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“I do those things to pass the time.”: Active ageing during fourth age

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ABSTRACT

Active ageing is a dominant but disputed discourse in the field of ageing. Since it is usually associated with the third age, this article will focus on the active ageing of older adults who need care and services, who are known as the fourth agers. Our data consists of interviews collected from 16 older adults. We analysed the data through content analysis that was guided by the *Active Ageing Index (AAI)* that is a measuring tool concerning active ageing. According to our results, active ageing during the fourth age can be understood through the lens of *small actions* and *precarity*. Although some actions had to be given up or modified, participants were active in various ways, and help from other people and from services was essential. Based on our results, there is a need for further discussion about theorisation and defining active ageing for fourth agers.

Introduction

Like most of the world, the population of Europe is ageing, and countries are looking for solutions to the challenges associated with ageing societies. The discourse of *active ageing* is applied in Europe relating to ageing and its consequences (European Commission, 2021; Hasmanová Marhánková, 2017). According to the World Health Organization (WHO), “Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002: 12). Older adults are encouraged to work longer, volunteer, follow a healthy lifestyle, and prepare for ageing (WHO, 2002). Active ageing is often associated with the third age, known as the “young old” (Fritzell, Lennartsson, & Zaidi, 2021; Petrová Kafková, 2016; Timonen, 2016), which consists of agency, continued consumption and living without assistance in daily care (São José, 2020), or with productive ageing, which is more focused on economic perspectives (Petrová Kafková, 2016; see Moody, 2001).

However, since active ageing is positioned as an ideal model of ageing (Timonen, 2016), it is important to study its relationship to the fourth age. Older adults are not a homogeneous group (Boudiny, 2013), which is why it is important to diversify conceptions of what is means to be active. To study the nuances of the activity during the fourth age, we apply Marja-Liisa Honkasalo's (2013) concept of “small agency”. The goal of this article is to study the active ageing of the fourth agers, those who require care, and how their activity can be seen from the perspective of active ageing. We do this with the *Active Ageing Index (AAI)*, which offers a list of key features to describe active ageing. The AAI is mostly used in the European Union; thus, our analysis focuses mainly on the European perspective. Our data consists of interviews of 16 older adults using home care services. We ask the following two questions: (a) How are the participants active? (b) How should the active ageing of fourth agers be theorised based on the results of our research?

Theoretical concepts

Active ageing can be understood as a model of ideal ageing (Timonen, 2016) that has been part of the politics of ageing in the European Union and the World Health Organization since the late 1990s (Lassen, 2014), but its origins lie in the activity theory (Havighurst, 1961) of the 1940s and 1950s (Zrinščak & Lawrence, 2014).

There is no clear definition for active ageing (Hasmanová Marhánková, 2017). The more health-focused discourse of WHO has diverged from the ones of EU and the Organisation for Economic Co-operation and Development (OECD) that focus more on labour and productivity, however the discourse of EU is situated in between the discourses of WHO and (OECD) (López-López & Sánchez, 2019; see Hamblin, 2013). The WHO is currently using the concept of healthy ageing (WHO, 2017).

Although active ageing diversifies the image of the older adults in the society, by highlighting their participation in society (see Foster & Walker, 2015; WHO, 2002), it can also categorise the image of older adults as either active and independent, or as frail, passive and

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dependent (São José, Timonen, Amado, & Santos, 2017; see Karisto, 2020). Active ageing has been criticised for looking for solutions to societal challenges of ageing in the acts of individuals, and for being exclusive (Timonen, 2016; see São José et al., 2017). Since not all people can or wish to be active, this risks excluding a diversity of perspectives (Boudiny & Mortelmans, 2011; Foster & Walker, 2015; Grenier, 2012; Haarni, 2009; Jacobsen, 2017), and it can be considered that policies like active ageing are not for everyone.

The *Active Ageing Index* (see Fig. 1) consists of four domains: *employment; participation in society; independent, healthy and secure living;* and *capacity and enabling environment for active ageing*; under these domains, there are altogether 22 indicators (AAI, Active Ageing Index Home, 2021). The index is an "evidence-based tool" used to monitor, compare, promote, and indicate the activity of older adults (AAI, AAI in brief, 2015, 5; Zaidi, 2015, 149). With AAI, it is possible to determine differences between countries and produce knowledge that can be used in policymaking (Zaidi, 2015). The AAI project was initiated by the United Nations Economic Commission for Europe (UNECE), the European Commission's DG for Employment, Social Affairs and Inclusion (DG EMPL), and the European Centre for Social Welfare Policy and Research in Vienna (AAI, AAI in brief, 2015; Zaidi, 2015). The index is used in the European Union, but also in other countries outside of it (see Um, Zaidi, & Choi, 2019). The corresponding author of this paper was granted permission to use the index for this research.

The AAI has been criticised by São José et al. (2017) for dividing individuals into active performers and passive ones and for being exclusive concerning dependency. They also see it having a narrow perspective on active ageing compared to that of the WHO. Their other

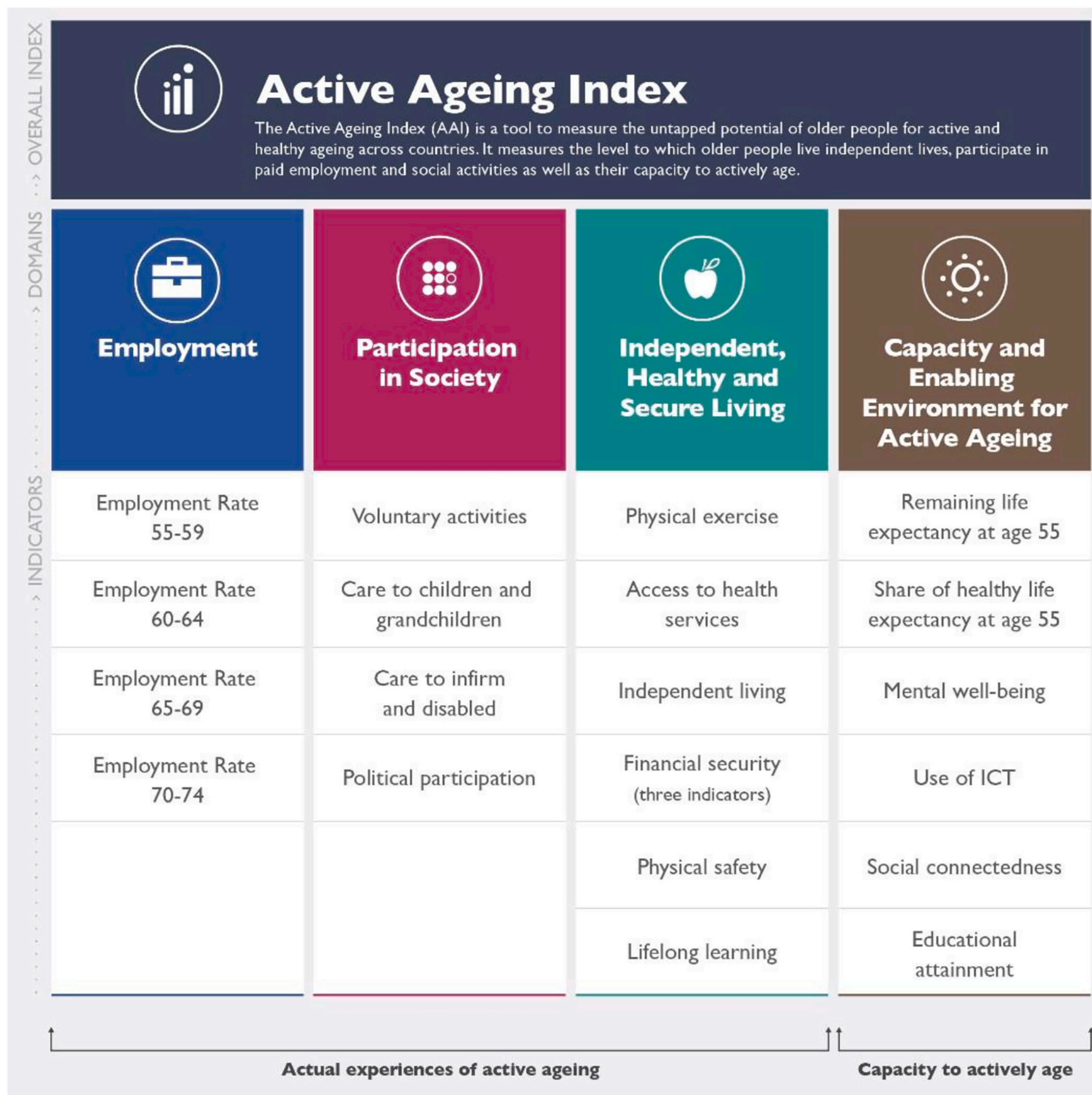

Fig. 1. UNECE/EC: Active Ageing Index project. https://statswiki.unece.org/display/AAI/Active+Ageing+Index+Home

criticisms include its limitations concerning theory and transparency, the impossibility of reaching the top results in several indicators, the index being too individualistic, and too focused on productive activities. In addition, the index does not cover the activities that seem to be important to older adults (São José et al., 2017; see also Principi et al., 2016). Furthermore, because of its emphasis on increasing technologisation and globalisation, it can also be seen as an index for future generations, and not necessarily for the current population of older adults (Djurovic, Jeremic, Bulajic, & Dobrota, 2017). While the AAI is mostly targeted to third agers (Petrová Kafková, 2016), we find it important to study how it reflects the lives of the fourth agers.

Fourth age. Old age is not a single homogenous phase but should at least be divided into the third and fourth ages, and the latter can be a very different phase of life in terms of health and independence (Jopp, Rott, & Oswald, 2008). The theorisation of the fourth age is quite recent (São José, 2020). Moreover, following Petrová Kafková (2016), its definition is not clear, because there are so many perspectives on it. Chronological age is not enough when defining the transition to fourth age. Instead, declines in health and the limitation or loss of personal agency, in addition to other individual factors, all play an important role.

The fourth age is often situated and defined in between the active third age and the time of death (see Higgs & Gilleard, 2015; Lloyd, Calnan, Cameron, Seymour, & Smith, 2014). An increased need for help and loss of independence can also be associated with social death in which an older adult's participation declines, or the older adults, as a group, are not valued in society (Pirhonen, Seppänen, Pietilä, Tuominen, & Jylhä, 2021). Laslett (1989) associates the third age with a time of fulfilment and the fourth age with decline and death. According to São José (2020), the third age has been theorised as a period of life during which one still survives without care, has agency, and consumes, while the fourth age is connected to frailty, need for care, and a reduction in agency. A dependency on services and other people and loss of autonomy and choice (Gilleard & Higgs, 2010, 2015), but also dignity and perseverance (Lloyd et al., 2014) have been connected to the fourth age.

Gilleard and Higgs have theorised fourth age "as a kind of social or cultural 'black hole' that exercises a powerful gravitational pull upon the surrounding field of aging" (Gilleard & Higgs, 2010, 121–122). The fourth age is arguably a "social imaginary", a collective image of the last phase of life, which is often situated in long-term care (Higgs & Gilleard, 2015). As such, the fourth age is not something that is looked forward to, but feared (Gilleard & Higgs, 2010, 2015). The asymmetry in between the concepts must be considered though. Third age can be seen as "a cultural field", generational phenomenon, affected by consumerism and "active exclusion of agedness", while fourth age is a "social imaginary" and fear about what follows third age (Gilleard & Higgs, 2010, 122–125).

Even though there seems to be a constructed boundary between the third and fourth ages, no such clear distinction between them has been delineated. For example, according to earlier research, major differences in valuation of life between third and fourth agers have not been reported (Jopp et al., 2008). There can also be improvement concerning social contacts and participation in leisure or cultural activities when growing older (Fritzell et al., 2021). Therefore, rather than a dichotomy, there is instead a continuum between the third and fourth ages. We understand the fourth age as socially constructed (Gilleard & Higgs, 2010; Higgs & Gilleard, 2015) and not chronological.

Part of this continuum of different ages are changes in autonomy (Pirhonen, Ojala, Lumme-Sandt, & Pietilä, 2016) and agency (Grenier & Phillipson, 2013; Tanner, 2016). Although they can decrease because of declining health, they do not disappear entirely (Grenier & Phillipson, 2013; Pirhonen et al., 2016; Tanner, 2016). Tanner (2016) describes the change of agency from the third to fourth age as accepting a reduction of control in some areas of life but then simultaneously increasing control where one can still have an impact, like directing one's agency toward home and self instead of society. This resembles the SOC model ("selective optimization with compensation") in which one can select some activities and focus on them, which compensates for the possibly reduced resources (Freund & Baltes, 1998; see Grenier & Phillipson, 2013: 70).

Changes in autonomy (Pirhonen et al., 2016) and agency (Grenier & Phillipson, 2013; Tanner, 2016) and an increasing need for help and services during fourth age can be studied with the help of the concept of *small agency* (Honkasalo, 2013; see also 2008; 2009) and *precarity* (Grenier, Lloyd, & Phillipson, 2017). Since small agency is connected to (small) action, activities (Honkasalo, 2008, 2009, 2013), the concept can be applied to examine the small-scale action of the fourth agers (see also Ahosola & Lumme-Sandt, 2016, 188). According to Honkasalo (2013), small agency can be connected to action that may not be visible from the point of view of society but can nevertheless be meaningful for the individual, like waiting and tolerating. Activity is traditionally connected to action, while during small action, nothing necessarily happens, and even passivity is possible. Also, being part of a community and acting among other people can be connected to small actions as well; thus, during small action, people can be both actors and objects of action.

Dependence on services and support also brings along *precarity,* since one is reliant on the help of others in everyday life (see Grenier et al., 2017). While life itself can be considered potentially precarious, some people are in explicitly vulnerable situations, and this requires more support from society (see Fineman, 2008, 2010; Grenier et al., 2017). Older adults can experience precarity because of a lack of care and access to services or a lack of social networks (Grenier et al., 2017). The concept of *care poverty* in which the person has more care needs than there are formal (services) or informal (family) resources of care (Kröger, Puthenparambil, & van Aerschot, 2019) can be considered part of the precarity of ageing. Focusing on precarity when studying the conditions of ageing people removes the focus from age and places it more on the structural factors and inequalities associated with ageing (Grenier et al., 2017), like inequalities concerning gender and education (Fritzell et al., 2021). This perspective on precarity could also help to shift the focus from the ageing individuals (see Timonen, 2016) to the societal level and the organization of care (Grenier et al., 2017).

Methods

Our data was collected in the project of "A well-functioning home care to Lapland - Diverse forms of support to living at home" (from 2016 to 2018), which was funded by Finland's Ministry of Social Affairs and Health. The data consists of interviews with 16 older adults of whom eleven were women and five were men (see Table 1). The participants lived in both rural and urban areas in Finnish Lapland. The average age was 85. Each participant was interviewed two to six times. The complete dataset is 29 h long and 888 pages of text. As part of the project, the older adults participated in a "technology trial"; some of them used a remote surveillance system, others a "picturephone" to contact relatives and services and/or a streaming service. The themes of the interviews covered general information (like health, family, education, work history), experiences about living at home, the use of technology and experiences with it, everyday life, hobbies, social connections and support, and use of services. Since the aged participants were receiving home care and using services, they can be considered as fourth agers (São José, 2020).

To analyse, we used content analysis guided by theory (see Elkins, Spitzer, & Tallberg, 2019; Hsieh & Shannon, 2016; Tuomi & Sarajärvi, 2009). We operationalised the indicators of the AAI as a methodological tool in the coding process of our qualitative analysis. When using the index, it is important to be critical and consider its imperfections, for example, the indicators have been chosen by experts, not by older adults (São José et al., 2017). In addition, the activity of fourth agers can be different from the activity of third agers, on whose activity the AAI is more focused (Petrová Kafková, 2016). Therefore, it was good to give

Table 1
Participants.

Participant	Life situation	Services
Olavi 76, male	With spouse.	Home care, taxi.
Annikki 83, female	Alone.	Nurse, cleaning service, social security taxi.
Marjatta 89, female	Alone.	Home care, safety bracelet, taxi.
Kalevi 71, male	Alone.	Home care, brokerage account.
Liisa 84, female	Alone.	Home care, safety bracelet.
Kaarina 84, female	Alone.	Food services, home care, social security taxi.
Anneli 86, female	With her dog.	Home care, taxi.
Maria 91, female	Alone.	Home care, nurse, taxi.
Kyllikki 84, female	Alone.	Cleaning service, visits day centre, taxi.
Helena 89, female	Alone.	Home care, safety bracelet, food service, taxi.
Anja 85, female	Alone.	Home care, nurse, safety bracelet, food service, assistance with walking, cleaning service, social security taxi.
Matti 88, male	Alone.	Home care, safety bracelet.
Anna 88, female	With her son.	Home care.
Juhani 89, male	Alone.	Food service, visits day centre, taxi.
Antero 87, male	With spouse.	Cleaning service from home care .
Eila 85, female	With spouse.	Cleaning service from home care, safety bracelet, safety phone, visits day centre.

some room for the data, and to discover whether there was any activity that could not be found in the indicators of the AAI. In addition to this, we used some interpretation when coding. For example, we coded "following politics" into political participation, while the actual definition of the indicator highlights participation (AAI, Political participation, 2019).

We started the analysis process by coding the data, applying the indicators of the AAI (see Fig. 1). The index has four indicators for employment: *Employment rate 55–59, Employment rate 60–64, Employment rate 65–69* and *Employment rate 70–74*. However, we used a single code, *Employment*. *Financial security* also has three indicators (*Relative median income, No poverty risk, No severe material deprivation*) and we only used *Financial security* as a code. In addition, we used the indicators *Remaining life expectancy at age 55* and *Share of healthy life expectancy at age 55* to examine the participants' thoughts about life expectancy, lifetime, and their health. We also added the code of *Access to social care,* since the participants used social services. The smallest research unit was one sentence, and the largest one was several paragraphs. One research unit could contain several codes, and thus codes overlapped.

After reviewing the research units under the indicator, we subcoded them. Thereafter, we combined the similar subcodes. In this way, we could see what the codes under each indicator were. An example of the coding can be seen in Table 2.

Table 2
Example of coding the data.

Domain	Indicators, based on AAI	Codes	Sub-codes
Independent, healthy and secure living	Financial security	Economical thinking	Sparing money Considering one's purchases. Using money for oneself
		Expensive services/scarcity	Health or income too good according to the criteria. Expensive services. The prices of services. Having low-income vs high expenses. The impact of economy on independence. Dreams concerning economy. Having enough money for services. The impact of economy on living at home.
		Ability to control one's own economic issues	Autonomy concerning economy. Feeling of not being able to affect one's income. Having someone to help with one's economy. Not being aware of the prices.
		Worries	Hoax calls related to banking affairs. Difficulties to access the bank.

Results

The domains of AAI during the fourth age

The domains of *Independent, healthy and secure living* and *Capacity and enabling environment for active ageing* were most common in our data, and thus our analysis focused mainly on those aspects of the AAI. The domain of *Participation in society* was quite rare; the participants needed help themselves, and political activity was more about following politics. We left the domain of *Employment* out of our analysis, since the participants were mostly outside the workforce due to their age. One participant gave up entrepreneurship during the study.

The domain of ***Independent, healthy and secure living*** was present widely in the participants' lives. With regard to the activities of the domain, we noticed that, in addition to doing things and being active independently, the participants received help to stay active. Some activities were given up and other activities could be compensated for or done in cooperation with another person. Thus, life and activities had become narrower (see Honkasalo, 2009, 2015). Taking care of one's physical health and being able to move was valued. *Physical exercise* could mean activities such as Nordic walking, but also daily tasks. Some physical activities had been given up, for example because of illnesses. However, activities could also be compensated for (Freund & Baltes, 1998), like walking with a walker.

The participants used both health and social care services (*Access to health services*). They used various health services, mostly delivered to their home, but they also visited the hospital. They also used remote access via the technology trial that they participated during the research project (see above, page 8), and some had other technical devices, like safety bracelets. The participants received help with various tasks at

home from home care services but used other services as well, such as help with personal finances from social services, for example, Kalevi, a 71-year-old man who lived alone:

> Kalevi: I am totally clueless with financial matters, which is why social services is about to establish a brokerage account through which they would handle my bills. Are you familiar with the brokerage account?
>
> …
>
> Kalevi: Well, it makes it possible for me to be able to live in this house. And my immediate expenses are paid through it. And then, what is left after those are paid, I can use as stupidly or wisely as I want or can.

Independent living was important for the participants. For example, doing things independently supported functional capacity and saved money. The participants did things like going to places, doing housework, running errands, and taking care of personal hygiene as independently as possible.

Living at home was important for the participants. Maintaining independence can be interpreted as a goal (Perry & Thiels, 2016) for many older adults. The participants wanted to stay at home for as long as possible, but they acknowledged that this was dependent on their health and on their relatives. Some planned to stay at home until death, while others were prepared to leave their home when they had to. Assisted housing was not regarded as home, and changes in social relations or a lack of space caused concerns.

Matters concerning *Financial security* overlapped with independent living when participants talked about their use of money and help with managing it. Financial matters were brought up when talking about the costs of the technological devices used in the trial, the costs of the services, and pursuing hobbies. In terms of *Physical safety*, services and social connections were important. Things that could cause feelings of insecurity included hoax calls or fear of falling.

The indicator of *Lifelong learning* was present in the context of the technology trial and in learning to use the new devices. Some participants described how it was nice to learn something new. For others, learning was among the things that had become more difficult for them for reasons such as ageing, refusal to learn, and problems with memory. Family members' help with technology was essential.

The domain of ***Capacity and enabling environment for active ageing*** was quite common in our data, since data were gathered in a project that studied older adults' use of technology. Nevertheless, outside of the technology trial, the *Use of ICT* was not common among the participants. In addition to digitalisation, when it came to *Educational attainment*, Finnish society had changed a lot during the participants' life course. War had interrupted some participants' school years. Most of the participants had studied in the old model of Finnish primary school, or vocational training, and had worked in jobs that were rather physically-demanding, such as cleaning, farming, or logging.

Concerning *Remaining life expectancy*, few pondered about their family members' life expectancy or their own. However, the indicator regarding *Share of healthy life expectancy* was very visible in the data. Problems with physical or mental health or memory problems affected the participants' daily lives. In addition, more acute diseases, such as influenza, could worsen their overall physical state. These kinds of medical conditions, pain, and fatigue could increase their need for help and make them feel more cautious, for instance, due to fears of falling, and this made their life more limited (see Honkasalo, 2009, 2015) and precarious (Grenier et al., 2017). Some had adapted to live with pain through the use of painkillers or accepted their weakening as part of ageing. The question of health is also important from the point of view of the fourth age, since changes in health and independence can be key factors (Petrová Kafková, 2016). This can be seen in Kyllikki's (female, 84, living alone) case: "Yeah, I used to ski a lot during the winter, and during the summer I exercised in other ways, but that has decreased after I fell, and my hip was operated on."

Issues related to *Mental well-being* were associated with the participants' attitudes toward things such as decline and loss, a positive attitude, loneliness, sorrow, and mental health. Things that affected their mood in a positive way were also discussed, such as hobbies. Like for Helena (female, 89, living alone) participating to day activity had brought courage. Decreasing strength was accepted as a part of old age, and death as an essential part of life. However, ageing did not mean only loss; on the mental side, one could still grow, for instance by becoming more appreciative of other people. Marjatta (female, 89, living alone) described her positive attitude:

> Marjatta: One must adjust in such a way that it feels good.
>
> …
>
> Marjatta: And one shouldn't think about all kinds of rumours or other things. Those should be let go, and just think that, now it's morning and I have to make some coffee and porridge, and then wait for the home care worker…

Concerning the indicator of *Social connectedness*, all the participants had some social connections whose supportive role could be significant. Seeing other people and social activities were very important for avoiding loneliness and improving one's mood. We also noticed some narrowing of social connections in the participants' answers. This could be caused by the death of a close one, infrequent visits from others, or decreasing strength. This narrowing, or lack of social contacts, could cause other feelings in addition to loneliness, such as insecurity and anxiety. Anja (female, 85, living alone) thought that loneliness had made her grow "backwards".

Activities that the AAI did not cover

Participants' hobbies and personal interests were not covered in the AAI. However, the participants had diverse hobbies and interests, such as karaoke, handcrafts, watching TV, feeding birds, and reading. Some participants were also planning for and dreaming of other activities, like travelling.

Hobbies could have an important meaning for the participants and bring them joy, and the lack of them could cause sorrow. Hobbies could also be among the things that were given up for reasons such as illness or a fear of falling, which decreased one's activities (see Honkasalo, 2009, 2015). Anna (female, 88, lives with her son) reflects on this:

> Anna: Well, it is difficult. It would be interesting to do all the activities that one used to do and… But it's not possible to do even handcrafts.
>
> …
>
> Anna: …when my hands are aching as well and… And, it's not like… But here, in this village, people still visit each other like in the old times.

Previous activities could also be replaced with new ones that were associated with them in some way or done in a modified way (see Freund & Baltes, 1998). In this, technology can help, such as when it is possible to see one's old summer place via picturephone.

Other things that the participants mentioned were various chores, naps, eating, and just hanging out. The passage of time seemed to be important to the participants. Because of this, it was nice to have something to do, such as handcrafts, as Liisa (female, 84, living alone) relays:

> Liisa: Yes, well I do handcrafts, knit or crochet something, and I read, and I have everything ready there in the bedroom if I want to do something. I do those things to pass the time. It wouldn't be that important, except as a way to pass the time.

In addition, being outside during the summer, continuing personal

routines, working on small tasks, and just living a "regular life" were important.

According to earlier research, well-being is not necessarily connected to being busy, rather it is important to have one's own rhythm of doing things and a suitable amount of activity (Haarni, 2009; see Ekerdt about *busy ethics*, Ekerdt, 1986). We noticed this in our research as well; busyness was not explicitly mentioned but passing the time and maintaining some weekly routines were important.

Small actions and precarity

The activities of passing time and maintaining routines can be understood from the perspective of small actions (Honkasalo, 2008, 2009, 2013), which are not necessarily recognised by society but are still significant activity for the participants. The participants received help from health and social care professionals. Apart from being only target of others ́action, receiving help can be interactive and thus part of small action. Small action can also happen in response to changed circumstances, for example during illness, while more significant or bigger activity is not possible. Thus, declining health did not cause participants to give up on their activity, but they adjusted to the situation and were active in a smaller scale.

Needing help and thus being an object of actions has consequences for one's autonomy (Pirhonen et al., 2016) and agency (Grenier & Phillipson, 2013). Other people's help was essential to the participants' independent living. Receiving help did not always mean giving up their own activity completely; for example, cooking could be done in cooperation with someone else. The social environment could be so supportive that there was less help needed from municipality services. It was important for the participants to decide about the services they required and to participate in their own care. The services were appreciated and could make one feel safe and looked after. In this way, the participants were acting as part of a community (see Honkasalo, 2013), and thus, supporting and compensating their autonomy (see Freund & Baltes, 1998; Pirhonen et al., 2016).

As for the issue of autonomy (Pirhonen et al., 2016), receiving services could also feel like being under guard. Waiting for and receiving services affected the participants' schedules, as different service and care workers entered the home at different times. The technology trial with a remote monitoring device also affected this aspect, especially the feeling of being controlled, although it also brought safety.

A feeling of precarity (Grenier et al., 2017) is reported in the data. Putting up with a sense of precarity, or uncertainty regarding help and services, can be seen as an act of tolerating or as part of a small action (Honkasalo, 2013). When services and support are needed, one also has to tolerate their shortages and negative effects.

The participants were not always happy with the services they received. They reported that the help could either be too much or too little. They commented on difficulties accessing services, the prices of the services, and problems with remote access. In the technology trial, there was also confusion about the roles and tasks of different service deliverers that visited the home (Kiuru, Outila, and Valokivi (n.d.)).

The ease or difficulty of asking for and receiving help can also be connected to the issues of autonomy (see Pirhonen et al., 2016) and precarity (see Grenier et al., 2017). Many participants had people around them from whom they could easily ask for help, while others did not have many people to ask. It could also be difficult to ask for help if one was used to doing everything by oneself, or if one worried that a neighbour might get fed up with helping. Asking for help might feel easier if it was possible to give something back. A lack of social relations could thus cause feelings of insecurity and loneliness and worries concerning security and getting along in the future, as Eila (female, 85, lives with spouse) attests:

> Yes, that is it of course, just… Indeed, I am used to it, because we don't have any children, and …because our sisters have passed away, and many of our brothers have also passed away. Then mothers and fathers don't have anyone to rely on, and this is like… inevitable.

Annikki (female, 83, lives alone) shows that when health and functional capacity are in decline, it also effects independence and the ability to age in place:

> Interviewer: That's right. And not many would want to leave home, unless it is inevitable…
>
> Annikki: Yes, that's the thing, that when you end up there, then you don't need anything else with you, just as long as you have something…

Leaving one's home often means giving up possessions, since one does not need that much in care housing or institutional care, and likely changes in one's social life as well. According to Carpentieri and Elliott (2013), part of active and healthy ageing is to avoid the feeling that the big stories of life are over, and that one's life has become desolate. For many of the participants, leaving home for care housing seemed to imply this kind of "narrative foreclosure" (Carpentieri & Elliott, 2013: 120; Freeman, 2000).

Discussion

When it comes to the data and its relation to the AAI, our first observation was that independent living and supporting it are crucial. Declining health and its effect on everyday life and functional capacity was an essential feature of the participants' activity. This did not necessarily mean giving up completely on activities, but compensating or finding other ways to be active, like in the SOC model (Freund & Baltes, 1998). According to our results, there was not any clear turning point that represented moving over to the fourth age. Changes could be slow, and they consisted of multiple things – such as declining health or losing one's driver's licence. However, sudden events, such as falling, could change things quickly (see also Petrová Kafková, 2016). In addition, the AAI does not cover all the activities or things that were part of the participants' lives, like everyday life, hobbies, passing the time, and small chores. The missing leisure activities from the AAI have also been noticed by Principi et al. (2016).

From the perspective of active ageing during the fourth age, a few signs of the "black hole" (Gilleard & Higgs, 2010) could be seen in these data. Living at home was important for the participants, and leaving home seemed to mean the end of things, and some kind of a "narrative foreclosure", as the big stories of life came to an end (Carpentieri & Elliott, 2013, 120; Freeman, 2000). However, the participants were active in their own ways; they had their own rhythm of life and various small actions. Although they needed help with many things, they had not given up their independence – they did some things independently, while needing help from others with some matters, or doing things in a new way (see also Ahosola & Lumme-Sandt, 2016).

When it comes to the theorisation of active ageing during the fourth age, we argue that it can be done with the help of Honkasalo's concept of small agency (Honkasalo, 2008, 2009, 2013). In her research about North Karelian people who had stayed in the area after many had left, Honkasalo describes how the changes in social relationships and illness had turned their lives from full to narrower over time, and this change affected their agency (Honkasalo, 2008, 2009, 2013; see 2015). This can be applied to changes in activity related to ageing. Part of the discourse of active ageing is the idea of staying healthy and independent (Lassen, 2014; Timonen, 2016). However, when it comes to the fourth age, the functional capacity can be more limited and there is a greater need for services (see São José, 2020). Weakening strength, health problems, and adaptation to new limits were a reality for the participants, yet they continued with their daily activities as much as possible. Appreciating these small actions, which are traditionally invisible to society, is important to recognising the activity of all age groups (Honkasalo, 2008, 2009, 2013).

According to Boudiny (2013), it is critical to recognise the diversity among older adults and the changes they experience throughout their life courses. As to our results, elements of active ageing can be seen in the life of the fourth agers, but their activities are defined by declining functional capacity and health and an increasing need for help.

However, given how powerful the discourse of active ageing is within the politics of ageing (Hasmanová Marhánková, 2017), a more nuanced perspective would include the oldest old and the small actions that they maintain. The AAI fails to include small actions and thus neglects some activities of the oldest old. It is important to consider what kind of models and indexes are used, and how realistic and inclusive they are with respect to individual lives in different age groups and life situations.

When assessing the use of the *Active Ageing Index* and its commensurability with the fourth age, it is important to acknowledge that it is more focused on the third age (Petrová Kafková, 2016) and extending work age. It's focus is thus quite limited. Another essential aspect to consider is the need for help and supported activity. Help received supports ageing in place (see Wiles, Leibing, Guberman, Reeve, & Allen, 2012), while the lack of it can cause precarity (see Grenier et al., 2017). Access to services and social relations also effect autonomy (Pirhonen et al., 2016) and agency (Grenier & Phillipson, 2013). It could be said that activity, like agency and autonomy, also changes during the fourth age, and activity may be more restricted within one's own home and self (Tanner, 2016), and thus the small actions during the fourth age and focus on preserving autonomy (Honkasalo, 2013; Pirhonen et al., 2016) must be incorporated. While certain aspects of active ageing, such as prolonging careers (see Hamblin, 2013) and supporting ageing in place (see Wiles et al., 2012), can benefit society, it is inappropriate to expect these from everyone since people have different resources (Timonen, 2016) and desires. The activities valued by older adults themselves are not necessarily the ones that are productive for society (São José et al., 2017) recognised by the AAI. These actions may be small, even minimal (see Honkasalo, 2008, 2009, 2013), but they should nevertheless be acknowledged and valued if we want inclusive models that are informed by older adults themselves. Considering the intersectionality and diversity of older adults (Lumme-Sandt, Nikander, Pietilä, & Vakimo, 2020) it can be questioned whether unitary policies concerning older adults, like active ageing, can be created at all.

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Ethical approval

The data was gathered by the University of Lapland, and for the institution, the ethical review was not required, only research permission from the technological trial municipalities and informed consent. The data has been anonymised and there was voluntary participation, and the interviews were based on confidentiality, causing no harm.

Publishing

The article is not being considered for publication elsewhere and it has not been published elsewhere.

Data availability statement

Research data is not shared.

Declaration of Competing Interest

None.

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