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Spotting good ageing: using welfare theory of health to frame the agency of older adults with immigrant backgrounds to attain good ageing

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ABSTRACT

Care providers for older immigrants in Sweden find themselves in a paradox. Individuals and associations call for culturally sensitive elderly care. However, implementing this comes at the risk of over-culturizing needs and behaviours, drawing a negative picture of ‘the problem of immigrants’ that needs to be solved with special interventions. To find a balance in this paradox, we applied the welfare theory of health to grasp a new understanding of the phenomena and draw a holistic picture of a person’s needs and resources available to achieve good ageing, reaching beyond the cultural paradox. Semi-structured qualitative interviews were conducted with older adults with immigrant backgrounds in Sweden. The interviews were analysed using content analysis. Combining welfare theory of health with immaterial capital theories offered a holistic theoretical approach to good ageing. This took its departure from the agency of older adults, mitigating the gap between their vital life goals and available resources to reach these goals. Although informants wanted caring interventions from close family, we identified distinct responses to mitigate the diminished trust older adults had in the capability of welfare institutions to provide adequate elderly care.

KEYWORDS

Older adults; good ageing; resources; holism; health

Introduction

The number of older adults with immigrant backgrounds in Sweden has increased in the last 10 years from about 195 000 (2.1%) to 278 000 (2.6%) (Statistics Sweden. n.d.). Caring for older adults with cultural sensitivity, or competence, has long been described as important. The oldest records of culturally sensitive care within Swedish elderly care are from 1853 (Heikkilä 2010). However, noble the aim of such efforts, the challenge for the welfare state is to provide culturally sensitive care without culturizing a person based on prejudice (Torres 2015).

Global population mobility calls for new ways to challenge the idea of ageing (Horn and Scheppe 2017). As predicted by White (2007), the phenomenon of ageing migrants is becoming increasingly common in the European Union (Ciobanu, Fokkema, and Nedelcu 2016). In Sweden, the share of citizens born in a foreign country in 2018 was 18% (Organization for Economic Co-operation and Development, n.d.). Within this group, the most common country of origin, except for Sweden’s closest neighbours, for older adults above pension age (65) in 2019 was Iraq (20 293), followed by Yugoslavia (17 522), Iran (9 587), Bosnia (9 254), Syria (6 461), Turkey (5 749), and Chile (5 627) (Statistics Sweden, 2020). It is likely that factors like lower travel costs and the flow of refugees from areas of conflict will contribute to an increased number of older adults with

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immigrant backgrounds within the EU (Ciobanu, Fokkema, and Nedelcu 2016). In 2015 Sweden became the destination of 163 000 refugees (SOU 2017:12). The situation caused a debate, resulting in Sweden tilting the political discourse from being a humanitarian frontrunner, towards the promotion of a more restrictive immigration policy in line with other EU nations. This stance differs from that of other Scandinavian countries where Denmark tried to make itself unattractive to immigrants and Norway took the middle path between the two (Hagelund 2020). For a long time, Sweden has had a rights-based approach to family reunion (Bech, Borevi, and Mouritsen 2017), allowing immigrants to reunite with family in Sweden as a way of strengthening the network around the immigrant, which is expected to increase the rate of integration (Bevelander 2011). Since 2016, however, Sweden has had a temporary asylum law that usually prevents family reunification with older adults during normal circumstances. Regulations now require not only that the older adult and younger kin have lived together immediately prior to departure from the home country, thus having social and emotional dependency to each other, but even that the younger kin must provide for the older adult with sufficient economic living arrangements (both income and housing) immediately after being granted asylum. Further limitations were enforced for family reunion with adults with temporary permits. These changes circumvent possibilities for reunion with parents and especially adults with asylum permits who resided in Sweden during the temporary law (SFS, 2016:752).

Arranging care for older adults with immigrant backgrounds has been described as a struggle to uphold a suitable level of care adapted to the transnational context of immigrants (Forssell 2013). Forssell, Torres, and Olaison (2014) explore the complexity of a social justice paradox with the prevalence of cash transfers made to family care providers to late-in-life-immigrants coming from 'cultures perceived as distant'. Care managers find the demands for cash transfers to family care providers exaggerated, and not necessarily in line with the wishes of older adults. Rather, they see such demands as coming from the wish to secure employment for a younger next of kin by the municipality. This is seen as having a negative impact on immigrant care providers' integration and gender equality ideals, and it implies potential positive discrimination in delivery of cash transfers to family providers.

Another occurring trend in Sweden, and Scandinavia, has been associated with the spread of neoliberal public management ideas including legal frameworks, allowing private providers to carry out care financed by public means (Olaison 2017; SFS 2016:1145; SFS, 2008:962). Sweden, traditionally a social democratic welfare state (Aspalter 2011) in the famous welfare regime typology of Esping-Andersen (1990) has thus taken a neoliberal turn. This turn has also been associated with increased re-familialization of care provision (Szebehely and Meagher 2018), especially among those who cannot afford to purchase care services by themselves as state-provided care has reduced and become less attractive. Now, the care managers find themselves in a complex situation balancing between assessing individual needs, municipal financial policies, policymakers' intentions, and positive discrimination towards pensioners with immigrant backgrounds. On one hand, this kind of care provision has been described as a significant challenge due to the anticipated differences between the caring cultures of Sweden and other countries (Swedish Department of Social Affairs 2008). On the other hand, framing the situation as a challenge, risks causing othering (Mattsson 2001; Torres 2015; Forssell and Torres 2012). According to Torres (2010), welfare workers tend to over-problematize a person's cultural background, reproducing the idea that the cultural background of older adults is a complicated problem that needs to be solved. To construct the cultural or ethnical other as problematic or as especially suited for some types of caring work is an essentialist approach that has been argued to lead to generalizations and racism. Swedish elderly care has been described as a construction site for the ethnical other where older adults are divided into two groups; the Swedes and the immigrants, where the immigrants are ascribed the characteristics of what the Swedes are not (Torres 2010). This duality between Swedes and immigrants is especially visible in integration policy philosophy where Sweden, along with the other Scandinavian states, focuses on integration efforts towards making good citizens of immigrants, implying that

they are not so when they arrive. This places responsibility for integration on the individual, with the threat of reduced living conditions and reduced chance of family reunion if the individual is unsuccessful (Borevi, Jensen, and Mouritsen 2017). Sweden stands out among its Scandinavian neighbours where the road to citizenship goes through universalism and pluralism. Denmark, in contrast, aims for a monoculture through assimilation policies. One can see the concept of culturally sensitive care in the light of these attempts to integrate immigrants into society. The concept of individual and culturally sensitive interventions is also an important concept for older adults of ethnic/cultural minority groups (Sasson 2001; Ingebretsen 2010).

Previous research supports the claim for culturally sensitive interventions by emphasizing that ageing is more than a biological process, it is also socially constructed (Fry 1988; Bourdieu and Thompson 1991; Närvänen 2009). Sokolovsky (1990) argues that to study how cultural background affects peoples' ageing creates a nuanced understanding of how people make meaning of the ageing process, their anticipations of it, and how it is perceived. Although cultural determinants are described as important factors for ageing, this is a one-dimensional way of understanding people and cultures. Other important social constructions and relations along differences in class, gender and disability intersect with differences related to culture and age (Krekula, Närvänen, and Näsman 2005). In this study, we explore welfare theory of health (WTH) developed by Nordenfelt (1993, 1995) and immaterial capital theory (Putnam 2007; Bourdieu 1986) to achieve a better understanding of the relevance of culture for healthy ageing of older adults with immigrant backgrounds outside Europe.

Theory

The welfare theory of health (WTH) describes health as a person's ability to reach a set of personal goals necessary to achieve a minimal level of happiness (Nordenfelt 1993, 1995). The concept differs from definitions where health is defined from a normative perspective (Boorse 1977), or more deterministic ideas (Dudley 1987; Eriksson 1986). From the perspective of the WTH, health promoting interventions would by necessity be more culturally sensitive if that lies within the scope of goals for the person's minimum level of happiness.

Health, along with participation and security, are parts of the active ageing concept, a concept coined by the World Health Organization (WHO) to enhance quality of life as people age (World Health Organization 2012). Active ageing as a policy framework has been described as helping to handle the growing demographic challenge of an ageing population. The WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization 2020). However, the WHO is not alone in defining the concept of health. Nordenfelt (1995) proclaims the WTH to be a holistic approach to health. It is closely related to what is considered quality of life (QL). As illustrated in figure 1, the key concept between health and QL is happiness. While health is defined as the ability to reach vital life goals (VLG) that makes a person happy, QL is defined as a state where the happiness is reached or can, within the circumstances, be obtained (Nordenfelt 2010).

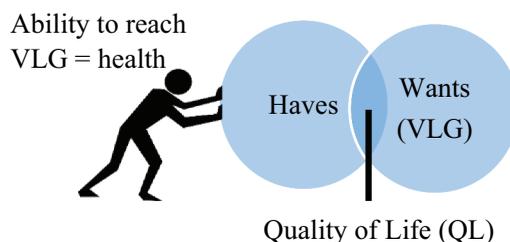


Figure 1. Illustration of how the concept of health relates to the concept of quality of life within the welfare theory of health.

This is a holistic perspective of health that means that a person is healthy when they have a body that can fulfil VLGs for happiness. Health promoting interventions would by necessity be more culturally sensitive if that lies within the scope of VLGs for the older adult's minimum level of happiness. Interventions should not, however, be overemphasized as the VLGs of a person differ at different stages of life. In Norway, the approach to health and activity that Nordenfelt (2010) proclaims has been tested in health care environments through so-called restorative care, or reablement. The approach was observed to have numerous advantages over traditional care when it comes to tackling the hurdles of the demographic challenge. Reablement care interventions were observed to both increase personal self-perceived activity performance (COPM-P) and satisfaction with performance (COPM-S) among older adults in Norway (Tuntland et al. 2015), as well as cost-effectiveness in comparison to ordinal care (Kjerstad and Tuntland 2016).

From a social perspective, Nordenfeldt (ibid.) problematizes how lack of resources may hinder individuals attaining their VLGs. To fulfil VLGs a person must also be resourceful in their context. For reference, older adults with immigrant backgrounds in Denmark originating from Turkey have about a 28% greater risk of living under the OECD poverty line (Liversage and Jakobsen 2016). The authors point especially towards a life course perspective to understand the inequality, urging states to consider bolstering integration policies to increase opportunities for immigrants to integrate into host-societies. Later research draws the life-course perspective further, claiming that such economic vulnerability along with nostalgic feelings towards Turkish culture later enforces the pattern of co-habitancy and intergenerational living arrangements that are more common within the group (Liversage 2019). Using Bourdieu's terms (Bourdieu and Thompson 1991), differences in immaterial (e.g. social and cultural) and material capital that align with what is desired in one's context, contribute to inequalities in health and life satisfaction (Wiltshire, Lee, and Williams 2019; Zimmermann and Grebe 2013; Greenhalgh et al. 2013). Connecting to an intersectional approach, we argue that the power and possibilities to achieve what is important to a person is a more dynamic process of becoming in relation to others, than the fixed position as an immigrant (Emami, Benner, and Ekman 2001; Mattsson, 2015).

To explore further the importance of social relationships as resources for older adults born outside Europe, we turned to social and cultural capital theory. For Putnam (2007) the two key elements of social capital are the networks between people in a society and the trust that a society's members feel towards each-other. Putnam distinguished between bonding capital, which is a strong network that binds together and distinguishes a societal group from others mainly fostering out-group suspicion, from bridging capital, which stands for relations that bridge over between one's own group, fosters friendly emotions towards other parts of society and has 'positive effects on generalized trust' (Kumlin and Rothstein 2010, 8). Kumlin and Rothstein find it important to distinguish between formal and informal social networks. They find that tight bridging of informal relations enhances social trust in society. What positively impacts social cohesion is, beyond frequent informal bridging encounters, trust in institutions that are seen to stand for procedural justice. Social capital theory helps explain how the social capital of older adults born outside Europe, such as their access to and participation in different social networks, and their trust (or lack of it) in societal institutions, makes different paths for them to achieve their life goals in the context of ageing possible.

Meanwhile, culture cannot be reduced to social networks. This study departs from Bourdieu's (1986) concept of habitus as cultural capital. Habitus, as embodied cultural capital refers to embodied mental dispositions. Along with Bourdieu, we argue that there is an interplay between different types of capital, such as social and cultural, and depart from a dynamic culture concept that is both formative and is formed in the context of social interactions. Thus, this study sees older adults making use of their cultural identities and habitus in forming their interactions and building social capital in the host country, while through social relationships and capital built in Sweden, they form their re-contextualized identities. As a result, older adults' health is seen as the outcome of their abilities to mobilize their cultural and social resources, contextualized in the host society, for

reaching their goals. The incorporation of an immaterial capital analysis to the WTH model assists exploring older adults' agency gaps in reaching VLGs.

The aim of this study is to explore the importance of culture for older adults in Sweden born outside Europe, to inform how elderly care services could cater more effectively for this group. The aim is approached theoretically with the combination of the welfare theory of health and immaterial capital theory, and empirically through qualitative interviews with older adults with immigrant backgrounds in Sweden.

Methodology

The semi-structured interview guide was inspired by the questionnaire HACT (health as ability to act) (Snellman, Jonsson, and Wikblad 2012), a validated measurement of health within welfare theory of health, focusing on life goals and the ability/resources needed to reach them. The interview guide was constructed to go beyond if a person has goals and can reach them, towards what the goals are, and how they prefer to reach them. The questions capture seven life areas: home chores, leisure time activities, social relationships, role preservation, personal development, safety, and personal finance. The informants were asked to describe if (1) they have certain goals that are important for happiness, (2) what they are, (3) how they are managed today, (4) how they would prefer to be handled in the future and (5) given their resources to reach their life goals, how they should be handled in case the informants are unable to reach the goal.

The interviews lasted between 90 and 120 minutes. An interpreter was offered to the informants but all who needed an interpreter opted for letting an adult child interpret for them. With respect to the informant comfort and stress, relatives were accepted as interpreters. Of the 12 informants, four opted for letting an adult child interpret for them, two opted for using a friend as interpreter. The study was approved by an ethics committee (Dnr. 2018/279).

The interviews were analysed with content analysis inspired by Braun and Clarke (2006). Analyses explored older adults' understanding of: What are their key life goals considering family life and social relationships; and how they manage to live up to these? What kind of agency gap do they experience, if any? What resources do they have to breach this gap? How is their trust for state provision of care a means of breaching this gap? We did not investigate how the data fitted the theory, but on what results emerged from using a theoretically founded tool of inquiry. Analysis followed these steps: the transcribed text was read to get an orientation of the nature of the data. Initial codes were generated then themes among the codes were looked for. Next, these themes were reviewed, then defined and named. The results were then configured with concepts of WTH and social network theory. Informant names are fictive, but their ages and characteristics (Table 1) are authentic.

Data collection was conducted during 2018 and 2019. Inclusion criteria were as follows: (1) over 65 years old, (2) immigrated to Sweden as an adult from a non-European country and (3) able to tell their stories. The informants were approached through two channels, one through intercultural platforms for older adults organized by the municipality and one through ethnic organizations and/or religious denominations engaging with older adults with immigrant backgrounds.

Results

Four spheres were identified when exploring social relationships: the family, informal social networks, formal civil society contact and the welfare state as provider of help. Each contains different generic categories, which also relate to each other in a hierarchy of desired sources of help. The sample contains older adults with various backgrounds regarding gender, educational level, time in Sweden and places of origin. This mixed composition of experiences is illustrative of what Swedish welfare providers meet in their day-to-day work. When considering the informants' backgrounds (see Table 1), a pattern emerged showing how different backgrounds accumulate into resources to

Table 1. Characteristics of sample.

Alias	Origin	Gender	Social background 1) Work in Sweden 2) Education 3) Work before migration	In Sweden since
Iman	Syria	Woman	1) Housewife 2) 6 years in in school 3) Seamstress	2015
Farid	Syria	Man	1) No work in Sweden 2) Gunsmith 3) Entrepreneur	2015
Yara	Turkey	Woman	1) No work in Sweden 2) No formal education/illiterate 3) Housewife	1997
Fatima	Turkey	Woman	1) No work in Sweden 2) No formal education 3) Farmer	1977
Martina	El Salvador	Woman	1) No work in Sweden 2) 7 years in school 3) Restaurant service	1986
Andrea	Chile	Woman	1) No work in Sweden 2) 2 years in school 3) Diverse labour	1995
Sami	Iraq	Man	1) Pensioner 2) Engineer 3) Engineer	2017
Julieta	Uruguay	Woman	1) Bookbinder/employment programmes 2) 50% Teacher training 3) Entrepreneur	1980
Rodrigo	Uruguay	Man	1) Machine operator 2) n/a 3) Banker/Entrepreneur	1979
Rima	Turkey	Woman	1) Children's day-care/volunteer work 2) 5 years in school 3) Housewife	1967
Ahmet	Turkey	Man	1) Teacher of native languages/volunteer work 2) No formal education 3) Various	1967
Hassan	Iran	Man	1) Employment programmes 2) University 3) School teacher/accountant	1979

reach a person's VLG. This is in line with findings from Denmark where a life course perspective on economic inequality revealed substantial differences in how possibilities for integration had a significant impact on risk of poverty for older adults with immigrant backgrounds (Liversage and Jakobsen 2016).

Family relationships as life goal and resource

The informants described satisfying family relationships as important for attaining good ageing. Relationships to family were important from both an emotional and practical perspective. Informants expressed the desire to have important social roles within the family, e.g. to be of use to next of kin, especially one's children and grandchildren. As Yara, a 65-year-old Kurdish woman from Turkey, said, 'It's my role . . . I want to be there all the time . . . I can help my children, myself.' However, being useful in this context seems to have gender-based differences. Men typically reported the wish to be helpful in a practical way to next of kin, by providing driving services or repair work. As Hassan, 78, says, 'I like to just work with my hands.' Women more commonly reported a desire to be the facilitator of family cohesion,

through cooking and organizing family gatherings within the home. As Andrea, 70, explained, ‘it has been me who has been the cohesive one in the relationship. I am used to managing our family relationships’.

WTH also sheds light on how older adults reflect upon the obstacles to living up to their personal life goals of being useful to their family. Some see a decline of personal strength following ageing and illness as obstacles, as Andrea, a 70-year-old woman explained, ‘The holidays, these big gatherings we have with the family, it is usually me who arranges the dinner. But nowadays it becomes a little difficult for me.’ Others found themselves hindered by a lack of equipment. As Hassan 78 explained, ‘But first, I do not have the conditions, for example, tools and such are required. For example, wallpaper, paint, carpeting.’ For some, such obstacles were related to the conditions in Sweden, which assumed everybody could drive: ‘I do not have a driving license’ (Yara).

In contrast, we found older adults, such as Yara, who expressed that her help was not desired by her nearest kin: ‘They don’t need my help, they can handle it themselves’. Here, there is a clash between the cultural expectations of the older adults’ generation and the younger, causing an agency gap for older adults.

When focusing on older adults’ desires for being helped in situations when they experience obstacles to realizing their life goals, a common desire was to wish to be helped by family members, as Martina a 66-year-old woman from El Salvador explained, ‘preferably a family member, that’s better’. A typical explanation given was that family was expected to be more sensitive towards the wishes of how interventions were carried out. The family was partly considered as being the preferred source of help due to a shared understanding of what was important, as the preferred order of things was known by the next of kin.

Ideally the goals of older adults as well as the desires concerning the ideal help provider coincided with the goals of their nearest kin, who were also ready to help the older adults to pursue these goals. Seventy-year Andrea was an example of this. Her goal to be the facilitator of family cohesion were met by the goals of her children, who were ready to assist her to realize this:

So, it will be either my children or my granddaughters who get together here, cook for dinner and then we sit down and eat it together. So, it is more of these practical chores that I can no longer cope with. (Andrea 70)

However, this harmony between the older adult’s goals and desired means to achieve these goals, i.e. by mobilizing the willingness or utilizing the ability of their nearest kin to help, did not by necessity preside, as the case of Yara illustrates. She preferred the help of a family member and answered ‘Yes, I would like that, that they help me’ even if that meant her children reduced their working hours or stopped working. However, she realized that her children’s situations might be seen as obstacles: ‘they might not be able, they have jobs’ and might not think in the same way as her: ‘It is my thought, they do not think the same.’ This gap filled her with anxiety: ‘It’s hard for me’.

The interviewed older adults knew about the heavy work burdens on the younger generation. This inhibited the older adults in pursuing expectations of help from nearest kin. While expressing the desire to receive help from family, Martina also expressed an awareness of the complexity of arranging such help as younger next of kin could not support their older loved one without sacrificing other important engagements, primarily participation in the labour market. ‘I bake bread alone, I do it myself. Perhaps the municipality should help me when I need it. My family have their own doings’. This is analytically understood as an inner conflict between desire and unwillingness to encroach on her children’s ability to carry on with their lives.

Rather than one-sidedly emphasizing cultural difference in designing professional care provision (Torres 2010), the WTH enables the design of interventions that are contextualized in older adults’ life situations. We can shed light on what the key life goals for older adults are and how their (in) ability to meet challenges with help of the desired means of support (in the above case help by family members) is conditioned by the ability and mobilizability of older adults’ resources. Looking at the example of desiring to be useful for their nearest kin, we find that their ability to realize these goals

depends on, beyond declining personal health and lack of economic resources, the quality of response and readiness of support by nearest kin, a condition that health providers need to consider.

Informal networks as a resource for attaining good ageing

Among life goals, it is important for older adults to have social contacts. For women such as Iman, who were housewives in their country of origin, neighbours provided the close social network that gave meaning to their life:

For example, there are eight neighbours in the apartment. When men went to work (in Syria, authors remark), the women met and chatted with each other after their work in the house. (Iman IP 2)

Some older adults in the study felt deprived of the ability to establish close social relationships in Sweden. Iman, who had recently moved to Sweden felt it was hard to find friends.

[...] but most of all I miss my friends, acquaintances, neighbours. . . . It is a little difficult for me. (Iman, IP2)

Iman, as well as many other informants, would have preferred a more intense social life with her neighbours. In contrast, other older adult women achieved similar tight relations with their neighbours in Sweden, as Iman had in Syria. Yara explained her neighbours baked bread for each other, socialized, and helped each other in various forms. She described her neighbours as a source of happiness.

Yes, I am happy. When I go out to meet people and talk to them, I'm so happy. My neighbours, when I cook sometimes, I serve the food and treat my neighbours. (Yara, 65)

What Yara described as important for happiness is dual. Yara recreated in her own Kurdish way social relationships with her Swedish neighbours by trial and error, she created bridging capital, based on networks with people beyond her own background. She maintained Kurdish customs, such as eating while sitting on the floor to give room for her guests, and knocked on the door of previously unknown neighbours to share a meal at the end of Ramadan. Her children found this embarrassing: "When I cook sometimes, I serve the food and treat my neighbours. My children say, mom, this is Sweden, not Kurdistan". For Yara Kurdistan is where she is, and this is how she connects to people around, irrespective of background. She also finds new bonding contacts with neighbours from similar social backgrounds.

Men seemed to find alternative ways of building bridging capital. Being able to engage with gardening as an activity was a commonly reported life goal. Informants with enough resources had summer cottages, others had an allotment, and some grew plants and flowers at home. Those who practiced gardening often also expressed a social dimension of meeting neighbours and helping each other out. Sometimes the older adult did not have the capacity to do some of the labour themselves, like raking leaves or trimming a hedge. Ahmet, a 69-year-old man from Turkey, described a rich social network where he received help with various things in his life and in return he cooked, wrote poetry or gave favours.

He (the helper, authors remark) has been working within the municipality so he is experienced, and he helps me. I turn the barbeque on and prepare food, then it will all be taken care of, everything. They unload and insert the cart and then they come in under the porch and eat. (Ahmet, 69)

Ahmet is a resourceful man who shows how social skills, cooking skills, and material wealth in the form of a summer cottage gives access to a social arena that he enjoys. Through the context of the summer cottage he builds bridging social networks beyond his own social and cultural context and seems to connect to mainstream Swedish society.

Using the WTH, we could identify that although older adults expressed similar needs for social contacts, their experiences of establishing contacts in Sweden differed. In the case of Iman, there seems to be a great need of assistance. Meanwhile, Ahmet and Yara exemplify different strategies to

build close networks: Yara through recreating a neighbourhood enclave (both bonding and bridging capital) in her new home in Sweden, while Ahmet through engaging with contacts with friends from mainstream Swedish society (bridging capital).

Formal civil society as a resource for attaining good ageing

Informants gave rich accounts of engagements with associations, such as religious assemblies, political parties, ethnic and educational associations. Attending civil association activities is important due to the rich milieu of social interaction, social support, spirituality, and culture consumption. Religious gatherings have spiritual and social functions, as demonstrated by Andrea. For her, it was a forum to talk to Chilean peers who understood home country events.

I don't have so many friends from Chile. It is only the Chileans who go to the same church as I. . . . // . . . of course, when we meet and talk to each other, it is important for us to talk about Chile. The one I usually talk to here in church is also my son's mother in law. (Andrea, 70)

Thus, Andrea successfully consolidated bonding social capital rooted in common ethnic and cultural values, offering a common understanding of cultural references among friends.

Similarly, Fatima, a 77-year-old woman from Turkey, described her commitment in church as a framework for multi-purpose health aspects. Fatima lived alone with adult children nearby. Attending service was important for her social and physical well-being since attendance required a short walk to the church and congregational house.

I attend service every morning unless I'm sick. Because its close by to home. I walk there from home in the morning. . . . // . . . I have type 2 diabetes, so it is important to stay mobile, to keep the diabetes at bay too. It is important. (Fatima, 77)

Religious assembly participation for her helped her to stay mobile and kept her diabetes in check. The narratives revealed both life goals (to attend service, get exercise, manage the diabetes), means and possibilities to reach them (participation in religious assembly). The bonding capital that participation in the religious community gave Fatima, helped her cope with other health aspects of her needs.

Other older adults had life goals of integrating with mainstream Swedish society organizations. Such NGOs were also mentioned as a means of reaching goals of personal development to improve communicative abilities. Martina described how she developed communicative skills through participation in an association.

Learn new things . . . I write for this association; I read and write Swedish. . . . // . . . It's nice. I understand, and I write in Swedish [. . .]. (Martina, 66)

Martina described how the personal development of communicative skills was important for her happiness. In this example, communication with the surroundings is a threshold for good ageing. The older adults mapped out what social resources could be mobilized for them to reach good ageing.

By using the WTH, this study elucidates how older adults born outside Europe differ in the degree to which they are anchored in local society. Civil society engagement is a resource for these older adults to attain their important life goals of being part of a social collective. This study identifies whether this anchorage is with mainstream Swedish society (bridging social capital) or with own ethnic enclaves (bonding social capital), aspects to consider when planning interventions.

Welfare services as a resource for attaining good ageing

Martina and Yara's examples illustrate how the older adults envisaged family support as the desired means to get help for practical and emotional needs. Economic resources were the only area in which the informants generally did not prefer to get help from family or friends, but rather from welfare services:

I would like the municipality to help me in the first place. Because it may be that my children are not able to contribute. (Fatima, 77)

The Swedish welfare state provides a basic old-age pension. Older adults who have had poor labour market integration or who arrived in Sweden at pension age require state provision of economic resources to sustain independent living. Provisions were not always sufficient to satisfy the needs that make good ageing possible. Hassan, a 78-year-old man who came from Iran and then lived in Sweden for 40 years needed to rely on his adult children for economic aid since the pension could not cover both daily living expenses and medicine.

At my age, you need new teeth, new glasses, so you have limitations based on the financial conditions that a pensioner has. For example, if my children do not help then I cannot afford. (Hassan, 78)

Hassan had been in employment programmes since he came to Sweden and had little means to reach even the most fundamental medical needs. Meanwhile, other older adults, such as Martina, who had acquired pensions from long-term employment in Sweden, did not need to rely on children to complement their economy.

In contrast, family or close friends were reported as the first choice of support providers regarding practical and emotional help. However, as shown earlier, older adults did not wish to hinder their children from improving their quality of life and accepted state provision as second best. This finding was observed across all informants.

Nonetheless, older adults had different concerns, showing a lack of trust in service delivery. Many had concerns shared by older adults born in Sweden such as worries about poor consistency and motivation of welfare personnel, or ongoing fears about having to meet many providers:

I have heard pretty awful things, such as home help. That they come and throw a box of food, if everything is okay, they leave. Of course, I don't want it like that. But when the time comes, I have to accept what is available. (Rodrigo, 75)

Thus, acceptance was based on seeing no alternatives. Older adults also had different ways of mitigating their worries. Rodrigo, 75, like the others, found that with more comprehensive needs, he would need to resort to professionals for care interventions:

[...] should there arise some long-lasting need, then I want something professional. (Rodrigo, 75)

However, he also stated that, rather than expecting help from a person within the family, he preferred help from a friend of a relative for smaller practical issues. Thus, he found that he could mitigate the shortcomings of state provision by contacts with his informal networks.

The other fear was rooted in culture, namely older adults feared not being able to communicate adequately. Receiving support from a person who could not communicate in your first language was regarded as an unpleasant encounter. Rima described a situation where the language barrier became problematic and created a feeling of insecurity.

[...] I mean different faces and different languages. The Swede, when she talks to me, maybe I know a few words. And if they are a Syrian then I know that language. Then I feel more secure. I feel safe. (Rima, 67)

Informants expressed uncertainty towards care interventions from municipal institutions due to language barriers and not being able to communicate 'between-the-lines', so-called meta language barriers.

Some of the older adults, who were active in ethnic/religious organizations, and had formal bonding networks, considered elderly care provided by ethnic civil associations a safer alternative, since they saw mainstream elderly care as lacking cultural sensitivity. For example, Rima argued that it was important for her that her cultural preferences were met to the degree that she'd rather refuse supportive interventions or seek them from other providers who could provide care in line with her wishes.

[...] if I don't like it, then it's just that I come up with to say: "No, I don't want it this way. I want this to be my way". So, it depends on how you are yourself [...]. (Rima, 67)

In Rima's quote, the cultural preferences embodied continuity as she emphasized the importance of doing interventions in line with a person's individual preferences. Cultural sensitivity was expressed primarily in terms of communication skills and a common understanding of food preparation and preferences.

Rodrigo and Rima emphasized, albeit from different rationales, the central role of engaging meaningful conversations and the fear of impersonal helpers. However, they offered different mitigation strategies: acceptance of the mainstream system while hoping to be able to rely on informal networks when required, and desiring a modification of the mainstream institutional system via care based on the ethnic enclave principle, provided with the support of relationships rooted in formal bonding capital.

Discussion and conclusions

In this study, the WTH was used to achieve a wider understanding of the importance of cultural sensitivity in older adults with immigrant backgrounds outside Europe. A nuanced picture of cultural preferences to handle the risk of over culturizing the needs of older adults emerged, problematized by for example Torres (2010), by complementing the WTH with the immaterial capital theories of Kumlin and Rothstein (2010) and Bourdieu (1986). Ageing is seen as an intersectional cultural and social process alongside the biological (Krekula, Närvänen, and Näsman 2005). The result showed that the WTH has the potential to be a viable tool for exposing individual needs in relation to the individual and collective resources for attaining good ageing.

In this study, we set the spotlight on exploring the importance of social and cultural relationships such as VLGs using the WTH. Rather than assuming culture as a constant, using Bourdieu's theory of immaterial capital, this study exposed the interplay between cultural dispositions, rooted in cultures of origin, with the emergence of social capital relationships in the Swedish context. Thus, older adults' ability to realize their VLGs rooted in their habitus, i.e. the way they perceive satisfying social relationships with family, friends and neighbours, was influenced by which kinds of social capital they had accumulated in Sweden. Lacking meaningful social relationships leaves an agency gap for some, with nostalgic feelings about a lost happiness in the birth country and a lost ability to turn this cultural capital to social relationships. Others mitigate loss of intense informal bonds in different ways. Some break the silent rules of the host society and mobilize their cultural capital by introducing intense social relationships, or sharing ethnic food with Swedish neighbours, thus creating bridging social capital, in Putnam's (2007) and Kumlin and Rothstein (2010) terms. Some build bridging capital via formal civic organizations opening for contacts with mainstream Swedish society as well as a forum to learn Swedish and accumulate new cultural capital. The results show not only a clear relationship between older adults' ability to create formal and/or informal bridging capital and increased social cohesion, confirming the results of Kumlin and Rothstein (2010), but the importance of social inclusion to the happiness and QL of older adults.

Others emphasize that the ability to maintain information and contacts with countrymen is important to feel wholesome and gives the experience of being able to act in harmony with the birth of origin habitus. These are, what Putnam (2007) refers to, informal bonding relationships within the same ethnic group. Often civil society organizations, such as churches

or ethnic cultural organizations open the opportunity to find such contacts. This raises the dilemma discussed by Kumlin and Rothstein (2010) concerning the role of engagement with formal ethnic networks for social cohesion and whether it reinforces split identities and separation from mainstream society. This study shows that strong formal and informal bonding networks encourage alternative strategies for older adults to reach the VLGs of fulfilling social relations, using Nordenfelt's (2010) terms. They compensate for lacking bridging relations, rather than form an obstacle to cohesion, a result confirmed by Kumlin and Rothstein (2010).

This approach takes departure in older adults' agency in mitigating the gap between desires with references to birth country cultures and experiences and the realities of ageing in Sweden and allowed us to avoid cultural determinism, while providing an instrument to cultural sensitivity anchored in the Swedish welfare context. With the help of this approach, we could differentiate between four types of responses by older adults. These older adults' responses prompt differential welfare provision strategies.

Firstly, the option of integrating family care into paid relative care has been the focus of ongoing controversy on where to draw the limits for culturally sensitive elderly care (Forssell, Torres, and Olaison 2014). This has been problematized as outside Swedish gender equality ideals. Our results do not show a strong demand on the part of younger kin to be remunerated for caring for elderly parents as in the Forssell, Torres, and Olaison (2014) study. However, receiving care from one's own family in old age was identified as the desirable form of ageing by older adults, although most older adults conceived this as difficult to realize when their children were entangled with careers and integrated with the norms of Swedish society. The differences between the two observations could be influenced by numerous factors. The most obvious being the diverse sample. We talked to older adults with immigrant background while Forssell et al. talked to care managers. Other differences are that Forssell et al. talked to the care managers about so-called *late-in-life immigrants* while we have a more mixed sample of older adults, some of whom had a long time to integrate into society and build resources to attain good ageing. These results are in line with the argument of Liversage and Jakobsen (2016) that resources in older age should be understood from a life course perspective and that society would do well by investing in welfare systems that bolster immigrants' possibilities to raise resources. Thus, the children of the older adults in our sample seem to have been better integrated into Swedish society than the clients of the social workers in the Forssell et al.'s study. Realizing that they lacked the ability to attain the vision of receiving care from the family, as in the case of Yara, created an agency gap for many older adults leaving them with anxiety for the future, and a feeling of diminished QoL (Nordenfelt 2010).

Realizing the incommensurability of this dream with Swedish realities, older adults concluded that the best option was to obtain care from welfare services. While older adults expressed thankfulness for the social security they enjoyed in Sweden, they lacked trust for the elderly care system. Such trust, according to Putnam (2007) and Kumlin and Rothstein (2010), is a crucial asset to achieve cohesion. Older adults born outside Europe share a lack of trust in elderly care institutions with older adults born in Sweden. As a second alternative response, older adults wished to complement mainstream elderly care services with informal support by relatives and friends aligned with how older adults born in Sweden cope with insufficiencies in Swedish elderly care (Szebehely and Ulmanen 2012). Older adults with viable informal networks can utilize, in Putnam's terms, informal social capital to reach good ageing.

Older adults with rich formal bonding capital in ethnic associations (Kumlin and Rothstein (2010) typically opt for a third alternative of care provision by ethnic providers. Such an alternative has long-term traditions in Sweden aligning with the current forms of outsourcing welfare funding financed care provision to private or civil society providers (Szebehely 2011). This alternative could foster well-being via cultural continuity, e.g. continuing to do the things in life that have previously been important to them (Atchley 1989), and could contribute to diminishing the gaps that some older adults feel between cultural expectations on good ageing and what they perceive is available through Swedish elderly care provision.

Finally, older adults who lack informal and formal networks to mitigate the inability of their family to provide care could be identified as the most acute type of agency gap for older adults. For those in this situation, public care providers would need to design interventions that could promote the engagement with bonding or bridging networks through formal organizations. Such formal organizations can replace the gap that emerges when older adults lack informal networks.

In conclusion, utilization of WTH and immaterial capital theories, could provide valuable insights into the (in)balance between older adults' VLGs and their abilities to attain them depending on their resources, for exploring their cultural preferences in a contextualized fashion. This instrument can serve as a tool for designing culturally sensitive interventions without the danger outlined by Emami (2001) and Torres (2015) of over-culturifying older adults born outside Europe.

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