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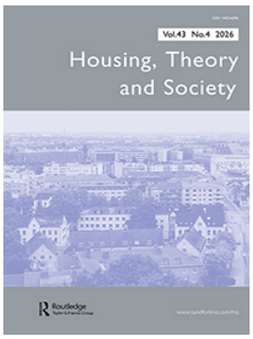

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Control, Communication and the Emotional Construction of Home: The Role of Home Improvements in Supporting Ageing-in-Place

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ABSTRACT

Ageing populations are reshaping housing policy globally, with growing attention on supporting 'ageing-in-place'. Alongside potential savings, there is recognition that people want to live independently in their own home as they age. This often requires housing adaptations for accessibility, comfort and functionality, a challenge in England, with one of the oldest housing stocks in Europe. Drawing on a national evaluation of home improvement services, this paper situates home adaptations within literature on ageing, home, and home-making. We explore lived experiences of people receiving adaptations, examining impacts on the emotional project of maintaining a sense of home, itself often disrupted by age-related impairments. Poor communication and lack of control contribute to feelings of invasiveness, loss of autonomy and discomfort. Yet adaptations can buttress against home unmaking and 're-make' a sense of home. We provide valuable evidence for policy and practice, and contributions to literature around 'home' and 'ageing-in-place', with international relevance.

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KEYWORDS
Ageing; ageing-in-place; adaptations; home; housing; lived experience

Introduction

Due to increases in life expectancy and declining birth rates in many countries, the world's population is ageing. By 2050 the world's population of people aged 60 or over is predicted to double to over 2 billion (World Health Organisation 2024). Accommodating the health and care needs of ageing populations will necessitate dramatic changes in national housing systems, and the concept of ageing-in-place has received significant attention in this context (Bigonnesse and Chaudhury 2022). Ageing-in-place is a debated concept, but broadly it captures the physical and locational dimensions of the dwelling that support daily functioning – e.g. accessible design to support mobility, bathing, cooking, and proximity to amenities and social networks – alongside the emotional and psychological dimensions of the home, including a strong attachment to place and memories, and the promotion of independence (Pani-Harreman et al. 2021).

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Ageing-in-place is not necessarily incompatible with moving home to a more suitable dwelling (Weil and Smith 2016) and for some older people moving to a more supportive environment can be both desired and beneficial (Hillcoat-Nalletamby and Ogg 2014), so ageing societies will require an increased supply of specialist older people's housing. However, evidence suggests that in many countries there is a strong preference among older households for staying in their existing dwelling (Grimmer et al. 2015; Rowles, Oswald, and Hunter 2004). This is most notable in countries where most households are homeowners such as Australia (Boldy et al. 2011), and where the family remains important for family care, for instance in Southern Europe (Costa-Font, Elvira, and Mascarilla-Miró 2009). As such, a significant challenge in meeting the housing needs of an ageing population is modifying existing homes, for instance to improve accessibility as people live for longer periods with reduced mobility (Wang, Gibb, and Mccall 2022).

This article focuses on the interaction between the emotional and physical dimensions of home, and the related processes of home-making and dwelling adaptations. The article argues that the inherent promise of ageing-in-place is the maintenance of people's sense of home throughout the lifecourse, and by implication the emotional dimensions of home, including autonomy, comfort and sanctuary. However, it also conceptualizes a sense of home as processual – underpinned by continual home-making that constructs and, crucially for ageing societies, reconstructs a sense of home following the periods of disruption associated with ageing, including illness, disability, and bereavement. Physical adaptations to the dwelling – for example, handrails, grabrails, ramps, level access bathrooms, wider hallways for wheelchair access, and home extensions for single storey living – theoretically support this emotional process of reconstruction. But, perhaps surprisingly, there is relatively little research on the lived experience of people going through the often lengthy and complicated adaptations process, and the emotional impacts as they try to retain or rebuild a sense of home through this process.

To fill this gap, the paper focuses on home adaptations services in England. The English housing system, and the role of adaptations within it, offers an illustrative case for exploring the emotional process of home-making for several reasons. England exhibits relatively high rates of homeownership and low residential mobility among the elderly, undergirding a strong attachment to ageing-in-place (Archer et al. 2024; Banks et al. 2012). Yet, the English housing stock is older than many European and Anglophone comparators (Nicol et al. 2016). National statistics suggest that more than half of English households with someone over 75 lack age-friendly adaptations (MHCLG 2021). Issues of housing accessibility and condition are most prevalent in the owner-occupation and private rental sectors, compared to social housing (English Housing Survey 2023). By contrast, there has been a notable withdrawal of central government from large-scale private sector housing renewal. Adaptations are often coordinated and delivered at the local or household level with only partial funding from the state on a means-tested basis (Preece et al. 2021). This means that for many older English households the process of adaptations co-exists with the rhythms of everyday life.

The empirical section of the paper draws upon an evaluation of Home Improvement Agencies (HIAs) in England. These are local government or non-profit bodies that provide home improvements, maintenance and advice, and administer means-tested grants for housing adaptations to households to support their health needs. The findings suggest the adaptations process can produce feelings of invasiveness, uncertainty and discomfort,

further exacerbating the unmaking of home associated with age-related transitions and crises. Conversely, the adaptations process can also act as a buttress against a sense of loss, with the most impactful interventions promoting service user control, privacy and safety. In such cases, ageing-in-place was supported by both physical adaptations that promote independence and a connection with HIA staff centred on trust and dialogue.

The findings challenge the conflation in England, and elsewhere, of the housing crisis with the frustrated homeownership aspirations of younger generations (Mckee, Soaita, and Hoolachan 2019). Rather they illustrate that tenure status alone cannot guarantee more fundamental emotional components of home, contingent as they are upon the suitability of the dwelling for daily functioning. Moreover, the study draws attention to the potential for a *"crisis of home-making"* in societies where ageing-in-place occurs within a poorly maintained housing stock.

Home, Ageing and Adaptations

Beyond the basic human requirements for shelter, housing is also essential for social, psychological and cultural reasons, best understood through the concept of "home". From this perspective, a house becomes a home when it offers aspects of control, autonomy, security and sanctuary from the challenges of everyday life, as well as a location for socialization and the development of social identity (Després 1991; Karjalainen 1993; Saunders 1989; Tomas and Dittmar 1995). Thus, having a sense of home can provide a foundation for "ontological security", delivering a secure base from which to venture out into the world, and develop self-confidence and social identity (Dupuis and Thorns 1998; Giddens 1991). Importantly, the evidence suggests that this socio-psychological experience of home applies across different social groups and housing tenures (Fozdar and Hartley 2014; Mccormack 2012; Natalier and Johnson 2015; Robinson and Walshaw 2014; Woodhall-Melnik et al. 2017). Moreover, there is a central emotional thread to this construction of home, which can be particularly important for older people whose life outside the property may be shrinking (Cristoforetti, Gennai, and Rodeschini 2011). Furthermore, there is a growing body of evidence demonstrating the ways in which a sense of home delivers psychosocial benefits (Hiscock et al. 2001; Kearns et al. 2000, 2012; Rolfe et al. 2020).

Within this broad picture, it is important to recognize the diversity of older people and their changing experiences of "home" as they age (Rowles and Bernard 2013). Some are less attached to their existing house and neighbourhood (Rowles 1993) and may want to move for a variety of reasons, including accessibility issues (Renaut et al. 2015; Rowles and Bernard 2013), with views on moving often changing markedly over time (Peace 2022). However, the evidence suggests that most older people would prefer to age-in-place in their existing home (Grimmer et al. 2015; Rowles, Oswald, and Hunter 2004), and that even where older people would prefer to move, a variety of barriers, including cost and availability of appropriate alternative housing, can make such moves difficult or even impossible (Peace 2022). Hence, it is important to understand the ways in which older people who wish to age-in-place, as well as those who are unable to move, experience the process of adaptations which can enable them to maintain as much independence as possible (Renaut et al. 2015).

Importantly, a house does not automatically become a home for the people who live there. Rather, a sense of home needs to be built over time through emotionally-driven processes of "home-making", which include decorating, redesigning and furnishing the property (Easthope 2014), as well as through the emergent familiarity and rituals of everyday life (Douglas 1991; Duyvendak 2011). Indeed, there is evidence that the emotional processes of home-making extend into the housing market, influencing the economic behaviour of home buyers (Jørgensen 2016). Moreover, housing can deliver the opposite of security and a sense of home in some instances, such as for women subject to domestic violence or oppression through ingrained gender roles (Mallett 2004; Young 2005). Home can also be "unmade" when the experience of control, security and sanctuary is undermined (Baxter and Brickell 2014; Cheshire, Easthope, and Have 2021), and the processes of home-making can become complicated as people age and require care or support (Milligan 2009). Notably, the basic human need for ontological security and an emotional sanctuary from the wider world means that people whose homes are "unmade" through violence or displacement typically make strenuous efforts to make a new home elsewhere (Bertolani and Boccagni 2021; Lordoğlu 2023).

Understanding that home-making is an emotional process occurring over time, and that homes can be unmade in certain circumstances, points to the importance of examining the interactions between home-making/unmaking, ageing and adaptations. For older people who have lived in the same place for some years, there can be heightened attachments to the property and neighbourhood as home. This is underpinned by aspects including everyday practices, such as gardening and cooking, connections to the local community, routines associated with local amenities, and the emotional resonances of a place where children have been raised (Blunt and Dowling 2022; Mallett 2004). All of these elements may contribute to the desire to age in place, rather than moving to residential care where community connections may be lost, family memories may be attenuated and valued day-to-day activities may be unavailable or more limited (Rijnaard et al. 2016; Visser 2018). However, the development of age-related impairments to physical or mental health may engender processes of home unmaking, as the house becomes more challenging for day-to-day living, or dwindling social activities and networks make it feel like a site of isolation (Webber, May, and Lewis 2023). Making adaptations to the property can therefore be essential to maintain a sense of home. Evidence suggests that home improvements may not merely act in a preventative fashion to avoid falls or other risks, but can also have significant emotional impacts through maintaining confidence, independence and social interactions (Aitken et al. 2023).

However, adaptations can also damage a sense of home, especially when they are experienced as being "clinical", turning the property into a medicalized setting, or when social spaces are lost (Morgan, Boniface, and Reagon 2016; Wang, Gibb, and Mccall 2022). Changes to the home's appearance and alterations to behaviour, habits and routines arising from adaptations can also feel invasive (Ekstam, Fänge, and Carlsson 2016). Thus, alterations which are intended to "improve" the home by addressing accessibility challenges and maintaining functionality may potentially engender a sense of the "unheimlich" (Mccarthy 2018), making the familiar domestic space feel unwelcoming and upsetting. Moreover, the home improvement process itself can have wider emotional impacts, as people experience discomfort or distress while waiting for adaptations to be

made (Mccall et al. 2023), as well as confusion, frustration and uncertainty as they try to navigate the system for assessing needs and delivering adaptations (Mccall 2022).

The experience of home modifications, therefore, carries significant emotional weight, and while home improvements to enable people to age in place can help to maintain a sense of home, they may also undermine it. The factors affecting whether adaptations deliver positive or negative effects are significantly under-researched. While there is evidence of some of the challenges involved in obtaining necessary adaptations and the variation in delivery between local authority areas (Mccall, Gibb, and Wang 2025; Robinson, Green, and Wilson 2020; Zhou, Oyegoke, and Sun 2020), there is little evidence of their impact on older people's sense of home. This paper aims to fill this gap by contributing to the understanding of "home" through the lens of home improvement services in different areas across England and examining how home improvement policies and practices can be shaped to help support the sense of "home" for clients. Drawing on the national evaluation of home improvement services (Gilbertson et al. 2025), the paper uses data from service users and staff members working for HIAs to focus specifically on the emotional and psychological impacts of going through the formal home improvement process.

Methods

The lived experience elements of the HIA evaluation reported in this paper aimed to address the following research questions:

(1) How do older adults perceive and experience the process of adapting the dwelling?
(2) How do the related processes of ageing and adapting the dwelling interact with older adults' sense of home?

The study adopted a multi-method, qualitative approach that sought to foreground the lived experience of ageing-in-place and adapting the dwelling. Methods included the Serious Game creative methodology (Mccall et al. 2024; see below), and semi-structured interviews using object elicitation (Willig 2016) within a set of eight case study local authorities.

Serious Games are an emerging, innovative and participatory method to explore lived experience in emotionally complex contexts (Mccall et al. 2024). Serious Games are structured, interactive experiences designed for purposes beyond entertainment, often used as methodological tools to explore complex social issues (Dallaqua, Nunes, and Carvalho 2024). Their effectiveness as a research methodology lies in their ability to combine structured gameplay with social interaction, particularly in addressing future-oriented societal challenges such as climate change, demographic shifts, and policy decision-making (Mccall et al. 2024).

The serious game used in this study was "Our House", developed through the Designing Homes for Healthy Cognitive Ageing (DesHCA) project (Mccall et al. 2024). "Our House" is a co-produced, evidence-based tool designed specifically to generate discussion about housing, ageing, and home design in ways that foreground lived experience and personalize what can otherwise feel very abstract (such as the idea of ageing). The game creates a structured, safe environment in which participants can

explore the emotional and practical dimensions of the adaptations process without it being too personal, making it particularly well-suited to research on sensitive topics such as declining health and loss of independence.

The game is played in person, in groups, with participants paired to encourage discussion and reflection. Each player is provided with a player mat representing a house, a deck of room cards, and a set of adaptation tokens, as shown in Figure 1. As part of facilitation, participants are given a vignette describing a fictional household (drawn from real-life evidence), including a budget, a housing description, and an account of the resident's health needs and challenges. Participants use this to construct a suitable home and "play into the future" as life changes occur. In subsequent turns, the vignette is updated to introduce new challenges, such as typical health events, or a change in need, or a shift in budget, that requires participants to reassess whether the home still supports the resident and to consider adaptations. At each stage, participants are encouraged to discuss the wellbeing implications of both the changing needs and their decisions. A structured debriefing session follows the final turn (focus group style), in which participants relate the vignette story to their own homes and situations, reflecting on what the experience might mean for their own future planning.

The Serious Game generated multiple forms of qualitative data, including facilitator observation notes, audio recordings of focus group discussions during gameplay, and semi-structured feedback forms completed at the end of each workshop. This data was analysed using thematic analysis (Miles, Huberman, and Saldana 2018), with initial deductive coding organized around the study's core research questions, followed by inductive identification of sub-themes from the data. For further methodological detail on "Our House" and the Serious Game approach, see Mccall et al. (2024).

The Serious Games were conducted over a series of four workshops engaging 50 service users sharing perceptions and involvement with home improvement services. These were conducted in Liverpool (4), Leeds (13), London (25), and Manchester (8), although many participants travelled from surrounding local authorities and beyond, allowing for insights that spanned a wider range of local contexts. The workshops primarily included older adults, with some working-age participants with disabilities. Attendees reflected a diverse range of ethnic backgrounds and lived in a mix of socio-economic settings, from areas of high deprivation to more affluent neighbourhoods. The sample was cross-tenure, incorporating home-owners, private renters, and social housing tenants. This was particularly valuable given the sensitivity of topics such as health and

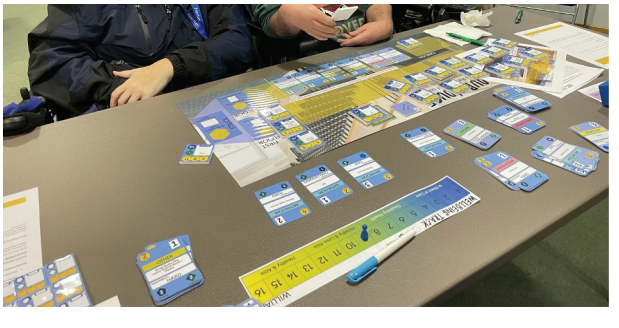

Figure 1. 'Our house' Serious Game tool in action.

declining mobility. Semi-structured follow-up interviews were conducted with selected workshop participants whose experiences required more in-depth exploration than the workshop format allowed.

Semi-structured interviews were conducted in eight case study areas, selected as localities with "good practice" for home improvement services (topic guide is included as a supplementary file, for reference). Good practice areas were selected with the assistance of Foundations – the national representative body for HIAs. Table 1 provides detail on the case study areas and the interviewees. Interviews were conducted with service users as well as HIA staff and stakeholders, who were accessed via the respective HIA manager in each case study. Stakeholders included local authority commissioners, funders, staff within the health and social care system, and non-profits delivering services in partnership with the HIA. The case studies included different types of HIAs and geographical areas, including a mix of local authority types and rural vs urban locations. Service users within the case studies were recruited through two means, firstly from a list of recently completed adaptations provided by the HIA, and secondly by accompanying HIA staff on appointments to conduct an adaptation. The combination of these two methods mitigated against the HIA preferentially selecting interviewees, as the second method meant some interviewees were recruited "on-the-doorstep" rather than *a priori* by the HIA. Further mitigation against preferential selection bias was provided by contrasting the case studies with the Serious Games. Recruiting interviewees "on-the-doorstep" introduced ethical considerations, most importantly the risk that interviewees felt pressured to participate. To ensure voluntary informed consent, staff contacted participants via telephone prior to the scheduled appointment, informing participants of the researcher's presence and explicitly communicating that the provision of their adaptation was entirely independent of study participation. Prior to giving informed consent interviewees were provided with an information sheet. And interviewees were provided with contact details and an extended period to withdraw their contribution should they wish.

The semi-structured interviews with service users sought to ground the experience of ageing and adaptation within a broader context of home, personal biography and place. Furthermore, they aimed to explore the dynamic relationship between the physical and emotional dimensions of home (Pani-Harreman et al.

Table 1. Description of the case studies and number of interviewees by type.

Organisation	Type of Local Authority / Organisation	Region	Urban or Rural	Service user interviews	Staff and stakeholder interviews
Case Study A	City Council /District Council HIA	North West	Urban / Significant Rural	5	7
Case Study B	City Council/HIA	Yorkshire	Predominantly Urban	5	7
Case Study C	District Council/City Council/HIA	South East	Predominantly Urban	6	7
Case Study D	Unitary Authority / Arms length	North East	Predominantly Urban	2	18
Case Study E	City Council/HIA	North West	Predominantly Urban	3	7
Case Study F	Unitary/HIA	South West	Urban /Significant Rural	0	11
Case Study G	City Council/CC	East	Predominantly Urban	0	9
Case Study H	City Council/HIA	South West	Predominantly Urban	5	8

2021). Consequently, the interviews were conducted in the participant's homes – with the exception of one interview which was conducted in a public place at the request of the participant – and were combined with object elicitation. Object elicitation is a form of data collection in which material objects with significant meaning act as prompts for an exploration of personal biographies and lived experience (Willig 2016). In this study the adaptations to the home were the objects, with the adaptation serving as a focal point to discuss the challenges presented in the home prior to installation, the process of installation, and the impact upon their wellbeing. However, to avoid the interviews becoming overly object-focused to the detriment of a wider exploration of the sense of home (Willig 2016), the interview schedule was semi-structured. This ensured that object-focused discussion was an initial prompt for a broader discussion of the emotions of home-making, the importance of place, and the lived experience of the adaptations process.

The combination of the Serious Games with the interviews ensured the study drew from a mix of "good practice" areas and other localities. While the case study data focuses on the role of specific HIAs, the lived experience data explored the operation of home improvement services in a wider context of health and social care services.

The study adopted a flexible and pragmatic definition of "older adult" to balance the diversity of the older population with the logistical challenges presented by working across several case studies. Older people are a heterogeneous group with a diverse range of health needs and housing preferences that vary across the lifecourse (Archer et al. 2024; Burgess and Quinio 2021). In practice, the case study HIAs varied in terms of the age thresholds they applied to restrict eligibility to their services. As such, the sample included participants aged from 50 to over 90, from a range of different ethnic backgrounds, and living in all three main housing tenures – owner-occupation, social renting and private renting.

All interviews were recorded, transcribed and analysed. The lived experience data was analysed in Nvivo employing an iterative thematic approach (Miles, Huberman, and Saldana 2018). Analysis began with three broad *a priori* themes regarding outcomes, barriers and facilitators related to the home improvement process. Sub-themes were identified inductively from the data, relating to particular aspects of the home improvement experience. Drawing on the literature around "home" these sub-themes were then recombined to create a final framework. Case study data was analysed using a pro-forma that focused on key dimensions of the service user's sense of home and wellbeing (e.g. functionality, support networks), the impact of the adaptation on key outcomes from the perspective of the interviewee (e.g. ability to age-in-place), and the service user's perception of the adaptation process.

The study was commissioned by [FUNDER] as part of a wider national evaluation of home improvement services in England, and undertaken by a team from Sheffield Hallam University, University of Stirling, University of Sheffield, Foundations and BRE, between May 2023 and October 2024. Ethical approval for the project was secured from the University of Stirling.

Ethical approval for the project was secured from the University of Stirling, approval number 15,143.

Findings and Discussion

Our analysis identified four themes which highlight the complex emotional dynamics of home improvements. First, we explore the emotional dynamics of older adults constructing and subsequently losing a sense of "home". Second, we examine the process of reconstructing the home through an adaptation, highlighting the importance of older people's autonomy and control over their space and routines. Third, we focus on home as a place of comfort and sanctuary and the impact of the process of adaptation on this. Finally, we explore how completed home improvements influenced participants' overall sense of home and connection to place.

The Emotions of Constructing and Losing a Sense of Home

For many study participants, their sense of home was something that they had built up over many years, or even decades. This included aspects such as memories of bringing up children in the house, as well as a sense of pride about the work that they had done to refurbish the property:

> We made it and it was simple. We were living. We bought it and it was completely run down. We did it slowly, slowly, slowly . . . And I'm, you know, I'm quite proud of what we've achieved, but it's been a hard struggle. (Kavita, Service user, Serious Game)

Such deep emotional ties to the house also extended to the neighbourhood and were a key reason for wanting to avoid moving, even if a different property might offer improved accessibility or better access to care. Notably, for some this was closely connected to their sense of ageing, since they were concerned that they would not have enough time to build a sense of home in a new location:

> Because we have lived in this house for 52 years we don't want to move. I wouldn't mind moving but my husband . . . he doesn't want to move, he says "I haven't got many years to live now, I don't want to move" . . . plus we know the area and everything, he said even if you go to different area, by the time we get used to the house, we get used to the area he said "I will be gone", who knows. (Amrita, Service user, Serious Game)

For many participants the sense of home which they had built over time had been undermined by the effects of age-related impairments, which restricted the functionality of the house and left them requiring support:

> I could not use the bath before. It was very, very difficult. If I was going to have a bath, I had to have a friend there, just in case I slip taking a bath. And it's not very pleasant having to have someone there when you want to have a bath. (Joan, Service user, Serious Game)

While it cannot be reduced to mere functionality of an indoor space (Douglas 1991), there is clear evidence from our participants that these kinds of accessibility issues damaged their sense of home, reinforcing the wider wellbeing effects of losing independence and personal identity:

> It is soul destroying when slowly you're losing your mobility and you're having to rely on people to help you all the time. It erodes your confidence something terrible and you no longer feel like the person you were. (Heather, Service user, Case study A)

As such, the fieldwork highlighted that "home" is an emergent property arising from often lengthy processes of deliberate home-making. The widely evidenced desire to age-in-place (Archer et al. 2024) can be seen as an outcome of the emotional labour of home-making over the long-term, and a recognition that making a new home is a lengthy process in which a new dwelling is not necessarily an emotional substitute for a previous one. Nonetheless, the home could also be "unmade" (Baxter and Brickell 2014; Cheshire, Easthope, and Have 2021) as a result of the challenges associated with age-related impairments, inducing feelings of isolation, pain and crisis.

Adapting the Home – Autonomy and Control

Following disruption of their sense of home, service users were varied in their responses, but a common theme was the desire to retain or reassert a sense of autonomy and control over their lives. Indeed, the preservation of autonomy could act as a barrier to seeking support from HIAs, which for some may be perceived as a first step towards relinquishing control over the home:

> It's a massive thing to put your hand up and ask for help because people can be fearful it's going to agencies or asking for the help because they're scared of being judged that they're failing and they can no longer stay in their own home, no longer be in their own community. (Sandra, Caseworker lead, Case study E)

It's a massive thing to put your hand up and ask for help because people can be fearful it's going to agencies or asking for the help because they're scared of being judged that they're failing and they can no longer stay in their own home, no longer be in their own community

Among the participants that sought to access external support, several described how the disruption of their lives associated with age-related impairments was exacerbated by a lack of control over the home improvement process. This experience significantly damaged their sense of home as it ceased to be a space in which they exercised autonomy:

> It's all the same thing, you don't have any input and you don't have things explained, it's done to you not for you. I understand all the reasons but it doesn't result in a successful outcome. Some people come in and they think cos you're in a wheelchair you're stupid and you don't understand what they're saying. (Denise, Service user, Serious Game)

> I was getting a stairlift and a wet room. It's only just recently been done, they started 31st July and from then on it was just very, very stressful all the way through. The fellas came to start and I said "before you go anywhere can you tell me what you're going to do, cos nobody discussed it with me", what I wanted or where the shower was going to go and all the rest of it, and they completely changed the configuration of the bathroom. It's made a big difference, but it's upset me an awful lot. That's me coming to terms with the fact that the house just isn't a home, I'm just unhappy with it . . . I just don't like the bathroom, I can't understand the way they've done it. (Paul, Service user, Serious Game)

From the perspective of some participants, the importance of control extended beyond the physical changes to the house, to the practicalities of the assessment and adaptation process:

> And then even small things like, "oh, don't come with before 11:30 or 11 because he's using the bathroom". He's constantly, constantly telling them. Oh, "but we start work at eight". "Yeah, but you can't". The carers don't come till 9:30. They don't finish till 11:30. It's even smallest things like that. Nobody listens, you know. (Kavita, Service user, Serious Game)

A lack of control over the process and outcomes of the adaptation could undermine the perceived value of free government-funded installations. The lack of control within publicly funded services was sometimes contrasted with the freedom represented by using private contractors, an option which for some theoretically provided a means to preserve a sense of home:

> He didn't make it clear what was happening. He didn't explain it to me. He said something about the trunking but I didn't realise. It's horrible trunking that comes down in my kitchen and the sitting room and the dining room. I think if I complained about this to people they'd say "hey you're getting a free boiler and radiators, what the heck do you think you're doing?" And my argument is, yes I can see that, but maybe I could have borrowed £1000 or something and paid the extra to have whatever it was done. But to me I've devalued the property by quite a lot and there are really ugly copper pipes in the sitting room. (Sarah, Service user, Serious Game)

These issues were not universally the case, however. Where HIAs recognized the potential impact of making changes to the property on clients' sense of home, they were able to mitigate a loss of autonomy by concentrating on effective communication throughout:

> So [a technical officer] would be in attendance and we'd run through the whole schedule of works and plans just explaining any or answering any questions that they may have about what we're going to do to their home. And that is important to always remember, it is their home, even if it's a council stock property is still their home, and we try to be sensitive to that. (Jason, Staff member, Case study G)

Moreover, where HIAs were able to offer a greater degree of choice and control within the home improvement process, this could have significant emotional import for their clients. Interviews suggested that even small aspects of design could be fundamental to maintaining a sense of home, evoking memories and pertaining to familial history, as illustrated by this quote from a service user:

> So these monkey tail handles were fitted to the original windows when this house was built in 1930. These are brand new handles but the same design. It was a thing between me and my dad, we just loved them, mum hated them, but we loved them. So in memory of my dad, I was really keen to get them again. (Brenda, Service user, Case study C)

There are clearly logistical challenges in providing a bespoke service in each case. Many HIAs highlighted that the means-tested government funding was relatively limited and a financial top-up from the occupant was often necessary to provide a range of aesthetic options. Yet the evidence from research participants highlights the ways in which home improvement processes can feel invasive if they disrupt daily routines which may be both essential to meet age-related needs and integral to service users' sense of home (Ekstam, Fänge, and Carlsson 2016).

Adapting the Home – Comfort and Sanctuary

Alongside autonomy and control, the literature emphasizes the importance of home as a place of comfort and sanctuary from the vicissitudes of everyday life (Després 1991).

Although the result may be improved comfort, the lived experience of the home improvement process can be a loss of comfort whilst work is being done, and potentially a sense of their sanctuary being invaded by HIA staff and contractors. A loss of comfort was particularly the case when there were significant delays related to issues such as poor-quality work:

> I thought it was okay but when the inspectors came round the shower tray was too high, the whole floor had to come up, it's just a waste of money. They had to re-do the floor twice in the wet room, they did it once and the drain wasn't low enough, so the water was just standing on the floor, so they had to rip it all out and re-do it. I think it was around three weeks, it should have taken something like seven days, I don't know. (Denise, Service user, Serious Game)

For these participants, the need to go through the adaptation work more than once lengthened the time in which they could not feel fully at home, and the emotional impact was exacerbated by the uncertainty of when it would be finished. Such feelings of discomfort and disruption undermine the sense of home which is built through the familiarity of everyday activities (Duyvendak 2011). In some circumstances, the discomfort and pain associated with age-related accidents risked being extended by the slow progress with necessary adaptations, for instance in the case of the following couple who had recently been discharged from hospital:

> Her mobility was very limited, but as far as they were concerned, they couldn't do any more to help her. So, they put us on a list to get services from the enablement team, but that took about four weeks to come to fruition. In that four-week period we did a couple of grabrails ourselves. [. . .] It means that we lost about three or four weeks in terms of progress. (Jim, Relative of service user, Case study H)

Moreover, at a very fundamental level, one participant described the experience of being entirely trapped in his property for 10 days because the housing association was unable to find a contractor to repair his electric front door:

> Before Christmas my electric door broke and it took housing about 10 days to get it fixed properly. It was the weekend before Christmas, my mother's birthday in York and I had to go on Sunday for the day to York to join the family for my mother's birthday. I had to cancel that because the housing association had sent out three companies, they hadn't got a clue what they were doing, even though the housing association installed the mechanism. You'd have thought on the system they'd realise what company to call out. So three companies came out and said we can't fix the door, it's not our problem. (David, Service user, Serious Game)

In this situation, while he could remain "at home", the sense of his house as a secure base from which to venture out into the world and live a normal life (Dupuis and Thorns 1998) was, at least temporarily, completely undermined.

Beyond the delays experienced, a sense of security in the home could be compromised by the installation of adaptations that outwardly signalled frailty or disability, undermining the improved physical comfort they might otherwise experience from improved mobility around the home:

> I would have liked it black, because it's white and it's very glaring and everybody says if the burglars see grabrails they know an elderly person lives there. (Alison, Service user, Case study B)

There were also issues for some participants regarding the extent of help available to adapt the property, which not only limited the functionality of their home but also affected their sense of comfort by contracting their liveable space. Participants described this as a process in which their sense of home shrank as they lost access to areas which had previously been part of everyday life:

> You know, we only get a grant for little things like showers, shower things, shower heads, and perhaps in the shower and the bath … But he doesn't live in the bathroom. He lives in everywhere. (Kavita, Service user, Serious Game)

By contrast, positive experiences with contractors highlighted the importance of interpersonal skills and consideration in maintaining a sense of comfort in the home throughout the work. For example, one participant described the way in which contractors engaged positively with their relative and considered basic requirements for daily functioning, such as ongoing access to a working toilet, as they were improving her bathroom:

> The guys who come out were good, they were good with [family member], cleaned up every day, there was no mess anywhere, it was a good process to be fair. [She] can be a bit of a mitherer and they was laughing and joking with her cos she was there every day and she does mither a lot and it didn't seem to faze them, they just laughed with her and made her cups of tea and everything. They were spot on, and they talked you through everything and what they were doing, what was happening next and they always made sure the toilet was available for [family member]. So they made it alright for her. (Mike, Relative of service user, Serious Game)

Moreover, some HIAs explicitly recognized the dual vulnerability of service users – both the physical vulnerability which has necessitated changes to their property, and the emotional vulnerability associated with having strangers working in their home. Where possible, therefore, they tried to employ contractors who have shown that they can build trust alongside completing the adaptation works:

> They have developed a very good way about them, the ones that are TrustMark approved, and more than anything I think it's that trust issue. That when someone's working in someone's home to deliver an adaptation it's important that someone who's 85, she's lost her husband, she can feel vulnerable, she's already vulnerable physically anyway but our guys who she doesn't know are working in her home. Especially for the handyperson service as well, that trust thing is really important. (Matthew, Staff member, Case study D)

Thus, the research demonstrates that it is possible to limit the feeling that the sanctuary of home is being invaded (Ekstam, Fänge, and Carlsson 2016) and minimize the extent of home "unmaking". Small gestures that acknowledged the importance of the home to the service user could be highly valuable in building trust and helping avoid a sense of invasiveness. Crucially, the time taken to build trust was also important in encouraging service users to engage with the adaptations process to facilitate healthy ageing-in-place:

> Oh, they've been absolutely brilliant. Whereas some of the ordinary tradesmen come in and say, "I'm in a hurry, do you mind if I just come through". One day, it was a horrible day, I said "Can you put the covers for your shoes on? You don't have to take anything off, but just going up and down stairs." And he said "Yes, I should do that." […] I stick like glue to people I feel very safe with. [The HIA] are the people I will always have for the jobs that they can do for me. (Claire, Service user, Case study C)

As with autonomy and comfort, age-related transitions and crises can disrupt the process of home-making by undermining the comfort and sanctuary afforded by the home. Our fieldwork suggested that the adaptations process can in some cases exacerbate this issue by prolonging periods of discomfort, compromising a sense of security, and contracting the space in which people can carry out daily routines. But HIA processes that are sensitive to the continued need for comfort can also be part of the active reconstruction of the home.

After the Adaptation – Homes Re- and De-Constructed

For many participants, the importance of autonomy and comfort during the process of adaptation was mirrored by improved feelings of independence and sanctuary following the adaptation. The interviewee below explained how non-slip flooring and grab rails in their bathroom had helped reconstruct the home as a space where they could conduct daily tasks independently:

> I feel so confident. I have things also to hold so I'm confident on my own now. I don't have to ask my children, "sit and wait, keep the door open in case anything happens" so they can come and help me. Now I can go on my own whether there's anybody at home or not. I can go on my own without fear. (Nia, Service user, Case study C)

In some instances, there was a clear link between this restored independence and the sense of home as a base from which to venture out to explore the place in which people age (Dupuis and Thorns 1998), rather than a trap which cannot be escaped because of accessibility issues. The following service user had a ramp and handrails installed at their front door:

> It's wonderful, it's freedom. It just gives you freedom to be independent, to get out. (Edith, Service user, Case study B)

Interestingly, in some instances, improvements in independence and quality of life were not limited to the service user themselves, but extended to family carers:

> It's that control and independence and dignity that you're giving someone back. And I know we are all about giving the person their independence, but also there there's a case where … the main caregiver was really struggling. And by giving them this level access shower, it's just took so much pressure off them to know that they can just go off and you know, they haven't got to be with them all the time. So it gives them independence, but it also, even though they're still in the house, but they're not so much a carer. They can have your more normal roles like husband, wife rather than being the caregiver. (Andrew, Staff member, Case study G)

Completed adaptations were vital in re-constructing participants' sense of home by removing pain associated with daily activities and restoring comfort to essential spaces such as bathrooms and kitchens. One interviewee explained the transformational impact of a wet room:

> I couldn't walk from here to there without crying. I used to get up from here and cry just to get across there to get to the other side of the room. I couldn't get in and out of the bath. But when they did the wet room, you just walk in, switch it on and switch it off again and it's done, it's so easy. (Patricia, Service user, Case study A)

Importantly, participants also discussed direct impacts on physical and mental health from adaptations, echoing research on the psychosocial benefits of home (Kearns et al. 2000; Rolfe et al. 2020):

> She's more optimistic, she's brighter, she's put weight on. When we first started going round there she was like a stick insect . . . She really looked gaunt after [her husband] died and she was so depressed, but now she's brighter. (Tom, Relative of service user, Serious Game)

Reflecting the importance of positive social interactions and embeddedness within a community for a sense of home, for some participants the positive impacts on wellbeing came partly from the quality of the interactions they experienced with the HIA. Empathetic and dialogical interactions could be part of rebuilding a sense of self following periods of crisis, and service users sometimes viewed HIA staff as members of a wider trusted community that supports ageing-in-place:

> They were good and kind. He talked with me, he listened to me and then if I was saying nonsense he listened to me. [. . .] I have experienced bad elements elsewhere, people at the council, somebody who was there to deal with the paperwork wasn't dealing with me as a person. But the home improvement agency dealt with me as a person so that's the quality of life they've given me. (Nia, Service user, Case study C)

> It opened up this Pandora's box of all these people in our community that I didn't know about that were there to help, and you don't know until you get disabled. You can feel very despondent and very isolated and very cut off and lonely, even though I have a husband you still feel lonely because your life shrinks to a degree. So it was a wonderful thing that she did and a wonderful thing that we have that in our community. If I had one wish it was that more people would know about them. (Heather, Service user, Case study A)

However, some participants were left with a sense of the home having been deconstructed following the adaptation. Most notably, this occurred where the adaptations disrupted essential spaces for socialization and important everyday activities:

> I like cooking. So I wanted a bigger kitchen, but I can't. So I'm juggling with things and I, you know, and if you have guests, they can't sit in the kitchen because we're using the little hallway for [my husband] in the morning. So they can't because of the privacy. I try and make it like a home, but it's not. (Kavita, Service user, Serious Game)

At its most extreme, a combination of inflexible processes, negative interactions, and poorly conducted adaptations left participants with the impression that it would be easier for services if they did not exist:

> They don't want you alive, because you're costing them money. That's how they make you feel. We're made to feel that we're in the way. (Kavita, Service user, Serious Game)

Thus, a sense of ontological security that lies at the heart of a sense of home (Dupuis and Thorns 1998), can be threatened by home improvement processes if they leave households with a dwelling poorly suited to their needs or with a sense of being adrift from the wider networks and institutions that represent the place in which they age.

Conclusion

These findings demonstrate the multiple, inter-connected ways in which the need for, and delivery of, home improvements can affect people's sense of home, with substantial emotional impacts. The paper reframes ageing-in-place as a question of emotional continuity and ontological security. By examining the role of emotions in the complex interplay between ageing, the sense of home and home improvement processes, our analysis provides an important addition to the literature around "home" and "ageing-in-place", as well as lessons for policy and practice.

From a theoretical perspective, the evidence from this study extends and connects existing conceptualizations of both ageing-in-place and the socio-emotional construction of home, highlighting the ways in which process of adapting the property can influence the sense of home. Building on the growing international resonance of the idea of ageing-in-place underpinned by a clear preference for remaining at home (Archer et al. 2024; Croucher 2008; Read et al. 2019), we have demonstrated the importance of emotional processes of home-making and unmaking that can occur as corollaries of age-related impairments and attempts to mitigate them. Recognizing that "home" is something built over time, through an active socio-emotional process of home-making and more passive elements of ritual and routine (Douglas 1991; Duyvendak 2011; Easthope 2014), our research highlights the ways in which age-related impairments and associated accessibility issues can undo these processes, "unmaking" the home (Baxter and Brickell 2014; Cheshire, Easthope, and Have 2021), causing significant distress and creating feelings of pain and isolation. Moreover, when there is poor communication within the adaptation process and service users feel that they have no control over the changes being made to their property, this can exacerbate the unmaking of home. The resulting feelings of invasion, uncertainty and discomfort, add to the emotional toil inherent to making a home during periods of age-related transition. However, we also demonstrate that where adaptations to the property are made successfully, ideally through a person-centred process, these fractures in the sense of home can be repaired, enabling people to recapture feelings of comfort, sanctuary, autonomy and control. Thus, home improvements are an essential element of ageing-in-place for functional reasons, yes, but also because of the emotional impacts of being able to feel at home once more. As we have shown, these positive and negative impacts of adaptations on the sense of home are complex and, crucially, generated by the process as much as by the outcome of the adaptation.

We argue, therefore, that the conceptualization of "ageing-in-place" needs to incorporate an awareness of the socio-emotional processes involved in making, unmaking and, crucially, remaking the sense of home. Similarly, we contend that theoretical understandings of "home" as a basic human need for sanctuary, comfort and ontological security, need to be augmented by noting the importance of processes which adapt the fabric of the property to improve accessibility and mitigate the challenges of age-related impairments. Hence, conceptualizations of the socio-emotional processes of home-making/unmaking/remaking should include a life course dimension, with particular attention being paid to the later stages and the ways in which physical and bureaucratic processes related to accessibility-related adaptations can influence the sense of home. While our research focuses on the situation in

England, these additions to theoretical frameworks will have much wider relevance and resonance across a variety of global contexts, whether "home improvements" are delivered through formal welfare state processes or more informal attempts to adapt the property.

Specific elements of the home improvement process are vital in delivering positive outcomes, and in mitigating the potential for damage to the sense of home arising from feelings of invasion, confusion and frustration, or medicalization of the property. The strongest examples of good practice from our study emphasize the need to take a person-centred approach which gives people control over the changes being made to their home, combined with clear communication throughout, and a recognition of the vulnerability of many service users. Even small gestures that demonstrate an understanding of the importance of home, such as giving service users choice over tiling in an adapted bathroom, can build trust and ensure that the potential for positive wellbeing impacts of adaptations is fully realized. And these elements need to extend beyond HIA staff, to contractors doing the work within the property. Where these elements are not in place, homes can be "unmade", causing service users significant emotional pain which can persist over time. Moreover, policymakers can support the home-making process by reviewing the means-test that allocates state funding for adaptations. The restrictiveness of the means-test following a period of high inflation dictates that many households must rely upon personal funds to receive a bespoke service or aesthetically pleasing adaptation.

In conclusion, then, our research offers both theoretical and policy/practice contributions with international relevance. From a theoretical perspective, we add an important new dimension to the literature around "ageing-in-place" and "home" by bringing them together and highlighting the central role of socio-emotional processes. Understanding "ageing-in-place" requires a recognition of the nuanced ways in which a sense of "home" can be made, unmade, or remade through the emotional impacts of changes to the physical property and the processes by which they are delivered. And similarly, this recognition augments the concept of "home" through a more sophisticated awareness of the socio-emotional changes associated with later stages of the life course. Beyond the theoretical contribution, this study also offers a methodological and contextual innovation combining the longitudinal, multi-method design with the Serious Game "Our House" alongside in-depth interviews across eight case study areas. From a policy and practice perspective, our findings should have considerable resonance for HIAs, local authorities and national policy-makers. In addition to sufficient funding, the findings highlight that policy needs to consider how HIAs are integrated with other services – healthcare providers, social landlords – to minimize delays following referrals and breakdowns in communication. While grounded in the English context, these findings have relevance for ageing populations globally, particularly in countries with older housing stocks and decentralized adaptation services. If the commitment to support ageing-in-place is to be taken seriously, it needs to recognize the basic human need for home and ensure that practitioners and agencies deliver home improvements in ways which support older people to maintain their sense of home, not lose it. In this respect, home improvement services may be central in preventing a "crisis of home-making" in ageing societies with poorly adapted housing stock. Ultimately, ageing-in-place is of limited value if it is not also "ageing-in-home". These emotional dimensions are central to whether ageing-in-place truly supports dignity, comfort, and autonomy.

Further research should aim to explore the complex interactions between home improvement processes, home-making/unmaking/remaking and "ageing-in-place", addressing some of the limitations of this study. In particular, it would be valuable to examine differences between demographic groups, as this was not possible within our study, and to explore the differing perspectives of older people and their family members in more depth. Such studies could usefully build on the combination of interactive workshops and interviews by incorporating separate interviews with family members and considering alternative methods for individuals who may struggle to engage with the Serious Game approach. Further studies could also involve a longitudinal element, following service users through the home improvement process, which was not possible within this study.

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