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Introduction

It is estimated that in Finland, the share of people aged over 65 in the total population will reach 26.1 per cent by 2030, nearly ten per cent more than that in 2010 (Official Statistics of Finland, 2018). The growth of the older population has challenged governments across Europe to find solutions to meet increasing care needs and to create new forms of long-term care without raising costs (The Organisation for Economic Co-operation and Development (OECD), 2013; Kröger and Bagnato, 2017). The target of the Government of Finland is that 92 per cent of older people aged 75+ will live at home or in homelike environments by 2030 (Ministry of Environment, 2013). The ageing-in-place policy and the changes in the delivery of care services have resulted in the transfer of care from formal places such as institutions to more informal places such as homes or homelike environments (Anttonen and Karsio, 2016). Furthermore, alongside with the deinstitutionalisation, the understanding of home as a site of care has transformed in several ways. Milligan (2000: 55) even argues that domestic places have merged with public services, and that this process of the reconstruction of care could be more aptly considered as 'institutionalisation of private places'.

In Finland, a hybrid form of community-based housing and care service for older people called adult foster care has gained political and legislative attention in recent years. The idea of adult foster care is that older people are cared for in ordinary homes by foster carers who are not related to them and who are not formally employed by the public sector. Similar schemes exist also in the United States (*adult foster care*, Mollica *et al.*, 2008) and England (*shared lives*, Brookes and Callaghan, 2013). The English Shared Lives scheme is very similar to the Finnish system, although it is mainly used by people with learning disabilities (Callaghan, Brookes & Palmer 2017). However, older people receiving support from the Shared Lives scheme seem to be more able, i.e. not requiring nursing care, than older people in the Finnish system (Brookes, Palmer & Callaghan 2016). In the US, the definition of adult foster care varies from state to state: in some states adult foster care is similar to institutional care, in some it is more similar to collective housing (Paying for Senior Care 2019). Research on

adult foster care is however scarce both in Finland and internationally (see however Brookes *et al*. 2016; Callaghan *et al.* 2017; Jolanki *et al*., 2017; Leinonen, 2017, 2018). One reason for the lack of Finnish research is that adult foster care is still a very marginal service in Finland. In 2018, Finland only had 224 foster care homes (Sotkanet Indicator Bank, 2019), which were scattered across the country and mainly situated in rural areas or small towns.

Care, which is here understood as the provision of daily social, psychological, emotional and physical attention given to people (Knijn and Kremer, 1997; Daly, 2002), is structured not only by social policies or economical concerns but also by spatial aspects, that is, the interrelationships between places, people and care (Milligan, 2014). In fact, the question of *where* ageing occurs, in other words the geography of ageing, has become one of the most important areas of research in recent years (Skinner, Andrews & Cutchin 2018). In adult foster care the interrelationships between people and places are particularly intriguing: the home of the foster carer, a typical single-family home, transforms from a private place to a semi-public place in which the foster carer and older people share their lives, but which is also monitored by the public sector. This means that the private and public spaces of home, and in particular the boundaries between them, become blurred.

Thus, the objective of this article is to identify and illustrate the blurred boundaries between the private and public spaces both within and outside of foster care homes. In the article I ask: What kind of public and private spaces exist in adult foster care homes? What kind of boundaries separate a) the public and private spaces b) the foster care home and the outside world? In the article I combine theoretical frameworks from gerontological geography (Twigg, 1999; Wiles, 2003, 2005;; Dyck *et al.,* 2005; Mahmood and Martin-Matthews, 2008; Milligan, 2009, 2014) and work-family research (Nippert-Eng, 1996; Clark, 2000) in order to analyse the boundaries between private family-life and public work-life in the particular space of the foster care home. Can foster carers still regard the foster care home as their own home, and in what terms? The overall aim of this article is to create new

insight into the under-researched area of adult foster care, and into the ways in which adult foster care homes are organised, understood, and experienced. The goal is to understand the interrelationship between the spatial aspects of the foster care home, foster carers themselves and their care work. Next, I describe the Finnish adult foster care scheme in more detail.

Adult foster care in Finland

In Finland, municipalities are responsible for arranging older people's social and health care services. The Finnish adult foster care scheme is a form of community-based social care in which the home of the foster carer is considered a resource. The idea of the scheme is that the older person moves to the foster carer's home and lives there, ideally, until the end of their lives. In Finland, the majority of foster carers provide only short-term care (from a few hours to two weeks); however, the interest of this article lies in long-term foster care, in which older people and foster carer(s) share a home permanently, or at least for as long as possible.

According to the Finnish Federation of Foster Care Associations, adult foster care is suitable for older persons who feel insecure or lonely in their own homes, who have care needs but are not yet in need of residential care (Finnish Federation of Foster Care Associations, 2018; Hakkarainen, Kuukkanen and Piispanen, 2014). In addition, the functional ability of these older people should be quite good, and they should be able to move independently, for example, use the toilet by themselves. However, it is impossible to say how these criteria are fulfilled, as there are no statistics or research on this matter. An older person with care needs is placed in foster care through a care needs assessment. They pay up to 85 per cent of their net income to the municipality, a sum which covers everything but health care. Usually, but not always, the foster carer and the older person meet before in order to decide whether they want to live together or not.

The municipality of the older person is responsible for monitoring the quality of foster care (Act on adult foster care, 263/2015), and during monitoring visits, done once a year, care managers must pay attention to the foster care home as well as to the wellbeing of both the older person and foster carers. For instance, care managers pay attention to the home layout (how many rooms, floors, renovation needs), to older person's own room and to common spaces (kitchen, living room). Furthermore, they consider accessibility and safety issues (environment, emergency phones, fire safety, cleaning). There should be an official guideline in every municipality, in which the rights, regulations and criteria concerning foster carers, foster care homes and older people living in foster care are defined. According to the Finnish Federation of Foster Care Associations, close co-operation and communication between care managers and foster carers are the most important ways of monitoring and also supporting foster carers. However, as the foster care homes are considered as private homes, the municipality can inspect the foster care home without notice only if there is a justified reason (Act on adult foster care, 263/2015).

Foster carers do not need any formal education if they wish to care for up to four people in their own home. However, they have to participate in a compulsory training course which usually lasts eight weeks. Home, its' layout, accessibility and safety issues are one topic of the training course. After the training course, municipalities evaluate the foster carers' personal characteristics and motivation to become a foster carer. The suitability of their home is also evaluated. If two foster carers work in the same household, they can care for up to six people. In this case, however, one of the foster carers must have formal education, for instance in nursing (practical nurse, registered nurse). Foster carers are not formally employed by the municipality; instead they make a commission agreement with the municipality and are paid a monthly care fee and compensation of expenses (which covers the older person's food and other everyday necessities bought by the foster carer). In 2019, the minimum monthly care fee per older person was 799 euros and the minimum compensation of expenses was 420 euros per older person per month. In addition, carers can receive up to 2,983 euros as start-up

assistance for home alterations and furniture (Act on adult foster care, 263/2015; Ministry of Social Affairs and Health, 2019). Foster carers are entitled to two day-offs per month.

Boundaries of the place called home

In human geography, place has been defined as a meaningful location which is made, maintained, and contested. Places are material things, even if they are imaginary ones. Places have spaces between them, and by naming a space it becomes a place. (Cresswell, 2004: 5-10; Wiles, 2005.) Tuan (1977: 6) has argued that space is movement and place is a pause – when the movement stops, space can be named and transformed into a place. Thus, places and spaces are always relational in nature since the same space can contain multiple places which are interpreted in diverse ways depending on the person interpreting or the time of the interpretation. The starting point of this article is to explore the places and spaces of adult foster care homes from the human gerontology perspective: the premise is the notion that care reshapes the nature of home, and because of this, foster carers need to reconstruct their relation to their home which has changed to a place of care and work.

There is a substantial amount of research on home as a place of care (Twigg, 1999; Vilkko, 2000; Wiles, 2003, 2005; Dyck *et al*., 2005; Martin-Matthews, 2007; Phillips and Martin-Matthews, 2008; Cloutier *et al.,* 2015). On the one hand, research has focused on the experiences of older people receiving care in their own homes (for example Twigg, 1999; Dyck *et al*., 2005), and on the other hand, on care workers' experiences of caring for older people in the older people's homes (Mahmood and Martin-Matthews, 2008; Sims-Gould *et al.,* 2013). In adult foster care, a home is a more complex site of study as it is usually the foster carer's home before it becomes a place of care for 'strangers' and eventually, at least ideally, a home for these strangers, that is, older people in need of care.

Home is a universally recognised value in which certain socially shared rules of behaviour apply (Twigg, 1999). As Bowlby, Gregory and McKie (1997: 343) have stated: 'The notion of the home as

a physical location and a psychological concept is often a positive one of warmth, security, and a haven from the pressures of paid employment and public life'. When home becomes a place of care, however, care work questions the norm of home as a place of privacy and complicates the resident's power to exclude and manage the boundaries of their home (Twigg, 1999). Moreover, the mere need to reshape home to adjust it to the requirements of care can have an impact on the social, symbolic and physical dimensions of home (Milligan, 2009). The 'coming of care', as Twigg calls it, into a home also reorganises its materiality (Twigg, 2008) as places and spaces are not simply backgrounds for events, they are very much part of social interactions (Wiles, 2005) and care. This is also why home is not a universal space for the provision of care (Dyck *et al.,* 2005), it is more relational in nature (Cloutier *et al.,* 2015).

In the adult foster care homes, the question of boundaries is not only about private and public, it is also a concern of boundaries of work and family. Foster care homes can be seen as semi-public places as they are private homes that are pre-accepted to function as places of care and later monitored by the municipalities. This semi-formalisation (Geissler and Pfau-Effinger, 2005; Frericks, Jensen and Pfau-Effinger, 2013; Leinonen, 2017) produces the very special nature of these homes, as they are simultaneously personal dwellings and sites of intensive care work. In this article, I am interested in the boundaries and the boundary management strategies that foster carers use in order to make and manage the privacy of their homes.

For this reason, I utilise work-family research, especially research on the boundaries between these two domains. According to Nippert-Eng (1996), work and home are two domains that 1) can be integrated, that is, have no clear boundaries between them or 2) can be segmented, that is, the domains are clearly separated from each other. Clark (2000) developed a work/family border theory which concerns the boundaries between these two domains. She argues that borders between family and work are physical, such as walls, which define *where* certain domain-relevant actions take place;

temporal which define *when* the work is done; or psychological which are *rules* created by individuals for behavioural patterns in certain spaces. In addition, all borders are defined partly by their *permeability*: if one's office is at home, walls might make up a physical border, but the border is very permeable if family members are accustomed to entering the office freely. In addition, borders can be *flexible* if, for instance, individual has no specific working times. Permeability and flexibility of borders may lead to *blending* of work and family domains. Furthermore, these characteristics also determine the *strength* or *weakness* of the borders. If a border is very impermeable, inflexible and do not allow blending, Clark considers the border as 'strong'. On the other hand, weak physical, temporal and psychological borders between work and family may lead to colliding demands. In the article, I analyse how foster carers manage the physical, temporal and psychological boundaries between work and family and public and private spaces. I am interested in how foster care home remains as a personal place too, not just a workplace.

Data and method

I interviewed twelve foster carers, ten female and two male, about the following themes: the beginning of foster care, their experiences of care work, everyday life, and the foster care home and its spatial influence on their work and personal life. I used a question sheet that I had prepared in advance, but the purpose of the interviews was to leave as much space as possible for the interviewees' reflections and descriptions. The question of space was actually brought up by the very first foster carer who I interviewed. During the interview she pointed out specific features of her home she considered as private or 'her own'. From this point forward, I included the question of spaces in the question sheet. Regarding the topic of this article, the interviewees were also asked if they did need to make any home alterations, did their inhabitants feel that the foster carer was their home too, could relatives visit the foster care home and did foster care promote sense of community. In addition to the interviews, the data consisted of a research diary, which included observations made during and after the interviews, and a short questionnaire (n = 10) sent to the foster carers, which asked them

how their homes facilitated or hindered their care work. Other questions were related to foster carers' background information such as net income, education and the number of years as foster carer (see Table 1).

I recruited the foster carers via regional service managers who made the initial contact with the foster carers and inquired about their interest in participating in an interview. If the foster carers were interested, the service managers either gave their contact details to me or the carers themselves contacted me via email or phone. The recruitment was limited to carers who provided long-term foster care for older people. However, one interviewed foster carer had previously provided long-term foster care but had recently begun to provide only short-term foster care. Two foster carers provided care by themselves, the others had either their spouse, relative or friend working with them. Two spouses, as well as a mother and a daughter, were interviewed at the same time. Seven foster carers had formal education in the social and health care sector, others were retired or had previously worked, for instance, in the business sector.

The foster care homes were mostly located in rural villages from which the distance to the nearest town was approximately 10-50 kilometres. One foster care home was in a city (> 100 000 inhabitants) and two were in a small town (> 10 000 inhabitants). Only one foster care home was in an apartment building; the others were detached houses with their own gardens or in the countryside, with even fields and forest. Half of these homes were two-storeyed: downstairs were the living room, the kitchen, one or two bathrooms with shower and/or sauna and the bedrooms of older people, and upstairs were at least the master bedroom and one bathroom. Other half of the foster care homes were one-storeyed. Four foster care homes were originally the foster carers' own homes and the other four were bought to be specifically renovated to serve as foster care homes. In one case, the municipality had built the foster care home. The smallest foster care home comprised of a kitchen and four rooms

(foster carer's bedroom, living room and two bedrooms), and the biggest home was over 600 square metres with 7 bedrooms, two living rooms, a hobby room, a dining room, large kitchen and a hall.

< Insert Table 1 about here >

The data were collected in the carers' homes. The interviews were audio-recorded and lasted from 47 minutes to 155 minutes, being 105 minutes on average. The interview dataset consisted of 159 transcribed pages, and the research diary, containing observations, consisted of 12 pages. The questionnaires were approximately one page long each. Regarding research ethics, each participant gave their independent informed consent for the interview and for it to be recorded. The participants were also informed of their option to cancel the interview at any point or later refuse permission to use the data. To ensure the privacy of the interviewees, I use pseudonyms.

The interviews, the research diary and the questionnaires were analysed using thematic content analysis. In this article, the following guidelines and phases for thematic analysis suggested by Braun and Clarke (2006) are used: 1. Familiarising yourself with your data, 2. Generating initial codes, 3. Searching for themes, 4. Reviewing the themes, 5. Defining and naming the themes and, 6. Producing the report. As I was the sole interviewer, I was very familiar with the data. While re-reading the interviews, I first concentrated on finding descriptions of home in general. I started to generate the initial codes from the data based on these descriptions. While coding, I noted that all descriptions of home and its spaces were also about their division to private and public, work and family, and that this division involved the boundaries within and outside the foster care home. I started to focus on what kind of spaces the foster carers talked about, how they described them and whether they attempted to restrict or manage some spaces from other spaces. On the basis of research literature on geographies of care and work-family borders, I formed more precise analytical categories and research questions, which were: What kind of public and private spaces exist in adult foster care

homes? What kind of boundaries separate a) public and private spaces b) foster care home and the outside world?

The first theme was linked to the beginning of foster care work and to the ways in which foster carers needed to decide which rooms of their homes would be in their resident's use and which perhaps would not. The two other themes were about the boundaries of the foster care homes: if foster carers first needed to divide their home into private and public areas, they also had to manage the boundaries between these areas, both within the foster care home and between the foster care home and the outside world. .My analysis of boundaries was guided by Twigg's (1999, 2008) analysis of spatial distinctions within and outside home, and by Clark's (2000) border theory, which aims to make visible not only the physical but also the temporal and psychological boundaries of private/family and public/work spaces. To ensure rigor, I checked the themes against each other and back to the original data set to ensure that the themes were consistent and that they accurately reflected the meanings of the interviews.

Findings

The changing household: the division of public and private spaces

As a landscape of caring, home is not a static space, it is in fact constructed through material and social practices (Dyck *et al.,* 2005) and processes (Wiles, 2005). In an adult foster care home, the physical and social process begins at the very moment when a person decides to become a foster carer. Most homes are not designed to accommodate the needs of chronically ill people and their care providers (Angus *et al.,* 2005; Exley & Allen 2007). Thus, some special arrangements were needed in most of the foster care homes. These arrangements also guided the establishment of private and public spaces in all the foster care homes, in particular the division between work and home spaces (Clark, 2000; Dyck *et al.,* 2005; Mahmood and Martin-Matthews, 2008). Physically, the rooms were

rearranged and renovated in every foster care home – ramps, grab-bars and rails were installed, doorsteps were removed, and new linen and other necessary items were purchased. Socially, the rhythms and routines were reorganised, including mealtimes, sleeping times, and cleaning (see also Wiles, 2003). In one home, for example, the foster carers (spouses) slept in turns on a couch so that they could hear if an older person needed help or assistance. In many homes the master bedroom was situated downstairs for the same reason.

In addition to practical issues, different spaces represented a multitude of meanings (Williams, 2002). All foster carers had their own private space, usually the bedroom and in some cases one bathroom. They also had their own specific places, as Ritva describes: 'My territory is that armchair, and this chair here. If someone tries to sit here, I guide them away'. This statement reveals the symbolic meaning attached to a specific space: a simple chair can also act as a way of controlling the territory of privacy and possession (Martin-Matthews, 2007).

Two foster carers had a separate house for themselves, and two foster carers had their own separate part of the house. Within a foster care home, those places that were private to the foster carer and those that were public and available to the older people were very clear, mainly because the spaces belonged to the foster carer, not the residents. Almost all foster care homes were embodiments of the foster carers' identities (Twigg, 1999), personalities and individual preferences of décor. Most of the older people had their own room and could decorate it with their own things, like paintings, pictures and some furniture. Their beds, some of them hospital beds, had been bought by the foster carers. When the foster carers showed me around their houses, only some of them asked the older person if I could see their room. Some of the older people did not however have their own room: for example, in one foster care home, all men (2) and all women (3) shared a room, and in another home two women shared a room. The foster carers stated that the older people who shared a room, did so

because they felt safer in the company of others. However, it seems to be also a matter of available space, as their home did not have enough rooms for everyone.

Privacy, which is one of the central aspects of home (Twigg 1999; Vilkko 2010), is naturally more complicated matter than just a matter of one's own bedroom. It is also about the privacy of the entire home, particularly the boundaries that separate home and the outside world. Next I will analyse, what kind of boundaries separate above mentioned public and private spaces but also, what kind of boundaries are separating foster care homes from outside world. How can foster carers control their privacy in a semi-public home?

The boundaries between private and public spaces

Privacy is related to the feeling that at home, one can be at ease, in a way authentic to one's true self (Bowlby, Gregory & McKie 1997; Twigg, 1999; Vilkko, 2010). It is related to Goffman's (1959: 114–115) idea of backstage, that one can be invisible, without an audience. As described above, foster carers did have private places for themselves, but they also needed to control the boundaries between the private and public in order to maintain their privacy. In this article, I see the boundaries of foster care homes as physical, temporal or psychological (Clark 2000) which refer to the boundaries between public and private spaces, and also to the boundaries between work and family. This concerns also the questions of who can do what and when in certain spaces (Milligan, 2014).

In some cases, the clearest physical border was the stairs, as the foster carers' bedroom was situated upstairs. Other clear physical borders were locked doors and locked gates, which were all justified by safety issues. Camera surveillance was used in some foster care homes, also for safety reasons. Thus, these physical borders not only made the boundaries between the public and the private clear, they were used also to keep the older people safe. There are no statistics on how many of the older people

living in foster care homes have a memory disorder, but according to the interviewees, almost all their inhabitants had some sort of such disorder, some even severe ones. Almost all of the interviewees reported incidents in which an older person, usually with a memory disorder, had ran away. Thus, the foster carers needed to find to balance between the older people's right to self-determination and their safety, as the foster carers were responsible for the older people living with them. Of course, there were also exceptions: some older people went for a walk independently whenever they wanted to, for example.

Temporal boundaries were used to separate the carer's own or family time from work time (Nippert-Eng, 1996; Clark, 2000). Usually the foster carers had some time for themselves in the evenings. For example, Irene wanted to have time to herself, so she had set a time when she would go to her own side and be 'off duty'. Similarly, Ritva used both physical and temporal borders in order to be 'invisible'

> I have said to the visitors, I mean, to the relatives, and also to these ones [the older people living with her] that I would like to go to my own room at seven pm – At seven pm, because I want to go to sleep early so I can get 'me-time' for two hours. They are used to it now. But not everyone, for some it's just some boring restriction. (Irene)

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> To me it is important, that, I have tried to teach this to all my inhabitants, that after lunch we all have a nap. If I don't feel sleepy, I can read or something but if possible, I would like to be invisible, that I go upstairs. (Ritva)

This way Ritva could have some time for herself without anybody needing her all the time. It was important to her that she could be in her own space, rest and do her own things, and that the space was safe in a way that it was restricted not only by time but also by the stairs. In addition, the word 'teaching' that she uses refers to a psychological border acting as a rule that Ritva tried to maintain in her everyday life. She, and also Irene, wanted to keep their temporal boundaries as impermeable

as possible (Clark, 2000). In fact, temporal borders were usually intertwined with the physical and especially psychological borders. For instance, mealtimes and sleeping times were, at least to some extent, regulated by the foster carers. In most of the foster care homes the rule was that everyone eats together at the same time and in the same room. Mealtimes were thus public time in a public space, guided by the rules of the foster care home.

One interesting psychological boundary was the refrigerator. The refrigerator is a socially agreed silent boundary in Finland, as usually only family members or close friends can use it freely. Some foster care homes were more family-like in this respect since the older people and even their family members were encouraged to take snacks from the refrigerator whenever they wanted. However, for the older people the refrigerator was also a mental threshold, which can be explained by the principle of managing on one's own; it was not easy for an older person to move to somebody else's home after decades of living independently. In some of the homes, the refrigerator was locked, and the older people were not allowed to use it. The most extreme example of this boundary was the view of one foster carer who stated that one older person ate so much bread that 'she even stole it'. Thus, the refrigerator and its contents were clearly the foster carer's property. This naturally begs the question: exactly what kind of a home is the foster care home for older people?

There were also homes in which the distinction between the public and private spaces were not that clearly manifested. In some foster care homes, the boundaries between public and private, work and family, were more flexible and permeable, and thus blended (Clark, 2000), than in some homes. For example, there seems to be no boundaries at all in Sisko's or Saara's foster care homes. They both regarded their home as a place in which everyone could be 'as they are', in a way authentic to their true selves (Vilkko, 2010), where work and home, even family, were truly integrated (Nippert-Eng, 1996).

It was surprising how quickly these people became part of our family. In our home, unlike in other homes, people are not in their own 'pigeonholes'. It would feel funny somehow if they [older people] had to stay in their own rooms – in our home everyone can be wherever they want, we do not have things like, you're not allowed to be in certain places. We are who we are, everywhere. (Sisko)

We have wanted to keep the doors open, this is not an institutional care home nor am I 'the great nurse' – I have tried, and succeeded to make the relatives feel free to go to the fridge, and, if they come for a visit, they can make a sandwich, take some juice, feed and give the older person something to drink, go and do, participate. It has been really nice, and I guess the relatives have considered it unusual when I've said to them that this house is partly their home too. (Saara)

The boundaries of Sisko's foster care home were thus weak in that sense that there were no clear physical borders or rules; the flexibility and permeability of different boundaries made the foster care home blended, not exclusively family or work domain but something between. Saara, on the other hand, wanted to make clear that her foster care home really was a home, not an institution. These homes are thus not only concrete physical entities, they are as much abstractions in people's mind (Milligan, 2005). All in all, foster carers spoke a lot about the balance of these two domains of work and family. Ritva, for instance, emphasised that work cannot override marriage and family, or vice versa: the domains must stay side by side. On the other hand, Toini, tried to keep both domains flexible, but not at the same time: 'When my children come here, this is their childhood home, then our inhabitants must step aside a bit, and when their family visits, I step aside'.

Two of the foster carers did not regard the foster care home as their own home at all. In both cases, the foster care home was either rented or owned by the foster carers, but they had their own home

nearby where they went during their leave. One of these foster carers (Irene) thought there was no privacy at all in her foster care home, and she viewed the foster care home as a 'work home':

> These surroundings are your work surroundings. I don't know how to use my time sensibly. You just are. It makes me frustrated. If you were in your own home, it would be much more motivating to be a foster carer in your own home. This is not a real home. – This is your work home, you are always on duty here. You have no privacy here. The courtyard is circle-shaped, and everyone can see everything. (Irene)

In this case, the municipality had built the foster care home, and this limited Irene's ability to establish boundaries between public and her own private spaces. To her, the place in which she lived in was not her home, and this in turn had an impact on her wellbeing as she could not express her identity in terms of décor and privacy (Twigg 1999). Interestingly she talks about visibility, that 'everyone can see everything'. Much in the same way, Sisko's experience of being somehow imprisoned in her own home was one example of the lack of these features. She, however, was able to end the care relationship and in this way, ensure her ability to control her privacy. Sisko describes:

> Our first resident, her mental and physical state were such that she just clung to me, she wanted to see me all the time. If I went around the corner, she immediately shouted after me, it was not enough for her that I was here and she was there in her rocking chair, I ought to hold her hand, sit next to her and stroke her hand. Sometimes I felt, well one time when I was alone with her, she shouted from her room 'Are you there?'. I felt like, I wanted to shut the door, that I didn't even have a minute of peace when someone was always watching me. I felt like I was in prison. (Sisko)

These statements highlight the difficulties in balancing the work and family life. The need for invisibility was vital for every foster carer, no matter how blended their home was in terms of work and family life, but especially Irene had no control in determining the level of publicness of her

surroundings. This can have a hampering effect to the continuity of foster care work, if the work domain is too dominant.

Boundaries between the foster care home and the outside world

The privacy of home rests on the capacity to exclude, to shut the door on the outside world (Twigg, 1999). The network of people visiting a foster care home can be quite large, as it can include the relatives and friends of both the foster carer and the older people, but also doctors, nurses, service managers, priests, volunteers, subsidised employees, students, pedicurists, hairdressers, and cleaners. But whose public and whose private boundaries do we actually refer to when we talk about foster care homes and their residents? Who can enter the foster care home and on what terms?

Like inner boundaries, outer boundaries were also controlled by a mixture of temporal and psychological boundaries. For instance, in most homes time was one strategy for restricting the number and frequency of visits. Temporal boundaries were used because the foster carers were worried about their residents – as some of them became easily restless if many new people visited at the same time:

> Everything that is 'atypical' effects to the everyday life, such as loud noises - - you know, if someone comes here and speaks very loudly, then our older people with memory disorder start to wander and they keep asking 'where are we going, where is the front door'. It's not that big deal, we can solve that out but still… You'll notice that the structure of a normal day is dependent on the smallest of things. (Saara)

> Those children all came here at once to see their mother. Some of the inhabitants were disturbed by this. Of course, it was nice for their mother that all her children and

grandchildren were here, but I think they should have been in that [other] room so that the others [the other residents] could have been here in the living room. (Kirsi)

There are five children, and in the beginning, they visited twice a day, all the time someone was coming or going. The other inhabitants became restless. We had to restrict it a bit. (Maria)

The statements above describe disruptions to the meaning of home as a place of control and independence (Mahmood and Martin-Matthews, 2008) and views some of the visitors' behaviour or the time of the visits as intrusive. If the inner boundaries of foster care homes were quite blended, or at least flexible, the outer boundaries were more strongly controlled. This highlights the complex nature of these homes, as foster carers themselves regarded them as more private than public. The interviewees raised issues of control and cooperation when they were asked about the visits of the older people's relatives. One way to restrict and control the visitors and their behaviour was to establish physical territory and boundaries (Clark, 2000; Martin-Mathews, 2007). The power to exclude was always in the hands of the foster carer, and besides establishing temporal boundaries, it was made visible through locked gates, doors, and specific rules for visitors. For example, most of the interviewees required the relatives to notify them by message or phone call before a visit. This requirement of 'asking permission to enter' can be seen as an expression of the power to exclude, regulate and control the physical, temporal and psychological boundaries of the foster care home. However, some of the relatives did not notify the foster carer at all which made the foster carer in question feel like she was being watched or that the relatives wanted to somehow catch her off guard or doing something wrong. This refers to trust issues between the relatives and the foster carer, but also to the difficult nature of foster care. The socially accepted rules of behaviour in home environment (Twigg, 1999) are not self-evident in foster care homes, and in this particular case, the views of the foster carer and the relatives were in fact conflicting. Moreover, one foster carer had so many problems with one municipality that she had decided not to accept any new residents from that particular municipality. In that sense, the power to exclude extended to municipal level as well.

Related to power issues, many foster carers described their home and its' residents as a 'family system' which was always fragile to sudden changes. A new resident might not fit into their family system:

> Then there are residents who just don't settle in. One resident came for a two-week trial period, but she was already too ill, she just wandered around and threw things at other residents. She was here only five days, then I had no other choice but to call and say that this is not going to work. Other residents were shaken up, I couldn't bear it and she didn't benefit from foster care at all. You have to have the courage to say it. (Ritva)

> Our principle in foster care is that when a new resident moves in, she/he has to get along with other people. It's not safe for us or others, if one of us needs to watch that one resident constantly and other residents are left aside. It feels like the representatives of municipalities don't get that. And in that case the whole community suffers. (Matti)

In fact, by ending the care relationship, the foster carers could make and control the boundaries of their homes. In a way, foster carers protected the balance of their home, their family system, which as a term seem to refer to 'a community that works'. As a matter of fact, foster carers themselves did not set all the boundaries: due to declining health of their residents, most foster carers were bound to their home environment and were not able to go out with their residents or visit their own friends. From this perspective balancing and protecting the family system that works is understandable, as it was a way to ensure the wellbeing of both foster carers and their residents.

Discussion

The purpose of this article was to identify and analyse the private and public spaces of the Finnish foster care homes, in particular the boundaries within them and also those boundaries between the foster care homes and the outside world. The aim was to create new insights into the scarcely

researched area of adult foster care, especially into the actual spaces in which care is given, received and experienced. The analysis in this article highlights the complex socio-spatial nature of adult foster care homes. In these homes the questions of power to exclude, the re-organisation of home, and the division of private and public spaces all contest the idea of home as a mere 'safe haven' from the pressures of work life (Bowlby *et al.,* 1997; Twigg, 1999; Wiles, 2005; Milligan, 2009). In fact, the findings suggest that the boundaries of work and family inside of these homes are flexible, permeable and blended, but the outer boundaries are quite strong.

The findings reflect how the semi-formalisation blurs the private and public boundaries of these foster care homes. One central finding was that various physical, temporal and psychological boundaries and boundary management strategies related to them enabled the foster carers to regard their place of living and working as their home, even though it had altered to a place of care of strangers. Most of the foster carers were able to maintain some private aspects of their homes in a similar way to that in 'normal' homes, in which the bedroom was the most private and restricted space. Interestingly, different spaces represented a multitude of meanings (Williams, 2002). The bedroom acted as a 'hideout' for foster carers, as a space in which they could be invisible and disengage themselves from caring responsibilities (Goffman, 1959). It seems that other spaces, including the bedrooms of older people, were constructed as more public, work-related spaces (Clark, 2000). This finding is in line with previous research on older people receiving care in their own home: physical care needs may expose the intimacy of private spaces such as bedrooms (Dyck *et al.,* 2005). In a way, the foster carers gave space to older persons living with them, but also used these spaces as their workspaces.

Second central finding was that the boundaries within the foster care homes were both visible and invisible. Like Milligan (2005) has argued, homes are not simply physical entities, they are as much abstractions in people's minds. Locks, gates, rules and other restrictive features were used in every foster care home, but in addition, invisible meanings given to places, even to certain chairs, were used when creating psychological boundaries between work and home domains. Temporal borders were used to control especially the amount and frequency of visits which, in the worst case, according to

the foster carers, either disturbed other older people or reduced the amount of time the foster carers could have for themselves. Temporal borders were in particular used to define the outer boundaries of foster care home and also to protect the 'family system'.

Thirdly, the combination of the theoretical frameworks of spaces, places and work-family boundaries revealed the potentially vulnerable ways of balancing work/family life in semi-public places such as adult foster care homes. Blended, and in that way weak, inner boundaries between work and family and strong outer boundaries (Clark, 2000) suggest that protecting the intimacy of home, themselves and the structure of their family system was central for all foster carers. This also had social consequences as not everyone was accepted to be a part of their home. Rules for visitors were established in order to control the privacy of the foster care home, to keep the home as 'normal' as possible. However, for some foster carers their home was only a work home in which their possibilities to establish, make and maintain their privacy was limited. This might threaten the wellbeing of foster carers if the balance of their family system transforms into imbalance of work and family. On the other hand, the rights of older people and their relatives might be threatened as well if the privacy and structure of foster care home is too protected.

From policy perspective, the privacy of the foster care homes is thus a problematic issue as foster carers are providing public care although it takes place in the intimacy of home. On the one hand, respecting the privacy of home can mean that the foster carers are left alone to cope with their problems. On the other hand, the privacy of home can also hide the problems related to care, social relationships and power issues inside of the intimacy of home. Foster carers should have power to decide when and how a visitor can enter their home, but the understanding of their home as an altered place should also be considered. It seems that foster carers should try to extend their family system to a community that takes into account also the relatives of their residents. This would require extensive interaction and relationship-building (Cloutier *et al.,* 2015) between the municipality, foster

carers, residents and their relatives but it might have positive outcomes in terms of mutual trust, openness and overall continuity of the foster care work.

Certain limitations apply to this study, the most evident of them being the fact that none of the older people living in these foster care homes were interviewed. Thus, the results discussed here are only from the foster carers' perspective: how they experience the adult foster care home as a place of public and private spaces and how they construct the boundaries between those domains. No findings can be generalised beyond this model. However, this article does describe the views and experiences of carers that are not represented elsewhere. Like Dyck *et al.* (2005) have stated, there must be room for negotiation so that individuals, in this case the foster carers, are able to control the home environment in a way that also promotes older people's abilities to have some control over their private spaces and preserve their self-integrity. To achieve this, foster carers need to balance between safety issues, their own personal need for privacy and the self-determination of older people. However, clearly defined boundaries between different rooms, bathrooms and even concerning refrigerators can diminish older people's abilities to negotiate their use of space. For further studies, it would be pivotal to investigate the thoughts and experiences of the older people living in foster care homes. Do they see the foster care home as their own home? How could their power and self-determination be enhanced?

Acknowledgements

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