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Liminal homes: Older people, loss of capacities, and the present future of living spaces

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ABSTRACT

There are many studies that have examined the meaning of home for older people. In this article, our aim is to add the concept of 'liminal homes' to the existing discussion: While the concept of liminal homes can be applied to a number of 'interim spaces', we focus in our study, on those older people who have to consider, or are concretely confronted with, the need to move into another living space, because of declining health. Based on interviews and photo-elicitation with 26 older lower-income seniors living in Montreal, Québec, this article demonstrates the complexity of liminality and analyzes the dynamics of this process, composed of a web of interrelated and often dichotomous elements. These include the idealized home in contrast to (sometimes imagined) institutions; declining health as opposed to the ideals of active aging and third age; and the widely promoted concept of aging in place versus the reality of being 'stuck in place' due to limited resources. The strategies employed by these older Quebeckers to remain in this state and resist a move to another living space, are the often arduous construction of a 'patchwork of care'.

Introduction

This article is based on the results of a pluridisciplinary study on older people and home in Montreal, Canada. Among other aspects, the researchers of this project tried to capture the complex in-between state of individuals living in the community who, at the same time, had to consider the possibility of moving into another living space due to their increasing need for help. In this sense, this article is about the idea of home, but a threatened home — a somehow fragile concept, mixing aspects of identity, dependency, uncertainty, and the ideal of a haven.

Housing and home need to be seen as tightly intertwined concepts, despite the fact that some scholars distinguish them, with the first as the built environment, and the latter as an attachment to a place, including the neighbourhood, community, sometimes a city, region, or country as in home(land) (e.g., Mallon, 2004; Schmidt, 1999; Valentine 2013: chapter 3). Home-as-attachment is rooted in materiality – for example, in warming bricks, accessible convenient stores, and recreational parks – a materiality that can enhance or restrict the feeling or capacity of being at home.[1]

The research project was conceived at a specific moment when, in 2009, a significant number of public beds in long-term

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[1] The Polish author and professor of literature Stefan Chwin (2005: 98 ff.) adds another aspect to the materiality of home. In what he calls the "poetics of things", Chwin describes how home is incorporated in everyday objects, like kitchen utensils, but also in the objects left behind whose "homeliness" then gets read by others. He describes, for example, the laughter he can still feel in the bricks of abandoned houses (see also Fonseca, 2001).

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care (called CHSLDs)[2] were being closed in Québec and access restricted to severe cases (until recently, a need for a minimum of 3 h of care/day; recently increased to 4 h/day). The provincial government was (and is) promoting home care and 'intermediate care in residential resources' (smaller housing units for 25 to 110 individuals; see Gouvernement du Québec, 2014) as appropriate alternatives to long-term care institutions. Although smaller units are a step away from the hospital-like model implemented in the majority of long-term care facilities, a number of health and social service professionals have expressed concern that the staff of intermediate resources lacked the specialized skills for those individuals in need of more complex care (Lacoursière, 2011a). A recent study by Fournier (2012, quoted in Carpentier et al. 2013: 35), shows that a place in a CHSLD costs Quebec approximately 60 000 CAN$ per year, while an individual receiving intermediate care costs only 35 000 CAN$. This difference in price can partly be explained by the lower salaries (and lower skills) of employees in the intermediate sector, who receive a mean of 12 CAN$ per hour.

For those who cannot or do not want to live in their own private house or rented apartment (currently about 15% of the elderly population [65 plus]), almost 70% live in private residences for a clientele that is mostly made up of individuals who are autonomous or who have only slightly reduced autonomy.[3] The rest inhabit the following types of housing: public CHSLDs (20.5%), private CHSLDs under contract from government (4.4%), and private CHSLDs that are not subsidized (2.1%) — all three for individuals experiencing severe loss of autonomy. Further, intermediate and (the declining number of) family-type resources, conceived for moderate to medium loss of autonomy in the former and slight to moderate loss in the latter, provide together 5.3% of senior housing spaces (data from 2013; see Labrie, 2015: 10–11). It should be noted that the average waiting period to access a CHSLD in Montreal is seven months (Vérificateur general, 2012, chap. 4).

For many years now, long-term care institutions have been severely criticized in local media. This is also true for the newer intermediate housing resources, which are described as sub-optimal, in some cases even inhuman, although they are regularly controlled by the publicly funded local social and health care centers (CSSS). As indicated above, there is a flourishing network of more costly and private senior care units, equipped like 5 star hotels. But, for the private sector, even less expensive units are good business, when they are subsidized by the State: the majority of the newer available beds in intermediate care are in the hands of a few, private promoters (Lacoursière, 2011a, 2011b).

A study by Labrie (2015), see also Bravo et al. (2014) shows that Québec is the province with the highest number of private residences for older people in Canada (in fact, half of all Canadian private residences are located in Québec). The author concludes that private residences often offer a better quality of life and shorter waiting time for access when compared to rigidly regulated public senior residences. The report quotes a stakeholder in the housing sector, who highlights two central factors we also found in our study, choice and decision-making:

> The key to success is choice. Not so long ago, the supply was such that you had to get on a waiting list, and once a space opened up, you had to take it or leave it. Since then, the supply has greatly improved, and it now takes into account a major transformation that has occurred in its clientele. Seniors now demand choice and want to decide (in Labrie, 2015: 13).

Positive changes seen in housing spaces for people who are still relatively well cannot hide the fact that for more severely disabled seniors, and especially those with low incomes, good living conditions are rarely provided.[4] The emphasis on choice and autonomy in current aging policies further shows the gap that exists between ideology and the reality of some (e.g., those who are no longer able to decide for themselves): Some authors observe an increasing dichotomization between the quality of life propagated for those who are able to choose and consume a 'third age lifestyle', while those who are unable to do so become marginalized (e.g., O'Dwyer, 2013).

Within this landscape of elder care and housing the voices of those most concerned, older people, were rarely heard — a fact that inspired us to explore, in more detail, the ideas and expectations that seniors have regarding 'home' at a specific moment in their life, one of *liminality*. There is an abundance of literature on the notion of home and older people (e.g., Angus, 2005; Chaudhury, 2008; Gitlin, 2003; Wiles et al., 2009, 2012). Our aim is to add and deepen this one aspect that we want to call 'liminal homes'.

'Liminal homes'

Cultures of aging are often associated with strong moral scripts, dividing older people's capacities and attitudes towards life into either-or categories such as normal and pathological (Mielke & Kessler, 2006; see Katz, 1996), successful and unsuccessful (Rowe and Kahn, 1997; see Minkler & Fadem, 2002), and active and non-active aging (WHO, 2002; see Katz, 2000), as well as third and fourth age (Laslett, 1991; see Picard, 2013). We are aware of only a few studies that explore the in-between state that individuals experience when they are caught

[2] The abbreviations used in this article are:

- CHSLD (*Centres d'hébergement de soins de longue durée*): Mostly public long-term care facilities for individuals experiencing a major loss of autonomy;
- CLSC (*Centre local de services communautaires*): public (primary) health and social services center offering homecare services and support;
- CSSS (*Centre de santé et de services sociaux*): public health and social services centre, in which CHSLDs and CLSCs are grouped together; see http://www.msss.gouv.qc.ca/en/sujets/organisation/en-bref/gouvernance-et-organisation/reseaux-locaux-de-services
- HLM (*Habitation à loyer modéré*): public rent-controlled housing;
- OEMC (*Outil d'évaluation multiclientèle*): the major instrument of measuring loss of autonomy in Québec (see http://www.expertise-sante.com/oemc.htm).

[3] In Quebec, more than 85% of people over the age of 65 live in private homes, rented apartments, social housing for low-income people or cooperatives. In Montreal, the majority of people are not home owners and until recently rented spaces were relatively affordable.

[4] Paul G. Brunet, the president of the Quebec Council for the protection of sick people (*Conseil pour la protection des malades*), denounces the existing living conditions in the CHSLDs, despite the promises made by the current government to improve the quality of life in these institutions. Brunet mentions the recent norm of one bath a week, the poor quality of food, the lack of intervention plans, the lack of adequate decoration for those who do not have a family, and the 'unhomely' decoration of common spaces, lack of courtesy of some employees, constant rotation of staff, the too frequent use of detention of residents, among others (Chouinard, 2015; see also Légaré et al., 2015).