aspects of environment, participants emphasised the importance of being part of a community with established informal networks. Strong social networks and opportunities for social engagement are known to be advantageous for ageing well (Victor *et al.*, 2005; Walker *et al.*, 2013). Although participants described living in a friendly and caring community, they actively nurtured good relationships with neighbours based on mutual respect. In addition, the importance of reciprocity was seen as integral to maintaining independence. The notion of reciprocity, giving back in return for receiving help, was linked to feeling valued and self-reliant, factors which have been found elsewhere to be important for ageing well (Breheny and Stephens, 2009). However, increased frailty may work against older people being able to reciprocate. Older people may be deterred from accepting help from neighbours and others for fear of not being able to reciprocate (Breheny and Stephens, 2009).

Participants who lived in more isolated locations were aware of their potential vulnerability, particularly during unexpected events, and worked at creating co-operative systems for sharing equipment and planning for emergencies. These relationships provided practical value in sharing material resources and allegiance in uncertain times, as well as offering supportive social networks. Co-operative planning and sharing resources has been identified in other studies of rural communities and can contribute to increased social cohesion and community resilience, particularly in farming communities (Heenan, 2010). Understanding how these

informal relationships and neighbourly allegiances support ageing well should be integrated into social policy.

Participants identified plentiful opportunities to participate socially within their local communities. However, some participants had felt excluded from attending events as a single or widowed older person, resulting in feelings of loneliness. Being single and loss of a partner are known risk factors for loneliness in the older population (Victor *et al.*, 2005). Although participants acknowledged loss of relationships and changes to their support networks, some participants blamed themselves for feeling lonely and associated this with lack of participation in social activities or volunteer roles.

Newcomers to the area had experienced difficulty settling in and recognised fitting in required effort to be accepted by local groups. Rural studies have identified that newcomers are mindful of long-term residents' fear of and reservations about outsiders (Patten *et al.*, 2015), suggesting newcomers have to navigate social rules and local tensions in order to feel included. Welcoming receptions for newcomers in addition to designing group processes and operational norms for inclusion are ways that rural communities may improve inclusion and participation of newcomers (Patten *et al.*, 2015).

Participants preferred not to rely on their families unnecessarily, qualifying this by acknowledging a comfort in knowing family would respond if they were needed, particularly in advanced age. Many of the participants did not have family living locally and had developed strategies to manage with local support and resources. Some participants had decided not to seek family assistance during times of illness in order to maintain independence. Older people in rural communities may be reluctant to seek assistance when needed for fear of having to relocate away from familiar communities and social networks (Winterton and Warburton, 2011).

Changes in social networks and physical and sensory function were recognised by participants. Some gave up valued activities and others adjusted to changes, enabling continuation of activities. The capacity to exercise autonomy and make decisions appropriate to individual's needs largely requires the functional ability to do so (WHO, 2015). Some participants had accepted help from neighbours and friends when needed and others with the financial means were more comfortable hiring help. These findings suggest positive adjustments to challenges were important for maintaining a sense of autonomy. Western society's individualistic values have reinforced the importance of personal independence (Bell and Menec, 2013).

Participants thought about the suitability of where they lived relative to their advancing age. Many had investigated options in the local area. Motivation to move was influenced by concerns about their future ability to cope with older homes and travel distances to services. Maintaining active involvement in their community was also considered important in making decisions to stay or relocate. Some participants perceived age-segregated housing could inhibit intergenerational connectedness.

Participants in this study expressed genuine care for their community. Many participants were keen to have their voices heard and some were actively involved in groups that campaigned for improvements to the physical environment and provision of local services. Wiles and Jayasinha (2013) termed this type of care for a

place *activism*, and likewise found in their New Zealand study that older people worked consistently to affect a slow and steady accrual of change in their community. This local involvement bodes well for a participatory approach with older people in community planning processes (Buffel, 2018) and is consistent with the age-friendly movement which supports the full participation of older people in implementing age-friendly initiatives (Plouffe *et al.*, 2016).

This study of largely New Zealand European participants found wide diversity of individual circumstances and experiences in preparing to age well. Diverse circumstances included relationship status, residence and location, community involvement, affordability of lifestyle, individual capabilities and support networks. The diverse views identified were not specific to particular age cohorts, suggesting that individual characteristics rather than chronological age were more important in understanding ageing well.

It was evident that decisions participants made earlier in life influenced experiences of ageing. Participants felt largely responsible for their own ageing experience, suggesting internalisation of ageing discourses that allude to individual responsibility for ageing well (Timonen, 2016). Although participants largely perceived ageing well was up to them, there was evidence of inter-dependence on neighbours and other support networks.

The diversity of findings indicates environmental planners, policy makers and practitioners should include older peoples' views of their local communities when planning age-friendly initiatives, thereby developing environments appropriate for a range of capabilities and reflecting local priorities. Further research designed to involve active participation of older people will be required as New Zealand communities work to become more age-friendly.

Limitations

The majority of participants were independent and active in their communities. Thus, the perceptions of socially isolated and frail older people were not included in the present study. This study did not seek to compare generational differences within specific age cohorts within older adulthood. The majority of participants in this study were New Zealand European, reflecting the ethnicity of this rural area. While two of the participants identified as Māori, both were living on their own in the community and identified predominantly with Western culture. Thus, the views of Māori (indigenous people of New Zealand) and other ethnicities were not fully explored. Further studies could include a more diverse ethnic representation. The socio-economic backgrounds of participants were not specifically explored. This was because the participants in a small community may have been reluctant to discuss their socio-economic level. However, participants discussed the affordability of their daily activities thus providing insight into their socio-economic situation.

Conclusion

This study explored the views of older people about their preparation for ageing well in a rural community and provides foundational knowledge of ageing in a

rapidly changing rural area in New Zealand. Using qualitative description design and a thematic analytic approach, three main themes were identified from the data: 'sensible planning: the right place and the right people', 'remaining independent: "it's up to me"' and 'facing challenges: "accepting my lot"'. The findings demonstrate that these older people were actively preparing for ageing well in a diverse range of ways. They valued their independence and believed they were responsible for remaining independent and planning for their future. In order to capture the diversity of people aged 65 years and over, New Zealand ageing policies should be geared towards individual abilities and circumstances of older people. Consideration of diversity enables inclusion of older people with a wide range of abilities and needs to achieve the perceived goals of ageing well.

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