

MOVING TO MANAGE: A mixed
methods study of later life relocation
into supported housing

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Abstract

This study describes relocation experiences of older people moving to supported housing in Scotland focusing on the nature of support. Using mixed methods, Phase one involved a Scottish cross-sectional survey of all people aged 65 and over moving into Coburg (Scotland) Housing Association supported accommodation during the first six months of 2008. A total of 122 respondents were included in the survey (59% response rate). People moved locally at advanced ages with moderate disability levels to achieve more manageable housing and support, suggesting ‘assistance migration’. Expectations were high, with many seeing it as a new start in life and generally positive views of moving were reported.

In Phase two, five in-depth multiple-perspective longitudinal case studies were conducted to explore the experience of relocation into supported housing. In each case an older person, primary carer and the housing manager - all women – were interviewed over six months following relocation. Analysis was undertaken using a thematic framework approach (Ritchie et al., 2003). Findings suggested older women acted with agency to adapt to their new lives; recreating ‘normality’ through organising space and routines. It is argued that returning to normality formed the overarching objective of the older women as they sought to feel ‘in place’.

Responsibilities for meeting assistance needs were often implicit, contested and shifting, leading to fragile, uncertain and transitory arrangements. Drawing on recent advances in developmental psychology it is argued ‘longings’ of older people, and others, to achieve an optimal life can relate and motivate towards actions such as relocation. Yet, personal ‘longings’ can be prioritised differently and may result in disputes over goal setting and ways needs are met. Further, utopian ideals must be reconciled with the reality of daily life. Policy and practitioners could adopt broader, dignity based objectives to assist older people to identify ways of aiding such reconciliation.

Chapter 1 Introduction

1.1 Introduction

This chapter sets the context in which moves to supported housing occurs during later life in contemporary Scotland. Aging, and support during later life, as will be shown, is currently the subject of much debate within the UK. The ageing population, combined with economic and social change, poses significant challenges to society regarding how older people will obtain the care they require in the future. This study therefore has particular resonance at present within Scotland, given its consideration of how support is negotiated during times of transition and ways specialised housing can contribute to support people in later life.

Many of the issues raised in this study, including housing, health and social care policy are devolved matters within the Scottish constitution. However, Scotland follows broadly similar approaches to other Western countries, and therefore relevant research from other countries will inform this thesis. Initially this chapter provides an overview of the study. Thereafter, it sets out the broad national policy approach in Scotland relating to older people and their carers, in particular addressing strategic issues that impact upon housing choices in later life. Terms will also be defined to ensure clarity of discussion

1.2 Overview of the study

This thesis presents innovative research into relocation of older people to supported housing in later life within Scotland. Although moving home is not the norm for people living in the UK in later life (Rees, 1992), four peak stages across the lifecycle have been identified when migration is more likely to happen – two of which occur in later life, at the point of retirement and in advanced old age (Rogers

and Watkins, 1987). Significant research interest has focused attention on migration in later life, though such studies generally address moves around the time of retirement (Boyle et al., 1998) to improve lifestyles or the impact of relocation to or between institutional facilities, notably care homes (Castle, 2001).

A move from one residence to another is generally referred to as migration, although the term is complex to define and whilst interpreted as being a long distance move of a permanent nature, methodologies based on moves across areal units mean short distance moves are often captured in such studies (Boyle et al., 1998). Further, typologies of migration in later life generally include short distance moves (see e.g. Litwak and Longino, 1987, Wiseman and Roseman, 1979). Relocation, in contrast, does not make a distinction regarding distances moved, but is more located within research that considers moves of older people between or to institutions.

Recent work usefully conceptualises relocation as occurring as a process over time and offers a perspective that incorporates the notion of various stages of a move with differential impact on individuals depending on the stage being experienced. For the purposes of this study, reference to 'relocation' denotes a period of time covering pre-move through adaptation phases following the move, until people feel 'in place', operationally defined here as approximately six months after the move (see chapter 3 for more information). The word relocation is also used here, in line with this body of literature, as a way of describing a particular type of move in later life - frequently into communal establishments and often arising due to the need for enhanced levels of assistance.

Residential mobility captures more fully the idea of moving within the community rather than institutional settings, though tends to focus on whole populations rather than older people. Thus, in light of the variety of definitions and terms used to discuss moves between one residence and another it is important to define what is meant by this. For the purpose of this thesis, migration and residential relocation are used interchangeably and are both defined as a move from one residence to another, where the intention is that it is a permanent move. The distance of the move is not considered important here, mainly because, for older people (particularly those with

mobility difficulties) even a short distance move can substantially affect the terrain they traverse, such as changes in uneven ground and proximity to amenities.

Few studies have been specifically conducted in the UK on relocation into supported housing (though see Fairhurst, 1999, for a notable exception) and a limited number of studies have been conducted elsewhere on later life relocation into specialist housing (see e.g. Droszdick, 2003, Rossen and Knafl, 2003, Sviden et al., 2002). As is demonstrated in chapter 2 one type of move made in later life occurs following the onset of moderate disability, referred to as ‘assistance migration’ (see page 30). This study found older people moving into supported housing can be located within this subset of later life migration, shown in Chapter 4. Research into assistance migration has been neglected in comparison to other types of later life moves (Longino and Warnes, 2005).

Further, although research on relocation to supported housing has noted the importance of social support in aiding positive outcomes for older people, this has not been a primary focus of such work. Yet, as is noted below, in Scotland a significant minority of older people live in supported housing, and by the nature of such provision, must have moved during later life. Recognising older people can experience heightened needs for support during such transitions (Parry et al., 2004) it is important that research addresses the nature of such support during relocation and considers how moves to supported housing are experienced during later life.

This research seeks to fill the gap in research on changing residence in later life to improve access to assistance by moving to supported housing in Scotland. In particular, the study focuses on the perceived experiences older people encounter, and considers the nature of social support, during this transitional stage of their lives. Given the contextual, relational nature of social support, the qualitative aspect of this research (see below) adopted a multiple perspective approach to better capture various perspectives on how older people experience relocation and ways support was constructed and negotiated during this period.

The study adopted a mixed methods approach to relocation, working with a major national housing association provider to gain access to older people who relocated in

Scotland. It combined a postal survey with older people at the time of the move, with depth longitudinal case studies of five older women following their move into supported housing. These individual case studies involved multiple perspectives of how older people experienced relocation in daily life. Thus, older people as well as significant others involved in enabling social support input were included – specifically, adult children and housing managers.

Whilst a wide range of theoretical perspectives across various academic disciplines consider how older people experience significant change in their lives, such as a change of residence, this study tends towards a socio-psychological perspective. However, gerontology is generally considered a multidisciplinary endeavour, and has been defined as the study of '*biological, behavioural and social phenomena*' (Erber, 2010:5), given the lives of older people cannot easily be compartmentalised. As such, along with sociology and psychology, literature from other relevant fields will be drawn upon to make sense of relocation in later life, including human geography, environmental gerontology and social policy.

In order to contextualise the research and understand the nature of relocation into supported housing in Scotland, it is necessary to firstly outline key demographic features of older people in this country. Thus, this chapter outlines key policies and services designed to meet needs of older people and their carers. Though broadly aligned to other parts of the UK in terms of its population profile and policy objectives, its distinct political system and specific demographic features are best considered separately to acknowledge and reflect its unique position. Thus, whilst the discussion below focuses on the Scottish context, broad parallels can be found to exist with other parts of the UK, though the precise nature and form of policy and practice implementation will vary between Scotland, Northern Ireland and England and Wales.

1.3 Demographic data on older people in Scotland

According to the General Register Office for Scotland (GROS) 856,543 persons were aged 65 or over in the Scottish population at 30 June 2008 (GROS, 2009a). Of an estimated total population of 5,168,500 at this date, 16.6% of the Scottish population

were aged 65 and over (GROS, 2009a) as is shown in Table 1. This is slightly higher than for the UK in 2009 (16.3%) and lower than for Europe at 1 January 2010 (17.4%) (European Commission, 2011). The number of households with at least one person of pensionable age is high in Scotland – almost one third (31%, n=684,321) of all households, with about half of these being single person households (15%, n=328,448) (Raab and Macdonald, 2004).

Table 1: Mid-year population statistics 2008 - Scotland

	Males		Females		Persons	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Under 18 years	535335	21.4	510358	19.1	1045693	20.2
18-64 years	1604025	64.2	1662239	62.3	3266264	63.2
65 years and over	360845	14.4	495698	18.6	856543	16.6
Total population	2500205	100	2668295	100	5168500	100

Data source: based on figures provided in GROS (2009a)

Whilst adults aged 18-64 years show roughly equal proportions of males and females (49.1% and 50.9% respectively) (GROS, 2009a), as people age, women become more prevalent in the ageing population. Thus, of all people aged 75 and over in Scotland, 62.5% are female compared to 37.5% male (GROS, 2009a), and women therefore outnumber men by almost 2:1 in this age group. Various factors can explain this demographic, including the fact that women tend to be younger than their partners and life expectancy is longer for women than for men.

Life expectancy, and healthy life expectancy¹ are increasing in Scotland though lag behind comparative figures for England, and are lower in areas of multiple deprivation (NHS National Services Scotland, 2009). Latest figures for Scotland estimate that the average boy born in 2008 will live to 75.3 years, with 68.1 of these years in good health, whereas the average girl born in 2008 is expected to live to 80.0 years, 70.8 of these in good health (NHS National Services Scotland, 2009). Although

¹ Health life expectancy is a measure that combines life expectancy with self-rated measures of good health used in the Census or household surveys. It is defined as the number of years people can expect to live in good health.

on average males die at a younger age than women, proportionately fewer years of their life are spent in poor health. Mostly, and for both sexes, these years of poor health occur in the last years of life. Thus, whilst the incidence of illness and disability amongst those aged 75 and over is higher than at younger age groups, the majority of older people up until the age of 85 do not report having long-term illness or disability (Raab and Macdonald, 2004).

‘Older people’ as a term is commonly adopted within literature and research as referring to people aged 65 and over. Yet, this category spans a group of people who may have almost fifty years between them and who fall into different generational cohorts. As such, experiences between older people can vary hugely. Thus, many people around the age of 65 are likely to be active, healthy and living with a partner. In comparison, those considered to be amongst the oldest old are more likely to experience frailty, disability or ill-health, live alone, and be female. These two stages in ageing – the young old and oldest old - are frequently categorised into two phases of later life, referred to as the third age and fourth age. This conceptualisation can influence a view of ageing as a state of almost inevitable decline, and whilst this may be the case for many, it is also likely that some will experience fluctuating or even improving symptoms, for instance, due to healthcare interventions.

As a collective term within this thesis, ‘older people’ is used to refer to those aged 65 years and over. However, consensus does not exist around the age used to denote someone in the latter stages of ageing, with studies using a variety of arbitrary ages, generally from 75 and upwards to delineate those in advanced old age. In the study on which this thesis reports, the higher incidence of health problems amongst those in their seventies and given the average life expectancy in Scotland noted above, it was decided to refer to those aged 75 years and over as being in advanced old age or the oldest old.

Over 95% (n= 765,178) of older people (aged 65 or over) live in the community, with almost 5% (n=39,722) living in institutional settings notably care homes or hospitals. However, this varies by age, and more than one in five (21.9%, n=19,382) people aged 85 or over live in institutional settings, reflecting greater levels of frailty and disability amongst this age group (Raab and MacDonald, 2004). In terms of living

arrangements approximately one half of all households that include a pensioner are single person households, of which three-quarters (77%) are women living alone (Raab and Macdonald, 2004). This is far higher than for the general population, where solo living - whilst a rising trend - accounts for just a third of all households in Britain (Smith et al., 2005). Older people living alone are less likely to own their homes (49%) compared to households containing two adults, of whom at least one is a pensioner (72%) (Raab and Macdonald, 2004), indicating a change in tenure for some when living arrangements change from two adults to one, such as following the death of a spouse.

In Britain co-residence with adult children over the past century has not been commonly used as a form of living arrangement (Finch, 1989, Phillipson et al., 2001, Townsend, 1957), with levels of co-residence declining substantially during the past few decades (Grundy, 2000). Amongst those aged 75 and over only 4.1% of males and 4.6% of women lived with a child according to combined data from the 2001 and 2002 Scottish Household Survey (Raab and Macdonald, 2004). Grundy (2000) shows co-residence varies significantly according to the marital status and age of the adult child in England and Wales. In 1991 almost a third of single males (n=2189) aged between 35 – 54 years and almost a quarter of single women (n=957) aged between 35-54 years lived with a parent or parent-in-law aged 65 or over. Co-residence was far less common amongst children who were married or had been widowed or divorced.

One of the main policy drivers for change within many societies at present is a rapidly ageing population, not just within Scotland but in large parts of the world. For instance, overall the population of Europe is increasing and the age structure is becoming older (European Commission, 2011). Although this phenomenon has been initially more prevalent in industrialised civilisations - with Italy, Japan, Greece and Germany in 2004 having the greatest percentage of people aged 65 and over in the world - by 2050 nearly 1.2 billion of the expected 1.5 billion people aged 65 or over will reside in today's less economically developed regions (Kinsella and Phillips, 2005).

Various reasons account for the current ageing profile in Europe, one obvious factor being the raised incidence of births following World War II ('Baby Boomers' who are

now reaching later life). However, more generally, increasing life expectancy and low levels of fertility sustained for decades account for this trend towards ageing populations, and thus, similar ageing profiles are expected in future decades (European Commission, 2011).

In Scotland the number of people of pensionable age² is projected to increase to 1.34 million or 24% of the population by 2033 (GROS, 2009b). As can be seen from the section above, the projection for 2033 represents a significantly greater proportion of older people than at 2008. The population of people of pensionable age is anticipated to increase by around 31%, from 1.02 million in 2008 to 1.34 million in 2033. For people aged 75 and over, the projected increase is even more striking, with an increase of 84% during this period, from 0.39 million to 0.72 million. Simultaneously, the proportion of children (0-15 years) is predicted to be similar at the start and end of this period whilst adults of working age (16-64 years) are projected to increase by only 2%. Thus, the population trend within Scotland shows an increasing and ageing population.

Broad consensus exists that current service models for growing numbers of older people are unsustainable and will be economically unviable in the future (Boyle and Harris, 2009, Scottish Executive, 2007, Scottish Executive, 2006, Scottish Parliament, 2011). Already the growing numbers of older people are placing pressure upon budgets, with public expenditure on services for older people in Scotland between 2003/04 to 2007/08 increasing by 5% in real terms and in 2007/08 exceeded £5billion per annum (Scottish Executive, 2007). Preventing this figure spiralling out of control over the next few decades means managing costs must be recognised as a key driver in reconfiguring public services in Scotland (Boyle and Harris, 2009, Scottish Parliament, 2011, Scottish Executive, 2007, Scottish Executive, 2006).

In summary, it has been shown above that Scotland, in line with other industrialised countries, has an ageing population profile. As people age in Scotland, they are increasingly likely to change tenure and live alone and experience declining health -

² Pensionable age is 65 for men, 60 women until 2010; between 2010 and 2020 pensionable age for women increases to 65. Between 2024 and 2026 the pensionable age for both men and women increased to 66 and changes again, in two further steps, to 68 by 2046. (GROS, 2009b)

demographic features particularly notable amongst women. Although the majority of older people live alone or with their partner in community based private accommodation, a minority live in alternative housing types such as institutional care, supported housing or co-reside with their adult children.

1.4 Scottish Policy and Practice with Older People

1.4.1 Scottish Policy on Older People

As a result of the ageing population and subsequent pressure on resources to meet the needs of growing numbers of older people experiencing declining health, considerable attention has been paid in recent years to policy objectives regarding later life.

Although it is impossible here to do full justice to the wealth of information, research and policy relevant to older people, an overview of key aspects of current national policy will be provided here in order to set the remainder of this thesis in context.

During the past decade devolved administrations within the UK have each produced national strategies on ageing, the earliest being issued in Wales in 2003 (Welsh Assembly, 2003). An overarching UK framework developed by the Department for Work and Pensions called *Opportunity Age* was published in 2005 to provide a unified approach to address common issues experienced by an ageing population (DWP, 2005). This five year strategy presents an assets based approach to considering later life, setting out a positive vision of later life. This is characterised by creating opportunities for, and active contributions by, older people. The strategy sets out three main priority areas requiring policy action in order to achieve this vision. Firstly, achieving greater employment rates in later life, secondly enabling people to play a full and active role in society with an adequate income and decent housing and finally, to enable people to retain independence and control over their lives regardless of limitations caused by health problems.

In March 2007 the Scottish Government issued a strategy to implement the UK framework called *All Our Futures: Planning for a Scotland with an Ageing*

*Population*³. This strategy set out the national approach to tackling implications of an ageing population in Scotland, and specified a range of initiatives being taken forward to implement the key objectives noted in the preceding paragraph.

Further, supporting carers to undertake the caring role effectively, avoid detrimental health effects through caring and enabling carers to have a life outside of caring has been a national priority for the national government, with separate carers' five year strategies for adult and young carers issued in 2010 – titled *Caring Together* and *Getting it Right for Young Carers* respectively⁴. In recent years government funding in the form of Carer Information Strategy monies have been allocated to Health Boards to develop services for carers at local level.

Several features of current provision available to support identified needs of older people are considered briefly below to provide an overview of services relevant to those experiencing health decline, focusing on the type of support commonly accessed by those living in the community.

1.4.2 Community based support

The word support is often used interchangeably with care and it has been noted that there is no consensus over how care is defined (Matthews and Campbell, 1995, Williams and Nussbaum, 2001). Further, little attention has been given to how older people themselves define 'care' and 'informal care' (Goberman-Hill and Ebrahim, 2006). In the literature, two broad types of care are identified: formal social support tends to refer to that provided by paid carers, whilst informal care indicates input that is not provided in the course of paid employment (Elder-Woodward, 2005, Hirst, 2001, Stewart and Patterson, 2010).

Within the community, the main form of support for older people is through informal care. Informal care is generally perceived to encompass a wide range of support

³ Information on 'All Our Futures', including the strategy, action plan and evidence base can be obtained from: <http://www.scotland.gov.uk/Topics/People/Equality/18501/Experience>

⁴ Both available at: <http://www.scotland.gov.uk/Publications/2010/07/23153304/0>

provided to people living in the community by those in their social networks including relatives or partners, friends and neighbours. Indeed, English research suggests such support comprises the largest single source of regular support available to older people with ongoing care needs (Glendinning and Arskey, 2008). It has been found that 80% of people aged 65 receiving help with domestic tasks relied exclusively on informal carers, 10% relied on both informal and formal help and only 10% relied on formal services alone⁵ (Pickard et al., 2000).

Although the policy situation in Scotland differs somewhat from England, particularly since the introduction of free personal and nursing care in 2002, recent research has found the level of informal care has not changed significantly during this period (Bell et al., 2007). Scottish Household Survey data for 1999-2002 combined indicated females, those aged 75+, and those living alone, were more likely to report a need for help or care. For instance, 23% of 75-84 year old women required assistance compared to 47% for those over 85 years (Raab and Macdonald, 2004).

Further, carers are estimated as saving the public purse around £7.6 billion within Scotland alone (Buckner and Yeandle, 2007), similar to the total cost of NHS provision. The 2001 Census revealed that around 10% of the Scottish population (just under 480,000 people) provide some form of unpaid care with 4% of the population providing more than 20 hours of care each week, and women are more likely than men to undertake unpaid care (11% of the population compared to 8% respectively) (Stewart and Patterson, 2010), an issue discussed further in chapter two.

Care at home, day care, assistive technology and short breaks are all services available (though prevalence and cost vary by area) to meet the needs of older people and their carers in Scotland. Care at home services⁶ can include a range of support services, including home care, meals services, community alarms and Telecare. Assistive technology describes a range of electronic and technological aids, including 'Telecare', which for instance, allows people to raise an alarm in emergencies. These

⁵ Actual numbers are not given in this article.

⁶ See Scottish Government website for information on care at home and home care services. Accessed 03/09/11 at <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/HomeCare#top>

are commonly available as part of housing support provided within sheltered and very sheltered housing.

Home care can be largely differentiated into two main types of support, domiciliary or domestic care and personal care. As resources become more pressured, local evidence suggests current provision is focused predominantly on personal care (see e.g. North Lanarkshire Council, 2009). Almost four fifths (79%) of home care clients in the last week of March 2010 received personal care services (Scottish Government, 2010), and it appears low level services such as light housework are unlikely to be provided to those who do not also require more intensive services. Further, traditional forms of home care are being redesigned in parts of Scotland, with increased emphasis on promoting self care - commonly known as reablement. A recent review of reablement services found these significantly reduced the total number of hours of home care required by clients (McLeod and Mair, 2009). It is likely such approaches will be extended in the future, for instance the scheme in Edinburgh is currently being considerably expanded⁷.

Housing policy and provision can also facilitate community living in later life. The Scottish Government has committed to reviewing housing for older people within its 2007 strategy though at the time of writing has not yet issued a consolidated policy in this field. In Scotland there are three distinct sectors: owner-occupier (64% of the market), private rented housing (7%) and social rented housing (29%). In 2004 in Scotland 7% of households lived in sheltered housing and a further 0.5% lived in very sheltered housing, referred to collectively as 'supported housing'. The proportion of people living in sheltered housing has remained fairly static since the 1980's (Richards et al., 2006).

Sheltered housing provides a degree of support (particularly very sheltered housing), for instance, in the form of an on-site warden or community alarms and contain an exclusive membership of older people – generally over the age of 65 years. Thus, unlike many older people living in the community, by definition, older people will

⁷ See Health, Social Care and Housing Committee meeting 16 August 2011 Item 9, report no. H&SC/3/11-12/H&SC, 'Reshaping Care for Older People – Change Fund'. Accessed 03/09/11 from http://www.edinburgh.gov.uk/meetings/meeting/2485/health_social_care_and_housing_committee

have moved into sheltered housing later in life, and are likely to view it as being different to living in the general community (Oldman and Quilgars, 1999). Research suggests reluctance amongst some to move to accommodation with other older people yet also indicates those in sheltered housing are amongst the most satisfied with their housing (Richards et al., 2006).

Scottish policy and practice in relation to older people and their unpaid carers are currently areas of rapid development and change, with key drivers including an ageing population and the related issue of cost of health and care provision. Chapter two begins by building upon these topics and discusses several key principles upon which such policy and practice is based, to help set the context in which support and assistance is provided in later life.

1.5 Thesis outline

Chapter one of this thesis provides an introduction to this mixed methods study of relocation in later life. It clarifies the general terms and boundaries within which the study was defined, and highlights the broad policy and practice parameters that impacts on older people in Scotland, with a particular focus on housing and support provision.

Chapter two further contextualises the study, by considering academic literature of relevance to the topic of relocation in later life. As the author supports a multidisciplinary approach for this study, a broad range of topics from specific academic fields are considered. However, in order to provide a coherent focus to the work, three specific areas are addressed. Firstly, a brief exploration of the impact of social change within many contemporary Western countries is provided, followed by an overview of the circumstances within which older people relocate and finally given the focus on relocating to be closer to sources of support, the nature of social support in later life is addressed.

In Chapter three the research methodology is set out, including the research questions and design. The use of a phased approach is explained, serving to ensure clarity of

focus within the data collection phase and to distinguish between the quantitative survey and in-depth qualitative, longitudinal case studies of individual older people and significant others in their lives.

The results of a survey of people aged 65 and over moving into supported housing managed by a major housing association operating in Scotland are given in Chapter four. Descriptive statistics are presented, to provide contextual data for the thesis, and to consider motivations, expectations and circumstances surrounding moves into supported housing in Scotland. In addition, reflections on the survey are noted.

Chapter five provides an insight into how the longitudinal qualitative data arising from the five case studies was analysed. Each case included interviews at three specific time intervals with an older person at the stage of relocation, their primary carer and a housing manager. A thematic analysis was undertaken, and the respective analytic stages are set out and discussed in this chapter.

Chapters six, seven and eight consider thematic findings arising from the case studies, with Chapter six focusing on the nature of support and how responsibility for support shifts during relocation, whilst Chapter seven considers ways in which older people maintain their relationships at a distance from those in their social networks. Chapter eight concentrates on discussing findings relating to spatial experiences of older people during relocation.

Given the broad range of findings emerging from the study, Chapter nine provides an interpretation of the data that argues the current emphasis on promoting independence amongst caregivers results in a social construction of ‘managing well’ by older people that mitigates against the provision of support. It concludes by arguing for a broader conception of independence based more fully around older people’s wishes and embedded within a rights framework.

Finally, Chapter ten summarises conclusions from the study, and indicates key implications for policy, practice and research.

1.6 Summary

This chapter described the broad context relevant to the study on which this thesis is based. In particular, the nature of the study is outlined and it is noted that the research fills an important gap within Britain around the nature of relocation into supported housing. Further, the chapter set out key demographic features of ageing in Scotland, noting an increasing ageing population in line with other countries. It is noted most people reside in community settings in later life and do not experience declining health or the need for assistance until more advanced ages, at which stage many households comprise older women living alone.

A very brief explanation of current policy and practice relating to older people and their carers is given in the later half of the chapter, and it is noted that this is an area of current development. However, due to space restrictions this discussion is deliberately brief, and rather sets the scene for later in the thesis when such issues are referred to, for instance in the context of the literature review in the next chapter and participant narratives in later chapters.

Chapter 2

Literature review

2.1 Introduction

This chapter sets out relevant literature on later life, focusing on two key aspects of literature, firstly relocation in later life and secondly the nature of social support. As the work in this thesis cuts across disciplines, a broad range of literature is drawn upon to discuss relocation in later life, though the review leans towards gerontology, focusing on psychosocial perspectives. Such views facilitate consideration of how individuals in later life engage with, and adapt to, their immediate environment. This analytic gaze supports a ‘lived experience’ perspective of older people, by considering how individual and social features combine to impact upon daily life.

Many older people wish to ‘age in place’ and before discussing relocation, it is interesting to firstly highlight this contrasting phenomenon, not least given its juxtaposition to those who move to age elsewhere. This leads into a discussion of those who instead relocate during later life, considering characteristics of later life migrants such as motivations, expectations and outcomes. Relocation does not occur in a vacuum, and many people in advanced old age are likely to require assistance from others at this time. The latter half of the chapter briefly sets out the social context in which ageing occurs in contemporary society and explores the nature of social support focusing on the adult child-parent relationship.

2.2 Ageing in place

In many Western countries such as the UK (Means, 2007, Tinker, 1999), Spain (Perez et al., 2001), Australia and New Zealand (Howden-Chapman et al., 1999, Tinker, 1999) and America (Pastalan, 1990) there is an emphasis on enabling people to continue to live in their home for as long as they chose - reflecting the desire of many older people (Richards et al., 2006, Tinker et al., 1999, Wiles et al., 2012). This policy is commonly referred to as ‘ageing in place’ and has been actively pursued for several

decades - arguably evident in UK policy since the agricultural and industrial revolutions (Means, 2007).

Over the past few decades the idea of 'place' has become prominent within fields such as environmental psychology, sociology and geography, with concepts developed such as place attachment (Hidalgo and Hernandez, 2001, Shenk et al., 2004) and place identity (Cuba and Hummon, 1993a, Cuba and Hummon, 1993b, Taylor, 2009). Such works suggest place can have a '*strong positive effect in defining our identity, in filling our life with meaning, in enriching it with values, goals and significance*' (Giuliani, 2003:138). Although definitions vary, authors on place attachment generally refer to emotional bonds people establish with places, whilst place identity is seen as the process by which people describe themselves in terms of belonging to a place. Research by Hernandez et al., (2007) found these components coincide for people who remain in place throughout their lives whilst those who have moved to an area report higher scores on place attachment than place identity, leading the authors to argue place attachment develops before place identity. As a result, place attachment appears to have most salience for this study.

Core aspects of place attachment, of feeling in place or belonging to a place (Wiles et al., 2009), have been found to include familiarity (Fullilove, 1996, Rosel, 2003), feeling comfortable (Hernandez et al., 2007), safe and secure (Chatterjee, 2005, Cookman, 2007, Giuliani, 2003) and creating a sense of continuity or '*an awareness of the self as continuous, such that past and future behaviors are linked*' (Scannell and Gifford, 2010: 6) where neighbourhoods are perceived as '*pretty much the same*' over time (Wiles et al., 2009). Another idea linked to familiarity is that of being 'rooted' (Gilleard et al., 2007, Wiles et al., 2012) defined as '*an unconscious state of deep familiarity with a place which implies long continuous residence*' (Giuliani, 2003:146). Yet, Giuliani argues this is, at least for contemporary Americans, most likely an unattainable ideal given the trend towards spatial uniformity, increased mobility and hence a purely functionalistic relationship with places.

Authors concerned with place have identified three relevant conceptual levels: the home and personal possessions, neighbourhoods and public spaces (Giuliani, 2003, Proshansky et al., 1983, Rubinstein and Parmelee, 1992). Within the domain of

personal living space, the idea of being in place at home incorporates a sense of ‘refuge’, where certain rooms in particular represent intimacy and privacy – such as bedrooms and where *‘the boundary between the private and public spheres is perceived as a border’* (Cristoforetti et al., 2011: 229). For an overview of current thinking on place attachment, the reader could refer to Scannell and Gifford (2010).

Ageing in place is the norm in adulthood and migratory behaviour amongst younger adults is unusual, though the likelihood of moving is strongly associated with social class and occupational status (Warnes, 1986). Even so, migration is generally considered a youthful phenomenon, with people of retirement age less than half as likely to make long distance moves compared to the UK population as a whole (Rees, 1992), slightly less than the US rate (Longino, 1992). In later life, residential relocation in the UK declines with age, and data from three waves of the English Longitudinal Study of Ageing (1998, 1999 and 2001) revealed the likelihood of moving home in the previous five years declined from 18.2% for people in their 50s to 12.9% for people in their 80s (Gilleard et al., 2007).

Within social policy ‘ageing in place’ has become a guiding principle in service developments for older people, with broad agreement that as much support for older people should be provided in non-institutional settings as close as possible to home, with acute and residential provision used as a ‘last resort’. However, in reality a high proportion of public funds are directed at acute and crisis provision, notably within institutional settings such as prisons and hospitals (Bunt et al., 2010, Johnston et al., 2008, Scottish Parliament, 2011).

Thus, despite growing recognition of the need to reform services to enable greater focus on preventative measures, the predominant approach to public service reform has been one of incremental improvement insufficient alone to radically reshape services (Bunt et al., 2010). Amongst a range of initiatives the Scottish Government has introduced to accelerate the rate of change – becoming known as ‘shifting the balance of care’ - one with particular salience for older people is the Integrated Resource Framework. The Framework is currently being applied to fund initiatives designed to help facilitate greater integration of services and realignment of resources in older people’s services (Weatherly et al., 2010).

2.2.1 Promoting independence

Within ‘ageing in place’ approaches support is directed at enabling people as they age to continue to live independently in their own homes (Parry et al., 2004, Wiles et al., 2012). Indeed, newer models of care, such as self-directed support, explicitly encourage people to manage their own lives more effectively, for instance dealing with health conditions and having greater involvement in decisions about care (Baxter et al., 2011, Carr, 2008, Scottish Government/LTCAS, 2008, Sime, 2011).

Retaining independence is an important objective for older people (Parry et al., 2004), and a recent on-line survey found more adults feared loss of independence (49%) than death (29%). Further, 68% reported loss of independence, or becoming dependent on others, was what concerned them most about ageing – second only to concerns about ill health (74%) (Disabled Living Foundation, 2009). It appears older people link ageing in place to feelings of independence and autonomy, and by doing so seek to avoid institutional care with its connotations of lost autonomy (Wiles et al., 2012).

Much literature is available on how practitioners and carers can support older people promote their independence (see for example: Allen et al., 2006, Freund and Colgrove, 2008, Thomas et al., 2007, Vogelpohl et al., 1996). Yet, in contrast to contested terms such as ‘dependency’ and ‘care-giving’, autonomy and independence are largely viewed as universal and unproblematic goals (Fine and Glendinning, 2005). Further, independence is a subjective phenomenon, interpreted differently by individuals (Baxter et al., 2011, Parry et al., 2004, Randers and Mattiasson, 2004, Wiles et al., 2012) and rarely defined (Secker et al., 2003).

Within policy and practice, independence is often interpreted as a measure of a physical need for professional intervention (Fine and Glendinning, 2005) despite evidence older people adopt broader conceptions of what independence means to them (Secker et al., 2003) touching upon virtually every aspect of daily life (Parry et al., 2004). Finally, it is worth remembering that in many respects, the notion of independence versus dependence creates an artificial split from the reality that as

social beings humans are interdependent on each other (Fine and Glendinning, 2005, Tinker, 1999).

Secker et al., (2003) define independence as:

The individual's subjective assessment of whether their lived experience matches up to the desired level of choice, social usefulness and autonomy, which in turn depends on their psychological make-up, biography, social context and cultural heritage. (380)

Thus, the meaning of independence will vary between individuals, dependent on a range of factors located internally and externally. Internal factors such as personality, memories and health interact with extrinsic factors such as environmental and social encounters to influence how independence is interpreted and perceived by individuals in daily life. Despite these differences between individuals, it could also be argued that independence in later life is also characterised by the ability to retain a sense of 'mastery' over tasks required in daily life and an overall sense of control over the direction of life.

2.2.2 Age in place or relocate?

Ageing in place however, may not always be the best option for some older people (Golant, 2004, Tinker, 1999, Wiles et al., 2012). Losses in later life can lead to a reduced sense of environmental mastery, for instance, where property and ground maintenance become difficult to manage or social networks diminish. Hale et al., (2010) argue the transition period between independence and 'supported independence' is experienced as a state of '*liminality*' for people continuing to live in their own home and their carers, unable to make sense of the situation and increasingly socially isolated from their community. Ageing in place may therefore, for some older people, become an active choice made later in life, caused by a re-evaluation of how suitable their home is in light of changing physical, economic and social resources:

For some people staying at home means that they want to remain outside institutional care although they might be prepared, or even want, to move; for

others 'home' means their current home and no move would be welcomed. However, home may be a prison and staying literally in one's own home may not be the right solution. A move to smaller accommodation to be near relatives or amenities, or to sheltered housing, may be the answer for some. (Tinker et al., 1999: 22).

However, the emphasis on 'ageing in place' within society can serve to compound a lack of support for those who do move in later life. Relocation can be classified as a 'domestic transition', alongside other events such as bereavement, divorce or a spouse moving to a care home. Yet, despite needs being heightened at such periods, little formal support has traditionally been provided to address such transitions in the UK (Parry et al., 2004). According to (Tinker, 1999) research suggests people who relocate to retirement areas experience similar issues to those who age in place:

They may lose their social networks, present the local authorities with problems of demand for services and one partner may die soon leaving the other one (usually the woman) isolated, unable to drive and with a big garden she cannot manage. (Tinker, 1999: 14)

She goes on to argue that those who move in later life should not be viewed as a distinct category from those who age in place, for moving is a temporary phenomenon, and ultimately the new setting will become the arena in which ageing in place occurs.

In summary, supporting older people to live independently in their own homes is a prevailing policy objective within Scotland as elsewhere, known as 'ageing in place'. However, it was argued no clear consensus exists with regard to how independence in later life is perceived, defined and interpreted by older people and those around them. Further, ageing in place may not always be the best choice for older people and can lead to a lack of support for those who do move. Although most people do age in place, a significant minority move in later life, and the next section will turn to consider characteristics, motivations and outcomes of later life migrants.

2.3 Changing residence in later life

As noted in the above section, the focus on ageing in place has resulted in a lack of attention towards those who relocate, and this extends to literature on older people in the UK. However, two bodies of research have relevance for this thesis in relation to moving in later life, and these will be considered below in order to identify the types of moves made in later life and how the transition period during a move is experienced.

In general, such literature falls into two main categories – migration in later life, which can be viewed as a sub-set of migration research (Boyle et al., 1998), and relocation research which focuses mainly on moves into institutions in later life (Castle, 2001). It could be argued that a further set of research should be covered here, that relating to residential mobility, in other words moves, often locally based, between community based properties. However, most of this research is not specific to people in later life, and is therefore not considered due to the wealth of more relevant literature in this area.

2.3.1 Characteristics and motivations of later life migrants

Most studies concerned with migration in later life studies use quantitative methodologies and have sought to identify migrant characteristics and patterns of mobility (Speare and McNally, 1992). In a review of such literature (Longino, 1992) noted that later life migrants are more likely to move when there are fewer ‘ties’ to a place. People are more likely to move following widowhood (Bradsher et al., 1992, Choi, 1996, Rogers, 1992) or if they live alone (Colsher and Wallace, 1990, Meyer and Speare, 1985, Silverstein and Zablotzky, 1996) or have never married (Choi, 1996, Ferraro, 1981, Rogers, 1992). Additionally, tenants not ‘tied’ to their home through ownership are more likely to move (Ferraro, 1981, Speare and McNally, 1992).

Towards the latter half of the twentieth century a number of authors sought to categorise the main types of elderly migrants, in order to provide structure to emergent findings in this field (see in particular: Litwak and Longino, 1987, Meyer

and Speare, 1985, Wiseman and Roseman, 1979). Wiseman and Roseman (1979) identified numerous groups of movers in later life, broadly divided according to whether moves are made locally or are long distance. However, it is the prototypical migration trajectory set out in by Litwak and Longino (1987) that has had a lasting influence on later life migration research. They suggested reasons for moving in later life generally related to a life course perspective, arguing that the nature of modern technology puts the kinship structures of older people under pressure to make three basic types of moves:

1. Moves at the stage of retirement in search of an amenity rich lifestyle – often referred to as ‘amenity’ migration
2. Moves to obtain greater support, frequently resulting from key triggers such as bereavement or declining health – often referred to as ‘assistance migration’
3. Institutionalisation for those requiring long term care.

‘Amenity migrant’ is the term used to refer to those who have recently retired and who are motivated to migrate by climate and amenity seeking lifestyles. They are more likely to live independently from their children and at greater distances from them (Hays and Longino, 2002), as well as to be married couples with better than average financial resources (Longino et al., 1984, Wiseman and Roseman, 1979). Whilst generally in good health, such migrants also include a significant number with moderate disabilities (Walters, 2002a). Arguably there has been an over focus on ‘amenity migration’ in the literature (Meyer and Speare, 1985, Warnes, 1992) to the exclusion of other forms of migration amongst older people.

The latter two categories can be associated with three main types of moves: anticipatory moves (planning ahead to enable extended independence); moves upon disability or widowhood – ‘assistance’ migration - and moves due to the on-set of chronic disability – institutionalisation (Clark and Wolf, 1992). On average such moves occur later in old age, from the age of 75 onwards (Boyle et al., 1998), probably reflecting greater disability levels and reduced ‘ties’ to an area amongst such age groups. Assistance migration generally occurs at younger ages than institutional migration, with moves often made to another community based

residence, whether private or communal. Assistance migration is defined for the purpose of this thesis as moves nearer to support, and can include, moves close to, or with, a potentially supportive relative or into community based housing for older people, such as supported housing. Institutional migration refers to moves made to residential care, nursing homes or hospital.

Research suggests most moves amongst older people seeking to obtain assistance are frequently locally based (Hays and Longino, 2002, Longino and Warnes, 2005, Meyer and Speare, 1985) and show a more ‘scattered’, less predictable pattern of migration than amenity migrants (Conway and Houtenville, 2003). Given the ‘scattered’ pattern of assistance migration, pull factors are more likely to exert in the direction of sources of support, such as family and friends (Choi, 1996, Conway and Houtenville, 2003, Longino et al., 2002, Walters, 2002b), compared to more uniformly patterned moves made by amenity migrants to specific geographical areas.

Assistance migration may occur as spatial requirements or housing tenure no longer match personal preferences (Clark and Huang, 2003, Forster, 2000, McCleery et al., 1996), because of reduced financial resources (Walters, 2002b, Conway and Houtenville, 2003) or declining health or increasing disability (Bradsher et al., 1992, Choi, 1996, Colsher and Wallace, 1990, Silverstein and Zablotzky, 1996, Warnes et al., 1999, Zimmerman et al., 1993) that may result in poor housing ‘fit’ (Lawton and Nahemow, 1973, Peace et al., 2006). Conway and Houtenville (2003) argue younger migrants in later life are more likely to ‘shop around’ for a suitable destination whilst older migrants are more likely to be ‘driven out’ (326) of an area, particularly due to financial considerations such as the high cost of living or cost of care. This idea of being ‘driven out’ from a home suggests the nature of motivations for moving in advanced old age differs qualitatively from migration amongst the younger old, who are more likely to feel ‘pulled’ to attractions at the destination location.

Migration literature tends not to address locally based moves (Boyle et al., 1998, Longino and Warnes, 2005) and therefore characteristics of those who move locally for assistance purposes have frequently been neglected in academic research on migration, including studies focusing on later life migration. Given this study is concerned with those who move closer to support it is ‘assistance’ migration that is of

most interest here. The thesis therefore draws upon Litwak and Longino's (1987) typology in making sense of the research findings, and to differentiate between different broad categories of people who move in later life. It provides a more thorough examination of assistance migration, and how motivations and expectations may impact upon experiences of relocation following a move at more advanced ages. This can help inform future research, and addresses the gap that currently exists with regard to understanding how relocation is experienced when made for assistance purposes.

2.3.2 Relocation into supported housing

Although it has been shown a substantial minority of older people move into supported housing in later life in Scotland, very little, if any, research has explored how such moves are experienced in the UK. Studies of supported housing in the UK tend to be cross-sectional, considering the views of those already living in such accommodation or perceived views of such lifestyles amongst those who do not, or both perspectives (see e.g. Croucher et al., 2008).

Further, migration research tends to view decision-making of potential migrants as a two step process: deciding whether to move and deciding upon the destination location. Traditionally this body of work does not deal well with outcomes of moves (Wiseman and Roseman, 1979), though there are some notable exceptions in relation to amenity migration (see e.g. King et al., 2000). Thus, although such works often consider factors leading up to a move, issues of how daily life is experienced following a later life move are frequently neglected.

Yet, if heightened needs are experienced around the time of domestic transitions such as relocation (Parry et al., 2004), it can require considerable agency and energy to relocate in later life. Research suggests this is particularly the case for certain groups, such those relocating to institutions (Lee et al., 2002) or who do not want to move (Wilson, 1997, Young, 1998). It can be argued that to not just physically but also mentally adapt to new surroundings (Lee et al., 2002, Sviden et al., 2002), so one feels 'at home' in a new environment, may require considerable effort as people age.

However, whilst it may be anticipated younger old have greater resources to tackle transition, this has not been substantiated and indeed Wilson (1997) found people over 90 years made the best adjustment during relocation, though reasons for this are unclear. Aside from several studies mentioned below (see e.g. Lundh et al., 2000, Young, 1998), little is known about how older people experience moves for assistance from a perspective that addresses both pre- and post-move aspects.

Important qualitative and often longitudinal research has recently begun to emerge that considers the impact on older people during transition into communal based forms of living, though mostly conducted in other Western countries. As yet, it is unclear what cross-national applicability such studies have, given the distinct cultural, social and policy contexts within different countries. These studies include qualitative research into different kinds of communal living arrangements such as independent living facilities (Rossen and Knafl, 2003) or assisted living communities (Ball et al., 2009, Drozdick, 2003), congregate living facilities (Leith, 2006, Rossen and Knafl, 2003, Young, 1998), sheltered housing (Sviden et al., 2002) and coresidence with family (Firbank and Johnson-Lafleur, 2007).

From these and other recent studies that consider transition into institutional care, it is possible to view relocation as a process over time, within the context of a changing dynamic with environment and social networks (Firbank and Johnson-Lafleur, 2007, Lee et al., 2002, Leith, 2006, Young, 1998). Moving can be perceived as a temporary event that occurs over time and has lasting consequences. Consequently, the experience of moving has been characterised as a transition period with distinct phases. In order to more fully understand how older people experience moving in later life, the following discussion will briefly outline these phases.

2.3.3 Transition and relocation

A life transition indicates a state of considerable change in life, triggering action required to adjust to the new situation. The research noted in the above section offers an interpretation that perceives 'relocation' as a transitional state occurring over time.

Thus relocation can be seen as consisting of several key stages some of which are easily marked by the actual move itself.

Research on relocation can be largely divided into three main areas. Firstly, interest in the decision making processes leading to relocation and its impact on outcomes can be evidenced (Ball et al., 2009, Beaver, 1979, Firbank and Johnson-Lafleur, 2007, Reed et al., 2003), secondly, adaptation processes faced by older people following relocation have been outlined (Fiveash, 1998, Kellet, 1999, Lee, 1997, Lee, 1999, Patterson, 1995, Porter and Clinton, 1992, Sviden et al., 2002) and thirdly, phases of transition during relocation have been addressed (Brooke, 1989, Lee et al., 2002, Leith, 2006, Lundh et al., 2000, Sandberg et al., 2002, Wilson, 1997).

Some such transition studies of those relocating in advanced later life consider post-move phases only (Brooke, 1989, Lee et al., 2002, Wilson, 1997), whilst others also address the pre-adjustment stage (Lundh et al., 2000, Young, 1998). However, the precise characteristics of transition during relocation have not been well documented (Wilson, 1997), particularly into supported housing, and the use of different methods makes it difficult to draw comparisons between the few studies that do focus specifically on this issue.

Drawing on literature in this area, it can be argued that there are four key stages relating to relocation. These are summarised as follows: the decision to move (pre-move); the move event; the immediate post-move period, and; the adjustment process. Taken together these stages constitute the 'transition' phase of relocation for the purposes of the research on which this thesis is based. These stages will now be briefly discussed.

The decision to move can be a process that takes years or occurs very quickly (Beaver, 1979, Young, 1998). Beaver (1979) found that 80% of her non-probability sample of 108 community based older people had relocated as a result of a suddenly occurring major life disruption or precipitating event. Young's (1998) participants reported precipitating events including: being overwhelmed with housework and gardening, decreased neighbourhood mobility, a catastrophic event or series of events, or family perceptions the participant could no longer live alone. Such

findings are replicated elsewhere in research on motivations of older migrants moving closer to assistance (see page 31).

Older people able to exercise control over the decision to move have been found to express more satisfaction with the outcome and adjust more quickly (Beaver, 1979, Brooke, 1989, Cheniz, 1983, Fiveash, 1998, Wilson, 1997, Young, 1998). Income has been found to be more influential than race on the ability to contribute to decision-making regarding relocation, with those from higher income groups more actively engaged than those from lower income groups (Ball et al., 2009).

Although studies acknowledge the move event as a key phase in the relocation process, little qualitative knowledge exists regarding this element of relocation. This phase involves packing belongings, 'downsizing' or discarding belongings and the physical move itself. Those authors who do mention this phase suggest it is the easiest part of the move (Young, 1998). For instance the older women who moved to congregate housing in Leith's (2006) study reported experiencing no negative affect regarding the disposal of their belongings. Indeed, Leith reported:

Despite the strong emotional attachments they held to their things, they also understood that many of these things represented ties that could hold them back in their efforts to re-adjust. (327)

However, the sample size of this study was small at 20, and other studies are required on this topic to shed more light on how this phase of relocation is experienced in later life. Little literature exists regarding the disposal of belongings, as the focus in recent times with regard to possessions has been on accumulation (Matchette, 2006). The importance of possessions has been noted elsewhere, for instance, retention of 'cherished' possessions during relocation facilitates adaptation and symbolises historical continuity, comfort and a sense of belongingness (Wapner et al., 1990) and a way to '*recreate... home in a new place*' (Shenk et al., 2004: 168). It has thus been argued that possessions can act as transitional objects that assist with adaptation during times of radical change (Cristoforetti et al., 2011).

The third stage of relocation is the immediate post-move period. (Brooke, 1989) argues that this stage lasts between 6-8 weeks following the move. She termed it

‘disorganisation’ citing rises in mental health symptoms such as negative feelings, withdrawal, changes in eating and sleeping habits, and increased dependency. Similarly Wilson (1997) notes the emotional dimension of this phase and regarded it as a period of being ‘overwhelmed’ with emotional feelings of loss and grief commonly experienced (Bridges, 1980, Choi, 1996, Lee et al., 2002, Wilson, 1997) and few expressions of relief and increased security (Choi, 1996, Lee et al., 2002). Another feature of this phase could be called ‘nesting’ (Young, 1998) involving the organisation of belongings (Leith, 2006, Young, 1998). Finding adequate space in which to arrange belongings has been found to be an issue for people moving into supported housing, and it has been argued supported housing design does not adequately take into account belongings people bring with them (Fairhurst, 1999).

Following reorientation work undertaken in stage three, the final aspect to relocation is to adapt to the new setting. This final phase appears to consist of two key steps – an initial phase of actively seeking to make the new residence a ‘home’ (Leith, 2006) and a later phase of feeling ‘settled’ where life is becoming predictable again, ‘returning to normal’ (Wilson, 1997) and people begin to feel ‘at home’ and ‘in place’ (Leith, 2006). These two phases taken together can represent the overall stage of adaptation within relocation transition, and although authors either vary or do not discuss when adaptation occurs, one study found early adaptation occurred on average between three to four months whilst the later stage of adaptation occurred between four to six months (Brooke, 1989). Given the centrality of adaptation as a concept to explain how people respond to transition during relocation this is discussed further in the next section.

2.3.4 Adaptation and development in later life

The focus on adaptation in relocation studies reflects the general tendency within such work towards psychosocial approaches to explain the phenomenon of relocation. Erber (2010) suggests a key psychological model offering a useful conceptual framework of understanding strategies older people adopt during the ageing process is the Selective Optimization with Compensation (SOC) model (Baltes and Baltes, 1990) which has influenced conceptualisations of ageing as a process of working towards ‘successful’ adaptation.

Ideas such as ‘successful ageing’ (Antonucci and Jackson, 1989, Baltes and Baltes, 1990, Ebner and Freund, 2007), and ‘psychological resilience’ (Ong et al., 2006, Ryff et al., 1998) assume adaptation is an active state during ageing, and like relocation, can also be viewed as process involving various transitional phases (Arber and Gilbert, 1990, Biggs, 1999, Nilsson et al., 2000, Thompson, 1992). In such theoretical perspectives older people are perceived to act with agency to ‘successfully’ transverse life events such as relocation (Rossen and Knafl, 2007, Wilson, 1997, Young, 1998) or contractions in friendships (Jerrome and Wenger, 1999). For instance, evidence suggests many people in later life continue to actively engage with their roles and gain satisfaction from them (Adelmann, 1994).

The SOC model argues people engage in adaptation throughout their lives and are capable of learning, changing and calling upon reserve capacity not ordinarily used, to deal with fluctuations of daily life. It also assumes individuals experience both gains and losses. In later life losses may outweigh gains and reserve capacity may diminish, and the SOC model suggests certain strategies can be drawn upon to optimise life in such circumstances, such as focusing efforts on domains where effective functioning remains high (‘selection’) and substituting new strategies when losses occur (‘compensation’).

Building upon this earlier work, Paul Baltes and colleagues have more recently argued the notion of *Sehnsucht* can be perceived as a motivational construct (Kotter-Gruhn et al., 2009, Scheibe et al., 2007). These emergent ideas identify a complex construct based on the German concept of *Sehnsucht* defined as:

A high degree of intense, (recurring), and often painful desire for something, particularly if there is no hope to attain the desired, or when its attainment is uncertain, still far away (Scheibe et al., 2007:778).

The word is used commonly within everyday discourse in Germany, yet largely unexplored as a concept within social research until Scheibe et al., (2007). In English it evades specific definition; for instance ideas such as ‘nostalgia’ and ‘melancholy’ do not fully capture its meaning (Scheibe et al., 2007). For the benefit of English

readers, the idea has commonly been referred to as ‘*life longings*’ by the theory’s proponents.

Scheibe et al., (2007) describe *Sehnsucht* as being a core component of the search for optimising life, and as such gives directionality to life’s pursuit of living an optimal life - a ‘good’ and meaningful life involving striving for the best. Yet, additionally, the authors contend:

Sehnsucht may operate as imagined realizations of psychological utopias, especially if under psychological control. (780)

In this form, positive benefits can derive from having longings, by allowing utopian thoughts to detract from the vicissitudes of daily life and assist reflective, evaluative processes required to attain an acceptable state of living. Life longings are seen to vary in character and expression over the life course and help regulate losses or feelings of incompleteness and imperfection (Scheibe et al., 2007). It is in this way that *Sehnsucht* can be perceived as a useful adaptive mechanism in later life, given adaptation in later life frequently relates to accommodation of changes or losses.

The concept appears to be multifunctional (positive and negative) (Kotter-Gruhn et al., 2009), and it has been argued that if longings and the sense of incompleteness are experienced too intensely or painfully, negative affect can result, particularly if such feelings and thoughts are difficult to control (Kotter-Gruhn et al., 2009, Scheibe et al., 2007), although in later life people are thought to have gained greater ability and experience at controlling such feelings (Scheibe et al., 2007, Scheibe and Freud, 2008). Life longings are seen as being durable over time (Kotter-Gruhn et al., 2009, Mayser et al., 2008, Scheibe et al., 2007) and as having ‘*cognitive, affective, motivational and lifetime-comparative and lifetime-evaluative components*’ (Scheibe et al., 2007: 782). A core component of life longings is its ‘*ontogenic tritime*’ focus (Scheibe et al., 2007: 781) in other words the idea that past, present and future are involved.

Longings are perceived as differentiated from goals, given the latter are primarily believed to be realisable, short-term and future focused (Mayser et al., 2008). A good

deal of early empirical work on the topic of life longings has focused on differences between life longings and goals (Kotter-Gruhn et al., 2009, Mayser et al., 2008, Scheibe et al., 2007), perhaps to encourage a belief amongst life-span development theorists that *Sehnsucht* exists as a discrete construct. Thus it seems life longings are determined by areas of life characterised by incompleteness, and galvanises action towards realising the ‘longing’ if perceived as attainable, or accepting it cannot be attained if not. This idea can be reflected in the relocation process, where life no longer feels ‘complete’ due to the impact of ageing leading to a desire for relocation. The idea of *Sehnsucht* is considered in the context of this study more fully in chapter nine.

The concept of adaptation can suggest a linear relationship between change and how people adjust to it (Lee et al., 2002). Yet, adaptation processes are unlikely to gradually increase over time, but appear instead to be multidirectional, where sometimes adjustment may be progressive, at other times, regressive (Lundh et al., 2000). Wilson (1997) suggests adjustment processes during relocation act as a series of circular phases, whereby regressive, or ‘stuck’, behaviours can prevent progress and tend to occur within each phase. Once these behaviours progress the phase can be completed and the person can progress to the next. This argument is supported by relocation research which generally recognises transition rates can vary between individuals, with a minority of individuals not achieving ‘successful’ transition in the research timeframe (Brooke, 1989, Sviden et al., 2002, Wilson, 1997, Young, 1998).

Little is known about how adaptation processes operate during relocation, as Lee et al., (2002) comment:

There is a lack of thorough understanding of the actual processes that describe the experiences and events as older residents make their day to day adjustment after placement. This has impeded development of a coherent concept of adjustment to residential care and identification of relevant caring practice to promote adjustment. (25)

Adjustment in later life can be viewed as a response to changes within internal and external domains, and the dynamic interplay between them. Older people are likely to experience different stages of adaptation simultaneously as they react to multiple

changes within their lives, such as in domains of health, social networks or home. Thus, the complex task involved in untangling the various strands to demonstrate which actions and behaviours relate independently to which changes at any given point at the individual level goes beyond the scope of this thesis. However, what is of interest here is the way individuals experience and respond to change *per se* within day to day life during relocation.

Research has found adaptation during relocation in later life requires considerable agency and time, and (Sviden et al., 2002) highlight the frequently existential, personal and social processes experienced during this phase. Adaptation appears dependent on factors such control and decision-making (Ball et al., 2009, Beaver, 1979, Lee et al., 2002, Sviden et al., 2002, Wilson, 1997, Young, 1998), ability to adopt successful strategies to give life meaning, achieving socially integration (Porter and Clinton, 1992, Young, 1998).

The early phase of adaptation during relocation has been termed *reframing* (Lee et al., 2002), *renaming* (Porter and Clinton, 1992) and *reconciling life changes* (Young, 1998). Such ideas reflect work involved in rationalising (Brooke, 1989) and internalising (Wilson, 1997) views about the new living situation. Reframing is seen to as a wilful attempt to view the move as positive, consciously reframing negative views into positive ones (Drozdzick, 2003, Porter and Clinton, 1992). Once reframing is achieved, people progress to feeling more ‘settled’ (Young, 1998), so the situation no longer feels new and alien, they begin feel comfortable, at ease, more satisfied (Sviden et al., 2002).

This second aspect of adaptation can be viewed as an extension of, or building upon, the first step of the adjustment phase. It is characterised by greater acceptance and participation (Wilson, 1997, Lee et al., 2002), reorientation of carers (Lundh et al., 2000) and stabilisation (Brooke, 1989). Brooke (1989) described the challenge of this stage as being to conform whilst maintaining self-identity. Routines become more established and people feel safe and secure (Sviden et al., 2002). Perhaps precisely because routines were now more predictable, Brooke (1989) noted residents at this stage became more accepting of changes in their environment as long as they did not affect established routines or threaten stability.

Examples given by Sviden et al., (2002) implied the return to a life of ‘normality’ during adjustment: of continuing with activities that also occurred prior to the move, such as undertaking hobbies, keeping in touch with family and friends or performing tasks of daily living. Generally successful adaptation is taken to mean social and psychological balance (Porter and Clinton, 1992), the absence of mental health symptoms and being active and sociable (see e.g. Rossen and Knafl (2003) study of wellbeing following relocation).

Having considered ways older people act with agency to adapt to change in later life, focusing on relocation; attention is turned in the second half of this chapter to social factors that can impact on older people, and ways social support during later life can facilitate relocation. However, before doing so, it is worth briefly considering how theories relating from birth to death apply to this chapter. This is an important component of the study (as explained in Chapter 3) which is interested not just in how people experience the present, but also how thoughts about the future as well as past experiences also shape the present.

2.4 Life span and life course theories

To date, within this chapter, consideration has been given briefly to the notion of life span theories of human life, predominant within developmental psychology. Such theories are particularly concerned with biological and evolutionary functions located at the level of the individual, and how these vary from birth to death, for instance, motivation, memory, perception, cognitive abilities, resilience and goals (Hoyer and Roodin, 2009).

However, within sociology the notion of the life course has also gained in stature during the past few decades, and relates to ideas that social structure and institutions shape how populations experience life. So for instance, education, families and employment are all considered relevant areas of research interest that determine how lives are lived within specific cultural and historic contexts. Within this theoretical approach, individual agency is seen as less powerful in explaining human action, with

greater emphasis given to external societal regulation shaping human experience (Mayer, 2003).

The importance of recent developments within life-span theories in psychology and sociological life-course explanations should not be underestimated, and both powerfully advance different aspects of our understanding of human life in contemporary society. For instance, in a review and critique of family studies of the late twentieth century Allen et al., (2000) noted life course theory was '*perhaps the major theoretical advance in the decade of the 1990s*' (915). However, whilst both theories are recognised within their respective disciplines as having major explanatory power, they appear to have followed parallel trajectories and seem less interconnected today than when they first emerged in the mid-twentieth century (Diewald and Mayer, 2008, Mayer, 2003).

Each of these two theories can only partially explain human experience. Whilst life span theories illuminate ways individuals attempt to shape their own destiny, this is done within the broader life course context and groups in which people live:

As much as life courses are the products of culture, society and history, they are also the produce of persons as natural organisms, individual decision makers, and personalities. (Mayer, 2003): 473

Successful development and achievement of personal objectives are contingent upon societal positioning, so that constraints or opportunities arising from social structure influence outcomes, irrespective of the individual agency applied to such objectives. It has been argued that theoretical and empirical work could usefully bring life span and life course approaches closer together. Attempts have rarely been made to consider how this can be achieved, though the work of Jutta Heckhausen and colleagues probably comes closest (Heckhausen and Schulz, 1995, Heckhausen et al., 2010). Within this work it is recognised that individuals have to adjust to changing opportunities and constraints characteristic of different stages in life, and that societal institutions structure the life span in terms of critical transitions and time ordered constraints. In line with other life span approaches, it is acknowledged that individuals are challenged to come to terms with reduced chances of achieving

important life goals once opportunities have passed (an obvious example here is the reducing ability of women to have children beyond a certain age). Thus:

Any effective theory of life-span development needs to address the way in which life-course variations in opportunities and constraints are met with individuals' attempts to master their own development. (Heckhausen et al., 2010): 36

Although this thesis makes no great claims to reconcile life span and life course theories, both are given a place within the work presented here. Thus, individual agency of older people and their significant others are discussed in the context of their life course stage, given that agency will partially be determined by the broader social context in which they operate. Thus, having discussed adaptation at the level of the individual in later life, attention is now turned to how social structure, at both macro and micro levels can impact upon older people.

2.5 Contemporary society and ageing

In order to place a discussion of relocation in context, this section shall briefly address key features of later life in contemporary Western countries. Large scale longitudinal studies of ageing have been established within a number of Western countries over the past couple of decades, such as America, Canada, Australia and both within individual European countries such as Berlin and England and across Europe ('SHARE' – Survey of Health, Aging and Retirement in Europe - covering eleven European countries). These studies have contributed invaluable knowledge to what is known today about older people and the ageing process. Such studies require considerable resources, and are therefore a testament to the benefits that longitudinal research can produce.

Whilst dominant trends amongst the current cohort of older people can be identified, for instance, in relation to living arrangements, marital status and familial roles (see Chapter 1), it is important not to generalise individual experiences. Indeed, as social institutions become more diversified with less emphasis on age specific role transitions and identities across the life course (Feathersone and Hepworth, 1989) more individualised responses to growing older are emerging (Higgs and Gilleard, 2006).

Yet despite this, social institutions do not always change quickly or easily (Bunt et al., 2010, North, 1996) and individual responses to ageing may meet resistance within society. In the context of assistance migration, people moving at advanced ages closer to support are likely to require help - some only with accomplishing the physical demands of the move itself - but potentially also with associated legal and paperwork and more generally on a daily basis with tasks of daily living. So far, this chapter has considered issues relating to older people specifically and has not addressed the role other people play in their lives. However, people do not operate in a vacuum and social interaction is the norm in daily life. Thus, the remainder of this chapter will consider social dimensions of later life, and given the topic being considered within this thesis, will focus upon social support that people can draw upon as they age.

2.4.1 The social context of ageing

The meaning of being old in Western countries has come to be perceived in generally negative terms, with associations of loss, decline and illness (Hockey and James, 1993, Kaufman, 1986). Discrimination and subsequent disempowerment of older people is considered endemic within mainstream society (see e.g. Hockey and James, 1993). One recent major European study of dignity in later life consisted of 265 focus groups involving 1320 participants across six countries including the UK. A key finding was that attacks on the dignity of identity – defined broadly as ‘self-respect’ – were commonly experienced in later life (Tadd and Calnan, 2009). Illness, disability, poverty and old age threatened their dignity and altered self-identity. Further, those most dependent on others, were found to be at risk of interference in private areas of their lives. Key themes arising from participants’ accounts in this study included: ‘being a burden’, ‘lack of respect from others’, ‘invisibility’, ‘maintaining personal appearance’, ‘humiliation, ridicule and embarrassment’.

It is therefore not surprising that ageing in Western countries is often perceived as something to be feared, to seek to avoid. Thus it has been argued that people tend to disassociate themselves from ‘older’ people, including paradoxically older people

themselves (Andrews, 1999, Hockey and James, 1993, Thompson, 1990, Victor et al., 2009). Andrews (1999), for instance, found those generally considered as 'old' by most people in society do not tend to associate with being old. Instead, people as they age seek to maintain youthful images of themselves (Feathersone and Hepworth, 1989), adopt 'acceptable' personas (Biggs, 1997, Biggs, 1999), report they don't 'feel old' (Kaufman, 1986, Thompson, 1990, Thompson, 1993) or see 'old' as being older than themselves (Victor et al., 2009).

The reaction of older people to such negative societal influences may include a range of responses in addition to disassociation, such as distancing or disguising the self from others. At present, the precise nature of how older people react to discrimination in later life is unclear. For instance, researchers have conceptualised people in later life as finding meaning in expressing a sense of self that is ageless (Kaufman, 1986, Thompson, 1990). Yet:

...at the same time, they are changed by the years they have lived, not only physically but psychologically. Thus, old people's readings of their social world, and their positioning of themselves within it, are very nuanced. (Andrews, 1999: 313)

Instead of being perceived as 'ageless' which Andrews (1999) argued can reinforce discrimination as well as deny the value of ageing, she suggests there is a sense in which older people are still the same person they were in earlier life, but more so, they become more deeply themselves. The idea of 'growing into ourselves' suggests a certain introspective quality, whereby current experiences combine with reflection and memories to form a deeper understanding of ones life. It is likely that solitary reflection, whilst receiving less academic attention recently in terms of the value to older people (Katz, 2000), would appear to allow time and space to shape perceptions of ones life experiences in old age and to minimise the impact of discrimination.

Another way of dealing with discrimination could be to develop a 'masque' or social persona to facilitate interaction with others in ways considered 'socially acceptable', whilst other aspects of the psyche remain hidden from view and therefore protected from attack (Biggs, 1999). Yet, if the true self can only be revealed when alone or

with like minded others, then another temptation may be distance the self from a hostile world. In a recent study of loneliness in later life the authors noted:

One woman, in particular, talked about not feeling as if she was a part of the present day world, and not wanting to be a part of the world that she simply did not understand. With such a perspective it is unlikely that...participants will want to engage and participate in an external world that at best they find confusing and at worst frightening and disorientating. (Victor et al., 2009: 90)

An increasing rate of unpredictable change is now being witnessed in society, often sudden and dramatic in their consequences, such as the recent near collapse of traditionally 'safe' financial institutions. Such unforeseen and dramatic change can be located theoretically in arguments that suggest an 'acceleration' of time in modern Western countries.

It has been argued that such acceleration has occurred as a result of the speed of technological development, an increased pace of life, the rate of social and cultural transformation and our relationship to time (King, 2010). The consequences of rapid or multiple changes can be far reaching. For instance, at an individual level such change can pose a threat to ontological security, result in a temporal focus on the present and lead to a greater emphasis on using reflexivity rather than tradition to find solutions to change (Feathersone and Hepworth, 1989, Phillipson, 1998). As King (2010) argues:

There is a tendency to organise time more situatively and in connection with events. The significance of the 'long term' is diminished; life plans, it seems, must be constantly revised, for drastic transformations in life circumstances take place even within a single generation. (King, 2010: 55)

If people in later life can no longer reliably depend on past experience as a way of making sense of the present, then, as is suggested above, older people might need to draw on more immediate sources of understanding regarding the world around them than was traditionally the case. They may look both within themselves, reflectively, and outwards, particularly using younger adults who are active participants in the dominant culture - the 'culture bearers' (King, 2010) as points of reference - to gain ideas on how to deal with situations in which they find themselves. Insufficient research on temporality and later life means this claim is as yet unsubstantiated.

Little is known about how people in later life experience the idea of ‘acceleration’ of time. More research however, has been conducted on how younger adults experience time in contemporary society, with several studies considering temporality across generations with regard to parenting children (King, 2010, Maher et al., 2008, McKie et al., 2002), family use of technology and temporality (Nansen et al., 2009) and adult experience of non-work time (Southerton, 2006). Such qualitative works suggest time is a complex, multi-factorial construct experienced differentially according to gender, class, location, culture and lifecourse stage. Yet, it would appear that – at least for certain sections of society, engagement with time is changing – for instance contemporary adult women who often combine work with caring responsibilities (Maher et al., 2008). If our relationship to time changes, then accordingly it can be argued, social interactions are altered. This is because time is relational or in other words ‘*time-space relations are constitutive features of social systems*’ (Lash and Urry, 1994: 223). Thus:

Changing work schedules put pressure on existing care arrangements, non-standard working hours force families into the informal care sector, the changing needs of children (across their life cycle or through additional emerging needs) will generate new time pressures for families. (Maher et al., 2008: 543).

Reduced time for caring can result in intensification of care tasks (Maher et al., 2008) and mean the ‘gift of time’ becomes an ‘annexation of time’ (King, 2010), representing a power struggle with other household members for their own time, particularly for contemporary women who increasingly desire to fulfil their own life goals in tandem with satisfying the needs of their offspring. Although this literature relates to families caring for children, the time pressure upon caring activity can equally relate to caring for others, for instance ageing parents. Such an annexation of time may mean that whilst practical caring tasks are prioritised so basic needs are met there may be limited space available to assist those in later life in other ways.

Ideas of kinship within contemporary sociological texts suggest the meaning of ‘kin’ is wider than blood relatives and takes account of significant others to whom people relate and the wider social networks within which they are embedded (Lawler, 2008, Smart, 2007). As Lawler suggests:

Kinship, then, is a way of constituting relationships that include some and exclude others. It is, further, a way of constituting oneself within networks of relationships. (2008: 32)

Current social arrangements in the early twenty first century suggest a more diffuse and flexible view of 'family' is needed than has historically been the case (Smart, 2007). For instance, the declining influence of marriage as an institution for raising children in countries such as Scotland, where half of all children in 2008 were born to unmarried parents (Wasoff et al., 2010), demonstrates the scale of the changing nature of family structures. Despite this, studies show that *'the family as an institution is as strong as ever and continues to serve our civilisation quite well'* (Williams and Nussbaum, 2001:151), see also Bengston et al., (2002) and Phillipson et al., (2001).

Whilst the constitution of family members may be changing, it appears familial roles performed by men and women continue to largely adhere to traditionally gendered patterns (Bengston et al., 2002, McKie et al., 2004). Within critical family theories, gender has formed a central role in studies on care of older people (Allen et al., 2000). A clear and unequivocal finding of many studies on this topic is that mothers have stronger bonds with their children than fathers, and that female relatives – particularly daughters – are most likely to provide care for older relatives (notwithstanding the role male co-residents, notably spouses, play):

Gender of parent and child is a highly salient axis of family life and intergenerational relations. On topic after topic, we have found that ties among women were stronger, more frequent, more reciprocal, and less contingent on circumstances than those of men. Women's ties to women, as mothers, daughters, sisters or grandmothers provide important social and emotional connecting links among members of a family and lineage. (Rossi and Rossi, 1990: 495)

Such findings are replicated time and again in studies, in the UK (Abrams, 1978 , Arber and Gilbert, 1990, Arber and Ginn, 1990, Arber and Ginn, 1995, Cornwell, 1984, Finch and Mason, 1990, Finch and Mason, 1993, Henz, 2009, Nissel and Bonnerjea, 1982, O'Neill and David, 1999, Phillipson et al., 2001, Pickard et al., 2007, Townsend, 1957), America (Cicirelli, 1983, Lee et al., 1994, Lee et al., 2003, Marks et al., 2002, Rossi and Rossi, 1990, Spitze and Logan, 1990, Stoller, 1983,

Wenger, 1984) and elsewhere in the Western World such as Australia (De Vaus and Qu, 1998, Kendig, 2000) and Europe (Attias-Donfut et al., 2005, Bracke, 2008, Da Roit, 2007).

Carer hierarchies have been developed to demonstrate the order by which responsibility for giving care to older people is allocated in many families (Finch and Mason, 1993, Lee et al., 2003, Qureshi and Simons, 1987, Rossi and Rossi, 1990). Remarkable consistency exists in such hierarchies, and these findings suggest proximity, gender and the nature of the relationship are critical factors in determining who takes on the caring role. For example Qureshi and Simons (1987) hierarchy identified people who co-reside as most likely to give assistance to an older person, notably either a spouse or a relative who has lived in the same household for a long time. In the absence of other household members' assistance is most likely to be provided by daughters, then daughters-in-law, then sons, followed by other relatives and finally non-relatives.

Thus, such hierarchies identify adult children generally - particularly daughters - who act as primary carers to an older parent living alone, supporting findings relating to the gendered nature of social support. However, the universality of adult daughters as primary carers should not be assumed, for instance in countries with strong patrilineal family systems such as in parts of Asia, parents more commonly chose to co-reside with their sons, whether the son is married or not (Ofstedal et al., 1999). Further, many men in Western countries undertake caring roles for family members, particularly in the absence of female relatives (Arber and Gilbert, 1990, Arber and Ginn, 1990, Lee et al., 2003, Matthews and Campbell, 1995, Ofstedal et al., 1999, Sanders, 2007, Scott and Wenger, 1995, Seelbach, 1977).

In the main however, it would appear males generally adopt a 'back up' - circumscribed or sporadic (Henz, 2009, Matthews and Rosner, 1988, Papastavrou, Kalokerinou, Papacostas et al., 2007) - caring role within their families, to supplement support from women family members. Thus, it has been found sons spend less time caring for their parents than daughters (Grundy, 2005, Spitze and Logan, 1990, Stoller, 1983). Spitze and Logan (1990) found receipt of help was significantly less likely amongst people with one son or two sons than for a reference category

containing one son and one daughter, indicating the importance within Western countries for parental support of having at least one daughter. Given the importance for older people with assistance needs of informal support as was highlighted in chapter one, particularly from adult children, the nature of this support will now be discussed.

2.4.2 Social support and adult child-parent relationships

Social support is generally perceived to encompass a wide range of support and may be given or received from relatives, friends, neighbours or paid staff. Social support implies input given in a relational context (House et al., 1988) where support is obtained through a range of social relationships (Sarason et al., 1983), or in other words, through personal social networks as is described below:

Everyone has a social network and within virtually every network there is a support network. This consists of all those available, or perceived by the person to be available, to provide emotional support, companionship, instrumental help and advice on a day to day basis. Some kinds of support are part of everyday life – the sharing of domestic tasks in a household, routine borrowing and monitoring of risks among neighbours, talking with friends about joys and sorrows. Other kinds are called on only in particular circumstances such as illness or emergencies. Different members of the network may provide different kinds of support, depending on their relationship to the person and constraints of time, distance and abilities. (Scott and Wenger, 1995: 158)

Social support, as indicated in the quote above is frequently conceptualised as containing two broad types of support: emotional and instrumental support (Barry et al., 2004, House et al., 1988, Whitbeck et al., 1994, Vrabec, 2007). Although other typologies have been produced, generally these two main forms are incorporated. To illustrate, (Sherbourne and Stewart, 1991) postulate four dimensions of social support: emotional/ informational; tangible; affectionate; and positive social interaction; ‘tangible’ aligning to instrumental support whilst the others deal with emotional support. The predominance on affective dimensions in this model reflect findings that suggest regular support given to older people by family members is mainly emotional in nature and not particularly physically taxing (Cicirelli, 1983, Piercy, 1998).

As was demonstrated in chapter 1, research findings indicate many older people report not needing, or receiving, significant levels of support even at fairly advanced ages (MacDonald, 2004, Qureshi and Walker, 1989, Roe et al., 2001, Wenger, 1984). Cicirelli's (1983) major American study of adult child-parent relationships found most regular support was directed towards mentally, rather than physically, challenging tasks such as psychological support, dealing with authorities and protecting them, for instance, by making checks on daily health and security. Help with more physically taxing tasks, such as heavy housework or maintenance, tends to be required on a more occasional basis (Cicirelli, 1983, Grundy, 2005, Qureshi and Simons, 1987, Rossi and Rossi, 1990, Spillman and Pezzin, 2000). Yet, a significant minority of older people require considerable input from others, in terms of time at least. For instance, one in five people aged 50+ with care needs and living alone in Scotland receive more than 20 hours assistance per week (Raab and Macdonald, 2004).

Relationships between adult children and their parents are likely to influence the provision of assistance to a parent, although limited research exists regarding the quality of the adult child-parent relationship and the impact of parental ill health and dependency and findings are not always consistent (Suitor et al., 1995). When the health of fathers is considered, for example, despite an expectation that declining health would have a negative impact on the amount of help given by parents to their children, Grundy (2005) found increasing disability of fathers increased the help they gave to their children, whilst Rossi and Rossi (1990) found variable results regarding whether fathers in poor health were more or less likely to have contact with their adult children. Overall however, studies have found increased support needs of older parents can alter the nature of the child-parent relationship (Qureshi and Walker, 1989), reduce positive feelings towards parents (Cicirelli, 1983, Johnson and Bursk, 1977) and cause raised levels of distress amongst carers (Hirst, 2004).

Despite being virtually nonexistent by the late 1970s (Johnson and Bursk, 1977), more recent research has investigated the quality of relationships between adult children and their parents. Studies report the majority of adult children experience positive relations with their parents, particularly their mother (Cicirelli, 1981, Lawton et al., 1994, Phillipson et al., 2001, Qureshi and Walker, 1989, Townsend, 1957,

Willson et al., 2003) For instance, American studies such as those by Cicirelli (1983) and Lawton et al., (1994) found approximately four fifths of adult children felt 'close' or 'very close' to their parents (87% and 80% respectively).

Whilst there is significant variation between individual families (Uhlenberg and Kaufman, 1998), certain factors appear to predispose certain people towards having a close relationship than others. For instance, the quality of earlier relationships between parents and adult children has been found to influence current relationships (Qureshi and Walker, 1989, Rossi and Rossi, 1990, Whitbeck et al., 1994, Willson et al., 2003), and the willingness of adult children to provide instrumental and emotional support is affected by the nature of the child-parent relationship (Schwarz et al., 2005), as well as indirectly by the early parent-child relationship (Whitbeck et al., 1994). Suitor et al. (1995) found intergenerational closeness was enhanced if adult children or their parents experienced 'normative transitions', such as children establishing separate households, parents retiring or widowhood.

The majority of informal care research has focused overwhelmingly on the experience of the carer at the expense of the cared for (Crist, 2005). Much carer literature has framed the task of carer as one of 'burden', and pressures upon informal carers have been well documented, arguably to the extent of pathologising care. The literature suggests significant personal costs are associated with providing care (Carers Scotland, 2011, Cicirelli, 1983, Hirst, 2004, Nissel and Bonnerjea, 1982, Papastavrou et al., 2007, Pohl et al., 1994, Willson et al., 2003, Vrabec, 2007). For instance, adult children are more likely to experience health concerns themselves as they reach middle-age (Harkins and Dudleston, 2006), and in one recent Scottish study carers reported more than twice the level of long term illness or disability compared to the general population (Carers Scotland, 2011) arguably making it more difficult to provide care for others. Thus, the ability of adult children to maintain their own lifestyles and independence may well be challenged by parents who look to them for regular assistance:

The negotiation between the adult child, who desires autonomy and solidarity, and his or her elderly parents, who also desire autonomy and solidarity is a difficult task. Intergenerational communication that takes place within this negotiation is key to the life-long nature of the relationship which often gives rise to help

behaviour as well as to feelings of unmet expectations or guilt (Williams and Nussbaum, 2001: 154).

A picture emerges of adult children, particularly daughters, who frequently experience competing demands in trying to ‘juggle’ care for parents with other aspects of their life such as raising their own children, maintaining their marriage or holding down a job (Brody, 1981, Gallacher and Gerstel, 2001, Henz, 2006, Matthews and Campbell, 1995, Piercy, 1998, Stoller, 1983). Yet, despite it being clear tensions most likely exist between some adult children and their parents, traditionally studies in the twentieth century tended to report positive relationships between adult children and their parents, with conflict rarely addressed in the literature (Phillipson et al., 2001).

However, during the previous decade ambivalence and conflict within adult child-parent relationships has received greater research attention (see for instance: Connidis and McMullin, 2002, Fingerman et al., 2008, Giarrusso et al., 2005, Luescher and Pillemer, 1998, Van Gaalen and Dykstra, 2006, Vrabec, 2007, Willson et al., 2003). Willson et al. (2003) found whilst most adult children reported strong positive feelings towards their parents or parent-in-laws over a quarter (28%) reported ambivalence (moderate positive and negative feelings). The likelihood of experiencing ambivalence appeared greater when either of the dyad experienced poor health (also reported by Fingerman et al., 2008, Vrabec, 2007) or where the daughter-in-law provided support. Factors suggested as causes of conflict between adult children and their ageing parents can include communication difficulties due to ageing or disability onset (Biggs, 1993), age stereotypes (Williams and Nussbaum, 2001) or competition for scarce resources (White and Klein, 2002, Williams and Nussbaum, 2001).

If relationships between adult children and their parents can be affected by daughters undertaking a caring role, the question of what motivates people to provide assistance arises. As is shown below, the idea of exchanging support within family relationships – as is suggested in notions of interdependency – is not new. Yet with increasing frailty and the onset of disability in advanced later life, opportunities for providing support diminish whilst support may be increasingly needed.

2.4.3 Reciprocity, responsibilities and duty

Exchanges of support between late mid-life adults and their offspring are not uncommon, with about one fifth to one quarter of mid-late life adults in Britain giving as well as receiving support from their children (Grundy, 2005). For instance, grandparents provide a valuable source of child care for many working parents (Gray, 2005, Hank and Buber, 2009). Those who give support appear more likely to receive it (Grundy, 2005, Lee et al., 1994) leading Lee et al. (2004) to suggest '*families able to maintain intergenerational exchange because of factors such as proximity do so in both directions*' (562). The propensity to provide support also appears to be influenced by the quality of relationships and the influence of early parent-child relationships as noted above. Theories in this field include exchange theory and reciprocity theory, and these continue to inform theoretical debate (Antonucci and Jackson, 1990, Silverstein and Bengston, 1997).

The idea of exchange as traditionally conceived does not deal well with transactions of support that occur differentially over time, for instance during times in life when support may be received but not given. In addition by focusing on younger older people, exchange theory tends to reinforce perceptions that older people have capacity and willingness to reciprocate equally (Finch, 1989, Richardson et al., 2007). Numerous studies in Europe and the US have found that the older people are, the more likely they are to be in receipt of support (Grundy, 2005, MacDonald, 2004, Marshall et al., 1987, Rossi and Rossi, 1990, Schwarz et al., 2005), though Grundy (2005) noted it was not until parents reached their seventies that the level of help received from an adult child exceeded help given to them. An imbalance in support reciprocity has been found to have negative effects on relationship quality (Schwarz, et al., 2005).

Finch's (1989) idea of 'cycles of reciprocity' enabling a more nuanced understanding of social relations as a temporal phenomena involving numerous people which shape exchanges over the longer term has been captured subsequently by the Convoy Model (Antonucci and Akiyama, 1987, Antonucci and Akiyama, 1994, Antonucci et al., 2011). This model acknowledges social support occurs reciprocally within social networks developed over the life-course, where support is situational, located in time

and place. This idea has proved influential in recent research where it has been found that people benefit from the presence of a variety of individuals that play diverse social support roles (Levitt, 2005) and highlights the dynamic nature of social relations whereby network size declines with advancing age (Antonucci et al., 2011, Shaw et al., 2007). Viewing reciprocity as a concept that operates over the life course may, at least partially, explain why older people continue to receive support from their family when they no longer feel able to offer assistance.

In addition to notions of proximity, close relationships and reciprocity, the role of norms and obligations has been advanced as a major determinant of why families provide care to their older members. Thus it is posited that family members feel a sense of duty or obligation towards helping one another and feel it is their responsibility to do so (Finch and Mason, 1990, Marshall et al., 1987, Rossi and Rossi, 1990, Seelbach, 1977). Interestingly, attention to this notion in the literature significantly outweighs ideas that care is provided out of *love* for others, an area which has been generally neglected to date (Curran, 2002, Finch, 1989), despite the importance intimacy and friendship play in human life (Barbalet, 2002, Shakespeare, 2006).

Numerous difficulties exist with regard to measuring norms and obligations, such as the use of complex or crude research tools (Marshall et al., 1987), differences in educational attainment causing variation in findings using written vignettes and findings norms do not particularly determine behaviour. Notwithstanding these limitations, felt obligations towards caring for family members appear highest for ones' own children and parents, amongst adult children who report positive early relationships with their parents (Rossi and Rossi, 1990, Whitbeck et al., 1994), where parents are in declining health (Silverstein et al., 2006) and where feelings of being needed are high (Oudijk et al., 2011)

Feelings of obligation imply a sense of responsibility, and interestingly, a sense of obligation to support others declines with age (Gans and Silverstein, 2006, Rossi and Rossi, 1990). Though reasons for this are unclear, Gans and Silverstein (2006) suggest older people hold less idealised views of providing support, and faced with the prospect of actually having to do so, re-evaluate their sense of duty towards

others. Within families, the way decisions are taken about how to support particular family members has been investigated in Finch and Mason's (1993) influential '*Negotiating Family Responsibilities*'.

Finch and Mason (1993) identified three main ways in which responsibilities are negotiated, with over three quarters of their sample (comprising members of 88 kin groups) claiming they would use open discussion and come together to discuss how best to provide support. Secondly, responsibilities were negotiated through 'clear intentions', whereby people consciously planned how to provide support and sometimes implicitly got that message over to others involved without actually bringing it into the open for discussion. This approach was less common, but most likely used by adult children providing support to parents. Finally, a catch-all category of 'non-decisions' was identified - decisions that did not fall into the other categories – and included for instance where help was just given.

Further research is required to ascertain how such decision making occurs dynamically, responding to fluctuations and change in daily life and it is unclear how felt responsibilities are realised in daily life due to a paucity of qualitative research. One notable exception is Piercy's (1998) qualitative study that identified three main themes to describe responsibilities family members felt towards older relatives to whom they gave support: environmental quality, including issues of safety; sensitivity, including experiencing empathy and giving emotional support, and; including them in wider family activities such as visiting or celebrations. However, broader features surrounding the dynamic way responsibilities are adopted, realised, and felt in daily life are areas research could usefully explore further, and indeed, is addressed within the qualitative part of the study presented in this thesis.

Finch and Mason acknowledged the complexity of how negotiations occur in practice, and noted lack of open discussion may be due to attempts at maintaining the perceived balance between independence and dependence:

If someone has formed a clear intention to give help, why is there no open discussion? In some instances the reason for not speaking openly about it was fairly clear, in others it was not. Where the reason was clear, often it was similar to the logic governing the exclusion of certain people from open discussions: that is, it

was concerned with maintaining the dependence-independence balance. Open discussion of the issue would, it seems, disturb this more than the actual giving and receiving of help. (Finch and Mason, 1993: 72)

Similarly, Cicirelli (1992) found parents' willingness to allow adult children to take decisions on their behalf related more to the quality of the relationship than to the content of the decision, potentially indicating a greater desire to ensure relationships remain conflict-free than in ensuring a good decision is taken:

When the relationship is of high quality, parents can feel secure that their well-being will be protected. Nevertheless, facilitating congruence between parents and their children in a caregiving situation is important to avoid conflict and promote greater willingness to work together. (Cicirelli, 1992: 201)

Thus, negotiations surrounding the provision and receipt of support are not straightforward, and more work is required to reveal ways parents interact with their adult children and how support is negotiated between them. It appears adult children with good quality and satisfying relationships with their parents may have better experiences of giving and receiving support and indirect negotiation may occur as a way of protecting the quality of the relationship. Yet, as was noted earlier, relationships may be under increased pressure due to the changing nature of relationships arising from the impact of ageing and shifting responsibilities of care towards the adult child (Egdell et al., 2010), which may result in ambivalent feelings.

It can be argued that support from relatives is frequently framed around principles of promoting independence with evidence suggesting many carers, particularly those experiencing good relationships, are aware of desires of older people to retain independence and seek to promote these objectives through their discussions and actions (Corner, 2003, Crist, 2005, Goberman-Hill and Ebrahim, 2006, Piercy, 1998, Sandberg et al., 2002). However, earlier in this chapter it was argued people hold different subjective views of independence and if negotiations between older people and their families are frequently implicit, it is unclear whether the goals, and agency used to achieve them, are similarly aligned and shared between the adult child and their parent. Rather, more awareness of the views of older people is necessary, given they may for instance, seek alternative outcomes, such as being happy to

relinquish certain aspects of control and autonomy to others (Crist, 2005, Peace et al., 2006, Roe et al., 2001).

Little is known about the impact on families of these shifting responsibilities and whether objectives set within families for enhancing their parent's quality of life are aligned and compatible. Thus, this thesis will focus on these aspects of how support is experienced by older people and their primary carers during a stage of transition in later life. Given the major importance of informal support in people's lives, some assistance migrants will move closer to others who can offer informal support, such as an adult child, and the next section will firstly explore what is known about this feature of later life migration. Yet, as was also noted earlier, co-residence with an ageing parent is not a common option in families and moves closer to an adult child are more likely to be into nearby community locations such as private residential accommodation or communal housing with support options such as sheltered housing. Thus, this next section will also consider what is known regarding how social relationships can affect adaptation during relocation, with a focus on moves into communal facilities.

2.4.4 Moving closer to assistance

The pattern of assistance migration shows a more scattered, less predictable pattern of destination moves compared to other types of later life migration (Conway and Houtenville, 2003). This is likely to reflect the nature of such moves, in that many will be to destinations perceived as offering enhanced assistance, such as locating closer to sources of informal support. In these circumstances, the attraction of support - wherever located - may be prioritised more highly in decision-making around choices of destination in advanced old age compared to features such as environmental quality, which feature more highly in migrant motivations of the younger old.

One relevant strand of migration research is that which explores proximity between adult children and their parents (Walters, 2002a). Proximity studies tend to address moves both by older people and their adult offspring, and it appears older people are

somewhat more likely to move closer to their children than away from them (Rogerson et al., 1997, Van Diepen and Mulder, 2009, Warnes, 1986, Silverstein, 1995). For instance, Rogerson et al., (1997) found nearly half (44.6%) of those who lived within 11-35 miles changed their relative distance, with 33% moving closer and 11.6% moving further away.

Factors that increase likelihood of a move closer to a child have been found to include: living a long distance from an adult child (Rogerson et al., 1997, Van Diepen and Mulder, 2009, Warnes, 1986), low income (Clark and Wolf, 1992, Silverstein, 1995) and functional health declines, especially when combined with widowhood (Rogerson et al., 1997, Silverstein, 1995). Although age *per se* has not been found to have a strong effect on proximity between parents and adult children (Rogerson et al., 1997, Van Diepen and Mulder, 2009), as ageing advances older people are more likely to move closer to a child, show declining likelihood of divergence from children (Silverstein, 1995) and appear less willing to move long distances (Van Diepen and Mulder, 2009). Living close to an adult child is also a 'tie' to an area, and such people are amongst the least likely to change proximity (Rogerson et al., 1997, Van Diepen and Mulder, 2009).

It would appear then, that many older parents move to live within regular visiting distance of an adult child. Close geographical proximity is strongly associated with regular contact within adult child-parent relationships (Grundy and Shelton, 2001, Rossi and Rossi, 1990, Spitze and Logan, 1990). Thus, by moving closer, the pattern of visits between parents and adult children may change, potentially more frequent with greater opportunities for interaction. Studies in the UK consistently report about half of older people see at least one of their children on a weekly basis (Abrams, 1978, Grundy and Shelton, 2001, Qureshi and Walker, 1989, Rossi and Rossi, 1990, Shelton and Grundy, 2000, Warnes, 1986, Wenger, 1984).

Class, familial, age and gender differences seem to affect frequency of contact, for instance, daughters, tenants, younger adult children and children with low educational attainment are reported as more likely to have at least weekly contact with their parents, whilst higher educated and single people in the UK are less likely to live within half an hour's distance from their mothers (Grundy and Shelton, 2001, Shelton

and Grundy, 2000). More frequent contact is not uncommon either, particularly where close proximity exists, for instance in Qureshi and Walker's (1989) study in Sheffield almost a third of their adult child sample reported seeing their parents at least three times a week.

However, most relevant findings on proximity are from quantitative, often cross-sectional studies. They usually adopt a straightforward geographical approach considering proximity solely in spatial terms (Milligan and Wiles, 2010) and ways changes in proximity are experienced qualitatively, exploring the impact of changed proximity on adult child-parent relationships within a dynamic, relational and temporal context is not well understood. Little is known about how moves closer to adult children are experienced following a move, despite considerable evidence that such moves occur. Social interaction occurs throughout relocation transition and anecdotally families often give considerable levels of support to help an older relative move house. Yet, relocation studies generally tend to emphasise personal adaptation processes and strategies used by older people during transition to communal living, given the tendency towards psychosocial developmental frameworks to explain the experience of moving to or between communal settings (Castle, 2001).

Although most relocation studies focus on adaptation processes at the individual level, the effects of social interaction on adaptation are acknowledged by relocation authors, particularly amongst studies on transition into residential care (see e.g. Kellet, 1999, Sandberg et al., 2002, Tester et al., 2004). Porter and Clinton (1992) argue older people experience relocation more as interaction with others rather than as a reaction to an event. Similarly Leith (2006) concluded a successful late-life move depends less on concrete, external factors and more on social, intrinsic factors (Leith, 2006). Numerous authors have raised the importance of social interaction on adaptation during relocation (Brooke, 1989, Patterson, 1995, Porter and Clinton, 1992, Rossen and Knafl, 2003) and studies consistently report greater social integration results in better adjustment compared to those who stay distant (Leith, 2006, Rossen and Knafl, 2003, Rossen and Knafl, 2007, Sviden et al., 2002, Young, 1998).

Evidence from studies suggests older people act with agency to engage socially with others during relocation into communal settings. This appears to occur during the early stages of adaptation, where efforts are made to form relationships and networks with new neighbours, possibly around three months after a move (Brooke, 1989, Wilson, 1997, Young, 1998). Authors have also noted the importance of the process of 'fitting in' with the prevailing culture within communal living environments (Porter and Clinton, 1992, Young, 1998).

Fitting in ... resulted in a feeling of interpersonal warmth. Participants who were able to achieve social integration in the new setting were indeed more likely to consider the new facility their home. Those who remained distant and reclusive did not characterize their apartments as a home, citing the absence of warmth and other people as the reason for this impression. (Young, 1998:160)

However, authors interpret 'fitting in' somewhat differently, for instance Porter and Clinton (1992) identify a minority (15 of 234 residents) as 'fitting in' whilst Young (1998) suggested 'fitting in' occurred across the majority of participants in her study. Methodological and definitional differences account for these variations, for instance, another of Porter and Clinton's 'adjustment' categories included '*extending*', the idea of attending events organised by their development or getting to know people would most likely be incorporated within Young's fairly broad 'fitting in' theme. Porter and Clinton's idea of 'fitting in' appears to refer more specifically to a minority of individuals who purposefully enmesh themselves with their new circumstances who report feeling settled very quickly. Highlighted quotes by these individuals suggest they bypass certain adjustment phases of relocation experienced by most: '*[I] felt settled in and satisfied within a week's time*', '*I slipped right into it*' (Porter and Clinton, 1992: 471).

For the majority who do take longer however, it appears the work of 'fitting in' can require considerable agency amongst older people. Residents must make efforts to engage socially with others and become acquainted with people in order to begin to form bonds (Brooke, 1989, Young, 1998). Sviden et al., (2002) noted such bonds were often formed with one particular individual whilst some preferred their own company. For Young, 'fitting in' relates to the notion of adapting to communal living arrangements where neighbours live in close proximity and share public spaces,

which she noted represented an increase in density of social interaction and represented a significant change for new residents mostly used to living independently in the community.

Relocation studies invariably focus on the nature of new relationships formed following relocation, notably with other residents, and sometimes staff. Yet, little research exists that addresses the way existing relationships – such as between an older parent and an adult child – can be affected and alter during the transition into communal housing. Further, few relocation studies address significant others' perspectives, such as family members (though see Firbank and Johnson-Lafleur, 2007, Kellet, 1999, Patterson, 1995 for exceptions), or those of other social network members, such as friends.

Social dimensions of relocation in later life have not been well explored by research concerned with relocation, nor with the wealth of cross-sectional research on social support, a body of work that tends to perceive support as relatively fixed in time, and such methods are ill equipped to address the nature of changes in assistance arising from fluctuating needs or circumstances over time. This has resulted in a paucity of knowledge surrounding ways support is negotiated and experienced during times of transition, particularly during relocation in advanced old age, at a time of life when resources are declining and assistance from others is more necessary to achieve the move.

After the move, altered relationships and responsibilities may characterise changes arising between adult child and their parents, and may relate to how adaptation processes are successfully traversed by the older person during relocation. However, though at present such suppositions have not been tested they will be addressed in the research presented for this thesis. In doing so, this thesis will add considerably to knowledge on how transition during relocation impacts on relationships and the psychosocial processes through which older people adapt and experience daily life in relational, spatial and temporal contexts.

2.6 *Summary*

It has been argued that people prefer to live somewhere they can call 'home', and for most people this is achieved by continuing to live in the same house. 'Ageing in place' policy supports this objective with current social care and health provision aiming to support people to live at home as long as they desire. Implicit within this approach is a desire to promote independence of older people, although given the lack of consensus over what this means, can be seen as a problematic concept. As people age, changing circumstances such as the onset of disability or bereavement can reduce 'ties' to an area, perhaps combined with a 'pull' to move closer to support can lead some older people to consider moving.

Such moves, often occurring at the start of the fourth stage of ageing, have been termed 'assistance migration'. Whilst the characteristics and motivations of such migrants have been well documented, less is known about other aspects of the move, such as whether expected outcomes are achieved. Relocation literature was drawn upon to more fully describe how older people might experience relocation, and it was noted most relevant studies drew upon psychosocial explanations of ageing that focus on adapting to change. For instance, it was argued the work of Paul Baltes, theoretically located within life span psychology, offers useful insights into adaptation and development over the life span.

Thereafter, social dimensions of relocation were considered, beginning with a broad description of the social context in which people age in Western countries. It was argued older people are subject to considerable sudden and often unpredictable change in later life within the context of contemporary society that values youth, speed, personal fulfilment and negatively conceives ageing as an inevitable state of decline. The importance of adult children in providing assistance to ageing parents who lived alone was discussed with many studies reporting good relationships and frequent between these dyads, ambivalence in some relationships was indicated. Given the plethora of research on social support, even on topics as narrowly defined as support within adult-child parent relationships, it is somewhat surprising so little attention has been paid to how dynamics between older people and their relationships

with others, particularly their primary carer, are affected at transitional times of life, such as during relocation for assistance.

This thesis therefore contributes to the identified gaps in the literature in three key ways. Firstly, it addresses gaps in literature on older people who move for assistance purposes on what outcomes are achieved, and whether expectations were met. Secondly, an exploration of ways significant others influence relocation allows for a broader, more informed, debate around adaptation processes that more fully incorporate social processes during relocation. Finally, it allows for a more dynamic, temporal approach to the study of how support is negotiated between older people and their significant others, sensitised to the notion that transition represents a period of considerable change which may alter social relationships.

Chapter 3

The research project

3.1 Introduction

This chapter sets out the research methodology of the study. Firstly, the research topic is presented, followed by an outline of the main orienting approaches used to inform the research. Thereafter, the research methods will be discussed, including the research design and mode of analysis. This exploratory research project used a mixed method approach to consider the experiences of relocation of older people into supported housing. It adopted a phased approach; in phase one a survey of older people relocating in Scotland was conducted, followed by five individual longitudinal multiple perspective case studies in phase two.

3.2 Research Focus

The study considers the relocation experiences of older people aged over sixty five moving into supported housing accommodation in Scotland. A particular area of interest is an exploration of the nature of support older people experience, from various perspectives, at the point of relocation. Relocation is defined for the purpose of this study as the process of transition into supported housing, where the transition period is seen to include distinct pre- and post-move chronological stages as discussed in Chapter 2 (see page 34).

The research presented in this thesis will contribute to knowledge by identifying experiences of relocation into supported housing within Scotland. Little is known about the views and experiences of older people as they relocate closer to assistance, and more specifically, into communal living facilities in the community, particularly within the UK. Further, an examination of how significant others, such as family and staff experience and perceive these transitions of older people has been even more neglected in literature, despite the apparently important role social interaction plays

within relocation processes (Leith, 2006, Rossen and Knafl, 2003, Rossen and Knafl, 2007, Sviden et al., 2002, Young, 1998).

As noted in Chapter 2, researchers have tended to conduct quantitative studies of migration or social support, with a much smaller body of qualitative literature on these topics. Whilst several mixed method studies have been conducted, particularly in the field of social support, the use of mixed methods to explore social support at the point of relocation is lacking. Further, multiple perspective case studies used in this study were also felt to be an innovative feature of the study of relocation (see page 70).

A mixed methods approach allowed a broad picture of personal characteristics, expectations and goals of older people moving into supported housing in Scotland to be obtained and a more depth exploration of how older people experience adaptation during relocation, both from their own perspective and that of others. Both phases of the study described below focus on views about support at the stage of anticipating support provision within the survey and in terms of how support is negotiated within the qualitative phase.

The use of a postal survey of older people aged over sixty five moving into supported housing allowed contextual information regarding such moves to be obtained. It generated an overview of characteristics and motivations of older people moving into supported housing operated in Scotland, managed by a major national housing association. Thereafter five individual depth case studies were conducted involving interviews with older people relocating into supported housing, their adult child carer and housing manager. These case studies provided multiple perspectives into the lives of selected older people during relocation, enabling a more dynamic and complex picture to emerge of how older people responded and adapted to relocation into supported housing. The qualitative part of the study formed the major component of the study, involving forty nine interviews with fifteen participants.

3.2.1 Research aim and questions

The overall aim of the research is as follows:

- To study the experience of relocation into supported housing from the perspectives of older people, adult children and housing managers.

The research aim will be achieved by addressing the following research questions:

- How do older people experience relocation into supported housing in Scotland?
- How is support constructed and negotiated during relocation into supported housing?
- What part do relationships play in the experience of relocation from various perspectives?
- How are older people perceived to adapt following relocation into supported housing?

Both parts of the study will have relevance for the first three research questions, although the qualitative study specifically will address the final two questions.

3.2.2 Mixed methods approach

Although there has been considerable debate as to whether positivist or constructivist paradigms are preferable within social science (Duncan and Nicol, 2004) it has been argued that both are compatible (Brewer and Hunter, 1989, Teddlie and Tashakkori, 2003). At the heart of the debate about these competing and contrasting paradigms is the way knowledge is constructed within social research, and it is therefore important to clarify the author's epistemological stance in this study.

Naïve realism, the idea that knowledge is externally independent and can be objectively sought from the external world, conflicts with constructionist approaches where reality is perceived as created and the influence of the researcher is seen to affect findings. Traditionally, quantitative methods have been associated with the former stance, whilst qualitative methods often characterise the latter. The author contends neither approach is without criticism. Whilst a quantitative approach can show a relationship exists between particular variables, it cannot explain that relationship (Brewer and Hunter, 1989). Conversely, a qualitative approach can explain relationships between variables but is unable to easily generalise these findings to the wider population.

A pragmatist approach to social enquiry enables the researcher to consider the array of research methods and choose those most relevant for answering particular research questions (Robson, 2002). Pragmatists tend to reject the polarised positions taken by researchers specialising in either positivist or constructivist paradigms (Denzin, 2010, Teddlie and Tashakkori, 2003, Tashakkori and Teddlie, 1998). Adopting pragmatism can allow researchers to view both quantitative and qualitative methods as having a place within social enquiry and the nature of research questions can inform the preferred method to use. Capturing multiple realities within complex and interwoven phenomenon are more suited to qualitative endeavours whilst concern with making verifiable generalisations from bounded and controllable phenomena are likely to lead to the adoption of more quantitative approaches.

Yet, pragmatism does not address the question of how fundamental differences between the two major epistemological positions associated with each major methodological approach noted above can be reconciled (Bryman, 2007). This is of particular relevance for mixed methods studies where attempts are made to integrate findings obtained using arguably contradictory assumptions about the nature of knowledge generated by research. However, it is important not to assume that the use of different methodological approaches implies a researcher holds a particular epistemological view. A middle way may be possible, as is discussed next.

Situated between these two diverse understandings of how knowledge is created, is the notion of 'subtle realism' (Hammersley, 1992), the idea reality can never be fully

known. Rather views, beliefs and behaviours are constructed by both study participants and researchers and such constructions can offer useful insights into phenomenon being studied (Spencer et al., 2003). Such a view can apply to both quantitative and qualitative methods, for instance, although quantitative methods apply pre-determined criterion to create variables, the meaning of variables is affected by choices made by the researcher when defining questions and categories, as well as in subsequent analysis and interpretation of data. Further, if the purpose of qualitative research is to discover and capture the nature of the social world '*to produce sensitising concepts and models that allow people to see events in new ways*' (Hammersley, 1992: 15) qualitative endeavours must be seen as credible and having broader relevance for the phenomenon under study (see section 3.2 of this chapter for further discussion). In adopting a perspective of subtle realism, the author is more concerned with reflecting, as accurately as possible, the reality as presented by participants and interpreted by the author, rather than ascertaining some infallible 'truth' which can be objectively 'checked' by others.

The use of a mixed method approach can give additional explanatory power to a study, by playing to the strengths of each methodological approach and overcoming some of the weaknesses of each. Within this study, both qualitative and quantitative methods were felt to be useful to better illuminate the phenomenon of relocation of older people in Scotland. Given most studies considered in the literature review are quantitative in nature, the use of a similar method allowed survey findings to be located within the wider relevant literature base. For instance, it is uncertain how those moving into supported housing in Scotland compare with the general older population. Further, quantitative data was seen as a useful way of obtaining basic demographic and migration data, offering contextual information and highlighting areas for further exploration to inform the development of the qualitative approach adopted in phase II of the research. Given characteristics and motivations of migration amongst older people are relatively predictable and have been well researched to date, it was felt such issues could usefully be elicited via survey methods.

However, given relocation in later life occurs in a relational context, a multiple perspective approach allowed a greater insight into the nature of complex interactions between participants at the point of relocation than would be possible with single

perspective interviews. Multiple perspective approaches have rarely been used within social research, though are becoming popular within family studies (Cook and Goldstein, 1993, Eisikovits and Koren, 2010, Forbat and Henderson, 2003, Harden et al., 2010, Mauthner, 2000, Ribbens McCarthy et al., 2003, Roscigno et al, 2012, Shawler, 2007, Shephard et al, 2000, Walrath et al., 2003). It is recognised the multiplicity of factors impacting upon perspectives of relocation does not lend itself well to a positivistic framework (though multiple perspective have been used in such ways (see e.g. Cook and Goldstein, 1993, Walrath et al., 2003) and therefore qualitative interviews are adopted.

Multiple perspective research allows a broader picture to emerge of what is going on in people's lives at any given point in time, where the researcher holds the 'bird's eye view' (Ribbens McCarthy et al., 2003). The researcher must therefore reconcile different accounts where family members hold their own interpretation of an event or situation that may conflict with those of others, or where some neglect to mention it at all. Such omissions and silences within participant accounts can be extremely revealing, yet, also raise ethical issues in the research process with regard to whether such silences can be raised with participants (Harden et al., 2010, Mauthner, 2000). For instance, the need for arrangements to retain confidentiality of participants, is heightened in respect of ensuring that family dynamics and trust between members are not breached by the researcher, yet, equally can serve to constrain discussion, leading Mauthner (2000) to call for guaranteeing anonymity rather than confidentiality (see page 99 for discussion of how such issues are addressed within this study).

Additionally, although efforts are commonly made within multiple perspective research to give equal weighting to the views expressed by different participants, the researcher must be wary of factors that can lead to one account being treated preferentially over another. For instance, Harden et al. (2010) noted the temptation to give more attention to adult accounts as these were denser than children's, whilst Forbat and Henderson (2003) acknowledge researchers may prioritise the account of people being cared for, particularly if such 'voices' have traditionally not been heard:

This leads to a further question regarding the link between ethics (in giving equal emphasis to both accounts) and ideology (in purposefully choosing to prioritise one version over another) (Forbat and Henderson, 2003: 1457).

Within this study, efforts were made to give equal weight to participant's accounts; yet, this was not without challenge, as the unit of analysis was how relocation in later life was experienced. For instance, accounts from the older women participants were denser than those of other participants, and additionally the degree of engagement by other participants in the study appeared lesser than amongst the older women. Participants may have perceived the focus of the study as older people's experiences rather than their own, and therefore played down their own situation and thought particular issues not worthy of mention. However, the researcher sought to remedy this within interviews, by probing how others, particularly adult daughters, experienced the relocation of the older person.

The data resulting from each phase of this doctoral study are not strictly directly comparable, not least as each covers a different time period within the relocation process, although descriptions arising from qualitative analysis can be dovetailed with views expressed via questionnaires. For instance, views about expectations of the move elicited within the survey are explored in more depth using interviews with a far smaller sample size. Thus, a mixed method approach allows for the relationship between variables within a specific population to be identified, and for the nature of that relationship to be explored in more detail in a smaller number of cases.

3.2.3 Data source – Coburg (Scotland) Housing Association

Participants for the study were obtained through Coburg (Scotland) Housing Association – the Scottish branch of a UK-wide organisation. Starting with nine developments in 1979 the housing association managed over 5,000 properties in almost 200 developments across Scotland in 2008-2009). During the study period, the organisation was divided into three geographical areas: East, West and North.

Provision within this housing association was considered by its staff to be broadly similar to that offered by other national supported housing providers specialising in

housing for older people. The majority of housing is provided on a tenancy basis, but approximately 10% is owner occupied. The criterion for purchasing a residence is that people must be aged 65 years or over. However, tenancies within Coburg housing are offered on the basis of need, with the organisation allocating points depending on the level of housing and personal needs experienced by applicants. Housing needs included being homeless, being isolated from family or amenities, living in accommodation that is too large or overcrowded, etc. Personal needs included health issues, impairment, being on medication or if accommodation affected health e.g. damp. Allocations were made in such a way that developments contain mixed communities, with residences allocated to people who had low needs as well as those with high needs.

Coburg provides a range of housing (amenity, sheltered housing and very sheltered housing) across Scotland. Each group of flats formed what Coburg called a 'development', with each given a particular name, such as Sunnybank Drive. Developments provided a communal space, notably a common room or lounge, and office space for the warden. The term 'development' is used throughout this study for purposes of consistency and clarity. A small proportion of the housing stock was amenity housing, in other words, housing comparable with other community based accommodation with no housing support services. Sheltered housing developments comprised self-contained flats with access to 'housing support' services (described below), many with a housing manager on-site at least part-time. 'Very sheltered' housing was used to refer to housing with extra support by the Housing Association. Such developments offered a higher level of care than sheltered housing, notably set meals in a dining hall or daily house visits from support staff.

Since 2003 social housing providers offering housing support services have been required to register with the Care Commission (now Social Care and Social Work Improvement Scotland). For the Association's staff this meant getting used to the new regulatory regime, such as the requirement to prepare and review housing support plans for residents. In this study, the housing managers met with new residents upon their arrival to go through a checklist of items, including showing them how to use on-site facilities. This meeting also helped identify specific support needs, possibly leading to referrals to external agencies if the housing manager believed the resident

required more support. If social support was thought to be necessary, housing managers frequently adopted methods to facilitate social integration amongst new residents, at least initially.

The usual package of 'housing support' provided within Coburg developments, for which a monthly charge to residents was made, generally included calls each week day to residents from housing managers and use of Telecare pull cords or pendants, for use in cases of emergency. Direct and routine care provision was not the responsibility of the housing association, and it was expected that such care be provided by paid carers and informal carers.

Access to the housing association and its residents was negotiated by the researcher and a formal letter of support obtained from the Director of Housing and Care Services. The survey conducted in this study covered the whole of Scotland whilst the case studies were limited to residents moving into the East of Scotland for logistical reasons. More detailed information regarding the involvement of Coburg (Scotland) Housing Association will be given in the sections below on the methods used during phases I and II.

3.3 Phase 1 methods - Postal survey

The first part of the research comprised a quantitative approach to contribute to the overall aim of the research that considered how older people perceived relocation into supported housing. The research questions addressed by the survey include those that consider the nature and views of relocation into supported housing in Scotland from the perspective of older people themselves. Thus the survey sought to identify expectations of older people about moving into supported housing, and focused on the anticipated nature and provision of assistance following relocation. Findings from, and reflections on, the survey are presented in Chapter 4.

Phase 1 of the research involved a postal survey of residents aged 65 and over who had been allocated a tenancy with, or bought a property from, Coburg (Scotland) Housing Association between 1 January 2008 to 30 June 2008. The survey allowed

patterns in assistance migration to be ascertained within a section of the older population moving into supported housing throughout Scotland. The following sub-sections describe the survey design and piloting process, sampling and issues of validity and reliability. Data analysis is outlined in section 3.5.

3.3.1 Sampling issues

The survey involved sending a postal questionnaire to all new residents over 65 and over who had moved into Coburg (Scotland) Housing Association accommodation during a six month time period in 2008. The use of sampling criteria is therefore not relevant, as a whole population sample was targeted. Questionnaires were distributed to all residents who moved between 1 January 2008 and 30 June 2008. In total 206 questionnaires were distributed with 122 returned, representing a response rate of 59%. This represented a maximum margin of error of 9% (using a standard formula of $1/\sqrt{n} \times 100\%$). It was felt that the response rate was sufficiently high to allow for reliable findings.

Although the survey was not representative of all people aged over 65 years moving in the community, it does include older people of various ages and moving into several types of housing tenure, rented and owner occupier. Further, the gender profile of the sample is comparable to the general population. The sample also contains more people requiring support than the general population (compared with information given on page 18, Chapter 1), as becomes apparent in Chapter 4. However, given this study sought to identify issues affecting people who did experience assistance requirements in later life this feature of the sample was considered beneficial.

3.3.2 Questionnaire design

A four page questionnaire (see Appendix 1) was used for the survey. To ensure anonymity a unique reference number was used on at the top of each questionnaire. This was generated through the unique identifier used by Coburg (Scotland) Housing Association as well as codes designed by the researcher to indicate region and type of accommodation.

The questionnaire included a mix of closed and open questions to identify:

- Information about the move (4 items - Q1, Q2, Q3, Q8);
- Information about the person, including their age, gender, living arrangements, self perceived health and functional abilities (six items - Q12, Q13, Q14, Q15, Q16, Q17);
- Information about whether (and if so, why) they are moving closer to an adult child (three items - Q9, Q10, Q11);
- Expectations and feelings about the move (four items - Q4, Q5, Q6, Q7);
- Expectations about the nature and source of assistance, both immediately upon moving and in the future (eight items - Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25).

The topics chosen reflect areas of interest, and are informed by, existing literature as reviewed in the previous chapter. The questionnaire allowed for major socio-demographic variables to be considered, for instance, characteristics of these later life migrants and how they compared to theoretical explanations of migration or relocation in later life. It also importantly, allows for an exploration of the motivations and expectations of older people regarding their own view of their support needs and how they believe these will be met in practice following relocation.

Questions within the questionnaire, particularly around expectations and support were prepared by the researcher. However, in order to ascertain comparable findings as well as being a useful tool to allow self-reporting of functional limitations, Townsend's scale of disability is used (Townsend, 1979). This scale, recognised and validated within health studies with older people (Bowling, 2005), was used to ascertain people's functional ability and level of disability. This supplemented another commonly asked question in surveys that asked people to rate their overall health, allowing for comparison of whether people viewed health and disability as related or distinct features of life.

As well as an exploration of the degree of disability experienced by the respondents, the questionnaire also asked participants about what type of assistance they required with tasks of daily living (Q23). This covered a range of assistance needs including instrumental and personal care needs. Respondents were not directly asked about emotional support, but were asked if they would like someone to 'check they were well', implying affective, relational qualities. Based on a review of the literature, a list of various types of assistance older people could require was devised. Respondents were asked to tick any that applied to them.

It was anticipated that the vast majority, if not all, of the residents would be of Caucasian origin, given the proportion of older people from black and ethnic minority (BME) backgrounds is considerably lower than for the general population at present in Scotland (Richards et al., 2006) and there is a marked preference for home ownership amongst BME groups (Equality Scotland, 2004). As space was limited, it was decided not to follow this line of enquiry in the questionnaire and a subsequent query of Coburg's IT system supported this reasoning. A system report found all new residents who had moved during the study period indicated they were Caucasian (of those completing an ethnicity question as part of a monitoring form used by Coburg). However, this issue is important and whilst not specifically addressed within this study, the potential benefits of supported housing to older people from BME communities should be further explored, with housing providers considering how better to encourage access to their services for such individuals (Richards et al., 2006).

The questionnaire sought information from respondents regarding whom they would turn to for assistance (Q18, Q19, Q20, Q21). Firstly, respondents were asked whom they would turn to in an emergency if they required assistance. Thereafter, respondents were asked if they were likely to receive assistance from another person. This was felt to identify the extent to which the respondents had a variety of people they could call upon for support should they need to. Not wanting to assume the person they called upon in emergencies was also the main person who provided assistance; this information was also requested from respondents. Even if people do not require assistance on a regular basis, many do in an emergency.

Throughout this report the 'main' person who provides assistance to an older person is referred to as the primary carer. A secondary carer – somebody who might also provide assistance – was identified by asking 'If anyone else will assist you please say who'. Such a person may provide assistance in addition to the primary carer or act as a replacement or 'back up' carer to assist when the primary carer was not available.

A critical review of the usefulness of the questionnaire as a research tool, and of the resultant findings, is given at the end of Chapter 4.

3.3.3 Validity

Measurement validity requires that the questionnaire used in the survey measures what it claims to measure (O'Leary, 2004, Punch, 2005). A variety of validation techniques have been used by researchers (Bailey, 1982) and this section deals with two main types: content and construct validity.

Content validity (Punch, 2005) requires researchers to be able to conceptually define their area of interest and devise indicators that relate to their area. This can, in theory, help ensure that one measures what one intends to:

The two steps involved in content validation are to specify the content of a definition, and to develop indicators which sample from all areas of content in the definition' (Punch, 2005: 97)

Certain closed questions used within this survey, such as those relating to personal and health information are replicated from those used in far larger scale population surveys and therefore benefit from previous validation. Other questions devised by the researcher are frequently left as open questions to avoid limiting or preconceiving answers and therefore to maximise the range of responses. Such questions were coded at the pre-analysis stage.

Skill and judgement on the part of the researcher are necessary to ensure content validation, as essentially it is a subjective task, with no pre-set rules on how to achieve it. Older people's expectations regarding their move for instance, are conceptualised as beliefs and hopes about their new home and assistance they

envisage receiving there. Thus, questions were asked about what they hope to achieve by moving, whom they think will assist them, how often they will see them and the type of assistance they will receive.

Another common type of validation procedure used in quantitative research is frequently referred to as construct validity (Bailey, 1982, Punch, 2005). This considers how well a measure conforms to theoretical expectations (Punch, 2005). Thus, the findings of the survey will be compared to what has been found by other researchers in respect of assistance migration and demographic data on older people.

3.3.4 Reliability

Producing a reliable research instrument requires efforts to minimise errors that can arise through inadequate design or process. In this study, the tool was piloted in order that questions causing ambiguity or poor completion could be redressed (see below). A low response rate can also affect the reliability of findings, with the potential for greater margins of error the lower the response rate. To maximise the response rate reminder letters with a fresh questionnaire were sent to non-respondents a fortnight after the initial questionnaire was posted. These techniques were the main ways reliability was enhanced in the study.

Reliability also refers to the consistency of the measure used (Bailey, 1982; Punch, 2005), yet tests to check stability - such as the 'test-retest method' (Bailey, 1982, Nachmias and Nachmias, 1976, Punch, 2005) - and internal consistency for instance, using Cronbach's α , were not used. The test-retest method is not an appropriate test for this study its focus is to ascertain expectations about how relocation will be experienced following the move rather than how the move is actually experienced, as would be found if the instrument were re-administered at a later date. Further, whilst internal consistency checks can be more easily used with larger surveys, space limitations within the postal questionnaire meant multiple questions were not sought on the same construct.

3.3.5 Pilot survey

Between late summer and the end of 2007 the draft questionnaire was piloted twice with residents, with the first pilot ending after 9 completed questionnaires had been returned from 13 sent and the second after 30 questionnaires were received. The purpose of these pilots was twofold: firstly to make sure it generated the required data and to gauge the likely response rate and secondly to check the suitability of the distribution process.

Several changes were made to the questionnaire following the first pilot. A major change was in relation to the way information was sought about the anticipated receipt and source of care. The relevant question was simplified and split into two questions, one asking about informal care by the main carer and the other asking about formal care provision. Another amendment was to add a category of 'already live close to my child' to the question related to whether the resident was moving closer to their child or not.

In order to avoid releasing personal information initially Coburg staff were keen to retain control over distribution of the questionnaires. Thus for both pilots, the questionnaire was distributed by one of three area administrators based at Coburg (Scotland) Housing Association. During the first pilot respondents were requested to return the questionnaire to Coburg along with other information they were returning. However, as most respondents sent it back directly to the researcher, this approach was adopted following the first pilot.

Problems emerging with the distribution process led to a second pilot to ascertain issues and devise a solution. This pilot ran for longer than the first pilot, three months in total. During this time it became apparent that, due to differences in response rates between geographical areas and type of housing, the distribution system was not working effectively. Area administrators were not remitted to deal with very sheltered housing developments and pressure on staff time meant questionnaires were not being routinely distributed to new residents.

3.3.6 Distribution process

As a result of the difficulties noted above, the distribution system was changed to enable the researcher to retain control over distribution as Coburg (Scotland) Housing Association agreed to release contact details on new residents. This was a major achievement as many providers seek to retain confidentiality of clients by refusing researchers access to personal data, as indeed was initially the case here. Gaining control over distribution meant the researcher could be assured questionnaires would be sent as soon as the organisation received information someone had been allocated a property.

To identify new residents aged 65 and over a weekly report was produced by the Housing Association's Information Technology system of all those who had been given a residency within the previous week. A questionnaire was then immediately sent to residents, at their new Coburg address, along with a cover letter (Appendix 2), letter of endorsement from the Director of Housing and Care Services of Coburg (Scotland) Housing Association and a self-addressed envelope. Questionnaires for the final study were sent over a six month period from 1 January 2008 to 30 June 2008.

A reminder letter (Appendix 3) and further questionnaire were sent, if a response had not been received within a fortnight, to maximise responses. The letter gently encouraged people to respond, even if they did not feel the focus of the questionnaire applied to them particularly. It was also acknowledged that this was a busy period for people. The reminder letter was not sent during the pilot study.

3.4 Phase 2 methods - Multiple case studies

A case study approach was adopted to ascertain the experience of older people following a move into supported housing. Five cases were conducted of individuals moving in later life. Each case explored the daily lives of older people who had moved into supported housing from their own perspective as well as that of their primary carer and new housing manager. They considered how older participants had

experienced and adjusted to their move, and how assistance needs were identified and met, particularly the role the primary carer played in meeting these needs.

A case study facilitates investigation of a 'bounded' phenomena (Yin, 1994), in other words, specific time frames as well as geographical and subject areas frame the area under consideration. In this particular study, the unit of analysis was the experience of older people, with data collected from a variety of perspectives. The concrete or external focus for each case was the person in their new residence and assistance they received; both informally and formally.

3.4.1 Seeking meaning

As was noted earlier in this chapter, the study of complex, interwoven phenomenon lends itself to the use of qualitative enquiry. Yet, the very complexity of such phenomena, and frequently also the methods used to elicit meaning, can pose considerable challenges to the qualitative researcher who seeks to reveal greater understanding of phenomenon under study. The meaning of the same phenomenon can vary between individuals or groups, over time (past, present or future), according to place and culture and further, is dependent on the positionality of the researcher. Conceptual and methodological clarity are required to ensure the phenomenon claimed as being investigated is indeed, the same phenomenon being elucidated.

One useful idea within the fields of social philosophy and human science that can help retain a focus on reporting as accurately as possible the perspectives of participants themselves is that of 'lived experience'. 'Lived experience' can be seen as the search for the meaning of a phenomenon (Van Manen, 1990) and leads the researcher to acknowledge the importance of subjective realities as experienced by the participant. It sensitises the researcher to an awareness that experiences felt in the moment, are to be distinguished from experiences already passed and reflected upon.

Subjectivity can offer a '*useful corrective to the dominance of rational-actor models of human nature*' (Ellis and Flaherty, 1992: 2) by acknowledging that emotions, embodiment and cognition interact to produce uniquely experienced realities. As

such, lived experience can be viewed as interpretative rather than causative (Ellis and Flaherty, 1992, Prus, 1996). Further, work by Prus (1996) reminds us of the *intersubjective* nature of lived experience, that reality is created as people reflect on, interact with and respond to others.

Lived experience has become a central tenet of work framed within phenomenological research, particularly popular within nursing studies (see for example (Chase et al., 1997, Gerard, 2008, Miller, 1997). However, this does not mean the approach cannot be used in other types of qualitative research and indeed, lends itself to this type of research (Schwandt and Burgon, 2006). The author found considerable merit using this perspective, and would contend it is not necessary to adopt phenomenological methods in order to benefit from the approach.

Within this study, the idea of ‘experience’ oriented the researcher to explore the way individuals personally encountered day to day life, recognising that seemingly inconsequential aspects of people’s lives could hold significant personal meaning. It also offered the promise of considering a wide range of feelings and cognitions arising through perception; including attitudes, behaviours, values and understandings. Additionally, ‘lived experience’ in the context of longitudinal approach, allowed temporal aspects to be clarified and untangled, such as the way past, present and future can all operate differentially within the present – realised for instance, as memories, being in the ‘moment’ and expectations of the future.

3.4.2 Case study selection

Acknowledging recruitment of case study participants may take some time, two months prior to the end of the survey, recruitment efforts commenced. Qualifying criterion for inclusion in the case study were chosen based on characteristics of the older person and included: those most likely to be in receipt of support such as those aged 75 or over); moving to live near a primary informal carer and proximity to the researcher. An original focus on Eastern Scotland was expanded to include Western Scotland due to the time taken to identify suitable participants.

In terms of case selection criteria, married couples were excluded as it was felt external support may be minimal in such cases. Residents deemed to have incapacity under the terms of the Adults with Incapacity (Scotland) Act 2000 were also excluded. However, those with dementia and deemed to have sufficient understanding about their condition and the nature of the research were included (see section 3.6.1 for discussion).

Further, an initial interest in exploring the phenomenon of older people moving closer to adult children for support proved untenable when it was discovered at the introductory meeting with the family (see below) that two already moved to live closer to their adult child during an earlier move. Given the length of time to recruit the sample and the extent of agreed participation by such participants, it was decided to slightly shift the focus of the research to investigate the nature of moves made closer to support *per se*, whether provided by the adult child or facilities available in the housing development. However, given all five older people lived close to an adult child (within five miles), this dimension of support could still be explored within the study.

Housing managers and housing officers involved in making placements in the south east of Scotland were informed about the study at an in-house Coburg event for staff and, and were invited to identify residents who met the selection criterion. In addition, following phase I, the Coburg IT report of new residents continued to be sent to the author on a weekly basis to facilitate identification of potential case study participants. Pragmatic considerations were adopted, such as the ability to make timely contact with housing managers, to clarify if participants were suitable i.e. whether they met the criterion. The sample took four months to obtain, mainly due to the lack of participants that met the sampling criterion.

In general the chosen sample was largely purposeful, in that those believed to fit the selection criterion based on discussion with the housing manager were given a project leaflet and asked to consider taking part. Six potential residents were excluded from the sample. Two of these did not wish to participate, but four were considered unsuitable by either the housing manager or relative of the person relocating with three being considered too disoriented or confused and a fourth who moved and then

quickly transferred to hospital. In the end, four participants were identified by the researcher contacting housing managers to suggest that a new resident may be suitable and the fifth was identified by a housing officer.

The role of housing managers and relatives as ‘gatekeepers’ to the research highlights issues regarding how researchers access vulnerable groups, particularly in respect of whose ‘voice’ is being heard and whether those considered ‘vulnerable’ have decision-making autonomy (Emmel et al., 2007, Wilkinson, 2002). As discussed earlier, efforts have been made to be inclusive in determining who to include if they were felt to have sufficient capacity to engage with the research. The author therefore emphasised in preliminary discussions with housing managers’ that they could identify residents for inclusion in the study if they were able to give consent, even if a diagnosis of dementia had been given. Prospective approaches to the housing managers in situations where it appeared someone may be suitable also helped minimise the risk of selective involvement by housing managers for specific residents.

Interestingly, the author sometimes felt several adult daughters participated mainly because their mother had agreed, and it was as if these daughters were ‘going along with’ the research, rather than being full and actively engaged participants. Once they and their primary adult carer had agreed to take part, a meeting was arranged with the researcher to explain the study purpose, outline anticipated involvement and obtain signed consent. At this stage, another family ‘gatekeeper’ was encountered, the son-in-law of an older woman. He attended the introductory meeting and also came to the first interview with his wife. It appeared without his approval, the woman and her daughter may not have participated.

During the introductory meeting a leaflet for Age Scotland’s national helpline for older people was given to participants in case they required information on ageing. Occasionally during interviews adult children would desire further information about ageing and the researcher encouraged them to contact the helpline. Signposting to the helpline helped establish boundaries around the role of the researcher, avoiding straying into other forms of support during interviews such as advisor or counsellor.

It was particularly striking, though not especially surprising, that despite the methods employed above not wishing to target one gender or another, all the participants were women. Thus, the case studies comprised older women relocating into housing association accommodation managed by female housing managers and in close proximity to their primary carers: four adult daughters and a daughter-in-law. The fact that all participants included in Phase 2 were women highlights clearly the gendered nature of care and support in later life. From this point forwards, the study uses the familial role name i.e. daughter rather than primary carer, partly as the former term conveys greater specificity and relational meaning. Occasionally the term younger adult is used to collectively refer to the daughters and housing managers in the study. The older participants are referred to as either mothers, or older women. When referring to the names of the older women, formality was used to treat the women respectfully and 'Mrs' was prefixed to their surname.

3.4.3 Longitudinal approach

The primary purpose of using longitudinal research methods is to study change over time (Pettigrew, 1990, Saldana, 2003). Large scale national quantitative studies tend to be conducted over long periods of time, with waves of data typically occurring every few years. This means they are generally not sufficiently sensitive to track changes occurring over shorter period periods of time, for instance, during transitions. Transitions can be viewed as a period of time encompassing considerable change from one state to another, requiring personalised responses to accommodate or adjust to, and find meaning from, the transition (Rasmussen et al., 2007, Blustein et al., 2002; also see section 2.3.3).

A qualitative longitudinal approach was chosen for this study as it was better suited to identifying situation-specific experiences, understandings and perceptions during transition (Calman, et al., 2013, Henwood and Lang, 2003). This approach has been used by several researchers to explore transition in a range of contexts including the transition into motherhood (Miller, 2007, Roscigno et al., 2012), release from prison (Seal et al., 2007), declining mobility in later life (Lord et al., 2011) and uncertainty of existence of the oldest old (Agren, 1998). However, limited literature exists that

documents the process of how to undertake longitudinal qualitative research (Thomson and Holland, 2003, Calman et al., 2013), leading Ployhart and Vandenberg (2010) to suggest a major reason for the lack of such studies is uncertainty in how to conduct them. They suggest a key prerequisite in longitudinal research is to conceptualise the form of change over time, in other words hypothesising whether change is linear or non-linear.

For the purpose of this study, relocation is viewed as a non-linear phenomenon, consisting of distinct phases that potentially need to be completed before being able to fully move to the next phase (Wilson, 1997; see page 39). No consensus exists as to when transition is considered complete, and will most likely vary between individuals, with some achieving 'successful' transition before others (Brooke, 1989, Lee et al., 2002, Wilson, 1997, Young, 1998). Thus, for this study, relocation was viewed as a non-linear process, potentially circular, with distinct phases occurring over time.

In addition, it was expected, based on relocation literature, that approximately six months following relocation, most older migrants would have completed the adaptation phase (see pages 34-36 for a discussion of the literature regarding different phases of relocation) and be about to enter a longer term stage of feeling 'in place'. Of particular interest in relation to the study here was how change resulting from relocation was experienced. Thus, it was felt the period following the move until approximately six months afterwards would reveal the greatest degree of change for the older women. This feature, as well as the anticipated form of change informed the research design by shaping specific time intervals for conducting interviews as shown in Table 2 below.

Thus, three time points within the first six months of each of the older women's move were studied to track the transition into their new accommodation. First interviews took place with the older women between two to five weeks following the move date.

Table 2: Interview time points and relationship with relocation within each case

Interview Time (T) interval	Interview type	Relocation time	Relocation phase	Participants
T1 = Time 1	Time of initial interview	3-6 weeks after the move	End of immediate post-move phase/ negative affect	All three – older woman; daughter (/–in-law); housing manager
T2 = Time 2	Time of second interview	3 months after the move	Beginning of adjustment phase	All three
T3 = Time 3	Time of final interview	6 months after the move	Adjustment becomes more established	All three
LH = Life history	Life narrative interview	Days/weeks after T1 interview		Older woman only

The range of T2 interviews occurred between nearly three months to four months following the move date. Final interviews (T3) took place between nearly six months to almost seven months. It can be seen therefore that there was a slight time lag in later interview T points, mainly the result of logistical difficulties leading to delays in arranging suitable dates.

Time itself is a multi-faceted phenomenon, for instance, clock time, biological time, researcher time all vary and interact within the context of social research (Calman et al., 2013). The researcher was sensitive to differences in perceptions of time for and between participants, for instance how understandings and meanings varied over time and how time was organised and used to craft personal and social identities. Further, continuity as well as change over time was explored during the study, as was the nature and degree of change – substantive or minor, lasting or temporary. Golant (2003) notes temporal aspects in environmental gerontology are underdeveloped, and argues that understanding relocation in later life requires a focus on previous experiences or biography as well as a future focus - considering expectations and how well these are met in practice. Thus, these aspects were also incorporated into the longitudinal methodology through undertaking a biographical interview and retaining a focus on how well expectations were met during subsequent interviews.

The interview topics are set out in Appendix 4 and show which specific areas of interest were explored at each time interval. Although the use of active interviews (see next section) meant it was not always possible to explore every topic in-depth for each participant, in practice the majority of these topics were covered. Some topics were considered at each time interval, for instance, the nature of assistance provided by the adult child enabled a comparison to ascertain any difference in provision over time to be identified. Other topics were more 'tied' to the time period, for instance, housing managers were asked at T1 about their initial impressions of any support the new resident received from adult children, but at T3 were prompted more about their perceptions of the familial relationship having had longer to form a view. As an orienting philosophy for the study was to ascertain the lived experience of older people who relocate, questions were kept deliberately broad (e.g. 'What has been happening since we last met?') to allow older respondents to talk of issues of importance to them at that time period, as is discussed next.

3.4.4 Depth semi-structured interviews

Depth interviews (Jones, 1985) conducted face-to-face provided the source of data for the case studies. This allowed a detailed exploration of how people construct reality and make sense of, and give meaning to, their day to day lives. As was noted earlier, older people form the unit of analysis, in that the predominant research focus is on how older people experience relocation, whereby their perspective has most salience. The focus of interviews with daughters and housing managers is also oriented towards ascertaining their perspective of the older women's experience of relocation. These interviews were also interested in the wider context in which daughters and housing managers operated, and the impact this had on providing support to the older women.

The use of depth interviews allowed the researcher to speak to participants about these matters in:

...their terms (rather than those imposed rigidly and a priori by ourselves) and in a depth which addresses the rich context that is the substance of their meanings (rather than through isolated fragments squeezed on a few lines of paper). (Jones, 1985): 46)

A loosely structured interview schedule (Parker, 2005) was prepared for the initial interviews, mainly to alert the researcher to prompt particular topics with subsequent interviews building on information gleaned from the earlier ones. The main approach used was that of an 'active interview' (Holstein and Gubrium, 2004) aligned to a 'conversational interview' felt to be most useful when using multiple interviews with the same participants (Burgess-Limerick and Burgess-Limerick, 1998). Thus, discussion topics were reflexive and a recursive process was used to build on responses and stories told by themselves or other participants (Burgess-Limerick and Burgess-Limerick, 1998). This allowed an insight into how the move was experienced over time and gave time for reflection on life in the housing development. Whilst challenges arose through the use of such an approach, such as the need for the researcher to remain highly focused throughout, valuable detailed data were obtained through this approach.

The purpose of each interview is set out in Appendix 4. However, whilst each interview was framed slightly differently, participants were largely able to lead discussion, and questions and comments from the researcher were responsive. The bounds of confidentiality meant however, that whilst some participants may have discussed a specific event, it was not always possible to explore views from alternative perspectives if this was not mentioned by another participant in the case study. Thus, silence or omission regarding particular situations was also salient in these cases.

A pilot of the interview approach was conducted. The purpose of the pilot was to test the appropriateness of the research tools and analysis techniques, for instance, by exploring relevant lines of questioning and to see whether the depth interview method would generate relevant data (Yin, 1994). A person who had moved into sheltered housing six months previously (following a stroke) and their primary adult child carer were interviewed once each.

The interview with the older person combined both an exploration of their life history in terms of migration and family and their feelings about the move and how they had settled in during the transition phase. Both interviews yielded extremely useful

information, with little extraneous detail being given. However, the integration of past with current experience was problematic for both the older person and the researcher, in that it was difficult to consciously jump between time frames and extended the length of the interview beyond what was felt to be a comfortable length. It was therefore decided to separate the life narrative part into an interview solely focused on this within the main study.

Thus, following the first interview (T1) the older women took part in a limited life narrative interview, which focused on their family life and migration history. Obtaining full life histories is often beyond the resources of most researchers and therefore limited narratives are often used (Parker, 2005). The use of a limited narrative helped focus discussion around the research topic in question and reduced the level of extraneous information making analysis more manageable. During these interviews the older women talked about their own childhood, their marriages and children, and the circumstances around any moves they had made during their lives. A narrative approach allows people to make sense of their own lives by recalling their history, telling their past stories. However, the key focus of narrative research is to acknowledge that words used to express self and how the self interacts with society are those of the participant rather than the researcher (Jones, 1985, Parker, 2005, Smith et al., 1997).

All interviews were tape-recorded, with full transcripts prepared from the tapes. The use of depth interviews meant resultant data could be mined for broad themes, rather than obtaining answers to predetermined questions as would occur with a highly structured interview schedule. Interviews ranged between 30 to 75 minutes in duration. Although the shortest interviews could not particularly be considered 'depth' due to their short length, the length was dictated by extraneous pressures upon participants' schedules or willingness to talk. However, this situation only arose for a minority of interviews.

Little has been written on methodological issues regarding interviewing older people (Bray, 1995). Face to face interviews were considered preferable to telephone interviews with older people, as various issues have been identified with such approaches, for instance, health difficulties can increase respondent burden (Marcus

and Crane, 1986, Worth and Tierney, 1993). It was anticipated older women may require an approach '*sympathetic to the physical and mental energies of the respondents*' (Wenger, 2001:261) and it was thought they may tire easily, particularly if frail, and required shorter interviews. However, in reality, the length of the interview tended to be led by how much time was available to the participant, with adult daughter interviews generally the shortest.

Other pragmatic considerations of availability also impacted on the ability to conduct interviews in the first instance with older people, and although planned, this was not always realised in practice. This approach had been planned so as to orientate interview content towards the older women's experience. However, the older women were found to be less forthcoming on specific issues, such as the nature of their relationship with their daughters, and in reality it was felt that ensuring older women were interviewed first was not a particular issue for the research findings. During interviews some conversational difficulties were experienced, though these did not relate to the factual basis of information provided (supporting findings by Rodgers and Herzog (1987) that factual accuracy does not decline with age).

With three of the older women it became apparent communication difficulties existed, mainly due to disability, for instance one had had a stroke leaving her speech affected, whilst another had moderate dementia, yet was still able to articulate her views on relocation. Dementia appeared to result in her frequently reverting to discussions about her past. Yet, this feature was not specific to this older woman, with others also often talking about their past. Time was allowed in interviews with older people for talking about the past, though coaxing back to the present was also used at times by the researcher.

Another older woman seemed initially to have lost much of the ability to speak coherent sentences, partially due to difficulties hearing, but also perhaps to reportedly being very socially isolated in her previous home. In this case the researcher and participant had difficulty understanding each other, though by the end of the study period this had improved somewhat. Interestingly, her daughter-in-law believed she had 'selective deafness', and indeed it was when asked seeming innocuous questions she did not want to hear such as: '*Are you going to daycare?*', she most frequently

used this technique! Wenger (2001) has suggested where communication difficulties are present, it may be preferable to interview by proxy though this raises the issue of whose 'story' is really being told and the exclusion of vulnerable people from research as discussed earlier. In practice, with perseverance and considerable patience (particularly during transcriptions of interviews) it was possible, and indeed considered preferable, to involve these older women.

3.4.5 Quality issues

Ensuring quality within qualitative research is contested territory, and whilst broad consensus exists to test validity and reliability of quantitative approaches (Miles and Huberman, 1994), significant debate has occurred academic circles over the past couple of decades regarding how best to ensure qualitative social research is of a high standard (Lincoln, 1995, Mays and Pope, 2000, Rolfe, 2006). Such debates are now beginning to crystallise and Spencer et al. (2003) draw upon literature, views of researchers and others interested in qualitative research, to present a framework based on four key principles that can be applied to appraise qualitative research. These principles are that research should be: contributory to advancing wider knowledge or understanding; defensible in design; rigorous in conduct; and credible in claim. These will now be briefly addressed below.

The qualitative research adopted within this study contributes particularly to knowledge regarding how significant others perceive relocation into supported housing of older people, and contribute to what is known regarding processes during of transition, by using innovative multiple perspective research design. Such research is of importance given many older people require support at the stage of such a move, and to date it is uncertain how the dynamic interplay between older people and their significant others acts out within this transitional stage. Such issues have been dealt with in more detail elsewhere within the thesis.

Longitudinal methods have been found to be useful in exploring transitional processes of relocation amongst older people, and are therefore also applied in this study. By using methods similar to those applied by others, it is possible to draw parallels with

such work to ascertain comparability of findings, such as whether the stages identified during relocation are replicated within this study. Taking account of similarities or differences between this study and others on relocation will allow consideration of whether the research design is defensible (see Chapter 9 for further discussion).

Rigor in how the research was conducted was achieved using various techniques, notably at the data collection and analysis stage, including checking for researcher effects (see next section), getting feedback from participants and looking for ulterior motives and deception (Miles and Huberman, 1994). To illustrate, during interviews, the researcher would summarise and paraphrase statements to ensure accuracy in understanding meanings conveyed by participants. Additionally, the use of a multiple perspective approach facilitated identification of omissions or discrepancies between participants within cases, which contributed to greater ease in considering whether ulterior motives or deception took place. For instance, one key feature found was it appeared older participants chose to omit events mentioned by others that could have been interpreted by the researcher as meaning they were less able to 'manage' in daily life.

Triangulation of data helped the researcher check for representativeness and credibility of claims and to reduce '*inappropriate certainty*' (Robson, 2002: 370), or in other words, reduce the risk of drawing conclusive inferences from a single data source. The use of triangulation as a term within mixed methods research has become so widespread yet inconsistently applied as to have become arguably meaningless (Tashakkori and Teddlie, 2003). However, the ability to compare and contrast between data sources is felt by the author to offer a useful corrective to erroneous interpretation of data. The term is used here loosely, and refers to a comparison of data that occurred subsequent to data analysis, firstly within the qualitative phase through comparison of findings within and also between cases, and secondly through comparison of findings between the two methods (Denzin, 2006, Jick, 1979). For instance, a comparison of the qualitative and quantitative data found considerable similarities in terms of participant characteristics, primary care giver characteristics and migration motivations.

3.4.6 The influence of the researcher

The creation of knowledge requires an exploration of the positionality of the researcher, particularly within qualitative approaches when objectivity is not the main goal. Additionally, the fact research is taking place can alter the way participants engage with their external world, by virtue of having an opportunity for guided reflection in the form of interviews.

This is particularly pertinent between interviews in longitudinal research whereby participants act in the knowledge they are part of a research study. For instance, a research project may alter or affect the normal course of actions undertaken by participants. For instance, discussion about a particular topic may bring the topic more into the future consciousness of the participant, in turn potentially shaping discussion in subsequent interviews. It is difficult to identify the impact of such an effect, though necessary for researchers to be aware that this may occur. The researcher found in practice however that the older women, once they had discussed a topic, did not really see the need to revisit it in subsequent interviews. In one case, the housing manager informed me the older woman had indicated to her she thought the questions were very similar in each interview, and further explanation was given that this was due to an interest in tracking change over time.

In this research study the researcher sought not to reveal too much personal information, to avoid leading participants to shape their narrative based on the experiences and attitudes based of the author. Undertaking rigorous research requires researchers to consider how their preconceptions, attitudes and beliefs about the world affect data collection and subsequent analysis (Ahern, 1999). Some forms of research, generally within a positivistic tradition, believe researchers should aim to be as objective as possible – to not allow preconceptions to affect the research, to become a ‘blank slate’. Other researchers note that such objectivity is impossible, that we can never truly free ourselves from our preconceptions, many of which operate at a subconscious level. These researchers seek rather to make explicit their social and cultural positionality and to be aware of the impact subjectivity has upon their work.

Within this study, the researcher's life course position was more aligned to those of the younger adult women rather than the older women. This required the researcher to maintain conscious awareness to seek to understand the older women's perspective and not make assumptions regarding the younger adults' views and avoid alignment with their stories. To illustrate this, the younger women generally experienced their lives as very busy, also felt by the researcher. Thus, a reflexive approach was taken, acknowledging whilst this was a common feature it did not necessarily imply the younger adult's situations were similarly experienced, thus remaining open to the individual meaning inherent in each moment lived in a unique space and time.

Not only was it important to ensure that personal experience did not colour the analysis, but equally the fact the older women were less pressured by time required effort in understanding how this impacted on their lives. This contrast in experiential interaction with time, between the researcher's sense of being 'busy' and the older women actively seeking to 'fill up' time appeared to require more exploration in interviews than experiences of life that were more familiar to the researcher. However, the longitudinal use of multiple interviews was very useful in allowing a detailed picture to emerge of the subjective lived experience of each of the older women.

Differences between the researcher and the participants' cultural background were also experienced. For instance, in most of the small satellite towns, the researcher found participants spoke in local dialects whose use of the occasional Scots word was not uncommon, and unknown to the researcher. Additionally, the 'small town' mentality whereby newcomers are frequently viewed with suspicion (Walker, 1971) had to be overcome, in one case in particular. This required skilled rapport-building techniques, and in this case, the husband of the adult daughter acted as 'gatekeeper' to the family. Present at the introductory meeting and the first interview with the adult daughter, and it appeared his approval was crucial for enabling access to the family.

Further, with a degree in social policy, and considerable post-graduate work experience in research and development within the public and voluntary sector in Scotland, it is necessary to explore the researcher's positionality in relation to her work and how it impacts on the study. The author is keen to promote the rights of

people who use services and encourage autonomy, control and dignity. This may lead the author to conclude within Chapter 10 for a greater emphasis on provision which argues for a more fully embedded model of dignity within support for older people. However, such thinking also reflects contemporary thinking by policy makers and rights organisations, such as the current prioritisation of encouraging such work within the Scottish Human Rights Commission⁸.

3.5 Data analysis

Survey data was analysed quantitatively by using SPSS software. The data was firstly be checked for errors and 'cleaned'. Descriptive and inferential statistics were then used to interrogate the data. Measures of central tendency (mean, median and mode) and measures of variability (range and standard deviation) were used to provide a descriptive picture of the data.

Statistical tests were then used to interrogate the data in greater depth, particularly examining relationships around people's perceptions and feelings about moving. For example, chi-squared testing was used to determine whether a difference between two variables was statistically significant, and the Pearson r test was used to describe relationships between variables (Rosenthal and Rosnow, 2007). Chapter 4 describes in further detail the tests used. As this is an exploratory study, no hypotheses are given, though the data may suggest hypotheses that can be tested in a future study.

Given the emphasis on qualitative design in this research study, specific detail on the analysis of the case studies and how the data was organised into themes is given in Chapter 5. The case studies are presented chronologically by case (Robson, 2002, Yin, 1994) in Appendix 7. Thematic analysis was used as the primary analytic method for the longitudinal case studies, and the resultant themes and sub-themes of the case studies are presented in Chapters 6-8. The study was intended to be largely descriptive, and therefore the main findings presented in Chapters 6-8 generally avoid

⁸ See their website for more information: <http://www.scottishhumanrights.com/ourwork/care>; accessed on 12/09/11.

being overly interpretive. Providing an explanation for the findings required further synthesis, and:

...involves going backwards and forwards between the data and emergent explanations to establish the closeness of fit. (Ritchie et al., 2003: 252)

In the final stages of analysis greater interpretative power was gained through using an explanatory framework provided by recent research in life-span developmental psychology (see Chapter 9). This represented an embryonic and perhaps brave attempt to consider how the emergent data found in this study can be explained using an existing theoretical framework, which to date has had little opportunity to be empirically tested.

3.6 Ethical considerations

Ethical approval was obtained from the Faculty of Health and Social Sciences Research Ethics and Governance Committee at Napier University in stages, in line with the two phases outlined in the research methods section above. An additional safeguard was to obtain an enhanced Disclosure Scotland check for the researcher, applied for on behalf of the researcher by Coburg (Scotland) Housing Association.

A number of issues arise when considering ethical dilemmas relevant to this study. To illustrate, older people experiencing transition in their lives through declining health and relocation can be conceived as having heightened needs (Parry et al., 2004) and as potentially vulnerable. How they are involved in the research must therefore be considered.

3.6.1 Informed consent

Informed consent is an ethical, as well as legal, issue. Declining cognitive ability is increasingly likely with age and unless a person is deemed to have incapacity under the Adults with Incapacity (Scotland) Act 2000, caution is required when making assumptions regarding a lack of capacity to participate in research or take decisions. (Wilkinson, 2002) suggests both moral and ethical imperatives for including people with dementia in research, for instance, to redress the power imbalance faced by such

individuals and to develop understandings of how to ensure inclusive practices within research. A recent report concluded current legislative arrangements were sufficient to protect people with dementia from harm in research and those who can understand what is involved should decide for themselves whether to take part (Nuffield Council on Bioethics, 2009).

This is a marked departure from traditional approaches to research with older people, whereby studies tended to either focus solely on people with dementia, or more commonly, to conduct research with people considered not to have dementia. The researcher was keen to include people with dementia where they were still capable of giving their consent and able to contribute to the research. People with dementia were not therefore automatically excluded from this study, and indeed one case study participant had had a diagnosis of moderate dementia for two years prior to the research commencing. Whilst other participants had no such diagnosis, some reported experiencing a degree of cognitive impairment, notably memory loss. Whilst some survey respondents may have experienced a degree of dementia, this was not possible to deduce for certain. However, it was not necessary to exclude any questionnaires from analysis as answers given by participants made sense in the context of the questions.

It was decided not to use a test to ascertain the resident's cognitive state (such as the Mini Mental State Examination) for several key reasons. Firstly, people may be experiencing what has been termed 'translocation syndrome', which can cause initial disorientation and confusion during relocation, symptoms similar to early stages of cognitive decline (Smith, 1986), which may affect the results. Thus, it is not clear that a positive score actually indicates the presence of dementia or some other condition (Burvill, 2004). In addition, the author found the questions to be patronising and felt that using the tool would interrupt rapport building with older participants.

For the case studies the following safeguards were used: signed consent forms; observational assessment at initial meeting and full explanation of expected involvement; repetition of the purpose of the research at the start of each interview and reiteration of the ability to withdraw at any stage, adjustment to the length and content of interviews according to presenting cognitive and communicative ability.

The consent form used in the study is attached as Appendix 7, and was adapted from one by Moustakas (1994). Appendix 7 provides the consent form used for older participants only. Similar, but adapted, consent forms were used for adult children and housing managers.

Had concern been expressed, either by the researcher, participant or relevant others, that someone no longer remained well enough to continue in the study their participation would have been reviewed, and if necessary, terminated. Whilst this did not occur, one participant's daughter intimated to me that her mother-in-law – Mrs Jones – did not wish to continue at T2. However, Mrs Jones herself did not mention this, and during the T2 interview with her, the researcher emphasised she had the choice to withdraw and conducted a particularly brief interview. At T3 no such issues arose, and indeed the researcher observed Mrs Jones to be more forthcoming and communicative than during earlier interviews.

3.6.2 Anonymity, privacy and confidentiality

Participant confidentiality was maintained in a variety of ways throughout the study. The researcher kept personal information on a password protected file on the computer and any paper based information, such as the signed consent forms, in a locked filing cabinet. Questionnaires sent to participants contained a unique identification reference rather than using personal information such as names. With regard to the case studies, housing managers were involved in seeking consent to participate prior to contact being made with individuals, and whilst this may have influenced decisions to participate, it avoided unsolicited contact by the researcher.

The use of interviews with participants known to each other poses particular challenges for the researcher. For instance, although participants were informed interviews were confidential, on several occasions the researcher was asked whether a topic had been raised by another participant. It has been reported that such 'uneasy' situations can result in emotional pressure being brought to bear upon the researcher within the context of longitudinal research (Harden et al., 2010). However, within this study, the researcher found conversely, that such instances tended to occur early on

within the study period, and may have represented a 'test' for the researcher to ascertain the degree to which the boundaries of confidentiality were maintained. Once the researcher had been 'tested' this way, participants did not raise such questions again.

Retaining confidentiality allowed a sense of certainty that views about another would not be shared and thus promoted a shared understanding of openness and honesty that may not otherwise have occurred given the regularity of contact by participants within each case. Yet, the bounds of confidentiality were not in reality so clear cut. Indeed, the conversational approach to interviewing meant that it was difficult to avoid making comments such as 'I hear you...went shopping the other day'. Although such statements could arguably be perceived as relatively benign, in its purist sense confidentiality had been breached causing the researcher considerable angst when such statements arose. Conducting interviews that were fairly unstructured required a great deal of skill and constant vigilance on the part of the researcher.

Ethically, the decision was taken to avoid the use of observation as a primary data collection method so as not to interfere with the 'private' space of home and intimate family life (Ribbens McCarthy and Edwards, 2001). Yet, the phenomenon of relocating into housing with support is as much about adjusting to communal living as it is about the private domain. On reflection therefore it may have been useful to conduct observations during social events such as during coffee mornings in the housing developments. This would have contributed to data triangulation, and acted as a source of corroboration regarding stories of how the older women interacted during relocation.

Pseudonyms were used when reporting individual level data to ensure anonymity. When reporting on individual questionnaires, a number was allocated to each and any statements made by a participant were reported using this number. In the case studies, different names were given to participants, but following discussion with the supervisory team, it was not felt necessary to disguise the names of other people participants referred to during interviews. It is unlikely that participants will read this thesis, and therefore the ability of participants to identify the case through this source is felt to be minimal. Should further dissemination activities occur, then materials will

presented in such a way as to avoid identification of particular cases. For instance, this could be through the presentation of thematic, rather than case based data.

3.6.3 The sequencing and location of interviews

Although it was planned to interview the older women first within each case time phase in order to orient primarily to their perspective of relocation, in practice this was not always possible. Logistically, setting up interviews was dependent upon the availability of participants, particularly daughters and housing managers whom had competing priorities on their time.

A range of ethical issues can arise when interviewing dyads or people known to each other. Forbat and Henderson (2003) note these can include a conflict of interest, giving preference to one account over another, taking sides, disclosure of confidential information, the first interview influencing following interviews with other participants and finally during dissemination where one member of a dyad may recognise their comments and deduce that the views of another interviewee on the same point is known to them. Some arrangements were put in place in advance, such as explicitly advising interviewees their comments will not be shared with others. Another relevant factor here is that the study focuses on the experience of the older person rather than on that of the carers. Participant data is anonymised, to ensure that participants cannot be recognised in any dissemination materials available in the public domain.

3.7 *Critical reflections on the research methodology*

This section reflects on the particular methodology employed in this study. Initially, funding for the study was achieved to consider the migration of older people, and although this theme was retained throughout, more specificity was necessary. In defining the topic to study, it was decided to focus on assistance migration due to this being the least researched type of later life migration. Further, given migration nearer to adult children in later life is one type of later life migration that fits within the

model of assistance migration, it was decided to explore this in more depth. However, in practice, two of the older participants in the case studies, despite being identified by housing managers as moving closer to their adult child, had in fact already moved closer to their child with their previous move – both moves being made four years prior to the current move.

Thus, although moving closer to a primary carer had been specified as inclusion criteria for this study, two of the five older women in fact experienced this as a more drawn out process – occurring over a number of moves. A change in research focus was required, for strictly speaking not all were women relocating closer to an adult child during *this* move. Additionally, though other mothers did move closer to their children, they had lived fairly nearby anyway (within 10 miles), with the degree of contact between them broadly similar before and after relocation (though with increased intensity around the time of the move). The research therefore became more focused on the nature of support from the adult child and how relocation impacted on the older women and the support they received at this stage of their life.

The chosen design was achievable in practice and found to be a useful way of exploring the research topic. Although mixed methods do take longer to achieve, the benefits of using various approaches outweighed this disadvantage (also reported by Robson (2002)). The use of a survey allowed general trends to emerge amongst the older residents moving into Coburg accommodation, which could then be compared with data from the individual case studies. This was felt to contribute to a robust methodology, allowing for triangulation between findings and enabling a more comprehensive picture of relocation into supported housing than would have been the case with only a single method used.

Had more resources been available to the researcher, it may have been worthwhile repeating the postal survey at points aligned to the interviews, so as to make the quantitative element longitudinal, allowing greater comparison between data sets. However, in order to truly ‘match’ the approaches, the postal questionnaire would also need to have been completed by the older person’s primary carer, where relevant, and the housing manager. A survey of this scale would require the full resources of a PhD candidate and would therefore necessitate a solely quantitative approach.

Discussion with Coburg staff and the PhD supervisory team took place with regard to repeating the questionnaire six months after the move, seeking additional resources to do so. However, this was ruled out on ethical grounds, in that initial questionnaires had not indicated follow up contact may occur.

Undertaking multiple perspective, longitudinal qualitative research posed particular challenges. Greater expertise in conducting such research would have been a considerable advantage. For instance, greater experience in conducting multiple interviews with the same participants would have allowed more nuanced insight into whether discourse reflected components of change over time or simply the impact of increasing familiarity between researcher and participant over time (Burgess-Limerick and Burgess-Limerick, 1998). Similarly, participants' awareness of a return visit from the researcher could be perceived as an intervention of sorts, whereby the course of events or perceptions could be altered by participation in the research study (Thomson and Holland, 2003). Little could have been done by way of mitigating against this though the researcher was conscious of this during data analysis.

In future, the researcher would make greater use of memoing as a technique to aid qualitative analysis. Traditionally this is a technique associated with grounded theory research to assist with documenting the process of moving from raw data to more conceptual levels (Birks, et al., 2008, Miles and Huberman, 1994, Strauss, 1987). Yet, this tool could usefully be adopted by other qualitative approaches (Birks, et al., 2008) and would have significantly have aided the researcher in documenting the cognitive process and rationale undertaken as part of the ongoing task of refinement from codes to categories to themes.

Using the chosen research design meant a vast array of rich data was generated, although this meant analysis was particularly complex, requiring constant vigilance on the part of the researcher to maintain impartiality across participants and consideration of changes over time. Added to this was the fact that interviews were led by participants, leading to a wide range of topics being discussed, contributing to the general degree of complexity in ascertaining general themes across cases. Thus, data analysis took much longer than anticipated, reflecting the contemporary trend towards the use of more complex qualitative methods (Miles and Huberman, 1994).

3.8 Summary

This study comprises a mixed methods approach, working closely with Coburg (Scotland) Housing Association, to select participants. In the first phase a survey was conducted which involved a postal questionnaire sent to all residents aged sixty five and over for a six month period moving into Scottish supported housing. The second, and main, phase involved longitudinal multiple perspective individual case studies conducted over a six month period following relocation. The main orienting theoretical influences included the life course perspective, involving limited narratives, and the concept of 'lived experience' of older people. Such theoretical ideas allowed the researcher to focus on experiential issues such as temporal and spatial considerations.

Chapter 4

Survey findings

4.1 Introduction

The methods for the survey were set out in the previous chapter. In this chapter the key survey findings are presented providing contextual background for the qualitative case studies. This chapter will firstly set out findings relating to the personal characteristics of the respondents, before going on to identify specific features of later life migration into supported housing within a major voluntary sector housing provider in Scotland.

The survey captured the views and expectations of older people moving into support housing provided by Coburg (Scotland) Housing Association throughout Scotland between 1 January 2008 and 30 June 2008. Thus it identified the characteristics of a cohort of individuals who migrate in later life, including their motivations, expectations and perceptions regarding the nature of anticipated support.

The survey is cross-sectional - people completed the questionnaire at the time of their move – and therefore direct comparison cannot be made with the longitudinal qualitative data which considered a longer transition phase during relocation. However, the quantitative findings allow some broad parallels to be drawn between data sources, for instance comparing expectations and hopes for the future noted by all participants across methods. The findings presented here are reconsidered in Chapter 9 when discussing results alongside the case study themes.

4.2 Respondent characteristics

In this section, the main characteristics of survey respondents are reported, including gender, age, class and living arrangements. A comparison of the characteristics of the survey sample as compared to other statistical data sets of older people will be made in Chapter 9 so as to enable commentary regarding the comparability of the sample

and therefore determine the feasibility of making generalisations regarding the findings.

Of the 122 respondents, 36.1% (n=44) were male and 63.9% (n=78) were female. This is broadly in line with the GROS 2008 mid-year population estimates for Scotland (GROS, 2009a; as reported on 12), which reported that for the population aged 65 and over 37.5% were male and 62.5% were female.

Males were more likely to have moved with a partner or spouse than women, with only 9.0% of females (seven out of 78) compared to 31.8% of males (14 out of 44) moving with a partner, as shown in Table 3 below. However, by far the most common living arrangement regardless of gender was solo living, in other words, living alone (82.8%; n=101).

Table 3: Living arrangements by gender following relocation

		Living arrangements					
		Alone		Spouse/partner		Total	
		no.	%	no.	%	no.	%
Gender	Male	30	68.2	14	31.8	44	100
	Female	71	91.0	7	9.0	78	100
Total		101	82.8	21	17.1	122	99.9

The research was only concerned with those relocating aged sixty five and over and the age range of respondents was 65-96 years, with a mean of 78 years (standard deviation = 7.6). Almost one fifth of respondents (19.7%; n=24) were amongst the very old (aged 85 years or over). As can be seen from Table 4 on the next page, a substantial minority of the very old moved into very sheltered housing (39.1%, n=9), compared with only one in ten (10.8%; n=4) of 65-74 year olds. Thus, amongst the very old, people were more likely to move into forms of supported housing offering higher levels of support.

Table 4: Age of respondent by type of supported housing

Number		Age category							
		65-74		75-84		85+		Total	
		No.	%	No.	%	No.	%	No.	%
Type of supported housing	Sheltered housing	31	83.8	48	78.7	15	62.5	94	77.0
	Very sheltered	4	10.8	9	14.8	9	37.5	22	18.0
	Amenity	2	5.4	4	6.6	0	0	6	4.9
	Total	37	100	61	100	24	100	122	100

Ascertaining socioeconomic status is especially challenging within the current cohort of older people in the UK (Grundy and Holt, 2001), and its impact on subjective well-being has found to reveal inconsistent results (Pinquart and Sorensen, 2000). For instance, income, owner occupier status and education are often used as a proxies for socio-economic status in research (Vyas and Kumaranayake, 2006), yet each considered in isolation can lead to inaccurate interpretations of socioeconomic status (Grundy and Holt, 2001). Further, living arrangements for those in mid-life show markedly different features to those in advanced later life. To illustrate, amongst the very old, living alone (Hays, 2002) in a tenancy (Raab and MacDonald, 2004) is more likely than in earlier old age.

This becomes further complicated when considering the type of housing chosen by older people. Those wishing to move into supported accommodation, of which only approximately 10% is privately owned in Scotland (Croucher et al., 2008), may need to change from owner occupier to rented status in order to access such housing. In this study, only 12.3% (15) of respondents had bought their supported housing property, with the remainder becoming tenants. The survey did not identify the type of tenure of the accommodation being departed therefore changes in housing tenure are not known. Thus, it appears that whilst owner occupier status can provide an indicator of

socio-economic status in younger cohorts of adults, its predictive power at more advanced ages is less meaningful.

In relation to education, in this study over four fifths of participants (81.2%; n=95) reported school education as their highest level of education, with 16 (13.7%) attending college and a further six (5.1%) going on to university or post-graduate level, suggesting that education alone is insufficiently differentiated to enable commentary regarding socioeconomic status as was also noted by (Grundy and Holt, 2001).

Without wishing to get caught up in the complex debate about how socioeconomic status can be accurately determined at more advanced ages within Western countries, this study considered several common proxies of socioeconomic status, including education and housing tenure, though it is acknowledged that these alone are insufficient in determining accurately the socioeconomic status of participants. However, such assessments can be more easily made during qualitative research that allows the gathering of detailed information from interviews conducted in the older women's, and will be discussed in the next chapter.

4.2.1 Participant perceptions of health and care

A particular focus of the survey was to identify the perceptions that the respondents had about their need for assistance and whom they believed would meet these needs. It was anticipated that most respondents would have some form of need for assistance, given existing eligibility criteria for accessing tenancies. Yet, residents must also be able to live safely alone in their homes, and therefore whilst having some needs, were unlikely to require highly intensive care and assistance. This section will consider how participants rated their health and what assistance they felt they would require and from whom.

Given the importance of health and ability to this study, these features of respondents' characteristics are considered separately here. Health status was measured through self-rated perceptions of whether the respondent's felt their overall health was 'good',

‘fair’ or ‘poor’ (Q16), a measure commonly employed in UK surveys (Grundy and Holt, 2001). It has been found that self-rated health can vary, for instance, by gender (Arber, 1993) and education (Cockerham et al., 1983). Studies have found older adults are more likely to rate their health positively compared to younger adults (Rabbitt, 2002). Such findings imply a subjective quality or cultural dimension to self-perceived health, as will be discussed later.

It should be noted that the health of participants moving into sheltered housing may differ from that of the older population generally, due to the required criterion within Coburg (Scotland) Housing Association of being in housing need in order to qualify for a tenancy in supported housing. Yet, despite this, comparable levels of poor and good health were found between the sample and the 1998 Scottish Health Survey (SHS) (Wood and Bain, 2001). In the survey conducted for this thesis 13 (11%) of 118 respondents rated their health as poor, with over half (n=66; 55.9%) reporting their health as fair and a third (n=39; 33.1%) rating their health as good.

Although the data presented by Wood and Bain (2001) only included older people between 65-75 years of age and used a five point scale, it is interesting that very similar percentages of respondents in the Scottish Health Survey reported poor or good health (11% as ‘bad’ or ‘very bad’ and 36% as ‘good’). Divergences in data between the surveys was particularly notable in the percentages reporting their health as ‘fair’, with far lower percentages in the 1998 SHS reporting their health as fair – 29% for females and 30% for males. Additionally, the 1998 SHS included a category of ‘very good health’ with up to a quarter of respondents rating themselves in this category. These differences, particularly given the increased ages within the sample for this thesis, suggest people are unwilling to rate their health as poor, despite the existence of high levels of some degree of disability as in discussed next.

Functional ability was assessed using the Townsend disability scale (Townsend, 1979). Although developed during the 1960’s, this scale still remains popular as a tool used in population surveys of older people in the UK (see Bowling (2005) for a discussion of this scale and its application and validity). In part this is due to the tool being straightforward and easy for practitioners to use, but additionally the questions continue to have relevance for older people living in the community. The scale

requires respondents to rate tasks on the degree to which they have difficulty undertaking them (rating as follows: 0=no difficulty; 1=some difficulty; or 2=unable to do alone) undertaking a range of tasks. Respondents are also informed that to find something 'difficult' may also mean that they find a task 'troublesome, exhausting or worrying'. The tasks include: going up or down stairs; removing a jug, say, from an overhead shelf; tying a good knot in string; cutting toenails; running to catch a bus; washing all over; carrying a full basket of shopping in each hand; doing heavy housework and preparing a hot meal.

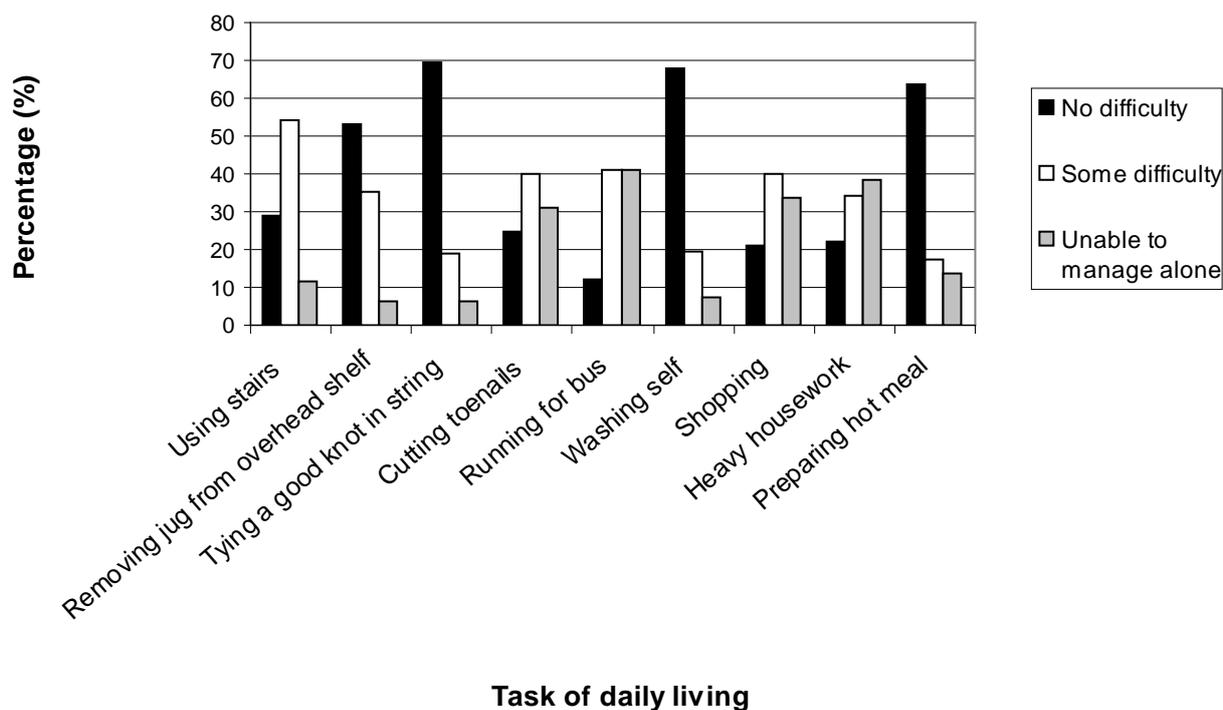
Frequently Townsend's disability scale is used in interviews, though is used here incorporated into a postal questionnaire. Findings from the study presented in this thesis indicated the question was not always answered correctly. It was found that 23 (18.8%) respondents had not answered the scale correctly, with respondents ticking boxes to indicate difficulty with activities of daily living rather than rating them 0-2. This was not identified at the first pilot stage as all respondents had completed the question correctly. Where this occurred on questionnaires, a tick was taken to mean 1 (some difficulty), although the respondent could actually have meant 1 or 2 (unable to do alone). The disability levels of certain respondents could therefore be higher than suggested by the reported findings. These issues are discussed further at the end of this chapter.

Respondent's ratings on the Townsend scale will be reported in two main ways here. The types and degree of functional limitation reported by respondents will be discussed, followed by an exploration of the general extent of disability amongst the sample.

Figure 1 on the next page illustrates the main areas where respondents experienced difficulty performing certain tasks of daily living. Perhaps unsurprisingly tasks requiring considerable physical exertion, such as running and moving or carrying heavy objects, posed the biggest challenge for older people. Most respondents had some difficulty or were unable to run for a bus (82%; n=100), go shopping and carry a bag of shopping in each hand (73.8%; n=90) or undertake heavy housework (73.0%; n=89). However, another major area where difficulty was experienced by a majority of respondents related to their flexibility, for instance, 71.3% (n=87) had some

difficulty, or were unable to, cut their toenails and 65.6% (n=80) had some difficulty, or were unable to, walk either up or down stairs.

Figure 1: Respondents' degree of difficulty performing tasks of daily living



Tasks suggestive of a highly regular level of care input (e.g. daily), such as difficulty preparing a hot meal or washing, were not commonly experienced by respondents. However, a clear indicator of formal care receipt was experiencing some difficulty washing oneself or being unable to do so unaided. For instance, 42.4% (14 out of 33 respondents) of such participants – including almost four fifths of those unable to wash unaided (7 out of 9) - were in receipt of formal care. This compared to only four respondents who received formal care from a total of 73 (5.5%) respondents who reported no such difficulties washing themselves.

Another way of considering functional ability using the data presented above is in terms of quantifying the extent of disability by determining respondents' total scores.

This offers a crude measure of the overall degree of disability exhibited by respondents and gives the potential for assessing the degree to which a person may experience functional limitation without directly asking how disabled they are. As a result, they arguably allow for a more objective measure of disability than by asking participants to rate their own perceived levels of disability.

A comparison of the mean level of disability with self-reported health ratings revealed interesting features within the data. The mean disability scores for each of the self-rated health categories 'good', 'fair' and 'poor' respectively were ($M=4.32$, $SD=4.048$; $M=8.19$, $SD=4.238$; $M=10.15$, $SD=3.913$). A one-way between subjects ANOVA showed F to be significant beyond the 0.01 level: $F(2,112)=14.320$; $p<.01$. In other words, it appeared there was a considerable variation between how people with differing levels of disability rated their health. Tukey post-hoc tests revealed the significance lay between those who rated their health as 'good' and those who rated their health as 'poor' or 'fair' ($p<.01$). In other words, many of those who rated their health as 'fair' had considerable levels of disability. To illustrate, the respondent with the highest degree of disability rated their health as 'fair' rather than poor.

No significance was found when comparing disability rating and gender using a t-test for independent samples ($p=.248$). For males and females respectively, the mean disability rating was 6.52 ($SD = 4.572$) and 7.54 ($SD = 4.587$). Thus, whilst women were more likely to rate themselves as having more disability than men, this difference was not statistically significant.

The fact that only three of 116 respondents indicated they had no disability contrasts considerably from the general population living in the community and partially reflects selection criteria used to allocate tenancies in Coburg's supported housing. It is also likely that the onset of disability has increased motivation to move, and suggest 'assistance migration' (see page 30). Townsend, as a result of early validation work, categorised the scores as follows: 0 = no disability; 1-2 slightly affected; 3-6 some disability; 7-10 as appreciable disability and 11-18 as severe/very severe. More than four fifths (82.7%) of respondents lived with some degree of disability at the time of their move, and just over half (51.7%; $n=60$) experienced appreciable or considerable levels of disability. This suggests people relocating in later old age may experience

difficulties in moving due to their high level of disability, and indicates assistance with moving may be necessary.

Table 5 presents perceptions regarding respondents' carers when living in supported housing. Whilst the findings revealed some expected patterns, interesting features are also highlighted regarding whom participants turned to for assistance. When asked whom they would contact in an emergency, daughters were noted most frequently (32.7%; n=37), yet interestingly housing managers were specified nearly as often (28.3%; n=32). Thereafter sons were the most common emergency contact, though only a minority would call upon their sons for this reason (11.5%; n=13). Other family members - including daughter- or son-in-laws, siblings or a grandchild - would also be the main choice in an emergency for 10 respondents, and the same number would contact paid carers.

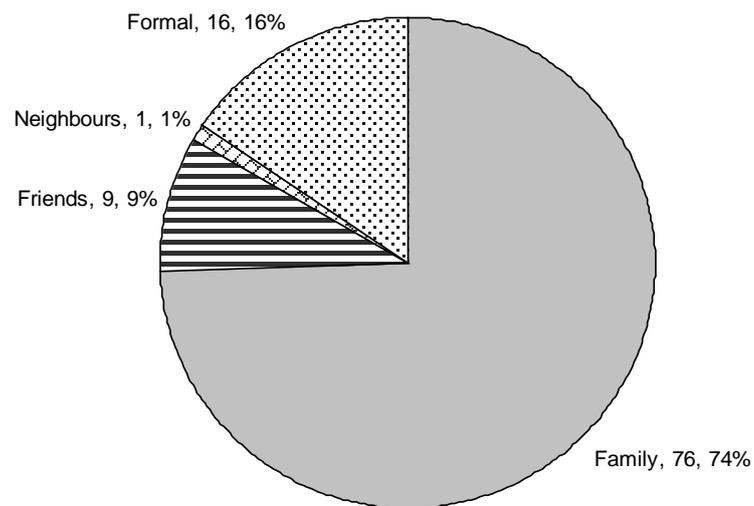
Table 5: Sources of assistance

Person who will assist	In emergencies		Primary carer		Secondary carer	
	no	%	no	%	no	%
Daughter	37	32.7	42	41.2	11	17.7
Son	13	11.5	11	10.8	11	17.7
Daughter-in-law	2	1.8	4	3.9	2	3.2
Son-in-law	0	0	0	0	2	3.2
Sibling	3	2.7	8	7.8	1	1.6
Friend	4	3.5	9	8.8	10	16.1
Neighbour	0	0	1	1	3	4.8
Paid carer/professional	10	8.8	11	10.8	9	14.5
Housing manager	32	28.3	5	4.9	2	3.2
Other relative	5	4.4	6	5.9	8	12.9
One of our children	3	2.7	4	3.9	0	0.0
Other	4	3.5	1	1	3	4.8
Total	113	99.9	102	100	62	100.0

As anticipated, daughters were primary carer for almost half the respondents (41.2%; n=42), with sons and paid carers representing an equal proportion of assistance provision (10.8%; n=13 for each). Only 5 respondents (4.9%) felt the housing manager would be their primary carer, suggesting most recognised housing managers could assist in an emergency but were not there to provide ongoing assistance. The importance of family in assisting the respondents in tasks of daily living is demonstrated in the pie chart shown in Figure 2. When the categories above are

collapsed further into whether assistance will be informally or formally provided, it is evident that the majority of assistance is given through informal sources (84.3%; n=86), with heavy reliance on family for assistance (74%; n=76). Thereafter, around 1 in 6 were reliant on formal care input (16.0%; n=16) as their source of primary carer.

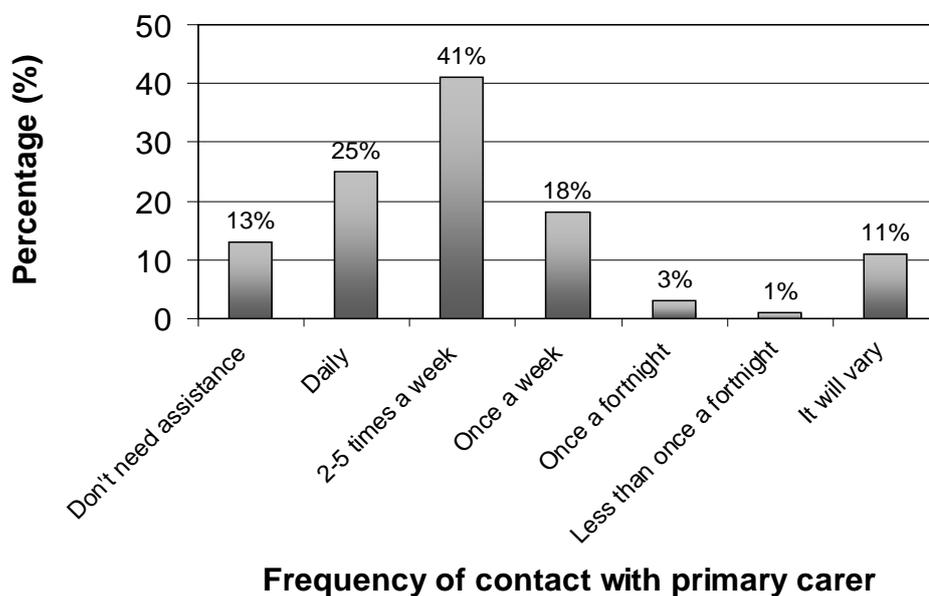
Figure 2: Main category of primary carer



Interestingly, given the short distances moved by the majority of respondents, only one indicated they had a neighbour they planned to involve as a primary carer. However, due to temporal difficulties with the questionnaire (see section 4.4) it was not clear if this referred to a neighbour from the previous home or the new one. Similar results are found when the secondary carer is considered, in that family support is still the most common source of assistance, followed by formal care. Fewer family members were cited as secondary carers (compared to their role as primary carer) yet all other sources of assistance increased somewhat in prominence. Formal carers increased to 17.7% (n=11), friends (16.1%; n=10) and neighbours (4.8%; n=3) as sources of assistance. Over one in five respondents (21%; n=13) answering this question suggested they would turn to friends or neighbours as a secondary carer. Only 62 respondents answered this question, suggesting many respondents did not have someone they considered a secondary carer.

Respondents were asked to state how often they thought they would see their primary carer (Q22). The results are shown in Figure 3 below. It can be seen that from a total of 101 who answered the question that a high level of contact was anticipated by respondents, with a quarter reporting daily contact and 41% (n=40) expecting contact between 2-5 times per week. Such regular contact would be expected for those in receipt of formal care, where carers frequently provide personal care which requires regular input.

Figure 3: Percentage of respondents by frequency of contact



However, when considering answers to this question in relation to family primary carers only (n=69), levels of contact are still high, with 17.4% (n=12) stating they believed they would see them daily, 46.4% (n=32) would see them 2-5 times per week, 21.7% (n=15) once a week, 2.9% (n=2) once a fortnight and 11.6% (8) thought it would vary. Thus, 85.5% (59) of those reporting a family member as a primary carer believed they would see them at least weekly.

4.2.2 Respondents perceived support needs

This section will consider the type of assistance respondents felt they would like, and the type of formal care assistance they thought they would use. Finally, it will consider what type of future needs for assistance respondents envisaged.

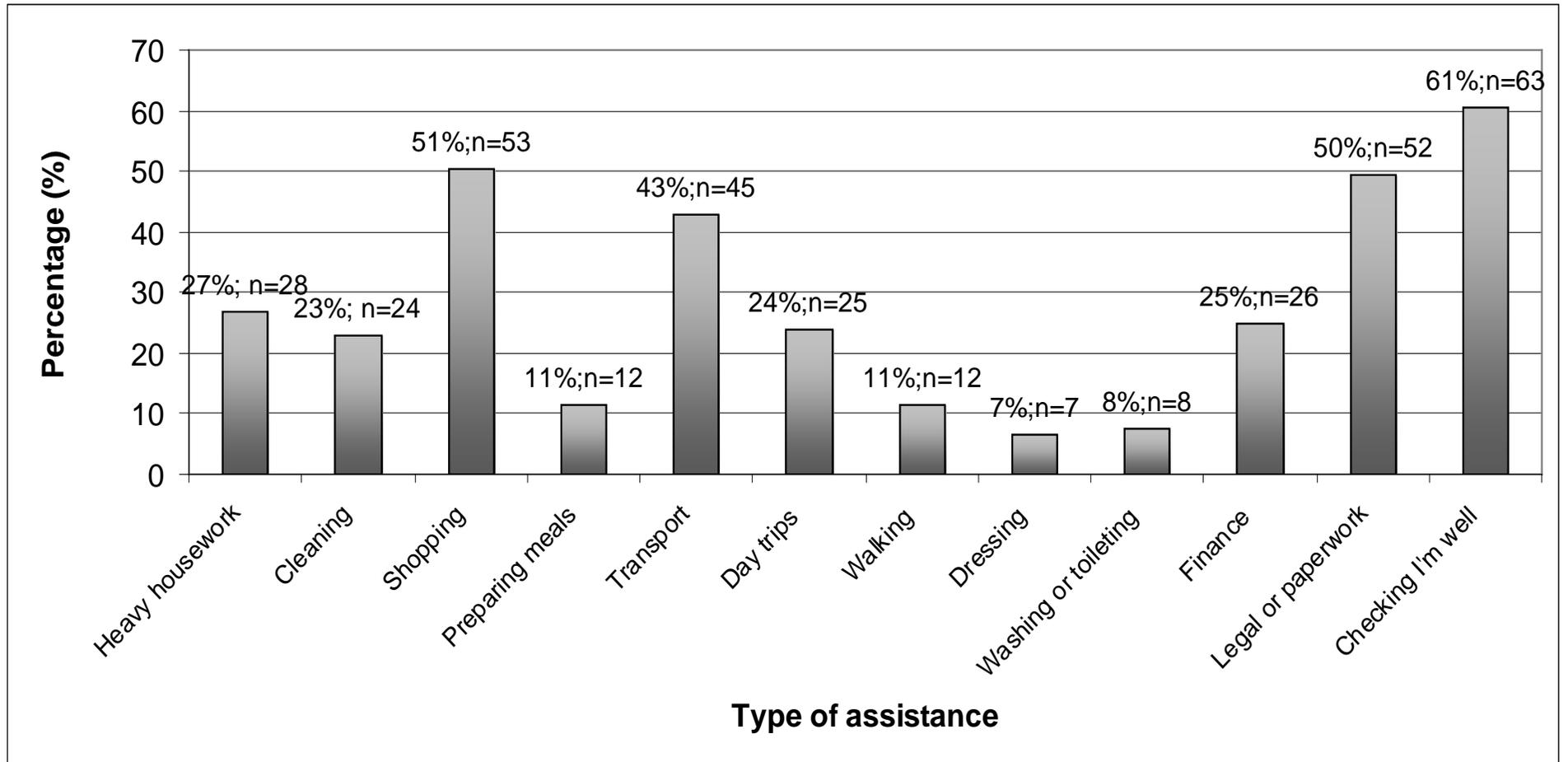
The results are shown on the following page in Figure 4. From these findings it was evident that largely, support wanted by older people, can be provided without much physical effort, such as dealing with paperwork (50%; n=52), finances (25%; n=26), transport (43%; n=45) and day trips (24%; n=25). However, heavier exertion tasks such as shopping (51%; n=53) and heavy housework (27%; n=28) also featured for a substantial minority, suggesting a level of frailty and reduced ability to manage taxing activities.

The most common form of support respondents wanted from their primary carer also featured required little physical effort, yet was clearly valued by many respondents – that was the desire for their primary carer to check they were well (61%; n=63). As was noted earlier, this represents the only direct category used to assess non-instrumental forms of assistance. Whilst further qualitative research is required in order to unpack the meaning of feeling supported by someone ‘checking I am well’ in later life, it suggests a sense of wellbeing from knowing someone is ‘there’ for them’, ‘keeping an eye’ on them. Participants reported generally wanting assistance of a low physical, but potential high time, investment from their primary carers.

Interestingly, assistance with tasks such as preparing meals or providing personal care, including help with dressing or washing, were less commonly sought by older people. For instance, only 8% (n=8) wanted assistance with washing or toileting from their primary carer. There are several possible explanations for this. Firstly, as was suggested earlier, although many respondents reported moderate disability, the degree of disability was unlikely to have fully prevented them undertaking such tasks, due to the need to be able to live alone in order to access the accommodation. Additionally, formal carers may provide personal care assistance rather than the primary carer, and would not be captured by this question. This is dealt with below where the source of assistance is considered, shedding light on who respondents believed would provide them with support in their new accommodation.

To identify the use and nature of formal care, respondents were asked to indicate which formal services they thought they would use (Q24). The findings are presented

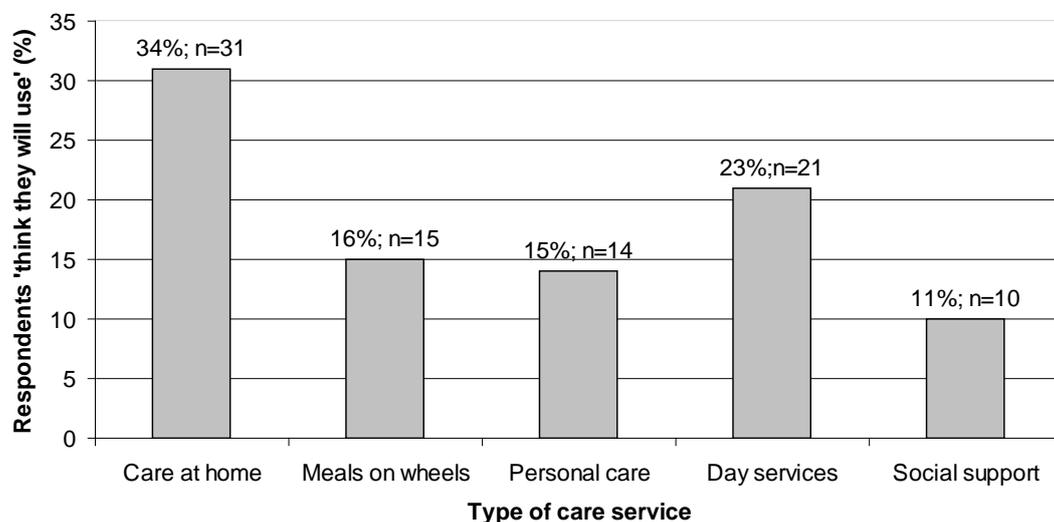
Figure 4: Respondents' need for assistance



in Table 6. The majority who answered this question said that they wouldn't use any such services (75%; n=91), yet almost one in five (19%; n=23) indicated they were not sure if they would. Of the 91 respondents who said they would use formal care services, care at home services were most frequently cited, by over one in three (34%; n=31), whilst use of day services were anticipated by almost a quarter (23%; n=21). Smaller numbers thought they would use personal care services (15%; n=14), meals on wheels (16%; n=15) and social support 11%; n=10).

Of those who thought they would use formal care, most would use only one type of care service (68.1%; n=62), with a declining proportion using more than one service, to the point where only one respondent indicated they would use all five of these care services. Again, this lends evidence to the nature of the level of moderate needs amongst a good proportion of the sample, with around a quarter considering or already using formal care services in addition to any informal assistance provided.

Table 6: Type of formal care respondents thought they would use



The final section of the questionnaire considered whether respondents felt their needs would change in the future, specifically looking at whether respondents thought they would have additional needs in the future, what type of needs these might be, and whom they felt might meet these needs (Q25). These latter parts of this question were

open ended so as to allow respondents to generate their own response. The findings attempted to reveal how people in later life conceived their future needs, though limitations with this question are noted at the end of this chapter.

Over a quarter of respondents believed they would have additional needs in the future (28.6%; n=34), whilst over half (56.9%; n=70) were not sure if they would. Of 31 people who answered the question regarding the nature of their future needs, 22.6% (n=7) reported they '*couldn't tell*' or '*it depends*', or gave vague or general answers (25.8%; n=8) such as '*full care*' or '*lots of help*'. Only a minority felt they would not have additional needs in the future (12.6%; n=15). These findings suggest participants were not only uncertain about what the future held in respect of what needs would arise and how these be met. Such issues will be followed up later in the thesis.

4.3 Relocation information

This section will outline the findings relating to the circumstances and characteristics of relocation of the respondents. It will also include findings regarding participants' views of the future, in particular considering motivations, expectations, hopes and feelings. Firstly however, the distance moved and length of time spent planning the move will be addressed.

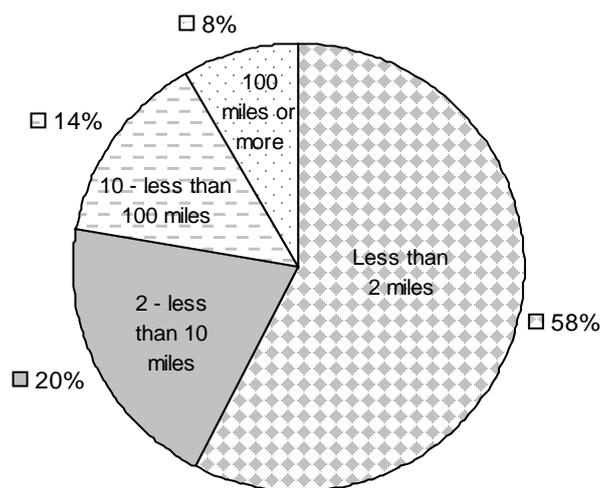
4.3.1 Distance moved

Using the web-based AA route planner (www.theaa.com/route-planner) the distance moved was computed, based upon the postcode of the previous address given by the participant (Q1) and the postcode of the Coburg development into which they were moving. Findings here were dependent on this question being answered, and there were 15 missing values. As can be seen in Figure 5 over page, the overwhelming majority of moves into supported housing were locally based, with nearly four fifths of 108 respondents moving fewer than 10 miles (78%; n=85), and over half moving fewer than two miles (58%; n=22). These findings suggested the older people were

remaining in their local community, and were moving primarily to secure more appropriate housing, as will be demonstrated shortly.

Although most moves were local ones, the range of moves was wide – from a move within the same development (0 miles) to 476.45 miles. A small proportion of respondents were long distance migrants, with n=9 (8%) moving 100 miles or more. Such findings support the overall pattern of assistance migration, whereby most moves for assistance are local, but a ‘scattered’ pattern also exists for those moving further distances – six of the nine participants moving long distances reported moving closer to an adult child.

Figure 5: Distance moved by respondents (%)



4.3.2 Moving closer to an adult child

Participants were asked if they were moving to be closer to a child or children (Q9). During the pilot available answers included ‘yes’, ‘no’ or ‘not sure’. However, following feedback from the pilot, a further option ‘I already live near my child or

children' was added. 114 respondents answered this question in the final survey, with $n=30$ (26.3%) indicating they had moved closer to their child or children, and the same proportion reported they already lived nearby. This shows the importance of having adult child living nearby for many older people in the sample, with over half of participants living close to at least one adult child following the move. Almost half ($n=54$; 47.4%) had not moved to be closer to a child.

Based on the distance moved, the sample did not follow a normal distribution curve, and several outliers skewed the mean. Thus, a non-parametric test - the Kruskal-Wallis chi-square test - was used to compare differences in mean rank order between the three groups (moving closer to an adult child, not moving closer or already live close) rather than using the standard mean. The mean rank for those moving to be closer to a child was 75.86 miles moved and for those who already lived close or were not moving closer was respectively 32.06 miles and 47.67 miles. The Kruskal-Wallis chi-square test was significant beyond the .01 level: $X^2(2) = 30.479$; $p < .01$. Thus, those who had moved to be closer to an adult child moved significantly further than those who did not move closer to a child, or who already lived near a child.

Posthoc Pairwise comparisons revealed respondents who did not move closer to an adult child showed no statistical significance in relation to distance moved ($p=.076$), but rather statistical difference lay between distance moved by those already living close to an adult child ($p < .001$) and those who moved closer to an adult child ($p < .001$). This suggests if an adult child already lived nearby, they acted as a 'tie' to an area as such participants were least likely to move far, whereas those moving to be closer to an adult child felt less 'tied' to their area as they were significantly more likely to move greater distances.

Motivations were sought as to why respondents had moved to be closer to a child where they had done so (Q10), and were invited to tick one or more reasons as shown in Table 8 below.

Table 8: Reasons for moving to be closer to an adult child or children

Reasons given for moving closer to child	Respondents	
	Number (N)	Percentage (%)
To spend more time with my child	9	30.0
To spend more time with my grandchildren	9	30.0
So my child can assist me with day to day tasks	11	36.7
So I can call upon them in emergencies	16	53.3
In case I need assistance in the future	19	63.3
To assist my child	0	0.0
Total moving closer to a child or children	30	100

Although the figures are small, Table 8 demonstrates that the direction of support as perceived from the migrants was from adult children to the older parents. It appeared that whilst increased company was sought from children and grandchildren by a third, more respondents indicated their motivation for moving closer was support related. Thus, over half (n=16; 53.3%) perceived they would be able to call upon their child in an emergency and over a third (n=11; 36.7%) reported moving to get more assistance with daily tasks. Also, interestingly almost two thirds (n=19; 63.3%) had thought to the future and reporting moving closer to their adult child in case they required additional support as they aged.

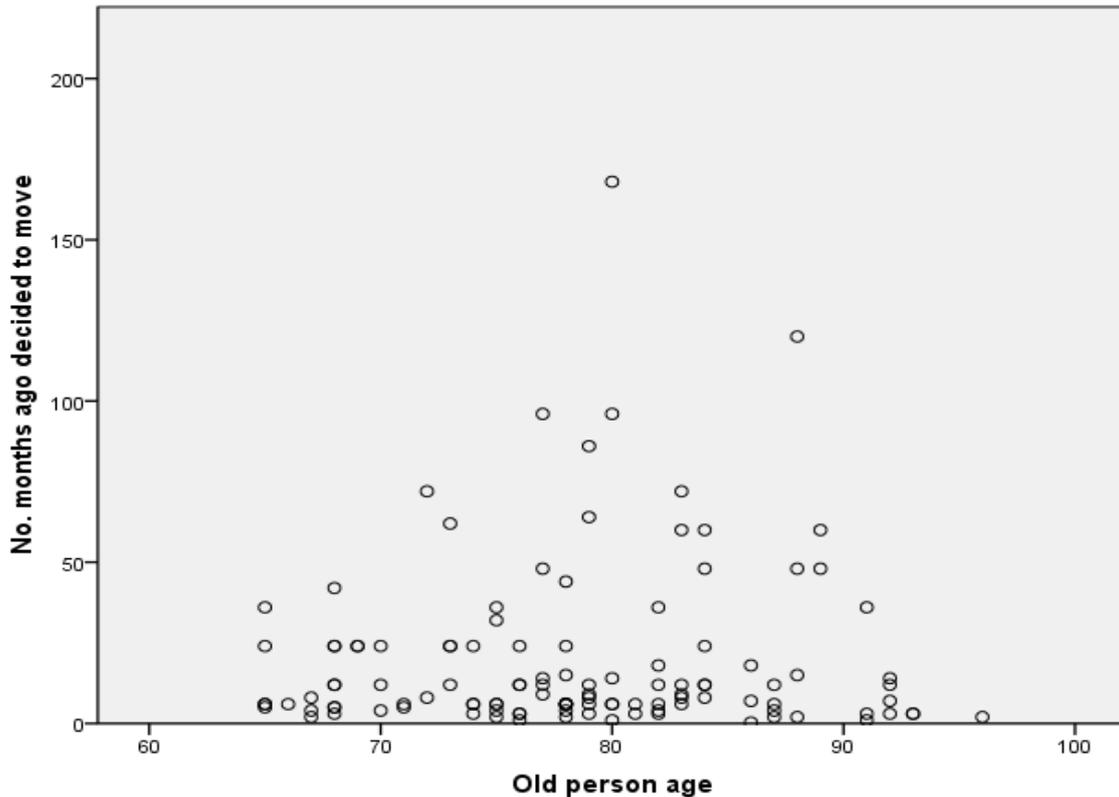
4.3.3 Length of time planning the move

As can be seen from Figure 6, the length of time spent planning the move amongst respondents varied substantially, with a range of between two weeks and fourteen years. Removing the two extreme outliers resulted in a mean of almost eighteen months (17.73 months) spent planning the move, although as can be seen below most of the moves were planned within an eighteen month period, with the greatest frequency count occurring at six months (17.1%; n=20).

In a postal questionnaire it is easier to ask when people made a clear decision, but how people conceptualise, define and go about ‘planning’ a move is unclear here. It may be that following a decision to move, this is not acted upon for some time at a pragmatic level, and may exist more at a ‘fantasy’ level (see Chapter 9 for

discussion). From the case study data, as will be shown later, it appeared that although decisions had been made for some months, practical arrangements for the move, such as packing, were experienced as ‘rushed’ and occurred within a matter of weeks.

Figure 6: Scattergram of time between decision to move and the move event



4.3.4 Motivations for moving

Respondents were asked to list two main reasons they moved (Q8), and findings are presented in Table 9 below. Given the variety of responses to Q8, it was useful to give respondents the opportunity to determine their own answers (using open text field) as opposed to offering pre-determined categories as answers. This allowed the researcher to capture the full range of reasons why participants sought to move. As the Table shows, ten main categories were devised based upon the answers, but even then several categories contained various issues. For instance, the desire for an ‘improved physical environment’ included answers such as a wish to downsize, difficulties maintaining a house and garden and being no longer able to manage stairs or steps.

The desire for a more manageable living environment was the largest single reason for moving, with a third of respondents (n=72) citing this as a main reason for moving. In all but two of these cases, an inability to manage features of the home and/or garden – particularly stairs - were cited as the primary reason in answers categorised under ‘an improved physical environment’. The remaining two gave reasons based on the wider neighbourhood, notably difficulty walking up a hill and because the new home was felt to be in a nicer area.

Table 9: Reasons for moving into supported housing

Reasons for moving	%	No.
Improved physical environment	33.3	72
Increasing frailty, health, age, assistance	18.5	40
Widowhood/Relationship breakdown	3.2	7
Closer to family, friends, company	20.4	44
Closer to amenities	9.3	20
Security/safety	3.7	8
Peace and quiet	1.9	4
Financial reasons	1.4	3
No choice or landlord problems	3.7	8
Other	4.6	10
Total	100	216

Such reasons for moving are likely to relate to a declining ability to continue living in their own homes due to advancing age, and therefore are probably linked to reasons given in the third most commonly cited category, that of ‘increasing frailty, health, age and assistance needs’. Reasons within this category were noted by almost a fifth (18.5%; n=40) of respondents whom acknowledged their decreasing abilities and health as a major contributory factor for moving. Taken together, half of the reasons given for moving were found within these two categories. This suggests that declining abilities or health, and its consequences for engagement with the physical environment, exerted considerable influence in motivating relocation amongst many respondents.

However, it is important not to overlook the second most cited reason for relocating, which was quite distinct from that relating to the physical environment. One in five

(20.4%; n=44) participants considered social motivations to be a major factor driving the move, notably the desire to live closer to other people. This category again covered a variety of reasons, including the wish to be closer to family, friends, returning to their home town, or simply being closer to company. Comments included '*back home from Australia after thirty five years*' (Respondent 3) and '*company – previously isolated from neighbours*' (Respondent 21). Only a small proportion of respondents (3.2%; n=7) specifically mentioned the death of a partner or spouse as a motivating factor leading to relocation. The actual rate of widowhood prior to relocation may well have been higher than this, but widowhood in itself may not have been considered in the top two reasons for moving. Thus, for instance, some of those moving for social reasons may also have recently experienced widowhood.

A range of other reasons were given by a minority of participants such as moves that were financially motivated (1.4%; n=3) or to obtain greater security and safety (3.7%; n=8). In addition, only a small number of respondents reported having no choice in whether to move or not, with only 3.7% (n=8) experiencing forced relocation or difficulties with landlords. The 'other' category also contained various reasons such as a desire to obtain greater independence or having problems with neighbours (4.6%; n=10).

4.3.5 Feelings and thoughts about the move

Respondents were provided with a list of check box items relating to how they felt about the move (Q4), and were requested to tick any that applied to them. The items in the list are given in Table 10 on the next page and the number of respondents who ticked each item is reported.

As can be seen from Table 10, the most common feeling experienced by respondents was that of seeing the move as a new phase in life (43.8%; n=112), yet this in itself does not reveal affect associated with the move. For instance, it can be seen that a similar percentage of respondents reported feeling unsettled or uncertain about their move (13.3%; n=34) as looked forward to it (15.2%; n=39). Given respondents could tick one or more boxes the answer in its entirety was coded further:

Table 10: Participants' feelings regarding the move

Feeling about the move	Number	Percentage
Saw it as a challenge	12	4.7
Anxious, worried about it	25	9.8
Unsettled, uncertain about it	34	13.3
In control of the situation	24	9.4
Saw it as a new phase in life	112	43.8
Looked forward to it	39	15.2
Other comments	10	3.9
Total	256	100.1

Positive feelings:

One or more of the following boxes was ticked: 'in control of the situation'; 'saw it was a new phase in life'; 'looked forward to it'. No negative feelings were ticked.

Negative feelings:

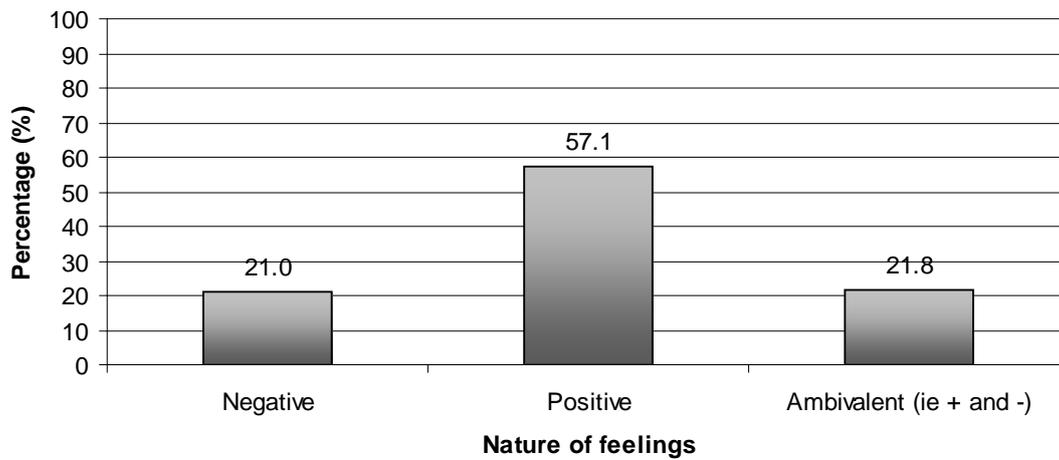
One or both of the following boxes was ticked: 'anxious, worried about it', 'unsettled, uncertain about it'. No positive feelings were ticked.

Ambivalent feelings:

A mixture of positive and negative feelings were expressed. 'Saw it as a challenge' was neither coded as positive or negative, as it could potentially be interpreted as either depending on the interpretation made by the respondent.

Figure 7 on the following page shows the breakdown of respondents' feelings using these categories. As can be seen, the main emotions reported by respondents were positive with over half (57.1%; n=68) expressing only positive feelings about the move. The remainder were split evenly between feeling negatively or ambivalently about the move (21.0%; n=25 and 21.8%; n=26 respectively).

Figure 7: Nature of respondents' feelings about the move (%)



A key focus of statistical analysis was to explore respondents' feelings according to differing sample groups to help identify under what circumstances perceptions about the move varied. Using the three categories described above, the researcher ran a series of chi-square tests of association to identify associations between category of feelings and other categorised variables. No significance was found within these variables as is shown in Table 11 below:

Table 11: Results from chi-square test of association between category of feelings and other variables

Variable	χ^2	df	Sig
Gender	3.840	2	.147
Living arrangement (alone v partner/spouse)	2.730	2	.255
Health	1.831	4	.767
Housing tenure	0.781	2	.677
Housing type	2.577	2	.276

A number of outliers existed in the sample group for distance moved, with a small number moving large distances, so the Kruskal-Wallis test was used to compare the three feelings categories with the number of miles moved. The Kruskal-Wallis found no significance beyond the .01 level: $\chi^2(2) = 4.409$; $p=0.110$. In other words, there was no difference between those who were positive or negative or ambivalent and how far they had moved.

As a normal distribution was found for disability rating and age, a One-Way Anova test was used to test these variables with category of feelings. This revealed a significant difference ($p=0.029$) between the different categories of feelings and disability ratings and the results of these tests are shown in the table below:

Table 12: Results from one-way Anova test between category of feelings and age and disability rating

Variable	F	df	Sig
Disability rating	3.667	2, 110	.029
Age	2.188	2, 116	.117

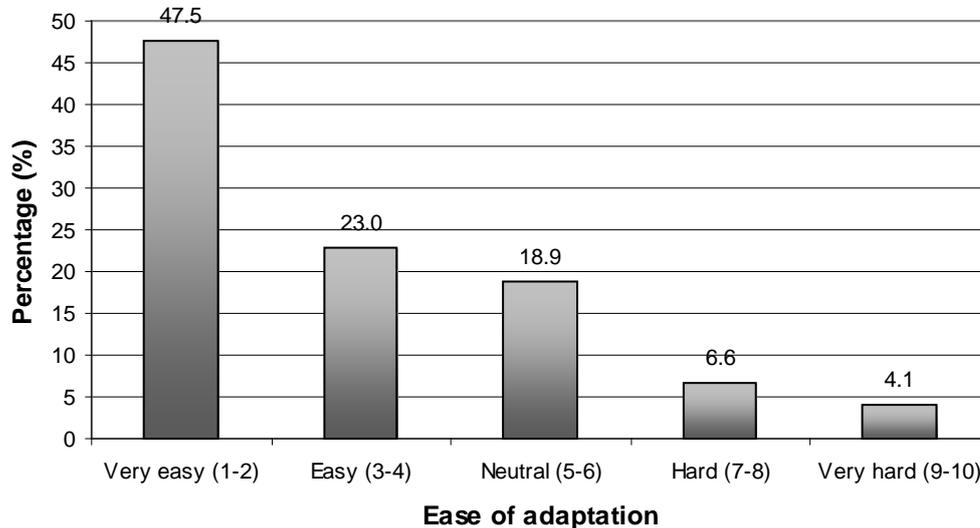
An examination of the Tukey post hoc tests (specifically the overall difference between the mean in the category of feelings) indicates that the significant difference is found between positive and ambivalence feelings in relation to disability rating ($p=0.031$; all other p values were not significant). In other words, those with ambivalent feelings had higher disability ratings than those who reported only positive feelings about the move.

Another way of identifying respondents' perceptions of the move was through considering their view about how easily they would adapt to their new supported housing environment (Q5). Respondents were asked to rate on a scale of 1-10 how easy they thought it would be to adapt (where 1 = 'very easy' and 10 = 'very difficult'). As can be seen from Figure 8 on the following page the majority of participants thought it would be either very easy (47.5%; $n=58$) or easy (23.0%; $n=28$) to adapt.

This question was also subject to statistical analysis to help illuminate the nature of relocation across different groups of respondents. Answers to this question and how positively people perceived their move were compared, as both relate to how respondents viewed their move. Unequally distributed categories with independent

samples resulted in the use of the Kruskal-Wallis test to identify whether respondents' feelings related to how easily they thought they would adapt.

Figure 8: Self-perceived ease of adaptation to supported housing



As might be anticipated, those respondents in the negative feelings group believed they would find it more difficult to adapt to their new home (the Kruskal-Wallis was significant beyond the .01 level: $\chi^2(2) = 12.576$; $p=0.002$). Pairwise comparisons revealed that significance lay between the positive and negative feelings groups ($p=.001$) revealing those who felt positively about the move were significantly more likely to believe it would be easier to adapt than those who felt negatively about the move. No other significant differences were found ($p>.05$). Significance in this test adds validity to the questions about feelings and adaptation, as they are in similar subject domains yet worded differently.

As ease of adaptation was investigated using a 10 item scale, nonparametric correlations were used to test with other scale variables as it cannot be assumed that the sample followed a normal distribution. Table 13 on the following page reveals the results of a Spearman correlation test between participants rating of ease of adaptation and other population variables. These results show that respondents' thoughts about how easily they would adapt was not related to how long ago they had decided to move, how far they had moved, nor how old they were. There was however a significant relationship between disability and ease of adaptation ($p=.008$). Further, as

people get older they tended to become more disabled, though the relationship between age and disability was weak to moderate.

Importantly therefore, age alone was not related to how easily people thought they would adapt, but rather the degree of disability appears to be the determining factor that affects such perceptions. This was borne out by further statistical tests on categorised variables, where no significant relationship was found between ease of adaptation and tenure type, housing type, living arrangements or by type of primary carer (see Table 14 on the following page). This is a key finding for the study, as it suggests people relocating in later life are most likely to express concerns about their move when disability levels are high and other socio-demographic factors do not appear to significantly affect how people perceive their move.

Table 13: Results of Spearman correlation test between ease of adaptation and other variables

		Ease of adaptation	Disability rating	No. months ago decided to move	Distance moved	Age
Ease of adaptation	Correlation coefficient	1.000	.245**	-.019	.078	-.052
	Number	122	116	117	107	122
Disability rating (1-10)	Correlation coefficient	.245**	1.000	.033	-.038	.349**
	Number	116	116	111	102	116
No. months ago decided to move	Correlation coefficient	-.019	.033	1.000	-.079	-.020
	Number	117	111	117	104	117
Distance moved	Correlation coefficient	.078	-.038	-.079	1.000	-.058
	Number	107	102	104	107	107
Age	Correlation coefficient	-.052	.349**	-.020	-.058	1.000
	Number	122	116	117	107	122

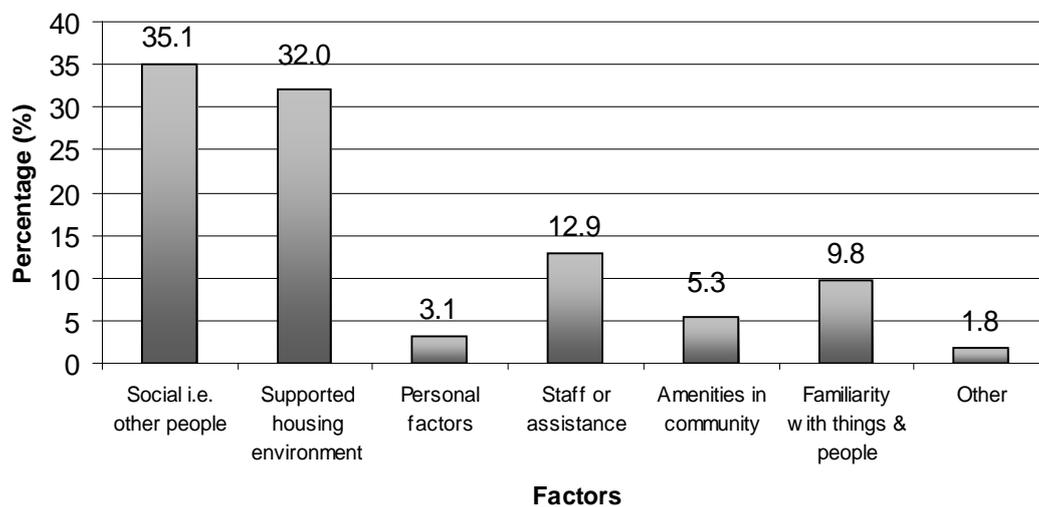
** . Correlation is significant at the 0.01 level (2-tailed).

Table 14: Results from statistical tests between ease of adaptation and other categorised variables

Variable	Test used	Test statistic	Total number	Df	Sig
Housing tenure	Mann-Whitney U	851.000	122	-	.699
Type of primary carer	Kruskal-Wallis	1.442	102	3	.696
Housing type	Mann-Whitney U	1,121.000	116	-	.626

Having explored feelings about the move, respondents were asked to specify two things they thought might help them to ‘settle in’ (Q6). Respondents could write what they wished and then the answers were categorised. Categories derived from a total 225 responses are presented in Figure 9. The answers given largely reflected motivations for moving.

Figure 9: Perceived factors to aid ‘settling in’ following relocation



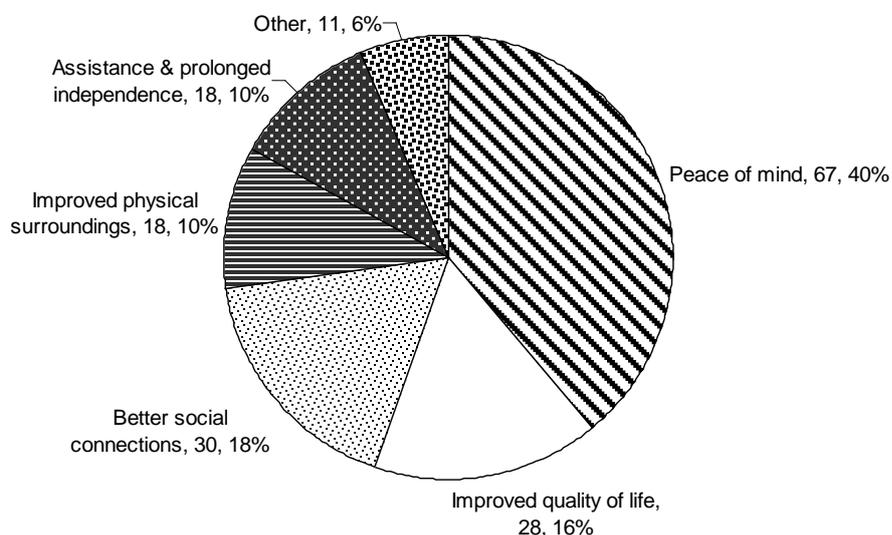
The most frequently cited factor respondents felt would enable them to settle in were other people, and was so pervasive that three of the main categories included other people as a key source of adaptation support. For instance, the largest category cited by respondents (35.1%; n=79) - ‘social’ in Figure 9 - included family, friends, new neighbours, etc. Staff support or assistance provided by others accounted for 12.9%

(n=29) of comments that would aid 'settling in'. Typical comments here included '*having my food made and served to me*' (Respondent 97) and '*nice friendly staff*' (Respondent 46). The third category that included 'other people' was 'familiarity with things and people' representing 9.8% (n=22) of answers. Here, a clear sense of continuity between the old and new home was perceived as being important in facilitating 'settling in, and included such comments as '*my hobbies*' (Respondent 79), '*my old belongings with me*' (Respondent 18) and '*I already knew a few people here*' (Respondent 6).

The second most frequently cited issue related to the supported housing environment (32.0%; n=72), and such comments often spoke of a belief that living a more manageable life would aid adaptation following relocation. Comments in this category included '*there won't be stairs to climb*' (Respondent 65), '*door to myself and car parking*' (Respondent 66) and '*safe surroundings*' (Respondent 80). By comparison community based amenities were less important to participants as a way of facilitating a sense of being 'settled' with only 5.3% citing this factor. Comments here included: '*nearer to bus stops*' (Respondent 26), '*good area*' (Respondent 69) and '*nearer to essential services ie GP, bank etc*' (Respondent 46). Only 3.1% (n=7) of respondents mentioned psychological aspects, for instance '*confidence*' (Respondent 4) or '*patience to give it time*' (Respondent 37).

As has been shown above, many of the respondents felt optimistic about their move, were moving because they felt it would improve their life situation and thought they would easily adapt to their new surroundings. A question regarding what respondents hoped to achieve by moving (Q7) provided further illumination on expectations regarding the move, and revealed a more qualitative dimension to the data. Answers to an open ended question were coded, and answers with more than one answer were coded multiple times (up to a total of three categories per respondent). Thus, a total of 172 answers were given by 115 respondents.

Figure 10: Respondents' hopes for the move



As can be seen in Figure 10 above, just under half of respondents (40%; n=67) sought greater 'peace of mind' by moving. Generally, this was the main objective of those moving into obtain a more manageable home, with a subsequent reduction in worries about maintenance, including managing the house and garden and organising repairs. Thus, 20 of the 172 answers (11.6%) specifically noted they hoped to achieve an easier lifestyle. For instance, comments here included: '*Less hassle! No worries about having to find tradesmen to maintain property etc.*' (Respondent 60) and '*Easier lifestyle, less cleaning & maintenance*' (Respondent 61). This category incorporated comments relating to greater security and safety (mentioned in 11%, n=19 of answers), in respect of personal safety relating to both health and crime. Thus, such comments included: '*Peace of mind should I suddenly become ill*' (Respondent 5) and '*Peace of mind in a secure environment*' (Respondent 94).

Another key area where respondents' hopes were not so reflective of their motivations was a desire to enhance their 'quality of life'. Approximately one in six answers directly related to a hope to enhance their quality of life (16.3%; n=28). Within this

category some respondents simply wrote '*better quality of life*' (3.5%; n=6) whilst other issues categorised here included '*peace and quiet*' (4.1%; n=7 answers), to feel more settled in the future (3.5%; n=6) and feeling happier, more content or satisfied (5.2%; n=9). Thus Respondent 57 hoped to achieve '*Quietness, calm way of living*', whilst Respondent 46 stated '*Different way of life, more contented*'.

This direct categorisation however, does not reveal the full extent to which respondents sought to achieve an improved lifestyle, as the vast majority to some degree commented on improving several aspects of their lives, which taken together, would enhance their overall wellbeing. In most cases therefore, respondents could be viewed as hoping that the move would result in a better life for them. Thus typical comments by respondents included: '*Peace of mind, better quality of life, to put past sad memories behind me*' (Respondent 88), '*Many happy years amongst friends*' (Respondent 39) and '*Smaller house, companionship, security*' (Respondent 25). This shows how difficult it is using quantitative analysis to demonstrate the holistic nature of people's lives, and by compartmentalising responses, something of the broader meaning of respondents comments are lost.

4.4 Reflections on the questionnaire and survey findings

On reflection, despite extensive piloting the questionnaire could have benefited from further refinement following the pilots. For instance, Q9 asks about whether people have moved closer to their children but if participants answered 'no', it is unclear whether this is because they did not have children or were simply not moving closer to them. More meaningful data could have been generated had this been explored. For example, respondents without children could have been excluded from an analysis of the proportion of the sample moving closer to children. Additionally, although a mixture of gender types were used in the prompts in Q20 and Q21, the fact 'daughter' was mentioned first could have led people to have considered this as their first option, rather than a son who may also have given assistance. However, the findings are comparable with other research on the gender of primary care givers, so it is likely that such bias - if it occurred - was small.

Q25 on perceptions of future needs did not generate particularly useful data. On reflection the question was poorly conceived and would have benefited from further refinement following piloting. For instance, 'in the future' and 'more' were not clearly defined and therefore considerable variation is therefore likely in how respondents interpreted the question.

A number of measurement tools exist to ascertain functional and health status of older people, for instance the 36-item short-form health survey SF-36 (Ware and Sherbourne, 1992) has been used within postal survey with older adults (Lacey, Belcher and Croft, 2012; Walters, Munro and Brazier, 2001). However, postal surveys are not without problems as Mallinson (1998) reported lower than anticipated response rates and only partial completion rates in the use of the SF-36 in a postal survey with older people. Another commonly used measure of functional ability in later life is the Instrumental Activities of Daily Living scale devised by Lawton and Brody (1969). The author felt this tool lends itself more to practitioner or researcher completion than self-completion.

Although completion problems were encountered using the Townsend scale of disability, much of the rationale for using this tool (age appropriate questions, brevity and relative ease of completion) remain despite a considerable minority not answering the question as intended. The authors approach of interpreting a tick as a '1' (i.e. some disability) was felt an appropriate way of being able to continue to use the data in the analysis. Indeed, it was felt inappropriate to change the scale (e.g. to yes/no answers rather than rating 0, 1 or 2) subsequent to inaccurate responses being identified during the pilot phase as this would have affected the validity of the tool. Resultantly, as this chapter has revealed, the inclusion of a scale to assess functional ability proved valuable and findings were in the expected direction.

However, perhaps the most concerning feature on reflection was the potential for temporal confusion arising from completion of several questions due to a lack of clarity around whether the participant was being asked to complete a question regarding their new home or old one, and whether completion was undertaken prior or subsequent to the move. Although the questionnaire was sent to each resident's new home, there was a potential that some respondents may have completed it before they

moved. Perceptions are likely to vary prior to the move event compared to once the move has been made. On reflection, clearer instructions as to *when* residents should complete the questionnaire could have been given in the cover letter, and some of the questions – despite most being future focused by asking ‘*will you*’ – could have been more specific in terms of requesting an answer in relation to the new setting.

On reflection it is unclear how survey respondents’ defined the term ‘move’. The researcher had perceived it as a process over time from the pre-move phase through to settling in. Whereas it is likely that at least some respondents saw it as an actual event (as was found during the qualitative interviews) - the time when their belongings were being transferred and perhaps unpacked. In future studies it would be useful to separate out questions regarding feelings about different phases of transition. For instance one question could ascertain feelings about the move event itself and another could ask what participants felt life might be like once they had lived in their new residence for several months.

Despite the existence of the problems noted above, it was felt that the survey generated valuable data to illuminate the nature of relocation into supported accommodation amongst older people. A good response rate and sample size was obtained, allowing meaningful analysis. Many questions were well completed and pre-coding captured the range of options available, as witnessed by few ‘other’ boxes being completed within questions. Capturing a good range of information on relocation using only four pages, in larger than usual font size to accommodate those with declining visual acuity, was challenging but overall, relevant data were captured and a good deal of useful and novel information has been gathered, particularly around feelings about moving, locally based moves and the nature of support and disability during relocation in later life.

4.5 Summary

This Chapter has set out the key findings from the postal questionnaire survey with older people in Scotland relocating to Coburg (Scotland) Housing Association supported housing accommodation. It was found many of the older people were

moving to such accommodation with highly positive hopes and expectations of how the transition into supported housing would be experienced, with almost half viewing it as a 'fresh start' or creating 'peace of mind', with over half having only positive thoughts about the move. Yet, such a positive mental outlook was set against a physical backdrop where four fifths were found to have some degree of disability and half had considerable disability. Further, a significant finding was that as disability levels increased so did concerns about how easily it would be to adapt to the new home.

Immediate family, particularly adult daughters and other informal carers were reported as being most likely to provide ongoing assistance to participants, with housing managers as likely as informal carers to be called upon in an emergency. Social networks appeared dependent on the input from an immediate family member for most respondents, with some drawing on broader range of social contacts to identify a secondary carer, such as formal carers and friends, but in many instances, unable to think of anyone. Support sought from primary carers was of low intensity, but required regularly, for instance, to check mail, deal with bills, give lifts to the doctors or friends and so on.

Chapter 5 Qualitative data analysis

5.1 Introduction

Given the centrality of the qualitative method to this thesis, a separate chapter has been dedicated to the approach taken to the analysis of the qualitative data.

Qualitative data analysis is an integral feature of the research process, and as such was already underway during the data collection stage, in other words, thinking analytically and examining data as it is generated (Lofland et al., 2006, Miles and Huberman, 1994).

Thematic analysis (Boyatzis, 1998, Braun and Clarke, 2006, Ritchie and Spencer, 2002) was chosen as the means of qualitative analysis, drawing heavily on the specific approach of framework thematic analysis (Ritchie and Spencer, 2002, Spencer et al., 2003). This was chosen for its pragmatic, flexible approach and the use of a specific approach facilitated analytic consistency. The stages of analysis are set out in the table below and are referred to in more detail hereafter.

Table 15: Within- and across-case analytic strategies used

Stage	Analytic focus	Product
Analytic immersion in all interviews	Within all cases	Sense of the lived experience of the phenomenon
Immersion in each interview	Within each case	Identification of significant statements
Comparisons of significant statements	Within each case and time period	Identify categories of statements common to all participants & time period
Comparison of categories	Across cases and over time	Identify categories of statements common to all participants
Review of significant statements to interviews	Within and across cases	Ascertain fidelity to original accounts
Intuiting, critical reflection, concept charts	Within and across cases	Identification of themes
Organise categories of significant statements by themes	Set of significant statements	Essential structure

Although 'framework' was used in this study, it should be noted this approach does not deviate substantially from other forms of thematic analysis. For instance, the stages of analysis used for this study are similar to those adopted for case study qualitative analysis by Ayres, Kavanaugh and Knafl (2003) who did not explicitly use a framework mode of thematic analysis. As shown in table 15 above, the data was analysed in stages using both cross-sectional (across case) and longitudinal (within case) approaches (Thomson and Holland, 2003).

The chapter sets the scene for the subsequent three chapters that present the findings into themes and sub-themes. The chapter will also make reference to how related literature was used to help shape the themes and sub-themes as part of the analysis. In particular, the processes used to organise the data and how the data was analysed is set out in detail below, though it should be noted that development of the themes was iterative and reflexive (Fereday and Muir-Cochrane, 2006, Spencer et al., 2003). This enables the reader to gain an insight into how the themes and sub-themes were derived.

5.2 *Epistemological considerations*

As noted in Chapter 3 the author has adopted a subtle realism epistemological stance within this study. This shaped the way in which the task of qualitative data analysis was approached and thematic analysis was chosen for its flexibility to fit well with this position (Braun and Clarke, 2006). There appears to be little consensus on how to analyse longitudinal data (Ployhart and Vandenberg, 2010). As longitudinal methods to explore multi-perspectives of the nature of support needs and how these were met during later life relocation into supported housing had not previously been explored, the author was keen not to use an overly deductive analysis, in keeping with a pragmatic approach (Seale et al., 2004). In other words it was felt inappropriate to use theoretically driven or 'top down' theme development so as not to stifle emergent themes.

Braun and Clarke (2006) set out clearly the epistemological implications for thematic analysis in their practical article on its use in qualitative research. They argue the need

to consider the level of themes to be generated within thematic analysis, and discuss two broad types. These are semantic or explicit and latent or interpretive, of which the former fits well with inductive modes of analysis (see also Graneheim and Lundman, 2004). This allows themes to be identified from the surface meanings of the data to provide an initial description of the data that only becomes more interpretive in later stages of the analysis. This ensures initial elements remain true to the raw data as it is not necessarily clear at this early stage how more abstract classifications will be constructed (Spencer et al., 2003). Thus, only once overarching themes had begun to emerge was reference made to existing literature, so as to avoid being influenced by existing theoretical constructs.

5.3 Early stages of analysis: Data management and categorising

Becoming familiar with the data is recognised as a key early feature of qualitative analysis and facilitates absorption in the data (Ayres et al., 2003, Braun and Clarke, 2006, Spencer et al., 2003). This was achieved through transcribing verbatim interview scripts for the majority of interviews, thorough reading of transcripts and preparing condensed, chronologically ordered cases (Appendix 7). Transcripts were taken as a record of what was said, without the detail of noting every pause, inflection or utterance as would be preferred in content or discourse analysis (Braun and Clarke, 2006, Macnaghten and Myers, 2004)

In relation to sorting and synthesising data to facilitate effective management an index or starting list of items (Spencer et al., 2003) were drawn up. This index (see Appendix 6) provided a conceptual framework containing items determined from content of interviews and therefore informed by the data, and informed by the research objectives. Indexing is preferred to the term 'coding' which implies capturing more structured and precisely defined content than is the case here. Items for the index were chosen on the basis that they appeared to reflect ideas, concepts or topics that were repetitive or substantive in content (Spencer et al., 2003).

Spencer et al. refer to the items in the index as 'themes' though at this stage of analysis, though the author chose instead to use the more commonly used 'categories'. This helps prevent confusion with the term 'theme' as it is used in the later analytic stages in reference to the conceptual overarching themes. Categories are a frequently

used term within qualitative analysis for the label attached to a group of directly observable data extracts that share commonality (Graneheim and Lundman, 2004, Pope, Ziebland and Mays, 2000, Joffe and Yardley, 2004). Raw data extracts or ‘*chunks of text*’ (Joffe and Yardley, 2004: 59) were thus labelled as falling into one or more of these categories, from the verbatim interview transcripts. This was done for all interviews using NVivo 9 software. At this stage no meaning was ascribed to the category names, rather names were kept deliberately value free, so as not to prematurely (and therefore potentially erroneously) allocate meaning to categories before considering the range and content of data extracts contained in each (Braun and Clarke, 2006). Table 16 below illustrates how this task was approached, in terms of the type of data extracts allocated to categories.

Table 16: Illustrative example of indexing for category: ‘new social contact or interaction’

Source	Data extract indexed to category
Housing manager, Mrs McCann case, T1 interview	HM: So you just ask if everything’s okay and they’ll ask, ‘can you come up and see me?’ or er, sometimes they’ll go into the details...which I kind of cut off because you never know who’s around that hears these things.
Daughter, Mrs McCann case, T1 interview	And then she’s met her neighbours, the lady upstairs, the neighbour next door I think, so, you know, just to say hello to and speak to, and I think the lady upstairs has been down and you know, in for a cup of tea or something.
Older person, Mrs Levine case, Life history interview	Sometimes I can go on a wee while I can sit and chat and blah, blah, blah – that’s alright but I do get tired, see about eight.
Daughter, Mrs Stewart case, T2 interview	...and she seems to have settled in well, and also always smiling when you come in and much, you know, much happier and I think the company’s made such a difference.

Once data from all interviews had been indexed, the categories for each time period were reconsidered, moving data extracts, collapsing codes and generating new more precise codes as necessary (Fereday and Muir-Cochrane, 2006). The purpose of this task was to firstly to ensure the data extracts in each category were coherent, demonstrating similar meaning, and secondly to make the data manageable and ‘*begin*

the process of distilling the essence of the evidence for later representation' (Spencer et al., 2003: 229).

Given the sophistication of the analysis required i.e. able to handle both multi-perspective as well as longitudinal data over several cases, it was felt by the researcher that NVivo would not facilitate the necessarily complex analysis required. The researcher therefore decided against the continuing use of NVivo as an analytic tool. Similarly, whilst the use of indexing can aid analysis of commonalities across groups, it may work against retaining a sense of the individuality of specific cases (Ayres et al., 2003, Thomson and Holland, 2003) and thus at this stage, analysis proceeded 'within' cases.

5.4 'Within case' analysis

Manual analysis occurred from this point onwards, initially by case (see section 3.4 for information on the cases). In other words all interviews conducted with the three participants in each case (older woman, adult daughter and housing manager) were analysed over time and between participants. This involved a number of different steps, including sorting the categorised data into time phases, organising the data within categories and finally, further collapsing and reduction of categories to facilitate subsequent cross-case analysis. Whilst the proceeding explanation of the approach taken is pragmatic in nature to describe the approach taken, it should be noted that the analytic process of sorting and synthesising the data was an intellectually flexible, creative process to retain subtleties and meanings reflected by participants (Burgess-Limerick and Burgess-Limerick, 1998).

The initial categorised material for all interviews at different time intervals relating to each case were now copied and pasted by interviewee. This resulted in three word documents per case, one for each participant. Each document was sectioned as follows:

- The major heading for each section was the time phase, i.e. T1-T3
- Under each main heading, all codes used for that time period were used as sub-headings

- Under each code heading, the associated data extracts were pasted.

This allowed for ordering of the data extracts on a temporal basis and also retained codes and data extracts by participant type. Each category name was formatted using Word software as a 'heading' which allowed quick access to the data extracts relevant to that category for reference purposes. These documents formed the equivalent of the stage of 'thematic charting' outlined by Spencer et al. (2003), allowing the researcher to compare and consider categories whilst being able to easily refer back to the data extracts and the voice of the participants. At this stage, the word documents were read fully again to gain greater understanding of how the data was beginning to come together as a full case.

To facilitate comparison of categories from all interviews within a case, a matrix approach was used (Ritchie et al., 2003), found to be particularly useful when using time ordered data (Hebbeler and Gerlach-Downie, 2002, Liddle et al., 2004, Miles and Huberman, 1994). For each case a matrix chart was developed (see Appendix 6 for a sample completed matrix chart for Mrs McCann). This allowed comparison of categories developed for participants at each time period. In particular, it facilitated analysis of differences and similarities across participants and how these varied over time, the key consideration for longitudinal research (Saldana, 2003).

At this stage there were still a fairly large number of categories as these existed for each participant at each time period. To facilitate manageable comparison across cases, it was necessary to further collapse the categories, though the researcher still wished to retain linkages to the specific time and participant from which the more specific category was obtained. Thus, the indexed list within each time period was colour coded, e.g. codes for Mrs Fraser were marked pink, and then overlaid by a different colour for the time periods: T1, T2 and T3. Thus a code for Mrs Fraser at T1 would be coloured pink and green, whereas a code for T2 would be pink and blue. The category lists for each case were then cut into individual slips retaining colour coding. Slips were then grouped together and 'clustered' (Fereday and Muir-Cochrane, 2006) to see which worked well together, with regular referencing back to associated quotes to check suitability for inclusion in the 'cluster'.

At this stage participant categories were merged and therefore participants' language was not necessarily retained as a way of naming categories. The rationale for this was that a collapsed category could now include data extracts from more than one participant and had begun to move to a higher level of abstraction, rather than just describing the specific statement about that concept (Bradley et al., 2007).

Table 17: Collapsed categories for Mrs Fraser case

Time 1

Emotionally difficult
Getting into a routine
Organising belongings
Family as 'good'
Family as 'different people'
Getting out and about – walking less
Relocation as start of new chapter
Retaining responsibility by slowing down
Independent but more accepting of help
Wary of communal living but enjoy social opportunities
Growing closer - daughter & mother
Respecting personal space
Assistance is facilitation

Time 2

Trying to work in a balance
New lease of life...socialising
Getting about on bus
Security is nice
Taken pressure off daughter
Days are all very full
Check regularly
We're getting there

Time 3

Very busy socially
Daughter has much more 'me' time
Take time to do things
Desire to grow old gracefully
Seems really settled
Not 'caught up with self' yet
Just enjoy each day
Not wanting to accept support

For instance, re-naming Mrs Fraser's category 'the family are very good', reflecting only her view, to 'family as 'good'' allowed more than one perspective to be captured and also hinted at the essence or meaning of the phrase. Categories were grouped together where commonalities were found in discourse, topics, situations and descriptive groupings were noted. Categories derived for each time period in the case of Mrs Fraser are given in Table 17 on the previous page.

In addition to developing categories and matrix charts, at this stage of analysis, each case was written up with descriptive commentary and quotes to provide a more detailed picture of each time period. This helped the researcher gain greater understanding of any similarity or variance between participants' perceptions (for instance, comparing data extracts or omissions on similar topics or regarding the same incident) and changes and continuities over time as each case progressed. This stage was similar to the strategy of 'overreading' used within narrative case analysis (Ayres et al., 2003, Poirier and Ayres, 1997) to help identify more implicit meaning. This documentation also proved valuable when writing up findings.

5.5 Development of themes

Much time was spent reflecting on the data for the next stage of analysis, whereby emergent themes were developed from cross-comparison of cases. Themes are '*general propositions that emerge from diverse and detail-rich experiences of participants and provide recurrent and unifying ideas*' (Bradley et al., 2007: 1766) This stage was an iterative process, of constantly revisiting the categories (and checking data extracts) within and across cases, participant types and over time to explore whether certain relationships among concepts were more apparent or experienced differently in one group than in another (Bradley et al., 2007).

Thus, categories for all the cases were now clustered together into groupings, with these now forming emerging sub-themes. Sub-themes required a sufficient variety of types of codes to allow for a comprehensive understanding and analysis of the unit of analysis (Boyatzis, 1998). Table 18 on page 147 illustrates how categories identified for Mrs Fraser were grouped into sub-themes. Similarly this task was undertaken for

the other cases, and comparison of sub-themes across cases led to the final sub-themes and main themes laid out in the Figure on page 149.

At this stage of analysis, temporal and relational factors were incorporated within themes, in other words, reflected inherently within each theme and sub-theme. For instance the idea of 'filling in the gaps' suggests the notion of inter-relationships between people over time, and therefore reflects well how the generation of themes and sub-themes sought to adhere to analytic constructs that reflected the complex, dynamic reality of day to day life.

It should be noted that each case varied in how strongly it could be represented within the various sub-themes. For instance, as is indicated in Table 18, Mrs Fraser was very active socially within the development and this can be seen from the number of categories in the sub-theme 'relationship and social distance' but interviews revealed very little data relating to the sub-theme 'filling in the gaps' in the 'shifting responsibilities' theme. Despite this, some aspect – however minimal - of all the issues/topics identified by the research could be found across all the cases, it was just certain cases emphasised some issues more than others.

It was important that the main themes covered the majority of data (Corden and Millar, 2006) and whilst some categories could easily be grouped together, such as those relating provision of assistance, others, such as geographical distance were harder to assign to a theme. As it turned out different aspects of geographical distance were incorporated within and shaped two overarching themes - social distance and bounded landscapes. For instance, closer geographic distance from friends in previous residences led to fewer contacts (social distance) and difficulties walking any distance compounded living indoors (bounded landscapes). Thus, rather than excluding aspects reflected within specific categories, the themes were developed to enable inclusion of features that initially appeared 'outside' of the emerging themes.

Table 18: Development of sub-themes and themes in Mrs Fraser case

Category	Concept	Sub-theme	Main theme	
Just enjoy each day Trying to work in a balance	Living each day	Living in the present	Shifting responsibilities	
Independent but more accepting of help	Independent with some assistance	Shifting locus of decision-making		
Not wanting to accept support	Resisting support			
Security is nice Checking regularly	Keeping 'an eye on'			
Taken pressure off daughter More 'me' time	Monitoring role shifting to housing devel/manager			
Assistance as facilitation	Care coordinator role	Filling in the gaps		
Family as 'good' Grow old gracefully Respect personal space	Image management within families	Image management	Social Distance	
Seems really independent Slowing down to retain responsibility	'Managing well'			
Wary of communal living New lease of life...socialising Very busy socially	Relationship with others/ neighbours	Relationships and social distance		
Growing closer Family as 'different people'	Close but apart			
Getting out and about – walking less Going out on bus	Predominantly indoors life	Life bounded by space and place		'Bounded' Landscapes
Organising belongings Not 'caught up' with self	Achieving housing fit			
Getting into a routine Relocation = new chapter Working to get a balance	Routines	Desire to control time		
Days all very full Very busy socially	Keeping busy			

The complexity of the analysis is demonstrated in Figure 11 on page 149 which sets out the thematic map generated through analysis. However, before reaching the view set out pictorially in Figure 11, a variety of conceptual charts (in the form of mind maps) were manually drawn to aid clarity and *'help to illuminate and understand...connections'* (Lofland et al., 2006: 215) between concepts.

Figure 11 shows the interconnectedness between themes. Analysis required a decision to be taken as to which particular theme to locate findings. Such decisions were taken according to how closely categories matched the meaning of the theme, as well as taking into account contextual information that could assist in locating a category within one theme/sub-theme or another. Where the relationship between themes and sub-themes was clear, this is represented in the above figure by a solid line, whereas more in-direct or interpretative relationships i.e. those that were implicit or less apparent, are represented by a dashed line.

To illustrate how specific ideas were captured by particular themes or sub-themes, data analysis allowed the researcher to show the link between participants presenting an image of 'managing well', illustrated on the figure by a solid line. As the bulk of relevant data regarding 'managing well' more strongly pointed towards the use of this approach to manage others' impressions it was incorporated into the sub-theme 'image management'.

However, it could also be argued that by 'keeping busy' the older women also maintained an image of 'managing well' by conveying the impression of industrious occupation. Thus, keeping busy could potentially have been incorporated into the idea of managing well. Yet, the extent of the data gathered around 'keeping busy', particularly from the older women during T2 and T3 interviews, and the way it was referred to, suggested the primary reason for keeping busy related more to their desire to fill their time satisfactorily and avoid boredom, and therefore 'keeping busy' was included under the main theme 'bounded landscapes'.

particularly as expressed in his seminal essay 'The Stranger' (and also to a lesser extent the essay 'the Metropolis and Mental Life') (trans. Wolff, 1950) helped to inform the development of the 'social distance' theme.

Simmel's notion of newcomers as 'other' or 'outsiders' who serve within a social group to forge solidarity between the in-group is an interesting one in the context of relocation into supported housing. Newcomers are a regular feature of communal living and highlight findings in this study of wariness amongst the older women of personal disclosure to their new neighbours (Chapter 7) and of the desire to spend most of their leisure time within the privacy of their own accommodation (Chapter 8). The concept of social distance has been used to describe the nature of social boundaries at neighbourhood area level (Park, 1924) and the idea of personal boundaries between people has been well established within sociology (Altman, 1975, Hall, 1966, Sommer, 1959). However, the notion of social distance in the broader context as intended by Simmel has not been used particularly within research on social care, though may offer potential as a framework worthy of further development in this field.

As illustrated above, the allocation of categories to particular sub-themes or sub-themes to main themes was not always clear cut. Further, topics within sub-themes were not necessarily immediately apparent. A good example here is the topic 'Doorways as boundary markers' (see Chapter 8), which emerged as a topic worthy of discussion quite late in the analytic stage, perhaps because it represented a more nuanced, subtle feature of relocation and was not as overt as other aspects of the impact of environment on daily living. Indeed, in this case, the topic was identified at the writing stage, when the ordering of thoughts into text facilitated its emergence from the data. Despite this, the topic provides novel material as a subsequent review of the literature identified few references to this concept within social science writings (though see Gutheil and Simon, 1996 and Mackenzie, 1996 for exceptions).

5.6 *Final stages of analysis*

In the final stage of analysis much time was spent reflecting on the data, and attempting to uncover meanings in relation to both the participant and how relocation

had impacted on the older women. Questions such as ‘what does this theme mean?’, ‘what conditions are likely to give rise to it?’, and ‘why do people talk about this thing in this particular way?’ were asked of the findings at this stage (Corden and Millar, 2006). This allowed a more interpretive and intricate analysis to be undertaken of the data in the context of the themes and resultant potential explanations are set out in the following three chapters. This final stage allows the analysis to go beyond themes that are self-contained and unrelated as:

...until these themes are reintegrated in a manner that shows how they work together in an actual (or constructed case), the analysis is incomplete. (Ayres et al., 2003: 881)

Thus, the purpose of Chapter 9 is to present a final, interpretive analysis offering a coherent explanation of how the themes were interwoven into a complex whole. For some time following the identification of the themes the researcher struggled to identify a theoretical model that could provide a suitable explanatory framework to cover the range of findings from the study. Aronson (1994) notes *‘the next step is to build a valid argument for choosing the themes. This is done by reading the related literature.’* (3)

A range of social science literature was reviewed and considered in this respect. Readings on different aspects of human rights covered some aspects, such as autonomy and control or values and dignity but none encapsulated the full range of findings. Similarly, a review of place identity, migration and relocation literature found commonality with some findings but these rarely used multi-perspective methods and did not provide a good overall ‘fit’ with the data, particularly around findings about the nature of support. In contrast, whilst some multi-perspective findings were beginning to emerge in the field of social care, these did not adequately consider the cross-cutting features of interest in this study in relation to relocation.

However emerging ideas of *Sehnsucht* or life longings within developmental psychology provided the researcher with the necessary interpretative power to explain the range of findings identified in the study. *Sehnsucht* is therefore used as an explanatory framework given it contained many ideas pertinent to the temporal findings surrounding the intersections of environmental, psychological and relational

changes occurring in later life for the study participants. These are set out and discussed in Chapter 9.

5.7 Summary

This chapter has set out the approach taken to qualitative analysis of the longitudinal case study data in this study. A thematic framework analysis was adopted, and the various stages of analysis have been set out and discussed. This was chosen for its pragmatic flexibility that allowed a mainly inductive approach to be adopted. Within case analysis occurred prior to cross case analysis. During cross case analysis temporal and relational categories were collapsed into broader emergent themes. Through an iterative process major themes were developed, ensuring categories were comprehensively reflected within the themes, and in reference to the literature.

Chapter 6 Theme 1: Shifting responsibilities

6.1 Introduction

This is the first of three chapters presenting the main results from five qualitative individual case studies based on cross case analysis. Whilst the previous chapter set out how the case study data was managed and analysed, from this point forwards, thematic findings will be set out and subsequently discussed. In this chapter, the issue of care and assistance is considered whilst the next chapter considers social aspects of the older women's lives, before moving on to explore the impact of environment and the nature of temporality in Chapter 8.

One of the most complex aspects of the qualitative data gathered in this study related to the key theme of responsibility for assisting the older women. This chapter will discuss the major finding that responsibilities for both identifying needs and providing assistance or care appeared to continually shift during relocation. The high degree of change experienced by the older women, particularly in relation to their health and energy levels, led to a tendency to live in the present on a daily basis. This existential feature of the women's lives operated concurrently alongside other topics raised as important by participants and discussed thereafter. Yet this way of being in later life appeared to contribute to the fragile and shifting nature of care arrangements, thus 'shifting responsibilities' formed the first major theme and key sub-themes are discussed below.

6.2 Sub-theme: Living in the present

As was noted in the literature review, later life has frequently been characterised as a time of significant losses and changes. This study reinforces such findings, and demonstrates that sudden and major changes led to a tendency amongst the older women to live life in the present, dealing with day to day realities dynamically as they arose rather than considering the future in any depth. This effect was also

evident amongst the other participants when considering the needs of the older women.

This section provides a context for the rest of the chapter, whereby the way in which the way in which the older women took care of themselves, or were assisted to do so, was shaped within a temporal framework that focused on the present, or in other words, within the frame of consciousness. Thus, the shifting nature of needs – generally related to declining health - required continual negotiation and renegotiation amongst participants and others with regard to how care and assistance was provided for the older women.

6.2.1 Unpredictability of later life experiences

The five older women in the study were not strangers to sudden and unexpected change. Indeed, they had all experienced significant life events that were largely outwith their ability to control within the three years prior to the T1 interviews. Three had experienced falls (two resulting in broken bones), two were widowed in the twelve months prior to relocation and the fifth – Mrs McCann – experienced difficulty organising roof repairs for a leaking roof due to the effects of dementia. Although such changes can be considered normative in terms of characterising typical life course events that occur in later life, this did not alter the fact that the women experienced the events and subsequent actions taken by others as sudden and unexpected:

Jimmy wasn't a night buried and Pamela put my name down. (Mrs Stewart, Life History interview)

[The doctor said] *'we're going to admit you for one night, I said 'for goodness sake' and my ankle was broken.... I was three months in that hospital.* (Mrs Levine, Life History interview)

These events also acted as a 'trigger' to relocation into communal living. In some cases this happened very swiftly after the incident as illustrated by the quotes above. The embedded nature of familial relations also influenced the decision to relocate, and the decision to move was not made independently by the women. For the two

recently widowed women, their husbands' deaths released the ties that had bound them to their former homes:

To let you understand dear, years ago, Pamela said to Jimmy, my husband 'What about the two of you moving up to [name of small town]?' but he wouldnae budge and er, I thought 'that might be handy Jimmy... And Jimmy said 'I'm no' moving at my time in life'. (Mrs Stewart, T1 interview)

The women's daughters reported being instrumental in encouraging or persuading their mothers to move closer to support frequently discussing this in reference to the events described above.

Losing my dad last year and then, well, that's why we wanted her up here, 'cos she was doon there and there was no really, well, my cousin but they never really visited. (Daughter, T1 interview: Mrs Stewart case)

The older women, despite having been through a series of fairly major life changing events by T1 evoked an air of resilience during interviews, of 'managing' in the face of such situations (as is described in the next chapter). Despite this, the older women were reported as being anxious by other participants during and after the move, and several of the women did mention not knowing what to expect following relocation:

I had no idea [what to expect]. ... I didn't know any of this detail here. (Mrs Fraser, T2 interview)

These more major changes that occurred occasionally but had a lasting resonance upon the older women's lives created a broad backdrop to the daily lives of the women. Major changes were interwoven with a lived experience consisting of more frequent but minor changes in health status resulting in an unpredictability that also coloured daily life. The constantly changing health and increasing frailty of the women meant that each day required an on-going evaluation of what could be achieved and how to tackle tasks and activities of daily life (similarly found by Gosman-Hedstrom and Dahlin-Ivanoff, 2012). In particular, memory loss, arthritis, weakness and energy levels were health factors that could vary over time:

She has good days and bad days, sometimes she's, you know, confused. Sometimes, she wakes up, she's not feeling well, you know. (Daughter, T3 interview: Mrs McCann case)

If the ability to undertake activities or attend events in later life is subject to the vagaries of fluctuations in health, with decisions taken reflexively and responsively, then taking decisions about the future, or in other words planning activities, were curtailed by the participants as is described below.

6.2.2 Living in the present

As their health altered and new situations presented themselves, the older women used considerable agency to continually adapt to their changing circumstances. It was clear the older women acted within the context of dealing with the present, with the here and now. In the final interview with older women, participants were asked if they thought much about the future. However, paradoxically, instead of discussing the future, their responses highlighted the extent to which they focused on the present - dealing instead with challenges of the moment which clearly occupied their thoughts and time.

No' really, no, no' really. I've had enough other things to think about recently, with my husband dying and then my father dying... and then my sister was here, for the first time last week. (Mrs Levine, T3 interview)

Mrs Fraser: No. [Laughs]. I don't, no. I just enjoy each day....

Researcher: So you tend to live in the present.

Mrs Fraser: I do at the moment, yes. It's a mental exercise now. Come now, remember what you're doing. Because you're inclined to sort of start a job and something will come into your mind and you're 'Oh yes I better do that now while I think about it' and you forget you didn't finish what you were doing [laughs]. (Mrs Fraser, T3 interview)

No! As long as I can get... as long as I'm able to do things, you know what I mean. (Mrs McCann, T3 interview)

Efforts by the older women to deal with the present reduced available time and energy for considering the future. However, 'living life in the present' also incorporated ways daughters and housing managers perceived the lives of the older people. In other words, all participants were consciously focused temporally on the

present when thinking about the lives of the older women. Little forward planning occurred in respect of considering arrangements that may be required in the future. This was linked to the belief that health could alter so quickly and dramatically in later life that making plans for the future was a futile exercise and this finding is also emerging within other recent research with people with fluctuating or declining health conditions and their carers e.g. those with severe and enduring mental illness (Grocke et al., 2009), terminal illness (Benkel et al., 2010) and physical conditions (Ozanne et al., 2012).

In addition, in later life as the years advance and the fateful sense of death grows ever closer, its uncertain timing appeared to contribute to the sense of unpredictability of life and a certain pointlessness of planning too far into the future amongst participants (also found by Agren, 1998). This was particularly evident in the case of Mrs Jones who sensed she wasn't far from death (and indeed did pass away within several weeks of the interviews being completed):

Mrs Jones: I just take every day as a bonus.

Researcher: So do you think much about the future?

Mrs Jones: No I don't.

Researcher: No?

Mrs Jones: No, no. I ken what the future is... I know what my future is.

Researcher: What is it?

Mrs Jones: A wee box eh. (Mrs Jones, T2 interview)

Yet, this phenomenon was witnessed in the other older women too, including the youngest, who was 68 years of age at the time of the interview:

I said to Wendy, 'When is this 'All Over' [theatre show] thing?', 'February', I said 'Oh, for god's sake, I could be dead and buried by then.' (Mrs Levine, T2 interview)

It appeared the unpredictable nature of the health of the women resulted in a general sense amongst participants that the future couldn't be predicted and there was therefore little value in planning for the future.

I don't think there's a lot to be gained for predicting outcomes that may or may not happen. (Daughter, T3 interview: Mrs Fraser case)

Housing managers similarly held such views, often couching their discussion in the context of their experience of other residents:

I don't actually plan anything; I just take it as it comes, to be honest with you... It's like, you know, somebody could be fine today and be lying dead tomorrow... or take a massive stroke... so you can't predict it. (Housing manager, T3 interview: Mrs Stewart case)

The above discussion of the temporal dimension of perceptions regarding the older women's lives is relevant here because it highlights the overall context in which responsibilities of care are undertaken and managed. Negotiations as to how assistance needs were identified and met occurred on an ongoing basis, where decisions, behaviours and actions regarding the provision of assistance occurred between people and over time, rarely being planned but emerging in relation to the presenting changes in the women's abilities. The nature of responsibility for identifying and meeting needs of the older women will now be discussed.

6.3 Sub-theme: The shifting locus of decision making

As set out in this section, the unpredictable and constantly changing nature of the women's lives partially contributed to a fairly high level of scrutiny by participants in terms of the identification of any concerns or needs that may arise on a day to day basis. Additionally, uncertainty of the future, changing needs and the effort taken to devise solutions to situations encountered in life resulted in an approach whereby support for the older women was generally responsive rather than being planned proactively.

As is discussed below, such an approach had implications for the negotiation of how responsibilities for care provision were realised in practice. In particular, the move to supported housing meant additional support was perceived as being available, especially by daughters, with consequences in how they set about organising their lives.

6.3.1 More or less independent

The first point to note is that the women felt generally able to make decisions about how to live their lives, and were able to adjust their actions to suit their circumstances depending on how they felt. Thus they were able to continue their long held role of appraising the self, and responded accordingly. For instance, even Mrs McCann who experienced her decision-making autonomy being eroded over time was able to make the major and difficult decision as to whether to have a heart operation:

Mrs McCann: I did go back to him and tell him what I wanted, so I went back and I says, 'Doctor... no'. He said 'I think you're wise'. 'Oh', I said, 'Well you're the first one that's ever said that to me!' I said 'I feel better already just with somebody agreeing with me' and that was the top man, the man who would have performed the operation.

Researcher: And what did your daughters want?

Mrs McCann: Well at the end of the day they left it for me. (Mrs McCann, T3 interview)

A key way the women continued to retain the ability to maintain their independence as ageing advanced was by 'slowing down'. Thus, as is described in the next chapter, the women were able to continue to 'manage' the tasks required by daily life:

Now, especially with the osteoarthritis, I've learnt the importance of pacing myself, and some days I can achieve more than others, I've had to learn to be very patient with myself. (Mrs Fraser, T2 interview)

However, making such adjustments required conscious effort in changing the habits of a lifetime, and learning to 'slow down' took a while to achieve for some of the women. Mrs Stewart in particular appeared to be in the process of adjusting to a slower pace during the study period:

She goes charging in, you know... But she does tend to get up and rush, you know?... Then she'll 'Aaahhh.' And then you have to stop and let her get her breath back. (Daughter, T3 interview: Mrs Stewart case)

The women appeared able to continue to retain overall responsibility for taking many decisions about their own lives by slowing down, and this pacing of the self was generally supported by their daughters:

I think she's learning how to put her feet up a lot better than she used to... so I think that's all good. (Daughter, T3 interview: Mrs Fraser case)

However, this need to 'slow down' appeared not always appreciated by younger adults, who instead felt this represented not having enough to do:

Mrs McCann: I'll get around, it just takes time, it's just that you cannae just move and go there, you know.

Researcher: Do you find then that you're having to become more patient?

Mrs McCann: Aye.

Researcher: Do you find that hard?

Mrs McCann: Aye. I don't find it hard, but the people who are beside me, like my daughters, think maybe I should be doing more, thinking that, getting me out, you know. (Mrs McCann, T3 interview)

Three of the daughters used the word 'lazy' to describe their mothers' attitude towards doing things for themselves:

In my house she'll sit with her tray, I mean, it wouldnae occur to her to get up and bring it through, no, she'll sit with it' til I'll come and lift it. (Daughter, T1 interview: Mrs Stewart case)

Conversely, the older women described finding tasks increasingly difficult as they aged:

You're just no able, do you know what I mean, it's an effort to fill that kettle. Laughs. (Mrs Jones, T3 interview)

Body and environment acted in complex ways to affect the women's ability to continue to undertake tasks of daily living. Relocation altered the environment they had to master, and changed the need for support experienced by the older women, in some ways aiding an 'easy life' and in other ways creating new challenges. The altered size of accommodation and the flat level within the housing developments enabled all the older women to become less dependent on others. For instance, for three of the women, the smaller accommodation meant less cleaning and maintenance:

I feel as if I've got a lady's life compared to what I had down, I've no windows to do, George comes to us and does my windows. And er, I mean, four apartments's a big house to keep and you had the stair too, so. (Mrs Stewart, T2 interview)

For Mrs Fraser who was still relatively mobile, the more central and adapted nature of her residence was perceived by her daughter as extending her independence:

[I would say this is the] most independent she's been...going to the shops of course is so handy now that she doesn't rely on me to take her shopping, she can be quite independent with her own shopping. So, yes, I think even though we were still city centre where she was before this is even more convenient for being independent... there's a lift here, the warden being around, the Telecare, the ease of maintenance, the warmth, and the ease of transport to everything she needs, I could see mum staying here indefinitely. (Daughter, T3 interview: Mrs Fraser case)

Yet, the new situation in which the women found themselves also served to further entrench dependence, and this was particularly apparent for the two most disabled women. Mrs Jones and Mrs Levine illustrated well the complex interplay between self-ability and dependence following relocation. Gaining an electric wheelchair by T2 appeared simultaneously to increase Mrs Levine's independence on the one hand:

Researcher: How does it feel just being able to go somewhere?

Mrs Levine: It's quite good actually. I'm quite enjoying coming whizzing through.

Yet, to decrease it on the other:

'Cos yesterday I was out with Wendy, so I went in the manual chair... Oh, I was stuck. How did I work this for years before? (Mrs Levine, T2 interview)

For Mrs Jones, moving into supported housing meant laundry facilities were located further away. Upon relocation she had difficulty walking, having previously lived in a very small residence which she rarely left. Thus, she was assigned home care for her laundry. Yet, by T2 despite her increasing mobility, the home care provision was still in place:

She's getting [home care] for the washing, because she cannae get away down to the wash room, but I think, if they would persevere she would get down to the wash room 'cos she can get down to the sitting room so she should be able to get down to the wash room, 'cos she can use the lift. But I think she's just got used to the girls doing it eh. (Daughter-in-law, T2 interview: Mrs Jones case)

Thus, it appeared that having access to enhanced levels of support served to increase dependency on others, due to factors such as a change in routines and loss of skills. Certain housing managers were acutely aware of this feature of moving into supported housing compared to other participants:

After about a year, they forget what it is like to have actually lived in the community, you know, the, the number of things they have done for themselves...They forget how it was, how it is, and how it should be. So how it was, when you were very independent but you needed a little bit of security, a little bit of reminding so you come in for that wee bit, and over the year they forget how it should be...But you might have now, two or three people a day coming in to see if you are alright. This means then, 'no I don't just want this package now, I want a more intense package'... Yeah, they become more dependent. (Housing manager, T1 interview: Mrs Jones case)

Discourses of participants surrounding independence related predominantly to a relationship between the older women and their reliance on others for assistance. Although in the main conversations about independence or dependence were related to tasks of daily living, they also extended to discussions regarding the women's need for social interaction:

You don't always want your daughter to talk to, you want a friend who's outside that. (Daughter, T2 interview: Mrs Levine case)

The social dimension of living in supported housing is described more fully in the following chapter. However, what should be noted at this juncture is that the move to supported housing offered opportunities to maintain independence both socially and instrumentally, yet simultaneous factors could operate to compound dependency upon others for assistance. Thus, the consideration of the changing nature of independence was one of the most complex areas to analyse within the study.

The relationship between the older women and their level of independence was also affected by the way in which others sought to check upon them (as indicated in the above quote by the housing manager) and also by the way in which the autonomy of the women was continually eroded by others in their lives. These factors will now be considered in more detail.

6.3.2 'Keeping an eye' on the older women

A clear issue that emerged throughout the study was the role of other participants in monitoring how the older women dealt with their lives, in respect of maintaining physical and mental health and abilities, as well as social contact and stimulation. The task of monitoring predominated in terms of the type of support given by the younger adults to the older women.

Although the women received other kinds of support, monitoring underpinned the provision of support. It seemed as though monitoring was an integral part of the mother-adult daughter relationship, whereby the role of checking all is well had occurred throughout their mutual lifetime. However, where during childhood the older women had looked after their daughters, in later life, a complete role reversal was occurring. Now responsibility for checking the other was transferred to the adult children for their mothers:

I'll say to her 'Well you need to have a hat or you need to have a scarf on'...like I'm taking on the role of, I'm saying parent, but, you know, to, kind of, make sure she's okay and got dressed appropriately to go out. (Daughter, T3 interview: Mrs McCann case)

The daughters' narratives suggested the role of monitoring was so necessary it had to be consistently and regularly provided and appeared intertwined with the concept of feeling a sense of responsibility towards their mother. The daughters' deep sense of responsibility towards regularly checking on their mother became particularly apparent following relocation when the daughters now felt able to transfer responsibility for monitoring to the housing managers. This issue is described in more detail in section 6.3.4 on 'Shifting responsibility for monitoring wellbeing'.

The form monitoring took varied between daughters and housing managers, both in terms of its content and outcomes. The daughters monitored their mothers using regular phone calls and visits. Once routines were established following relocation, reported visits to their mothers occurred between a minimum of weekly (Mrs Fraser case) to almost daily (Mrs Jones case), with the others visiting roughly two or three

times a week. Two of the daughters explicitly stated they were monitoring their mother's wellbeing:

Well, I come down and I keep an eye on things...I don't think, I mean she used to be really, spot on, you know...but I don't think she sees...things now, you know, the other day I said 'you've spilled sugar here'. (Daughter, T1 interview: Mrs Stewart case)

She worries me sometimes... And I will tell her off. If I don't think she's eating properly... And I will make a double batch of soup and I'll bring her some and put it in her freezer, not that she's not capable of doing it...it's just to remind her I'm keeping an eye on her, and I will notice, so. (Daughter, T1 interview: Mrs Fraser case)

The others were more surreptitious:

She's not like, going outside or anything...And I think she's missing, well, she says she's not been getting any fresh air and I haven't really been taking her out (Daughter, T1 interview: Mrs Levine case)

Similarly, a highly regular pattern of checks was undertaken by housing staff following relocation, but other than in the very supported housing development, home visits occurred rarely. As part of their job, housing managers in the sheltered developments performed daily morning phone calls to residents during the week, whilst at the very sheltered housing development support workers visited each resident twice daily. This monitoring or 'overseeing' role was considered a core part of their work:

My role's to oversee the residents, to give them a morning call, to make sure they're breathing, shall we say. (Housing manager, T1 interview: Mrs Stewart case)

Several housing managers used other staff or those on resident's committees to perform a similar task:

I have a very good cleaner on the development who's my eyes and ears around the building. She is on every floor, every day of the week. (Housing manager, T1 interview: Mrs Jones case)

The regular phone calls allowed a picture to emerge for the housing managers about how the residents 'usually' were, thus helping them to identify any deviation from the resident's usual state that may give cause for concern:

It's how the person is, and how the person acts, erm, the morning call on this development is so important... We then get to know that person a bit better... So say for instance if someone is always sleepy in the morning and one morning they're alert, or vice versa, it gives you a cue in, 'oh well, that person's not just how they normally were so we'll go and we'll pay them a visit'. (Housing manager, T1 interview: Mrs Fraser case)

Thus, ongoing monitoring could help alert the housing managers to changes in the older person that may require intervention. It could also allow them to identify existing needs in new residents of which they had not been informed:

*Housing manager: But [dementia] soon showed, although that wasn't one of the reasons why she was coming in here...
Researcher: Ah ha. So how did you notice it?
Housing manager: Oh just the wee, silly things like I'd go over and speak to her and she'd phone me five minutes later and say 'I need to speak to you', I said 'I've just been over'... And constantly, the past, nothing was the present. (Housing manager, T1 interview: Mrs McCann case)*

As is implied by the above quotes, much of the work of checking upon the older women occurred through discussion and observation, through the everyday nature of relationships. In this way, it appeared easier for daughters to monitor their mother's well-being than the housing managers, who had fewer conversations with the older women and spent far less time in their homes. Similarly, the study period represented that start of the relationship between themselves and the older women, which contrasted sharply with the interconnected lives of the daughters and their mothers.

As a result, the housing managers frequently qualified statements regarding their knowledge of the older women's lives throughout the study period. The following types of statement were commonly received from the housing personnel:

I don't think she can go far, because of her chair. I don't know if they've got that sorted yet. (Housing manager, T2 interview: Mrs McCann case)

Researcher: Do you know if she's had any visitors apart from her family recently in the last few months?

Support worker: Not as far as I know, no...If she has, she hasnae told us. (Support worker, T3 interview: Mrs Levine case)

Due to the differing nature of interaction between older people and their daughters compared with the housing managers, variations existed in the observations made by the respective parties. Housing managers were less likely to report negative affect or emerging physical difficulties compared to daughters. By T3 four of the housing managers had reduced their level of monitoring over the study period, which resulted in a lack of identification of specific needs. For instance, Mrs McCann and her daughters reported she was beginning to experience difficulties dressing and performing housework. The housing manager however was unaware of this. In another case, the daughter had identified her mother was not quite right, but felt the housing manager had not noticed:

Daughter: But when I went in that night... that day, she still wasn't right. Then I went back on the Friday because I just felt that there was something wrong and I said to her, 'Now if you need me just pull the buzzer and they'll phone me,' but the carer went in and found her slumped.

Researcher: Yeah and did Louise pick anything up when she was doing her calls or anything?

Daughter: No.

Researcher: Did she not?

Daughter: I don't think so, no. (Daughter, T3 interview: Mrs Jones case)

Closer monitoring by the housing managers had occurred initially following the move, if the daughters were going on holiday, or if they identified a concern. For instance, in the case of Mrs Stewart, increased monitoring was occurring at T3:

I think she's getting a wee bit forgetful, so I'm having to kind of just keep my eye on her just to make sure that there's nothing untoward happening to her. (Housing manager, T3 interview: Mrs Stewart case)

The closer involvement in the lives of the older women meant their daughters had greater opportunity to intervene when they felt it necessary. Yet, closer contact alone did not solely account for the higher level of intervention from daughters compared to housing managers. Differences in perspective regarding how the older women chose to lead their lives were also largely responsible for the variations in approach between

the daughters and housing managers. Thus, the role of monitoring led to interventions far more frequently by daughters, in such a way that could be argued to reduce the overall level of autonomy of the older women as is discussed below.

6.3.3 Choice versus control

The purpose of monitoring, though rarely articulated as such, appeared to be to determine what needs the older women may have and at what point to intervene in their lives. The thresholds for intervention were far higher for housing managers than for daughters given policies required consent from older women before assistance could be provided. Within families however, the situation was quite different. Here, the high level of interdependence was evident, and whilst the older women experienced an ongoing erosion of their autonomy over time, the lack of explicit negotiation when they desired assistance also meant daughters sometimes felt they lacked the autonomy to make free choices.

There was a sense in which responsibility for managing day to day affairs of the older women was shifting to their daughters at different temporal rates between cases. The decision to move was a major decision for the older women to make. Whilst perhaps straightforward enough to make theoretically, the decision had numerous consequences. Once taken, a myriad of related decisions of a practical nature were necessary. Decisions about where to move, when to move and what to take all had to be negotiated. In each of the cases families were involved in taking decisions and assisting with the practical arrangements necessitated by them, sometimes to the point of 'taking over'.

For instance, whilst four of the women could be perceived in one respect to have taken the decision to move into supported housing, the suggestion had been put to them by their daughters beforehand:

Daughter: We talked about it, and mum had a think, and it was a couple of years later before she was ready to sell up and make the move through.

Researcher: So was it yourself who, erm, initiated that conversation?

Daughter: Yes, although I think mum remembers it slightly differently. (Daughter, T1 interview: Mrs Fraser case)

The quote below shows how Mrs McCann's daughter struggles discursively with whom to attribute the decision to move:

It was my mum's decision to move, it wasn't our, you know, we didn't force her...or anything like that or you know, we just gave her the options and then, you know, tried to make, gave her, you know, help her, make her, you know, say 'well this is what you can do or you can do this.' (Daughter, T1 interview: Mrs McCann case)

In the remaining case, Mrs Jones had not wanted to move, and the decision had been made by her daughter-in-law who stated:

She wasnae going to move eh, but I told her she had to move or I was having nothing else to do with her eh. She was stubborn eh. (Daughter, T1 interview: Mrs Jones case)

However, even in this case, Mrs Jones was reportedly able to exert some influence over *where* she moved:

She got offered sheltered housing in [name of small town], but she didnae want that, she wanted nearer...So we got this one. (Daughter, T1 interview: Mrs Jones case)

The aspect of the move that caused the greatest loss of autonomy for two of the older women was in relation to decisions taken about what belongings to bring and what to discard. A variety of factors contributed to this being a difficult time for the women, notably temporal factors including cohort differences and a discrepancy between the speed at which packing occurred and the 'slow' pace of the women in taking decisions. In the end, these women ended up discarding things they would rather have kept, and this still bothered them at T3:

I was really... up to high doe when we were moving, I say 'I want to take'... 'you can't take that, you have no room for it in that house', but I still say I could have got things in here that I wanted but they said I didn't have room, so I had to leave it. (Mrs McCann, T3 interview)

But when I look back on it, hen, I get annoyed to think of the stuff that was thrown out... Our Pamela was brutal... So when I asked Pamela I said 'Have you got my

blender?’ ‘No, that was dumped.’ I thought ‘Everything was dumped.’ (Mrs Stewart, T3 interview)

However, the erosion of the autonomy of the older women could also be witnessed during daily life as well as at the point of the move. Here, factors such as those noted above also came into play. For instance, a lower level of cleanliness appeared to be tolerated by the older women, compared to their younger relatives.

Son-in-law: The bunker had milk spilled on it, you know and I said ‘Joanne, you’ll need to give your bunker a wipe’, so, she never moved, you know... I don’t know if she didnae hear me or not. I says ‘Joanne, your bunker’s dirty’ I says ‘you’ll need to gi’ it a wipe before Jeanie comes’, then she got up and gi’ed it a wipe. (Daughter, T1 interview: Mrs Stewart case)

Such ‘nagging’ was common place and occurred regularly as a means by which relatives tried to change the behaviour of their mothers:

Wendy just shouted at me there the now, she said ‘you were talking about a wee lady that’s come in there, you need to be friendly, look how friendly everyone was to you. (Mrs Levine, T3 interview)

Resistance to such attempts to alter behaviour manifested itself in a variety of ways. For instance, the way the older women sought to convey an impression of managing well, potentially to avoid others impinging on their autonomy, is covered in more depth in the next chapter. However, the most direct method the older women used to challenge attempts to reduce their autonomy was through verbal communication. Sometimes this was achieved by stating assertively that they could deal with things themselves:

But some things, she’s so independent, and ‘I’ll just do it’...Just wee things, you know. ‘I said I would do your ironing’ and ‘I’ll manage my ironing’, you know. (Daughter, T3 interview: Mrs Stewart case)

She’s not backwards in coming forward and saying her piece... ‘It’s my house, my rules’. Which is quite right, you know. (Housing manager, T2 interview: Mrs Jones case)

At other times, communication was more emotive in form, and arguments would ensue. This seemed generally to occur when assistance was not provided as the older women wished:

I like my bed made like what they do in the hospitals...they're all nice and neat....Karen just throws them all in, shoves them in and... 'Oh' I said,' just leave the bloody thing alone, I'll see to it myself', and I fell out with her and she gets angry with me and I get angry at her. (Mrs McCann, T3 interview)

She got her pension [at the post office] every week and we explained to her that we'd be getting it changed and put into the bank and she was not at all happy...She was really having a, flipping her cookie. And actually she had me in tears with it... 'I'm like a wee lassie asking for my pocket money' ...I saw a side to her that I haven't seen in a long, long time. (Daughter, T1 interview: Mrs Stewart interview)

However, less overt and non-direct means were more commonly used by the older women in an attempt to minimise their loss of autonomy. These included removal of the self and concealing information. The most dramatic approach here was deliberate physical removal from the situation they did not want to be in. This was not used often or by many of the women, indeed, probably only Mrs Stewart used it apart from Mrs Jones who had the technique down to a fine art. Mrs Stewart only began to use this approach towards the end of the study period, and the size of the development facilitated this approach:

She does [the housework] her way of doing it, but then her daughter will come in and she'll do it on top of it, because it will not be done right...But of course Pamela thinks she's doing good by doing things like that...I think she just, when Pamela comes to do it, she goes to the common room [laughs]. Disappears. (Housing manager, T3 interview: Mrs Stewart case)

Mrs Jones on the other hand would remove herself from care services her daughter had arranged for her. Thus, once the service had been set up, she would cancel it. This had occurred prior to the move, and appeared an ongoing issue throughout the study period in relation to day care. By T2 Mrs Jones had attended a new day care centre for a very short time before refusing to attend again. Yet this refusal was resisted by her daughter-in-law:

She said to me 'I'm no going there, paying four pounds just to sit and read a paper'. And I said to her 'but that's what the doctor wanted for you, he wanted you out'. I said 'or you'll just go back to the resource centre if I can get you back in'.

I'll put her back into the resource, I'll see if I can get her back in, three days a week. (Daughter, T2 interview: Mrs Jones case)

Following the death of her husband, Mrs Stewart - who had spent most of her adult life allowing her husband to take decisions for them both – immediately ‘handed over’ responsibility for her affairs to her daughter. In this case, it was her daughter who initially experienced this as problematic:

Last year when my dad died it was unbelievable the amount of paperwork I had to deal with. She just handed it over to me, you know, she never made any attempt to, 'this has come in'...I had to deal with everything, and then the same again with the move. (Daughter, T1 interview: Mrs Stewart case)

At the other extreme, Mrs Levine’s daughter constantly emphasised her mother retained responsibility for decision making:

It's her, and her life...she deals with it all herself because she's quite able to do that. (Daughter, T1 interview: Mrs Levine case)

Difficulties experienced in families where mothers had generally been free to make their own decisions in life and now found that as a result of their declining abilities felt they had to allow others to assist them. This was epitomised in the case of Mrs McCann. Of all the older women in the case studies she had probably experienced the greatest level of autonomy throughout her life. She had travelled independently, being the only older woman in the study who could drive, had lived abroad at a young age and had retained financial independence during her marriage. Thus, as dementia took hold, she reportedly found it difficult to ‘let go’ of her long held autonomy:

My mum as well, she's always been quite independent and strong willed, so she finds it very difficult to let go, and to let, like, either my sister or I, you know, take over, or, or take decisions for her, so that has been quite difficult for her and us at times, probably causing some arguments between us. (Daughter, T1 interview: Mrs McCann case)

Although differences were evident in how the women had experienced autonomy throughout their lives, it was clear that three in particular found the move difficult because of the need to downsize. The main reason appeared to be the temporal clash

caused by the perceived speed of the move combined with the women 'slowing down', making it hard to decide what to take within the designated timescale:

It was very difficult like when you were actually, when we were packing...you know you'd be emptying a cupboard or something, and say 'do you, do you need this, do you use it?', and with her dementia, well making decisions straight away if somebody just says to you 'do you need this, do you want this?', she can't cope with that.' (Daughter, T1 interview: Mrs McCann case)

I'm no saying she wasnae involved but I think, from what she said 'oh, my daughters took over'... You know, but then I can understand why the daughters took over, because she had this big house, and she had to condense everything, right, into this flat, and I think there was a lot of things she would have liked to have brought, but the daughters were like 'well you cannae do this', and I think in the end, she just sat and just went 'hmm', and it just went way over her head you know. (Housing manager, T1: Mrs McCann case)

In addition generational differences contributed to disagreements between mother and daughters about what to bring. These quotes illustrate typical differences in cohort perspectives:

She's at that age where she doesn't chuck anything you know or won't get rid of anything. And though she's not used it for about twenty years, 'oh that might come in handy'. (Daughter, T1 interview: Mrs McCann case)

But the way our Pamela looks at a thing, it's 'How long have you had that?' Now I've never been one for frills and bows; I always bought a plain thing as it doesn't go out of date... But you see, the young ones get things easily now, compared to our day, like. (Mrs Stewart, T1 interview)

Indeed, downsizing was the largest single cause of distress for these three women during the study period. For some, this was still an issue at the end of the study period:

Mrs Stewart: when I look back on it, hen, I get annoyed to think of the stuff that was thrown out... I thought 'Everything was dumped.'...

Researcher: And do you think if you'd have had longer it would...

Mrs Stewart: I think I'd have brought more with me. (Mrs Stewart, T3 interview)

These quotes illustrate the extent to which the older women conferred responsibility for taking decisions about the move to their daughters, yet despite this, these women still took an interest in what belongings were brought and retained an attachment to

their belongings. Conversely and interestingly, it was in the two cases where the move had been totally organised and executed by the families that fewest disputes were evidenced. In these two cases, both of the women had severe disabilities and appeared to have fewer 'ties' to their belongings:

Researcher: So you brought all the things that you needed for here and you don't miss any of the other...?

Mrs Jones: Not a thing, not a thing. Too old to bother with things. (Mrs Jones, T1 interview)

However, by T3 Mrs McCann appeared to be gaining an increased sense of acceptance of her decreasing autonomy:

I used to be the boss, now it's... I'm not now, they're doing it, you know, it just it takes away your independence when you get old and you get something wrong with you and you've got to depend on people. (Mrs McCann, T3 interview)

Thus it appeared that the changing nature of the older women's health and the changing circumstances they encountered, such as those that arose due to the move, created difficulties in determining who should take responsibility for meeting needs. Subsequent feelings and attitudes arising from these shifting responsibilities were often ambivalent, and there was a sense that both mothers and daughters were in the process of having to 'get used to' changes in their relationships due to declining health.

6.3.4 Shifting responsibility for monitoring wellbeing

By T2 all the daughters reported being less pressured and responsible for their mothers subsequent to the move into supported housing, with feelings such as relief or liberation expressed. This was a particularly striking impact of the relocation on the daughters involved in the study, and could therefore be considered a key finding. The main reason for the reduced sense of responsibility related to the perception that their mothers were now living in a more secure and supportive environment:

She doesn't need to go into respite now because they've got the warden and that, and it's, what a difference, it has taken a lot of pressure off me. (Daughter, T1 interview: Mrs Jones case)

Researcher: I've become aware that erm, some daughters tend to go more on holiday actually when their mothers move into sheltered housing because they feel more, er

Daughter: slightly liberated...I would say I'm much less stressed. (Daughter, T2 interview: Mrs Fraser case)

Thus, the sense of security provided by the availability of housing support services - particularly the role of the warden and Telecare⁹ - helped enable the daughters to feel less responsible for their mothers' wellbeing over time. Thus, it can be seen that there was a transfer of responsibility for monitoring from the daughters to the housing managers in particular.

However, housing managers reported that many residents and their families were unclear as to their role believing they had a higher level of input than they actually did:

Researcher: And what do you do if they ask you to do something that's not part of your job?

Housing manager: Laughs. Now there's a thing. That happens all the time. I usually have a laugh with them actually and say 'is that in the job description?' ...I just tell them 'sorry, that is not part of the job'. (Housing manager, T1 interview: Mrs Stewart case)

We have to very quickly let families know the difference between care and housing support...a lot of families feel, well mum's in there now so we can take a back step ... You know, families tend to think, well, the staff'll do it. (Housing manager, T1 interview: Mrs Levine case)

Thus, it could have been the case that the daughters felt their mothers were more monitored and supported in their new homes than they actually were. One particular example within the study was given that appeared to illustrate the mismatch between the daughter's, the housing manager's and the mother's opinion. Here Mrs Fraser's daughter describes an incident where she feels reassured by Julie, the housing manager's observation of the situation when she observed her mother had initially experienced negative affect:

⁹ The Telecare service was only used in emergency situations and therefore was not a routine feature of the daily lives of the older women.

We'd had a chat, and she asked how she thought mum had settled in and I said to her and she'd said 'I was aware of that.' ...And that made me feel good...that is very reassuring to know there is that level of observation taking place here.
(Daughter, T2 interview: Mrs Fraser case)

However, in contrast, the housing manager (who had over a hundred residents to monitor) appeared not to recall this incident and reported there had been no such difficulties:

*Researcher: And her daughter did come to you initially? What was that about?
Housing manager: Just the general, where do we put this? When does this come? What happens here? You know, that sort of thing...There really hasn't been any problems that I'm aware of with Mrs Fraser moving in here.* (Housing manager, T3 interview: Mrs Fraser case)

A number of explanations can be given for this mismatch in opinion. It may be that the housing manager simply forgot the incident or that her perception of the situation differed from that of the daughter. Given the contrast in perspective between housing managers and daughters, where the former has numerous residents to oversee and is less closely involved than family members, it is likely that different impressions of the welfare of residents may be formed. For instance, in comparison to other new residents Mrs Fraser may have been perceived to be coping well, despite experiencing some temporary negative feelings.

The views of mothers themselves in relation to the perceptions and approaches of others regarding their welfare are also obviously critical in helping determine ways relocation in later life is experienced. In the case above, at T3 Mrs Fraser (for whom the expression of contrary or negative views was extremely rare) commented her daughter had been overly concerned about her at T1 and wished she had not been so:

I got sort of a bit bothered. I thought Claire, just let me be more independent. I can do it, I can cope, but poor soul, she was sort of taking on thinking she had to really be with me and help me. (Mrs Fraser, T3 interview)

The view of Mrs Fraser here raises another important dimension regarding the shift in responsibility for monitoring the wellbeing of the older women – the question of whether the level of monitoring by daughters is actually required or welcomed by

their mothers. Do daughters assume this role unnecessarily? In addition to Mrs Fraser, other mothers also believed their children appeared overly concerned about them:

Mrs Levine: I wish people would stop saying all these things and give me peace and quiet you know, that's what I feel like as well, 'are you alright, mum, are you alright?', 'of course I'm alright, if I wasn't alright you'd soon know about it'. (Mrs Levine, T2 interview)

People worry about me more than I worry about myself... They'll say to me 'Do you need anything mammy?... No, they're there all the time, if I need them... Whether it's this dementia thing, or this, forgetting and whatnot, they don't like to see me like this, I think they kind of want to look after you more, you know. I don't know. I mean I've never asked them. (Mrs McCann, T2 interview)

Thus, it appeared that the daughters felt a considerable degree of responsibility for their mothers, with the exception of one who explicitly reported not feeling responsible for her mother. The move to supported housing meant they felt some of this responsibility was lifted from them despite evidence others did not necessarily believe that others *needed* to be so concerned about their well-being.

6.4 Sub-theme: Filling in the gaps

The sense of shifting responsibility can also be evidenced in respect of shifts between people over time. Gaps were evident in support provided for the older women, whether due to breakdowns or temporary changes in arrangements, identifying emerging needs, or agreed assistance not provided. These gaps were generally filled by the daughters, who also acted to coordinate support input from others in the family.

6.4.1 Familial support during the move

Within this study, the most labour intensive 'gap' was that of assisting the older women undertake the actual move. As was noted above in the section on decision making, this 'support need' contained numerous dimensions. A range of practical tasks - such as packing, cleaning, disposal of or moving belongings, decorating and

unpacking - were organised by the families who did the bulk of the work themselves or arranged for workmen:

I done all the packing, I got the removal men in...but I done all the move and I settled her in...but what I did over the weekend was I brought all the kitchen stuff packed, put it all away, brought all her clothes, put them all away, and then I just had to put the furniture out when she come in... I had all her pictures and everything up before she came...I only had to lay the furniture out. I dumped all her furniture from the other house eh... We bought all new here...and I hoovered and cleaned everything. (Daughter, T1 interview: Mrs Jones case)

They worked like Trojans. Pamela told me they were down here every day emulsioneing and painting and one thing and another. (Mrs Stewart, T3 interview)

We just kinda decided that we would give it a coat of paint, get the carpets down and then that would be her ready. As long as her bed was here...she could move in because everything else was here...we got some workers in to do some painting and things, erm, carpet fitting and at the weekend my brother just brought a van home from work and dismantled the bed...Her clothes we really just lifted them off the hangers, put them in the cars and brought them. (Daughter, T1: Mrs Levine case)

Perhaps not surprisingly, the daughters' experience of moving appeared partly dependent on the level of supplementary help to which they had access. Mrs Jones and Mrs Stewart's daughters shouldered the main burden of the move themselves, causing them to experience considerable levels of stress:

Daughter: I had to deal with everything [relating to father's death], and then the same again with the move...It's me that's dealing with it all.

Researcher: And how do you feel about all that?

Daughter: Stressed out my box at times. (Daughter, T1 interview: Mrs Stewart case)

Although Mrs McCann's two daughters helped with the move, tensions emerged when, according to Karen, her sister lost patience with her mother over the length of time she was taking to decide what to pack, and walked out leaving Karen and her mother to pack alone. This led to further conflict upon arriving at the new flat:

My sister wasn't too pleased when I arrived with stuff that wasn't necessary. There was a bit of a confrontation between her and I, so it's caused a bit, there's not been any fall out, but erm, but there's been moments when there could have been a fall out really... so it has been quite stressful. (Daughter, T1 interview: Mrs McCann case)

Following the moves, housing managers discussed with the new residents whether they required additional support with tasks of daily living. None did, other than Mrs Jones, whom the housing manager felt would benefit from additional home care input. However, after the move, no care was in place for the first week, and her daughter-in-law instead provided the required care.

Families appeared to come closer together during the time of the move, with increased contact between adult child-parents and adult child-siblings reported during the immediate pre- and post-move period. This, combined with the taxing circumstances under which they met, appeared to increase the potential for conflict in some families, as shown above and elsewhere in this study. This demonstrates the intensive nature of family work at this transitional time for older women, and over time - during the adaptation phase – this intensity dropped. Input from adult daughters was ongoing, for even in cases where services were in place to meet assistance needs, gaps were perceived, and the daughters acted to fill these, as is discussed below.

6.4.2 Gaps in assistance over time

Although housing support offered an ‘alert’ system to raise the alarm in cases of emergency, and the housing manager would assist in emergencies, ongoing care or support was not the responsibility of housing association staff:

My role’s to...get them any help they need, erm, try and get them any equipment or adaptations, er, any maintenance. Erm, no’ really there to get pints of milk, and papers, and messages, things like that, you do it if there’s a need for it ie an emergency. (Housing manager, T1 interview: Mrs Stewart case)

Thus, the main function of families was to ‘fill in the gaps’ created by the impact of ageing or due to demarcation of input between different members of the social network.

*Researcher: And do you feel it’s your job to, like, keep an eye on your mother-in-law and you know, monitor how she’s getting on?
Daughter-in-law: Aye, because no-one else’ll do it. We’ve never seen a home care manager since we’ve moved in there...No, not, never had anybody... There’s*

nothing, nobody's been to see her or what she needs. They just put it in place.
(Daughter-in-law, T2 interview: Mrs Jones case)

In Mrs Jones case, her daughter-in-law provided personal care for the first week following the move, until home care was in place. Further, during the T1 interview Eileen initially stated the home care provided all the housework for her mother. Upon further questioning she perceived gaps in the home care input, notably in the perceived nature and level of housework:

Researcher: And say somebody had to pull out a wardrobe. Who would it be, the home helps?

Daughter: That would be me...That wouldnae be them. I pull out the beds and that.

Researcher: Right. So you do the sort of heavy housework?

Daughter: Aye, well, yeah because they dinnae do curtains or... likes I change the bed and that cos I like her bed done every week and they've got her doon as once a fortnight... But I do it every week cos I think if you've got a nice bed.

(Daughter, T1 interview: Mrs Jones case)

Where a regular need for housework had been identified such as in the cases of Mrs Levine and Mrs Jones, in theory arrangements were in place so daughters did not need to perform this task. Mrs Levine's granddaughter visited weekly to clean and Mrs Jones received house and laundry cleaning from carers, again weekly.

Despite these arrangements, daughters also were known to meet perceived gaps by 'filling in' for others, as indicated in the quote above. For instance, over the study period, the arrangement whereby Wendy's daughter undertook cleaning was perceived to be increasingly tenuous. By T3, Wendy thought the arrangement would need to end though saw the benefits for her mother, leading to a continuation of the uncertain arrangement:

She is still, she was up last night, I think that'll need to stop...I don't want to interfere in it and I know they like their time together, but my mum'll say 'is Kirsty coming up today? When's her day off?' and I'll say, 'Kirsty phone your gran, don't get me involved in this, phone your gran'. I think they do but Kirsty's just really busy...But my mum said to her 'Kirsty, look especially now you're eighteen, if you don't want to do this it's all right and none of them has given way, so as long as they don't moan to me about it, it's [laughs].

Researcher: As long as you don't end up doing it [laughs].

Daughter: It has been known.

Researcher: Because you were doing the hoovering the last time I came up.

Daughter: Well that's about the extent of it, do the hoovering. No that's still, so she's, I think that they do like, my mum likes to see her on her own as well.
(Daughter, T3 interview: Mrs Levine case)

As is suggested by the quote above, daughters did not only fill gaps in assistance provision, but also sought to encourage input from others, and coordinate care their mothers received. This role is described below.

6.4.3 Daughters as care co-ordinators

Where additional sources of support were available, or perceived as needed, daughters would seek to mobilise or coordinate help, notably from other family members - including their siblings, spouses and children – as well as external sources, such as home carers or removal men. This approach was particularly evident in at least three cases. This was a strategy the daughters adopted generally and usefully deployed at times when more support was needed, such as during the move. Here Claire talks about getting her brother involved:

Well, this, this year I've made him come up, because I've said 'you've jolly well got to come up and do some, you know, be a bit of help.' So he's come up three times since we bought the flat. (Daughter, T1 interview: Mrs Fraser case)

With the largest number of siblings in the study, as well as three young adult children of her own, Wendy describes her role in her mother's life as that of 'supervisor':

I would get one of my children or my brothers to physically move it because I just wouldnae move it any more... But if it was cleaning I would go in and rant and rave until somebody did it... 'See when you go up to your gran's, you make sure you get that hoovered'... I'm the supervisor. (Daughter, T1 interview: Mrs Levine case)

The felt necessity of becoming a care coordinator or manager is recognised by those working to support carers, though little research has been undertaken on this topic. Tolkacheva, van Groenou, de Boer et al. (2011) found such roles exist particularly where informal caring networks are larger and argue they could become increasingly common in the future as care-givers will need to organise the sharing of care amongst informal helpers and deal with disagreements between members of the network. As Wendy herself became less physically able, she had to increasingly call upon her

siblings to help out where previously she would have done so, finding this required mental adjustment to doing things differently:

I texted him and just said, 'Is there any chance you could pick up mum because there's five of us in the car.' And he texted back and said ... 'It's all sorted sis, it's all right I've hired a car getting mum at half eight.' And I thought... my immediate reaction was, for gods sake what you're doing talking about hiring cars, I've got three cars sitting there and of course that was me not happy again [laughs]. But then I thought wait a minute sit back, okay [laughs], just let him get on with it. (Daughter, T3 interview: Mrs Levine case)

At T2 it was clear that Mrs Jones' daughter-in-law coordinated the home carers who assisted Mrs Jones:

'Cos I said to her [the carer] 'dinnae do the cleaning the day cos I want to pull the furniture out', they're not allowed to pull the furniture out. I said 'and I'm going to pull the furniture oot'. So she said 'okay, anything I can dae?' I said 'you can strip the beds, valance and all, but if she says no, just say 'aye, that's what Eileen wanted, the valance and everything off'.' (Daughter-in-law, T2 interview: Mrs Jones case)

Evidence suggested then, that daughters had a role in both filling in perceived gaps in assistance and in coordinating assistance provided by others. In this way, they had a central role in ensuring that day to day tasks of daily living were maintained in the lives of the older women. This also appeared to be the result of efforts to 'keep an eye' on the older women whereby daughters were therefore able to notice what gaps existed, in their opinion, and to respond either by providing input directly or requesting others to do so.

6.5 Summary

In summary, it was found the older women tended to act responsively to their changing circumstances during relocation, with little forward planning ahead evident. Yet the older women needed to rely upon support from their children in order to move, and families appeared to mobilise their efforts to help with the move. Daughters bore the brunt of dealing with logistical and practical arrangements during this time, particularly where extended support was limited.

Monitoring and support formed a major element of the contact between the older women, their daughters and the housing managers. Generally this 'work' took place in present, with any planning ahead for the immediate future. All the daughters by T2 felt less responsible for their mother's wellbeing, who perceived supported housing functions could - at least partially - replace their role. Whilst the role of monitoring well-being had been supplemented by the housing managers, the degree to which the daughters perceived housing managers to have taken over this role may well have been more apparent than real. Further, the extent to which daughters felt responsible for monitoring their mother's wellbeing was generally reflected on by their mothers as being unnecessary. The context in which support needs were identified and met was frequently dynamic and shifting in nature. This highlighted the complexity of findings from the study, in terms of how responsibilities changed over time, and between whom.

Chapter 7 Theme 2: Social distance

7.1 Introduction

Social distance was a concept that reverberated throughout the case studies and contained various key elements, and as was noted in Chapter 5, was informed by Simmel's idea of the same name. As such, it formed a major theme for the study findings. This idea of social distance can be construed as how near or far people are from each other, psychically as well as physically. To be 'psychically' close to someone suggests enjoying companionship, empathizing, having a similar outlook on life, sharing confidences and such like. Where 'closeness' is absent, distance is implied, potentially leading to greater conflict, less satisfying communications and misunderstandings.

However, if 'closeness' is viewed as a dynamic construct operating along a continuum between very close and not at all close, then relationships between different people, or with the same people over different time intervals, are likely to vary. Such ideas are also contained in Milligan and Wiles (2010) discussion of 'troubling space' within the context of 'landscapes of care', an emerging notion within geography that broadens the idea of proximity as a purely geographical phenomenon (Power, 2010, Parr, 2003).

This study indeed found that there was considerable social distance between the older women and others in their lives, including their families and peers. Relocation frequently fractured social relationships these women had previously established, creating greater distance between themselves and their friends, despite the small geographical distances moved. Additionally, relocation and the impact of ageing led to changes for the women in terms of their interactions with their families and their environment, and the nature of these changes are described here. However, perhaps the most intangible dimension of how social distance operated was in terms of the image participants sought to create to outsiders regarding the wellbeing of the

relocated women. The use of a 'positive' discourse facilitated creation of a certain distance from 'outsiders' as a protective mechanism from potential intervention or criticism, and this will be discussed first.

7.2 Sub-theme: Creating social distance through image management

Participants in the study generally sought to give a positive view during interviews, and this has already been reflected in Chapter 3 on methodology. Two main areas where such positivity manifested were how families presented themselves to others and how the older women had experienced relocation. These areas will now be discussed in turn.

7.2.1 Image management in families

The case study findings suggested that the families – particularly the older women – sought to maintain their family as a 'private' entity (Cornwell, 1984) by creating social distance from people outwith their family. For instance, there was a general reluctance of three of the older women to speak in any depth about the quality of their relationship with their daughters. Conversely, Mrs Stewart and Mrs McCann did express some negative opinions regarding their daughter's actions, but comments were swiftly followed by positive appraisals of their children:

I don't mind being by myself, better than living with Karen! We clash!... I say 'For god's sake give me a bit of peace!' But she's good, the two of them are good. (Mrs McCann, T3 interview)

You'd think I was feeding an army... I say 'God', however, and she'll say 'Have you not eaten all these yoghurts yet?', I say 'You cannae just sit and stuff yourself'... Never mind, they mean it well. (Mrs Stewart, T2 interview)

Generally, where women talked in positive terms about their daughters it was usually in reference to assistance or company they offered, with children often described as 'good':

Since Jimmy died – and I mean any family, I know, would have done the same thing – but they’ve been exceptionally good. (Mrs Stewart, T1 interview)

Thus, there was a sense the older women were not keen to discuss negative aspects of their relationships with their daughters. Several housing managers also reported the older women had discussed how well they regarded their daughters:

She praises her daughter up to the highest, you know. (Housing manager, T1 interview: Mrs Stewart case)

Similarly, daughters also sought to manage the impression they conveyed of their mothers and were watchful over what information they chose to disclose:

To start with she was absolutely shattered, physically, not mentally. Erm, she’ll tell you this, I’m not telling tales out of court. (Daughter, T1 interview: Mrs Fraser case)

The impression that families were supportive of each other was successfully conveyed to housing managers:

She’s got good family support, she really has. She’s got two good daughters, that really, and they even come over and ask me ‘how she’s doing?’ you know. (Housing manager, T1 interview: Mrs McCann case)

Overall then, the image most family participants sought to portray was one of ‘closeness’, where mothers and their daughters were supportive and caring towards each other, with relationships viewed as well meaning and honourable. This finding fits well with other research on the nature of how families in many Western societies act as a private entity (Bernardes, 2011, Cherlin, 1996, Googins, 1991, Fineman, 1999). One possible explanation for this is that such an image could result in lower levels of scrutiny or intervention by outsiders (also reported in Egdell, Bond, Brittain et al., 2010), thus a sense of social distance from non-family members could be perceived.

By appearing close and non-factious a perception of the family dynamic as ‘working’ was promulgated, as was found in Cornwell’s research of families. However, in contrast to Cornwell, it was daughters who were more likely to be more outspoken or

critical of their parents than vice versa. In Cornwell's study of families in East London, it was reported that older family members were more likely to converse in this way rather than younger adults who were parents of young children. Although it is unclear why this difference occurred, the younger adults in Cornwell's study were more dependent on their own parents for assistance (e.g. with childcare or financial help) than in this study. It is possible then that the degree of dependency on another for assistance may determine the willingness to be explicitly critical to outsiders. This would be an area worthy of further study within multiple perspective research.

7.2.2 'Managing well' during relocation

Findings indicated that four out of the five residents had 'settled in' well to their new home and integrated within the housing development by the end of the study period. The fifth – Mrs McCann – appeared less so, and the reasons for this were multiple. One major reason appeared due to her lesser degree of social interaction following the move as is discussed in the following section. However, it is important to note that participants - particularly the older women including Mrs McCann - sought to convey they were 'managing' and coping with the changes in their lives, and particularly the ability to manage tasks of daily living. Thus, this feature fits well within the finding that the participants wished to present an image of how they experienced relocation.

In this section, the idea of how the older women were perceived as 'managing well' will be presented, whereby older women in particular felt this way. The consequences of presenting such an impression to others will also be discussed.

During interviews the older women were keen to stress they were able to continue living independently and that they could cope with day to day challenges during the relocation period:

That's two night's running [the carer's] never came...washing, it takes a while, when you're not used to taking your clothes off, it takes a while. Laughs. But I managed, I managed fine. Nae bother. (Mrs Jones, T1)

All the essential things are kept done, and I cook all my own meals. (Mrs Fraser, T3 interview)

The case of Mrs Levine contrasted to the others, in that she had experienced severe physical disabilities for several decades and openly acknowledged her limitations and the need for assistance from others. Rather, in the context of conveying she was 'managing well', Mrs Levine impressed she was able to deal with any problems arising with service provision:

I phone the office about anything if I'm not pleased about something... Oh I will, I definitely will, oh aye, I take charge of all that. If there's anything to say I'll say it. (Mrs Levine, T1 interview)

Her daughter also reflected this view of her mother:

Researcher: So if she wasn't happy with something the carers were doing, would she deal with that herself?

Daughter: Laughs. You're dead right. I wouldn't like to be on the receiving end! (Daughter, T1 interview: Mrs Levine case)

Thus, at a superficial level, the women explicitly spoke of being able to continue to manage their day to day lives, sometimes on a temporary basis such as when carers did not appear as expected or on an ongoing basis. Generally such image management of their abilities was successful, particularly in the cases of Mrs McCann and Mrs Fraser. In these cases the housing managers did not appear to notice during the study period that the women were struggling with particular aspects of household or personal care tasks:

She's very independent; we don't really have a heck of a lot to do with Mrs Fraser because she's very independent. (Housing manager, T3 interview: Mrs Fraser case)

I've seen her, I monitor her and she's just...she's doing fine. (House managing, T3 interview: Mrs McCann case)

However, in both cases, the daughters believed their mother required additional assistance, particularly in terms of help with housework, and Mrs McCann described having difficulty reaching cupboards and struggling with dressing. In the case of Mrs Levine, despite assertions that she could deal with her affairs independently,

interviews with Mrs Levine revealed numerous occasions when she had not been able to meet her needs through discussion with others. At T1, her daughter stated she felt this was due to the situation being new to her yet by T3 such occasions were still being reported. During the T3 interview Mrs Levine was distraught to find her home care hours changed and the issue dominated the interview. However, the time and energy spent on this situation meant another important aspect of her home care arrangements went unresolved:

One day, one of the coordinators was in...and I was on, 'I'm wanting my time changed in the morning, I'm fed up lying to nine o'clock in the morning... from half past eight the night before' ... I mean that's me lying in bed twelve hours. (Mrs Levine, T3 interview)

Later in the interview, after discussing the lunch time hour change, I followed this up:

*Researcher: And did they say anything about the morning change?
Mrs Levine: No, no, they didn't mention it. I was just concerned about [pause] but no ... Och, I'm not really, I'd like it earlier, but however. (Mrs Levine, T3 interview)*

Thus, it appeared the older women sought to create an impression they could manage independently in their new homes and deal with challenges, although this might not always have been the case. This reinforced the need for an efficient monitoring function that did not solely rely on verbal feedback from residents. Housing managers were conscious of this:

Nine times out of ten they all say, I'm fine, until you see otherwise, when you pass them in the corridor and you see them limping or something. (Housing manager, T1 interview: Mrs Jones case)

The consequence of residents attempting to convey that they were managing well was that others, who felt they were not, had difficulty in seeking to ensure adequate support was in place. This issue was raised in the previous chapter with regard to how the older women resisted attempts by their daughters to provide assistance, yet is also relevant in ways housing managers interacted with their residents. Where housing managers felt a resident needed additional support, they generally had to try to get resident to change their stated opinion that they could 'manage well'.

It was necessary to obtain agreement from the resident that they required support, and some managers felt there was little they could do if such agreement was not forthcoming. This was driven by a policy of requiring consent from residents before assistance could be provided. Efforts to secure assistance were often also compounded by the way the resident presented during a meeting with a professional, assuming the housing manager had been able to persuade them to accept a visit:

Then if you did a referral and you got a social worker out and they went into this lady and they said 'Right, what do you need?' 'I don't need any help'. They will just walk away. (Housing manager, T3: Mrs Fraser case)

The implication of residents refusing support at an early stage meant that housing managers could not obtain input until the situation reached crisis point, where either the resident became a risk to themselves or others:

There's nothing we can do about that until a disaster happens. And that's sad, that it has to wait to that. Because the person doesn't want to admit that she needs help. (Housing manager, T2 interview: Mrs Stewart case)

The impression of the older women 'managing well' was also conveyed by housing managers and daughters following relocation, particularly in relation to how they were integrating socially and their overall well-being - often to a greater degree than amongst the women themselves. This is described in the sub-theme on social interaction and social distance later in this chapter. The younger adults' discourse of the older women 'managing well' may relate to the impression they attempted to give of being able to 'manage' the older women's situation effectively. For instance, in comparison to much older and frailer residents within the housing developments, the new residents may well have seemed able to manage. The housing managers' limited resources would have been focused on ensuring the most disabled residents were adequately supported, and therefore it would have been in their interests to perceive the new residents as being autonomous and not requiring additional attention.

However, at this juncture it is worth noting that relocation into supported housing also assisted the older women's attempts to manage autonomously. The availability of support could be perceived as being at a further distance than other housing-with-care choices such as co-residence with relatives or residential care. Reduced

responsibilities arising from relocation into supported housing could also convey to others that autonomy could be maintained:

Researcher: So what did you hope to achieve by moving here?

Mrs Fraser: Well, it was to have these special amenities...and it was just to be able to maintain my independence...to spare [the family] sort of, day to day, little sort of niggling worries, I can cope with them myself. Yes, they know now that I'm comfortable, I'm happy, I'm coping and I'm secure...they don't have that extra worry as I get older. (Mrs Fraser, T1 interview)

Through discourse the women attempted to convey to others that they were able to *maintain* an independent lifestyle on a day to day basis. At the start of the T2 and T3 interviews the older women were keen to impress their lives continued much the 'same' as before (this is discussed further in Chapter 8). It is particularly telling that such statements were given early on during interview, suggesting such statements were those commonly used with outsiders who enquired about their status.

Claims that their lives continued much as before could create an impression to outsiders that their ability to live autonomously had not been affected. Alternatively, the relatively brief duration of the study period (six months) may have meant temporally, the interviews were felt by the women to have been held in quick succession, and therefore genuinely felt little had changed during this time scale when compared to the fast rate of change experienced at the time of the move itself. However, overall the data indicated the women were keen to resist interpretations of their abilities as not managing and therefore attempted to create social distance from others through the mechanism of image management.

7.3 *Sub-theme: Relationships and social distance*

Relocation appeared to affect certain relationships of the older women but not others. For instance, those relationships that could be considered distant, such as those of family members or friends who lived a substantial geographical distance away were not affected by the move. Closer relationships however, were altered as a result of relocation, some temporarily whereas others seemed to have changed on a more permanent basis. The fluid nature of relationships was evident and it appeared that as

some relationships ended, others were slowly beginning to emerge during the study period. Yet, despite this, there was a sense that the older women experienced social distance from others in their lives, both in terms of existing relationships with family and with new social contacts such as neighbours within the housing developments. This will now be described in greater detail below.

7.3.1 Changes in non-familial relationships following relocation

Social relationships with non-family members were clearly fractured following relocation. All the older women experienced a period following relocation where at T1 the women generally had only family visitors. The exception was in the case of Mrs Stewart who - alone of all five women - had an extremely close, long standing friend whom she considered 'like a sister'. This woman - a car owner - continued to visit Mrs Stewart in much the same way as she had prior to relocation.

Despite the short distances moved, the lack of mobility for four of the women was a clear factor in their inability to continue to maintain face to face relationships with friends and neighbours from previous residences. Mrs Fraser - as the only older woman who continued to travel independently - was able to use buses to visit her old friends in different cities, and for instance at the T3 interview reported recently visited old friends from university in Glasgow for lunch. Two of the other women reported not missing anyone they had known in their former residences.

However, for the remaining two women, relocation had a negative impact on their social routines. For Mrs McCann the fractures in her social life appeared to profoundly affect her and she lamented the loss of her ability to drive and friendships at various day clubs she had regularly attended. At T1 she mentioned these clubs and friendships frequently and was clearly still embedded in that place and time. Whilst her daughter had begun to take her to one club a week by T2, Mrs McCann reported missing being able to see her friends more frequently:

I don't like not being able to reach the people that I knew, and had become friendly with over the years. (Mrs McCann, T2 interview)

However, this did not appear to be recognised by her daughter, who thought her mother was content with this level of visitation:

She's gone quite regularly since she came here, so she likes going to that one. She seems quite happy just to go to the one. (Daughter, T2 interview: Mrs McCann case)

At T3, a shift had occurred in the way the daughters perceived her mother's weekly visit to this club. Although Mrs McCann referred less frequently to these clubs during the T3 interview, she still held a similar view to that given at T2 above. Despite her daughter stating at T1 and T2 it was important for her mother to continue these friendships, her children wished to reduce their mother's reliance on them by T3:

We don't want her to get used to going every single week, because then that ties us in to taking her every week, you know, and... if you maybe had something else on, she would have a bit of a problem, because you couldn't take her. (Daughter, T3 interview: Mrs McCann case)

This quote demonstrates the role daughters could play in the ability of the older women to socialise and retain friendships where mobility was limited. Thus, although the friendships were independent of her daughters, Mrs McCann was reliant upon her children in order to maintain face to face relationships with these people. In Mrs Levine's case, contact with a previous neighbour with whom she had become friendly became far more infrequent following relocation.

The down side of being away from the other house was she had somebody, her friend Mary who lived down the street from her used to pop in all the time and she's not here now and that was her biggest concern about moving... She's not been as much, and I don't really know what's going on there, or if it's just the moving away a bit further. (Daughter, T2 interview: Mrs Levine case)

In both of these cases the older women demonstrated reticent empathy with the situations of their friends and family:

But I can't get to the [club], because Donna can't take me to the [club], well she can't just be there and take me here and take me there. (Mrs McCann, T3 interview)

I don't see her often obviously, 'cos I've said, 'You've got your life as well', and she's working, she's working longer hours (unclear). (Mrs Levine, T2 interview)

Despite the demise of contacts with people they had previously known, the move into supported housing offered the opportunity to make new social relationships, particularly with other residents. Indeed, this was a major feature of the daughters' hopes for their mothers following relocation whom – with the exception of Mrs McCann – were perceived as being dependent upon family for company and otherwise socially isolated prior to the move:

I would love her to be able to go on holiday and everything like that, with people... Do you know, to do things outwith her family, I think, I think it would be great for her to have friends and things that are not her family. (Daughter, T1 interview: Mrs Levine case)

I'd like her to... to grow in confidence, to start inviting people from within [the housing development] into her home. (Daughter, T1 interview: Mrs Fraser case)

In particular, the oldest woman, Mrs Jones was perceived as having very little social stimulation in her previous residence by her daughter-in-law:

She was just sleeping away. Every time you went in and she was sleeping. (Daughter, T1 interview: Mrs Jones case)

The last remaining sibling of twelve children and with two of her three children living abroad, Mrs Jones described herself as lonely:

*Interviewer: How have you found, er, the last ten years?
Mrs Jones: Lonely... You get used to it though. (Mrs Jones, Life history interview)*

For Mrs Fraser's daughter, such a fate was also considered to have been a distinct possibility, had she remained in her home town:

She would have been [isolated] now... In even the four years, people have either become, erm, gone into their own little world... or moved to their families... or have passed away. (Daughter, T1 interview: Mrs Fraser case)

Despite the women undertaking 'nesting' activities immediately following relocation (discussed in the next chapter) before wishing to turn their energies to other activities, instead their daughters wished them to become more engaged socially:

Researcher: So what would you like to happen in the last, in the next couple of months then?

Daughter: Just seeing her settle in and, you know, mixing with other people.
(Daughter, T1 interview: Mrs Stewart case)

This desire for increased social interaction may have been due to feelings their mothers' were not engaging sufficiently with others during the post-move period, and as noted elsewhere, daughters generally did not appear to acknowledge the need of the older women for privacy and time alone, with the exception of Mrs Fraser's daughter:

She is also wary of people who could become a nuisance to her. She's had that in the past with elderly neighbours. So she is going into making her friendships cautiously. (Daughter, T1 interview: Mrs Fraser case)

At least two of the daughters also felt that being reliant on them for social activities was not appropriate, for Mrs Fraser's daughter partly because she did not enjoy the same activities, but also, as Mrs Levine's daughter suggests here, because familial relationships are not the same as friendships:

It would be nice for her, I would love her to be able to go on holiday and everything like that, with people, but I don't know where you get all, even the information, do you know, to do things outwith her family, I think, I think it would be great for her to have friends and things that are not her family... And have social contacts with kinda people with interests. (Daughter, T1 interview: Mrs Levine case)

Regular social events, such as coffee mornings, were provided by the sheltered housing developments, although in the very sheltered housing development opportunities for social interaction centred on set mealtimes. The close proximity of these events facilitated attendance:

It's all within the house and it's just so convenient, so easy. (Mrs Fraser, T2 interview)

In addition, the housing managers and daughters within the sheltered housing developments recognised that new residents often benefitted from assistance to join in activities and would accompany the older women to events in the first instance:

She's integrated really well, we brought her down the coffee morning, she comes down the bingo. (Housing manager, T1: Mrs Jones case)

Indeed, as indicated in the above quote, the housing managers and daughters generally indicated the older women had socialised well with their peers. This was a particularly striking finding, and by T2 these participants were generally keen to impress upon the interviewer that the older women were getting on well with other neighbours:

But from a friendship point of view she, she's got her friendships, her companions, here now which is lovely. (Daughter, T2: Mrs Fraser case)

I think the company's made such a difference for her...Erm, she seems to have integrated well with, you know, with other people. (Daughter, T2: Mrs Stewart case)

Yet, the degree of social integration varied between the older participants, with some – notably Mrs Levine and Mrs Stewart – quickly mixing with new residents whilst others took longer to do so. Whilst four of the older women were regularly attending activities with other neighbours by T2, the extent to which they could be construed as having bonded with them differed substantially. Despite some of the housing managers indicating that certain alliances were being made with individuals, none of the older women claimed to have made a particular friendship by the end of the study period:

She's got a few people that she really interacts with...Erm, and it's a case of 'just save me a seat for next week' [whispers], that type of thing. (Housing manager, T2 interview: Mrs Jones case)

Researcher: So are you getting to know the people here better?

Mrs Jones: Oh, I don't mix very well, they're very nice, very nice. I meet them in the community room you see, the lounge, coffee mornings, bingo, line dancing...

Researcher: Is there anyone you sit and talk to in particular?

Mrs Jones: No, no. Just anybody talks. No, no. (Mrs Jones, T2 interview)

It appeared as though the older women, whilst content to participate in the company of their new neighbours, were not seeking to establish particularly close relationships. Reasons for this remained unclear. Various factors could have contributed to this including the potential for gossip within group living environments or having long established ways of interacting with others:

I've never been one to run in and out of neighbours' houses and I never had them run in. I mean, fair enough, if anyone came to the door they were asked up; they got a cup of tea or a cup of coffee... Well, it's the same here; I don't want to start running in and out of folks' flats, and I don't want them running in and out of mine. I'm friendly with them all but Pamela will say to me 'Have you not made a buddy yet?' I says 'Aye, they're all my buddies.' (Mrs Stewart, T3 interview)

Of the five women, Mrs McCann alone appeared to only rarely participate in the social activities on offer. She and Mrs Jones reported having little in common with other female residents, yet Mrs Jones regularly attended events and indeed seemed to become far more socially engaged with people, including the researcher, by the end of the study period. Mrs McCann, whose level of life long independence surpassed many women of her era, appeared to find her peers incomprehensible:

I said 'How the hell can you get lost in [name of small town]?' she says 'Oh, I do'... That really astonishes me, I really don't understand that. How can you get lost in three or four streets?' (Mrs McCann, T2 interview)

Despite this, her daughter did indicate that she enjoyed being in the company of her neighbours at times:

She's like 'Well, they're nice, you know, and I don't mind their company occasionally, but when it suits', you know, just when it suits her. (Daughter, T2 interview: Mrs McCann case)

Specific new friendships appeared unlikely, at least in the short-term following relocation, with the older women preferring to keep their distance by mixing broadly rather than singling out individuals for company. However, the older women all appeared to enjoy the ability to access a ready made source of company to varying degrees. Despite this, friendships fractured as a result of the move appeared difficult to replace, and were a clear source of loss to two of the women in particular.

7.3.2 Sub-heading: Social distance and the family

Whilst the women were clearly embedded within their family, and reported themselves as having good relations with them, it appeared that there was a certain distance between themselves and their children. This manifested both in terms of their own desire to retain distance, and also their children's attempts to maintain sufficient

space within their own personal lives. Additionally, despite the study only including the views of daughters and mothers, male family members, on the whole, were reported as being out of touch with the women's needs, in respect of both identifying needs and providing assistance.

Social distance between daughters and their mothers was evidenced during the study period. Daughters, for instance, rarely invited their mothers to their homes:

We have her round occasionally but we prefer, I prefer, to go out to a restaurant as a family. (Daughter, T1 interview: Mrs Fraser case)

In contrast, the housing manager in this case erroneously believed that because Mrs Fraser left the development regularly she visited her daughter:

I know she visits her daughter a lot and she goes out and about. (Housing manager, T3: Mrs Fraser case)

On rare occasions visits were made, the space occupied was generally not that used by their adult children:

No smoking in the house, I have to stay in the greenhouse all day. (Mrs Jones, T3 interview)

We were sitting and eating in the living room and the doors were open...but my mum was down in the corner... And then the kids came and played wii games and she could sit... she didn't want to play but she was sitting watching the wee ones playing games. (Daughter, T3 interview: Mrs Levine case)

Ian's granny'll be there so we'll just stick her beside Ian's granny and she can talk to her. Laughs. (Daughter, T2 interview: Mrs McCann case)

Thus, in one respect, the women did not fully participate in their families, and the pattern of visits tended to be their daughter visiting their mother, usually without other family members present. Although other relatives including grandchildren and great grandchildren would visit occasionally, according to their daughters the older women reportedly found the presence of large groups of people or younger children hard to cope with:

My mum's not very good when there's a group of people and they're all having like group conversations, my mother doesn't cope with that... I said to her 'will you be okay?', 'oh yes, I'm not good at that now, no, I'm not good with that now'. (Daughter, T2 interview: Mrs McCann case)

She went quiet on Saturday night...it's usually when there's kids running about because she's getting really intolerant of that, she's like 'I'm not going if they bloody weans are going' [laughs]. (Daughter, T3 interview: Mrs Levine case)

Throughout the study period, Mrs Levine in particular mentioned her desire for 'peace and quiet' away from visitors or large social events:

I like my own company, I don't need people about me, I'm quite happy the way things are'. (Mrs Levine, T3 interview)

Mrs Fraser in contrast did not indicate such difficulties, yet was only invited on holiday with her extended family when someone withdrew:

It was two years ago my grandson wasn't going to be with the family, er, so Matthew asked me if I'd like to go and join them...So, this year it's one of the granddaughters, she won't be with the family, so I was asked if I would like to come. (Mrs Fraser, T2 interview)

Although no males were identified as primary carers within the study, and therefore were not included as participants, the other family members referred to their male relatives and their role in supporting the older women. The discourse used by the familial participants suggested that men in the family generally operated at a greater distance from the older women than other female family members, and were considered out of touch with the older women's needs, and were sometimes referred to quite disparagingly:

My other son, typical, he was away in Egypt for two weeks, on holiday, course he goes up to Wendy's house...She was on her way up here for me, take me out to the party and he came back 'Where is it my mum lives?' He knew I had moved but didn't know it was here, you know...so he came round right enough and the wee one, she brought me a bunch of flowers and sweeties, och, he's always bringing sweeties and chocolate cake... Och, see I don't need it now, different when you were in the other house, eating ready meals and that, but your meals are all cooked here. (Mrs Levine, T1 interview)

Researcher: And does your brother come up to visit at all?

Daughter: He's not great. He's 'busy'. Laughs. He did come up to put the new TV

in and he started putting it on the wall before my mum had a choice of where it was to go and now she wants it moved. (Daughter, T1 interview: Mrs Fraser case)

Four of the daughters felt they either had to undertake the caring role or ask their male relatives to assist:

Researcher: And why do you take on the role of looking after her?

Daughter-in-law: Cos I'm the only one here. Oh, my husband wouldnae... He goes up and he sits and reads the paper... He's a nightmare. (Daughter-in-law, T2 interview: Mrs Jones case)

Daughter: If we're all together and I'll say 'Are you going to push the wheelchair?' aye, they'll do it.

Researcher: Mm hm, but they wouldn't think to do it?

Daughter: No. No

Both laugh.

Daughter: He was up building up the wardrobe that was er, that was his job that he got. (Daughter, T2 interview: Mrs Levine case)

In addition, two of the older women who required toileting care appeared uncomfortable with male or other, more distant, relatives providing this role, thus increasing their dependence upon the daughters, their primary carers, for trips outwith the housing development:

I don't think my brothers could deal with it, if there was ever a toilet issue... I think one time...she had to go to the toilet and I think Martin really freaked because he, but she didn't want that either... She didn't want her boys to be dressing her and taking her to the toilet. (Daughter, T2 interview: Mrs Levine case)

But she wouldn't go out with them...My sister-in-law wouldnae take her to the toilet or anything if she needed eh. I said that to her I said 'What are you like?' she said 'Well what if I needed the toilet' which she's got a point there. (Daughter-in-law, T2 interview: Mrs Jones case)

Researcher: And did they take you out when they came.

Mrs Jones: I wouldnae go. I wouldnae embarrass them in a chair. I wouldnae embarrass them. (Mrs Jones, T2 interview)

Not all males appeared more distant than daughters however, and indeed, Mrs Stewart's son-in-law visited more regularly than her daughter and took an active part in assisting with the move. Further, he was the only male to participate in an interview, and during the interview with his wife, appeared to have a greater

empathetic understanding of his mother-in-law's idiosyncrasies. Despite these differences, the input he provided was still generally gender specific in that his particular role was to build furniture and wash windows with his wife performing more general housework activities, such as cleaning and ironing.

Many of the issues raised in this section so far were not specific to the impact of relocation, and instead were experienced by the older women as a direct result of ageing and the perceived need for assistance. However, where relocation did appear to impact upon social distance was with regard to the relationship between mothers and their daughters. The move prompted increased visits from daughters to their mothers, at least initially. This appeared more related to a desire to provide emotional and social support following the move than with decreased geographical distance:

She wasn't grand at all for a wee while... So I was spending more time with her then. (Daughter, T2 interview: Mrs Fraser case)

Yet, greater contact also appeared to increase the potential for conflict, and this was particularly evident in three cases where arguments were reported between the older women and their children following relocation. This appeared to an unexpected aspect of how their relationship would be, at least from the children's perspectives:

I mean, I always thought that I would be very good with my mum, like, I would be more patient with my mum than my sister is, but it's actually my sister that's more patient with my mother. (Daughter, T3 interview: Mrs McCann case)

I saw a side to her that I haven't seen in a long, long time. (Daughter, T1 interview: Mrs Stewart case)

The main type of response to conflict appeared to be one of 'backing off', of increasing social distance - seeing their relative less frequently or removing themselves from the situation (as also described in the previous chapter):

Son-in-law: Maybe that was the problem, because we'd been seeing her every day and... we need to try and give her some space, you know, her own space. (Daughter, T1 interview: Mrs Stewart case)

I said that to my husband 'I'm just going to start leaving her on Saturday' ...and I said, 'That's stopping 'cos I'm there every day of the week'. (Daughter-in-law, T2 interview: Mrs Jones case)

Although decreased geographical distance appeared to enhance social contact initially following relocation, it was far from clear that it had a beneficial impact upon relationships. Rather, the converse was evident for certain families where greater contact appeared to increase the potential for conflict and a subsequent increase in social distance.

7.4 *Sub-theme: Distance from contemporary society*

Another feature of social distance represented by the discourse of the older women in particular was that of a disparity between their experiences, attitudes and interests compared to those of younger generations. This was displayed in two main forms, firstly through general conversation of the older women which centred upon past events and secondly, through the lens of the relationship between the older women and younger adults, whereby the latter tended to support the older women in matters of modern living. These will be described below to illustrate the distance that existed between the older women and contemporary society.

7.4.1 *Out of step with modern life*

The older women could all be perceived as living a lifestyle that was no longer considered appropriate or desirable by modern standards. This was evident in a variety of ways. For instance, during interviews, participants referred to the differing standards of cleanliness held between the older women and their daughters, the type of artefacts chosen to adorn their homes, how the older women engaged with modern technology and the advice or support they required in terms of enabling them to operate effectively in a world that was essentially alien to their younger selves.

The older women had lived the majority of their lives in a simpler time, when technology was far more basic than it is today. Modern banking techniques were a

mystery to four of the women. In these cases their daughters all dealt with bill payments, with Mrs McCann and Mrs Fraser the only older women able to remove money independently from their banks:

I put the pin number and everything in cos she hasnae a clue how to work the cashline machines but I draw the money out and I get a bank statement. (Daughter-in-law, T1 interview: Mrs Jones case)

Relocation for Mrs Stewart resulted in a change of financial arrangements when she found herself no longer able to independently visit a post office to collect her pension:

Son-in-law: She doesnae even know what a standing order is or a direct debit... 'cos they never had a bank account

Daughter: It was just a building society account they worked with, and cash...and if they needed a cheque I gave them a cheque you know and then they just gave me the money...

Son-in-law: It's trying to get her to understand that, you know, it's just like teaching an old dog new tricks really. (Daughter, T1 interview: Mrs Stewart case)

As is noted elsewhere, this caused considerable conflict, and represented a loss of autonomy for Mrs Stewart:

Researcher: Do you just go to the bank yourself?

Mrs Stewart: They do it, so...

Researcher: How do you feel about that?

Mrs Stewart: Och well, the one thing, I'll no be able to overspend. George'll just say 'Just come and ask Pamela when you're wanting money', I says 'It's like a wean (child) asking for pocket money!' (Mrs Stewart, T1 interview)

Technology within the housing development, such as the telecare, heating controls and door entry system were also aspects that could take considerable time for new residents to familiarise themselves with:

Although we go and we help them as far as, the big thing in here is the door entry system. What we always say is 'I'm going through this with you, but in the next month, even if you have to come back to me ten times, come back and ask, because you won't be the first person to do it. (Housing manager, T1 interview: Mrs Fraser interview)

As is indicated in the quotes above, advice or guidance from younger adults about how to use contemporary facilities in modern society was a key component of support

offered to the older women. Mrs Fraser in particular, frequently mentioned her appreciation of advice from her children and the housing manager, the main source of assistance she sought:

I mean anything that I'm doing I can discuss with her and she can advise me again if, where I, it's best that I should do things better or in another way, yes, yes... I appreciate it, very much, yes, I mean er, it's been really marvellous because she got, she knew exactly the professional people to get in touch with for the move...She's a fund of good help and information there, yes. (Mrs Fraser, T1b interview)

There's always something that's coming up, or it'll be a concern over...what can be recycled or just a query about the way of the world, modern society, whatever. (Daughter, T3 interview: Mrs Fraser case)

In contrast to Mrs Fraser, Mrs Stewart did not seek out advice but received it from her daughter regardless. For instance, her references to people from black and ethnic minority communities were not what would be considered 'politically correct' and her daughter would correct her language:

Pamela says 'Don't say 'wee darky girl', just say an African, 'cos you cannae say nigger'. (Mrs Stewart, T1 interview)

A difference in tastes between the older women and their daughters was also apparent in several areas of their lives, for instance, in terms of the activities they enjoyed or the style of home furnishings. In certain cases relocation into supported housing highlighted these differences. For instance, the use of ornaments to adorn houses was perceived as a feature of life that was no longer in step with the contemporary trend of 'minimalism':

Young people don't want china, crystal, ornaments...I see that every day, you know...Because my era is crystal and china. Your era probably will not be that. And my daughter – like I've got all these Coalport ladies, and my daughter will put it all into the charity shop, I know she will. Swarovski crystal. She'll put all that out...because the younger generation don't want that kind of thing.' (Housing manager, T3 interview: Mrs Stewart case)

I had two lovely, really nice, china sets, and I wrapped that one for Laura – my granddaughter - and I wrapped that one for Pamela, but Pamela says 'Naebody bothers with china now, its mugs yae use now'. (Mrs Stewart, T1 interview)

In other cases, different preferences in activities were highlighted and were perceived a key benefit of relocation for the daughter quoted below:

I can now be more in the background, caring, and being there sort of problem solving, rather than being her companion, which makes it easier for me at this stage when I've got so many other things going on...I don't want to go to Beetle Drives or to Dobbies for Christmas shopping, but loads of people here are like minded, so it's fantastic, so yes, I'm very positive about the outcome. (Daughter, T2 interview: Mrs Stewart case)

Similarly, different standards could be perceived as existing between adult children and their parents, and this is considered below.

7.4.2 Differing standards and values

In three cases older women appeared to hold different standards than their adult children in relation to personal appearance and housework in particular, where the older women were less concerned with dirt, dust or mess than their younger relatives:

Son-in-law: See likes of her mugs and that, she's obviously no washing them properly right, so, the bottoms of them are dirty right... We're alright, cos we've got a dishwasher, she's no, right, but she really needs to wash them with a cloth...It's just like, she's, she's from an age where you get the mug, run it under the tap, put it on the thingmy. But you don't do that nowadays, you either put it in a dishwasher or if we're, stuff it, we're not putting it in the dishwasher, it goes into a hot basin of water with soap...Well, she's no from that
Researcher: Aye, standards were different
Son-in-law: Aye, standards were different (pause). Pamela's said to me 'I don't know how she doesn't get food poisoning sometimes'. (Daughter, T1 interview: Mrs Stewart case)

My husband said to me, 'I'm not being funny but the house is absolutely minging', he said... I don't know what like you find that, sometimes you go up it's, everything's all sticky and thingmy. (Daughter, T1 interview: Mrs Jones case)

These older women tended not to comment on such differences, although seemed to be more accepting of the state of their homes compared to the younger adults:

Come and see the kitchenette. Maybe not the tidiest of houses but... (Mrs Stewart, T1 interview)

I can live with my own dust [laughs]. (Mrs Fraser, T3 interview)

Adult children sometimes explained their involvement in housework because their mothers couldn't 'see' work they felt needed doing:

Researcher: So you've not had any real involvement in...you've never done dusting, for instance.

Daughter: Oh occasionally when she's not looking I will do a wee bit because she can't see so I don't want to make an issue out of it...So I do it cautiously. (Daughter, Mrs Fraser: T3 interview)

Son-in-law: I don't think she sees that. I don't, I don't, I really don't think she notices that. (Daughter, T1 interview: Mrs Stewart case)

Perspectives of the older women regarding such involvement varied, from acceptance to feeling it reflected negatively on them:

Och, I don't bother, cleaning windows, changing curtains, cleans and cleans, whenever, there's something, but then let her get on with it, pleases her, pleases her. (Mrs Jones, T3 interview)

She...said 'I'm going to wash over the couch and the chair', she had leather stuff for cleaning leather. I thought 'oh my g, she can't', she must have said 'my mum's a dirty bissum', laughs, but it was special stuff for cleaning leather, so. (Mrs Stewart, T2 interview)

Whether such differences were the result of the older women having lesser regard for cleanliness as a result of becoming older, or whether they had always held different standards were not clear, although Mrs Stewart's daughter felt that her mother had changed as she became older:

I don't think, I mean she used to be really, spot on, you know...But I don't think she sees things now. (Daughter, Mrs Stewart, T1 interview)

In the cases of Mrs Jones and Mrs Stewart, whose daughters seemed most concerned about the standards their mother adhered to, they also felt their mothers were not paying sufficient regard to their personal appearance:

I'm wanting her clean and tidy because she's Frenching doon the stairs and I'm no wanting her looking like Tinky Nell like some of them, 'cos there's no need for it, to be untidy or, because she's got beautiful clothes eh. (Daughter, T2 interview: Mrs Jones case)

Interestingly, in the case of Mrs Stewart, an interesting discussion occurred during the T1 interview in which her son-in-law chides his wife for being more critical of Mrs Stewart than he is. The explanation she gives for this is because she feels her efforts are not being appreciated:

Son-in-law: She's saerer on her than I am.

Daughter: Laughs

Son-in-law: That's because it's her daughter.

Researcher: What do you mean 'saerer'?

Son-in-law: Sorer

Researcher: Aye, but what do you mean by that?

Son-in-law: Well, she'll say things that I wouldnae say, I would just do it... You know, she'll say things like 'your blouse is crushed', you know, or something like that. If it's crushed, it's crushed, I'm no bothering. You know what I mean?

Daughter: No but it, it really annoys me the fact that I've stood and ironed a pile for her and then she doesnae wear the ones that are ironed. (Daughter, T1 interview: Mrs Stewart case)

Thus, it appeared that different standards between some adult children and their mothers led to interventions that the older women felt were unnecessary, and could cause the potential for conflict. In the case of Mrs Stewart, the daughter's approach of discussing such issues with her mother appeared to be changing during the T1 period and it became apparent that instead of discussing these with her mother, she was starting to intervene without discussion:

I'm getting to the stage now, I'm frightened to say and I just go and do it without saying anything, because she just, 'tut'. (Daughter, T1 interview: Mrs Stewart case)

This approach was also evident in the case of Mrs Fraser as noted in the quote about dusting given above, and as this quote indicated, it seemed to be to avoid 'making an issue' about something that may have challenged a sense of self-sufficiency or for which the older women did not feel needed to be addressed.

Values held by the older women were also instrumental in determining how they went about their daily lives. Thus, values common to people who lived through the post-WWII era such as frugality and stoicism were clearly demonstrated in the women's discourses. A clear example of attempts to live in a way that valued thriftiness could be seen in the older women's desire to ensure their belongings were not discarded but

rather went to a good home, either in a charity shop or to people who may benefit from them:

I had the satisfaction that hopefully that, that, they were going to the right sources. ...I got great satisfaction er, I gave as much as could to the Salvation Army... I, I was just grateful that we could be as helpful as possible that way. (Mrs Fraser, T1 interview)

I said to her 'What did you do with these two black blouses?' and she said 'I binned them', and when she was talking about binning them I said 'Put them in a bag and I'll give them to the charity shops' (Mrs Stewart, T1 interview)

As suggested in the above quote, daughters were less concerned about ensuring belongings were recycled. Rather they appeared more conscious of the need to dispose of them in time for the move, and two may have been motivated by concerns of image management, in that they wanted their mothers' homes to appear clean, modern and presentable:

I dumped all her furniture from the other house eh. We bought all new here. (Daughter, T1 interview: Mrs Jones case)

'Aye, they went to the charity shop', and her face ... I said 'but your other one's dinnae go anyway' I says and 'they were old' ...I mean, I, I, most of the stuff went in the, the chari, either in the, to the dump or the charity store, shop. (Daughter, T1 interview: Mrs Stewart case)

Two¹⁰ of the daughters discussed throwing belongings away without their mothers' knowledge:

I emptied a lot of the stuff into the tip that was there, cos if my mum had had her way she would have been taking it to various 'oh maybe they could sell that', this was, some of her clubs sell stuff, and have these sales and stuff 'oh, they could take that, somebody could use that', we just dumped it. She doesn't know that yet, it's not er, quite erm, I'm waiting for her to suss it out though cos she's not that daft. [Laughs] She will kind of say to me 'where is it?' so I'll have to think up, I might just lie'. [Laughs]. (Daughter, T1 interview: Mrs McCann case)

Perhaps partially as a response to feeling challenged about the way they lived their lives, there was a sense in which older people reverted to the 'safety' of the past in

¹⁰ One discussed this after the interview was concluded.

their conversations. Talking about the past seemed to offer positive benefits for the older women, and this subject is now discussed.

7.4.3 Living in the past – the role of reminiscence

Although the older woman consciously acted by responsively dealing with situations that arose on a daily basis, discussed in detail at the beginning of this chapter, there was also a sense in which they gave meaning to their lives through talking about their past lives. All of the older women appeared more comfortable discussing past experiences compared to the present during interviews. Talking about the past may have served several purposes for the older woman, including being able to withdraw from challenges posed in the present, allowing time to be spent imaginatively remembering a time when the person lived as a ‘fully competent’ adult (see page 259), during times of ‘former glories’ as some may say.

It is likely reminiscence helped strengthen self-regard during relocation, a core feature of people’s individuality, recognised as being challenged by relocation (Peace et al., 2006). Such reminiscence had a positive quality about it, and generally happy memories were recounted:

One of the day centres was having a concert thing... and I’ve not been for years...and I went to it, and it was nice seeing people that I know. I mean I went there for a lot of years to that day centre, you know. (Mrs Levine: Life history interview)

Such discourse flowed easily and at length, and it was sometimes necessary for the researcher to attempt to bring the discussion back to the present. This was particularly the case for Mrs McCann who had moderate dementia, and frequently talking about the past was therefore also probably symptomatic of her condition. Despite this, it was also a prominent feature of the interviews with the other four older women who were not considered to have cognitive impairment (see also section 3.4.4 for further discussion of this issue). Overall, the expression of memories was targeted at specific events or conversations, to highlight particular topics of discussion, rather than to generalise or provide an overview of life experiences.

For instance, in relation to relocation, three of the women spoke of their moves to very small homes at a much earlier time of their lives, when they had just got married. Initially upon marriage, for instance, Mrs Levine had lived with her mother-in-law and then:

We got our own wee house, a room and kitchen...we had the twins about three years later, twin boys, we lived there for about seven years, and er, then the whole place got pulled down...so we got rehoused, and we moved from there... to a three apartment, that was two bedrooms, living room and a kitchen. Oh, I thought this was wonderful, we'd come from a room and kitchen, and an outside toilet that had. Mrs Levine: Life history interview)

Memories of living in such small spaces were contrasted with the space in the housing developments, in that it allowed them to think of their new homes as being large enough for their needs, even if it had been smaller than the home they had just moved from.

I got married and I started in a room and kitchen, which wasn't as big as this. (Mrs Stewart: Life history interview)

It's a big one in there. (unclear) forty years ago be good. If I had that forty years ago I'd be laughing. (Mrs Jones, T1 interview)

Recalling the past, including moves made in the past, may have helped people to come to terms with aspects of their current move:

Oh well, we were with the prison service you see, you moved about, clearing out all the time, you know. (Mrs Jones, T3 interview)

For instance, although Mrs Fraser appeared to find moving somewhat challenging, she had moved various times in the past to new situations that contrasted considerably from the place she had left, and had most likely gained skills and awareness that helped her adjust to supported housing:

My life, when I look upon my life over the years, has been a series of chapters. And this was to be a new chapter and with the experience I've had, I knew I would have to be patient with myself to have to come to terms with what I regard as the 'me' factor. Just to give myself time mentally and emotionally to just accept and just

assess the values of the whole change in my lifestyle... some days you feel well I've got to make a different approach to things here, and it just takes that little bit more self discipline, just that little bit of effort. (Mrs Fraser, T1 interview)

This quote illustrates well the way in which past events help shape the present, so that adaptation during relocation into supported housing is partially achieved through drawing upon prior life experience which can ease transition given such experiences are not completely new. However, for Mrs McCann, reflecting on the past also served to remind her of what she had lost:

My biggest miss is my car. Since I gave up the car, which has been about three year now, phew, it's murder... when your leg's bad, and your knee's bad, that car was a godsend to me. Aye, I loved my car, I can just get in and go, you see this is what's wrong, all the people I know don't have cars. (Mrs McCann, T2 interview)

In this case in particular, the past served to underline how unsatisfactory the present felt to Mrs McCann. The expectation her supported housing accommodation would be more adapted than her previous home was not met, and when she discovered problems with her new home, found it difficult to adapt. Yet, further, as indicated in the quote above, comparisons with other people also underlined the breadth of her life experience, and subsequent social distance. Thus, it appeared that whilst the past could help some to adjust to their new lives, it could also serve to interfere with adaptation where negative comparisons were made about the present.

7.5 Summary

This chapter has demonstrated ways in which distance from others was evident throughout the study period. Such distance was apparent not just within the housing development in terms of meeting new people, but it was also found that social distance operated in relation to how people experienced modern society and from other adults within their families. Life review could serve to both assist and compound adaptation following relocation. Previous life experiences provided memories that allowed people to mentally revisit enjoyable times in their lives and also to draw on ways they had dealt with similar situations in the past. Such themes

are expanded in the next chapter that explores how people make sense of their new environment by drawing upon the past to create routines and structure to life.

Chapter 8 Theme 3: Bounded Landscapes

8.1 Introduction

One of the key findings of the study was that the rhythms of daily life for the older women during relocation into supported housing showed many signs of being ‘bounded’ spatially and temporally. In other words, it was evident these women lived in a way where boundaries or structures were strongly experienced, both physically and metaphorically. Such structures were frequently of their own making, for instance, they quickly established regular habits and routines thus bounding time and this appeared to assist with adaptation as is discussed in Chapter 9. Yet other structures were imposed upon them, such as the daily environments encountered were predominantly bounded spatially by physical buildings.

The idea of a broader vista than simply environment is captured in the term ‘landscapes’ – defined here as *‘modes of ordering the world, and our engagement with it’* (Gold and Revill, 2000: 15). The integration of these women in their new physical domain during relocation consisted of re-instigating established patterns of living interwoven with new activities and habits. The layout and organisation of space resonated upon the women’s sense of wellbeing, and appeared important determinants of it. Similarly, desires of the older women to create a sense of regularity and order upon their new life situation also contributed to their adaptation into supported housing.

This chapter will firstly discuss how the immediate environment acted upon the older women to shape their lives, considering how the lives of the women were bounded, both within the context of their personal living space, the wider development and the use of public and outdoor spaces. Thereafter, it will explore the ways the older women attempted to establish regularity following the disruption in daily routines caused by the move itself, drawing upon ideas of continuity and exploration into new realms. Clearly temporal concerns of routine and change interact in a dynamic way

with the physical environment one encounters, so that complex interactions between space and time weave together in a way that is not easily separated for examination. However, to aid clarity of understanding and to facilitate analysis, the impact of the physical, concrete environment and the nature of routine are separated here.

8.2 Sub-theme: A life bounded by space and place

A key finding of the qualitative study was that the older women, three in particular due to difficulties with mobility, generally lived lives bounded by their physical environments, within buildings in which they lived and communities in their locality. Engagement with outside space was shaped by temporal issues such as seasonal weather and past experiences as well as declining health and socio-psychological factors.

The women had all moved locally when making the move into supported housing. Whilst this may suggest a knowledge and membership of the community into which they were moving, in reality, this was not the case, and all had to gain familiarity with their surroundings and local environments.

8.2.1 Living a predominantly indoors life

On the whole, the women spent much of their time indoors – either in their flat or within the communal spaces of the housing development. As noted above, this was particularly the case for three of the five women, and whilst the remaining two made efforts to walk outdoors, both were experiencing increasing difficulty doing so and had to take rests whilst out walking:

For me to come out of this house and walk up round that wee block, now it's only a small block... and I puffed and slow, in fact, twice I've been in that Museum, and my daughter says 'what do you go in there for?' 'For a rest'. Laughs. (Mrs McCann, Life history interview)

The two most disabled of the women reported living a predominantly 'indoors' life in recollections of their lives in previous homes and this continued in their new home.

When these women did leave the development, it was to be transported to other buildings by their families and following relocation, a further woman also began to experience this transition to a predominantly indoors life, as her mobility declined, and by T3 appeared to be in the process of adapting to walking more slowly:

If I could just walk. I'm often out of puff. (Mrs Stewart, T3 interview)

But she does tend to get up and rush, you know. Then she'll 'Aaahhh.' And then you have to stop and let her get her breath back, you know. (Daughter, T3 interview: Mrs Stewart case)

An inability to use stairs already meant the two most disabled women were unable to visit people who only had upstairs toilets, and this also restricted where they could go outside the development. Additionally, the use of lifts rather than using stairs may contribute to a decline in ability amongst some residents, as one housing manager observed:

If you use the stairs in your house when you lived there and you can still use the stairs, use the stairs because if you don't use them you lose them, the use of your legs I mean, because if you start using the lift all the time your ankle, your knee and your hip joints are going to seize up. (Housing manager, T3 interview: Mrs Jones case)

This appeared to be a growing issue for Mrs Stewart who may have had some difficulty walking up stairs by T3, despite having had stairs in her previous home:

And the lift was broken one day last week and I says to her 'It's all right going down the stairs.' She said [inaudible]. I says 'but coming up...' Well, there was half of us just walking up the stairs and they all got off at Floor One. And Elizabeth's shouting 'That poor old bugger at our back's still got another flight to go.' (Mrs Stewart, T3 interview)

Further, activities organised within the developments, meant there was a lesser need to go outdoors than prior to relocation. For instance, laundries, hairdressers, exercise classes, library services and social activities were generally offered within developments, and for Mrs Levine who lived in very sheltered accommodation, meals were also provided in the development.

Yet, it is important to note that whilst three of the women did primarily spend most of their time within their housing development, this did not imply they had become physically less active. The need to go outdoors decreased given the increased public areas in which people could spend time and size of developments meant four women meant had to walk some distance to reach the outdoor space. Indeed, Mrs Jones' was reported as being virtually housebound in her previous accommodation yet was perceived as becoming substantially more active over time as a direct result of the increased space:

It's bigger, it's so much bigger and she's got so much space eh?...Every time you went in and she was sleeping. But here she goes away down to the bingo, she goes away down to the coffee morning... It's really great. (Daughter-in-law, T1 interview: Mrs Jones case)

Well at that point...she was still in a wheelchair coming down because she didn't have the energy to walk from the house, open the door with the stroller, but I mean that's increased leaps and bounds. (Housing manager, T2 interview: Mrs Jones case)

*Researcher: And how are you finding the corridors, that's quite a long walk isn't it?
Mrs Jones: Aye, oh, I do that two or three times a day, up and down, up and down, up and down. (Mrs Jones, T3 interview)*

Mrs Jones herself reported being particularly pleased about the increased space of her living area, a feature of the move she found most beneficial, but felt she had little energy for going outside:

*Mrs Jones: If only I'd got more energy...
Researcher: Oh. What would you do if you had more energy?
Mrs Jones: Oh, I think I'd go oot. (Mrs Jones, T3 interview)*

It appeared that as well as a lack of energy, the fear of falling outside put her off going out:

*Researcher: Ah ha. Can you not walk far out?
Mrs Jones: Oh no, no, no.
Researcher: Do you not like to?
Mrs Jones: My balance is all to pot.
Researcher: Right. So are you worried about falling?
Mrs Jones: Oh aye, I've fallen a few times. Oh aye. (Mrs Jones, T2 interview)*

Thus, the opportunity to exercise indoors through walking, where the absence of uneven walking surfaces and inclement weather meant a safer, more secure environment, appeared to lead to increased mobility for Mrs Jones. Given walking was the main form of exercise undertaken by the women, it is interesting there is so little literature regarding promotion of walking in advanced old age (Andrews, Hall, Evans et al, 2012). Evidence suggests older people wish to increase their level of physical activity but many feel they lack opportunities to do so (Jancey, Clarke, Howat et al. 2009, Leinonen, Heikkinen and Hirvensalo et al, 2007), with some citing fear of moving outdoors as a reason for not walking more often (Rantakokko, M. Iwarsson, S., Hirvensalo, M. *et al.*, 2010). Supported housing may therefore offer a positive opportunity for certain residents to increase their levels of physical activity.

Similarly, a combination of the larger space and the receipt of an electric wheelchair during relocation meant that Mrs Levine had greater opportunities for mobility as described in Chapter 5. However, although opportunities for mobility increased within the confines of the development for three of the women, three of the women became less likely to go outside the building, two due to increasing difficulties being transferred into cars, and for Mrs Stewart who reported dislike of walking any distance:

I went out to walk down the road to the cross and I looked and I thought 'Oh blazes, I'm not walking down that length. I cannae walk any length. I'm alright on the flat. So I thought 'I'll just wait and Pamela can run me down to the cross and get me what I'm getting'. (Mrs Stewart, T1 interview)

In the cases of Mrs Levine and Mrs Jones, both daughters found physically transferring their mother increasingly difficult resulting in fewer opportunities to go outside the development grounds at all. This was especially evident in the case of Mrs Levine by T2 who had reportedly gained weight as a result of living a sedentary life as a wheelchair user and receiving set meals as part of her care package within the very sheltered development:

Wendy, she can't do it now. She's not fit and able. (Mrs Levine, T3 interview)

The only negative side for being here has been the weight she's put on, I tried to take her out last week and I couldn't really lift her in and out the car. And that was

a real struggle. So I need to take a step back and look at doing other things, like transport wise. Lifting her in and out the car isn't very practical for me now. (Daughter, T2 interview: Mrs Levine case)

However, by T3 the issue was still not resolved, and Mrs Levine rarely left the development by this point. For instance, she had spent Christmas alone within the development:

Christmas was a wee bit awkward because I told you I didn't really want to lift her as much and I know that I didn't want my mum to feel that she wasn't wanted and in these places it's kind of empty and everybody was home or goes to relatives, which isn't really an issue because she can go to any of us but it's the physical side of it which is a real problem. (Daughter, T3 interview: Mrs Levine case)

Mrs Levine's weight gain, and its impact on her life, was not noted as an issue by the support staff during the interviews, indeed, the housing manager described the facility of providing meals beneficial for residents:

Once they come into us and they start to get nutritious meals and...the social aspect of being together...you see them blossoming. (Housing manager, T1 interview: Mrs Levine case)

The main factors that conspired to discourage going outside appeared to be the potential pitfalls of doing so, such as by being more exposed to risk of falling or feeling the effects of ill health more readily. Whilst Mrs Fraser and Mrs McCann reported making an effort to go out of their development into their local community, winter weather (encountered particularly at T2 and T3) acted as a constraint against going outdoors, with both experiencing arthritis they felt became worse in the cold. In Mrs McCann's case, she had to go outside, as she lived in a block of four flats across the road from the main development and had to venture out to use facilities. Yet despite these constraints, both women continued to go out during winter.

Interestingly, Mrs McCann seemed to change her view as the months into winter progressed, perhaps allowing her to continue to go out despite the weather. At T2 she reported not liking going out in the cold:

You don't want to go out in the cold weather...the minute I go out and the weather's cold, everything kinda gets sore on you, all your aches and pains start. (Mrs McCann, T2 interview)

Yet by T3, when the weather had been cold and snowy for some time, she had changed her view.

I don't like the wind...I don't mind the cold so much, but I don't like the wind, the wind hits me and it gets me there [points to chest].

Researcher: Mm hm. So has it been putting you off going out?

Mrs McCann: Aye it does. The snow, it's alright the cold, you could wrap yourself up and then my daughters say it's icy and snowy I said, 'I know', I said 'You just watch where you walk'. (Mrs McCann, T3 interview)

The above quote also illustrates another common constraint that operated in the older women's lives - their daughters' reluctance for them to go outside, particularly in cold weather. Some of the daughters felt quite strongly about this:

She can't walk really. I mean she doesn't go out and about down the street herself, you know. And I wouldn't be happy for her going on her own. (Daughter, T3 interview: Mrs Stewart case)

Thus, it appeared as though the risks of going outside, combined with health limitations, meant three of the older women, and four daughters were not generally keen on the women going outside independently. For instance, even daughters of the two women who did go outside independently were conscious of the risks, but recognised they could not prevent them from going out:

Daughter: I'll phone her and I'll say 'I think it's too windy today', and I got her a pair of those ski poles for when she's out and about...Erm, she assures me she's sensible.

Researcher: Mm hm. You look like you don't believe that though.

Daughter: I have to. There's a bit of a similarity with my sixteen year old son who says he walks, when he comes home at ten o'clock at night he says he's walking a safe route...And there has to be a level of trust because I can't watch her every hour of the day, and if she's determined to go up town, she will go up town. (Daughter, T1 interview: Mrs Fraser case)

There's not the acceptance of me saying to her 'that's not the right coat, you need to put another coat on it's colder out there, not that one', no she doesn't take to that very well...I'll say to her 'well you need to have a hat or you need to have a scarf on', 'No I'm not'... I mean, one day she went out and she was freezing and I just

thought well, freeze away, I told you, you won't bloody listen to me! (Daughter, T3 interview: Mrs McCann case)

Evidence of decreasing outdoor trips were evidenced over the study period, which covered the onset of winter, and temporal factors of seasonal differences in the weather also impacted on the willingness and ability to go outside. Thus, the trepidation of going outside reinforced the women's lifestyle of one that was primarily lived indoors. The impact of weather has rarely been identified as an issue in research on older people, though at least one other qualitative study has found that inclement weather can act as a barrier to physical activity (Jancey, Clarke, Howat *et al.*, 2009). The findings in this study therefore add to what is known on this issue.

8.2.2 Doorways as boundary markers

Doorways appeared to hold symbolic meaning as a psychological marker between private and public spaces, as will be explained below. Thus the women's own main door acted as a boundary between their personal space and the communal life they shared within neighbours, visitors and staff in the development building.

Additionally, the security controlled main doors of development buildings, into the world outside, also appeared to act as a boundary between an 'adapted', more controlled world and a more diverse, complex outdoors environment.

The nature of having a 'main' door by which to demarcate private from communal living space changes for residents whom had moved from houses following relocation into supported housing. As residents generally live in self-contained flats within a larger development, this has the effect of increasing the distance between indoors and outdoors space. The housing manager here reported the impact this could have on people:

One of the first things that people seem to miss when they do move in is their own back door... 'cos they're coming out their flats into a corridor. It's like a hotel... They're not actually coming out their house and going into the fresh air, and that, I've found that's a big thing for them. (Housing manager, T1 interview: Mrs Stewart case)

Another housing manager described how the fact residents still had a ‘main’ door, albeit of a different sort, could aid the transition into living in a communal living environment:

They’ve got their own house and their own front door which is very, very important to a lot of elderly people, their own letter box and all these sort of things, keeping er, the normality of that, the fact that the postman brings their own mail, still they can get papers delivered, milk delivered, whatever they want. (Housing manager, T1 interview: Mrs Levine case)

By continuing to have a ‘main’ door, the women saw their own flat as a space in which they could retain a private life following relocation:

I’ve got my own door, my own privacy. (Mrs Levine, T1 interview)

We’ve got our own little quiet private life which we can enjoy. (Mrs Fraser, T2 interview)

I’m never out. Give me a book and I’m happy. (Mrs Jones: T3 interview)

Thus, it appeared the women tended to enjoy, and chose to spend time, in their own private space. For Mrs Levine who had regular family visitors and carers coming into her flat time alone was valued:

It’s nice to be in company but sometimes you just like to sit yourself. You know, your own space, you know. (Mrs Levine, T1 interview)

This discussion highlights a wider and more fundamental point about relocation into supported housing which relates to how the women adjust to communal living. The housing managers emphasised this represented a major change for people relocating into supported housing, and would assist new residents to integrate:

They’re always uncertain coming into the, I call it the ‘lion’s den’, the coffee morning because we have people coming from outside, but it’s, church, they’ve all got their own seats, you know, you darenae go in and sit down in case they go ‘mmm’, so I would say, ‘first day you want to go to the coffee morning let me know during the morning call and I’ll come down and I’ll bring you down and I’ll sit down with you. (Housing manager, T1 interview: Mrs Jones case)

Further, at least one of the older women was warned about the risks socialising could pose:

Well, when I came in here, hen, to be quite honest, I was told to watch my back, because a lot of women could be bitchy. But I've never found that. But I was told that. But you've to watch what you say at times. As one woman says 'I'll need to buy a zip.' Oh dear. (Mrs Stewart, T3 interview)

Daughters however did not really mention the importance of privacy in their mothers' lives, and were much more likely to focus on issues of security and safety. One major feature here was the access to increased support levels in case of emergencies, but the other key aspect related to the enhanced security that the main development door offered by way of protection from crime:

The security of where she was...wasn't as good as it is here...Of her generation she's typical, but she's quite naive and she would maybe let somebody in that shouldn't be coming in. No question of that happening here. (Daughter, T2 interview: Mrs Fraser case)

Two of the older women who rarely left the development following relocation indicated they had a fear of criminals outside, with Mrs Stewart reporting feeling safer following relocation and this has been reported in other studies (Holland, C., Kellaher, L., Peace, S., et al., 2005, Peace, Holland and Kellaher, 2006). When asked what her main hope for the move was Mrs Stewart replied:

Peace of mind. And I could truthfully say I've never had a full night's sleep from Jimmy died last May 'til I moved here. I don't know if it's the new bed, I don't know whether it's security. Where we were, there was a lot of, I'm no' so feart to say, a lot of crooks...and see on the long, dark nights [pause] whether it was that wee bit fear, I don't know [pause] but I've slept great since I've been here. (Mrs Stewart, T1 interview)

Certain barriers appeared to exist with regard to moving through doorways, with the two most disabled women initially finding it difficult to open their doors independently. Over time, Mrs Jones became stronger and more able to open her door, whilst in Mrs Levine's case at T2 a door entry system was being fitted to her door to allow her to open it independently. Additionally the complexity of the door entry technology could act as a barrier to entering the main door of the development, and

housing managers reported having to explain more than once to many residents how to use the system.

However, there also appeared to be a reported reticence amongst some of the older women, but also certain visitors to cross doorways, suggestive of a boundary more metaphorical than actual:

She would come over and stand at the front door...not coming any further. (Mrs McCann: Housing manager, T1 interview)

This was particularly evident in the case of Mrs Jones who could walk around within the development but did not appear to want to walk outside:

I'd like to see her walk to the bottom of the ramp and back on her own. I've not seen her do that. Even just for fresh air...Because without being taken out she's not going out. (Housing manager, T2 interview: Mrs Jones case)

In addition, those of a younger generation may find the environment of supported housing developments for older people off-putting:

I really wanted the kids to be able to pop in and... it's not happened as much here... and I don't know why that is. And I have kind of said to them... 'do you never think of just walking in to your grans?' ...But he says 'it's not the same as just walking into her house' (Mrs Levine, T3 interview)

The difference between the outside world and the world of supported housing is also implied here by a housing manager who discusses her perception of the impact upon residents following relocation:

After about a year, they forget what it is like to have actually lived in the community, you know, the, the number of things they have done for themselves...Erm, it's a bit like, do you remember, I, I don't know if you are a mother or not but if you go into hospital to have a baby, you leave your pride at the door and pick it up again on the way out...The only thing is, you leave your pride at the front door here, and you don't pick it up at all...in one respect. What I am saying is, they forget how it was, how it is, and how it should be. (Housing manager, T1 interview: Mrs Jones case)

The meaning associated with doorways, has particular resonance given that the older women were generally bounded within the buildings in which they resided. If a 'main' doorway represents a gateway into environments imbued with different meanings, then it stands to reason that an active decision needs to be taken to leave one location and ready oneself for an alternative experience. This was demonstrated by the quotes regarding Mrs McCann going out into the winter weather in the previous section. It may also serve to keep people within the bounds of one area, who do not feel prepared to enter another. This could conspire to 'bound' or 'tie' people to the development or within their own private living space:

I think it's the fact of living in a big building, you've got a lot of people around you, because nine times out of ten, they're just coming from their own home, and probably they've never seen their neighbours for long and weary, and all of a sudden you've got all these people, there's noise, right, there's people going into their flats, there's visitors, there's me, there's the cleaner, just so much going on, it's like. And I think sometimes they feel like this wee flat's a haven and it's, no a wee cell thing, but a place where they're comfortable and they dinnae want to go out and I think the big factor is coming out there, it is still just your flat. (Housing manager, T1 interview: Mrs McCann case)

This desire to remain within one's own home rather than venture more widely was particularly noticeable immediately following the move, where the older women focused on 'nesting' activities as described in the next section. It is possible, that as well as a desire to organise their space, there may have been an initial reluctance to extend their reach into the external world due to this requirement of psychological readiness to encounter the unknown:

I'd like her... to have the confidence to start inviting people from within [name of development] into her home. Erm, she says she's not quite ready yet, she wants to get, you know, a new sofa and she wants to do this, but my mother is a prevaricator. She will prevaricate her way out of situations she doesn't want to face up to... so the lack of a sofa could be used as an excuse for not inviting people in. (Daughter, T1 interview: Mrs Fraser case)

It is awkward for a lot of elderly to walk into a room full of people on your own. (Housing manager, T2 interview: Mrs Jones case)

Although the focus here has been on doorways, and the difference between the areas they demarcate, the changes encountered with relocation into supported housing appeared to sharpen the distinction between living areas. The privacy of one's own

personal space becomes more pertinent when surrounded by so many new people and the world outside becomes more distant and potentially hostile when compared to life within the development. Doorways metaphorically represent the shift between these spaces, and as such, take on connotations and meanings associated with the transition into different places.

8.2.3 Getting ‘used to’ boundaries created by space – achieving housing fit

A major feature of the transitional experience for the older women, were attempts to adapt to their new living space to meet their personal requirements, which were both aesthetic and practical in nature. Whilst the need to adapt to communal living was discussed above, this section will describe the experiences of the women during the study period to make their new living space feel like ‘home’ (see Chapter 9 for further discussion). In general, the nature of the women’s experience depended on whether they were moving into larger or small accommodation compared to their previous residence.

Three of the older women had moved into smaller accommodation following the move, with all of these selling their previous property. Two of these had moved from their family home. The move to a smaller space posed considerable challenges in terms of how much they could bring and where to store their belongings, as is described in Chapter 6.

Once decisions had been taken about what to bring to their new residence, and the move had been made, these three women focused on organising their personal space. Becoming familiar with their space and how best to use it led to a sense the women were generally internally focused at T1, as if they were engaging in ‘nesting’ (Young, 1998) and ‘exploring’ at this point in time. This was a major preoccupation at T1 and the women discussed the importance of arranging their belongings so as to create some semblance of order:

Everything’s unpacked but it’s finding the right place for things... You’ve got boxes, or you had boxes and you empty them and you’re putting these things away,

and then when you go to find them, you don't know where you've put them... 'Cos they're not in their usual place, in your last house you knew where everything was. (Mrs McCann, T1 interview)

I'm dying to get all the drawers and presses done out right and then I'll be organised. (Mrs Stewart, T1 interview)

Quotes such as this indicated the degree of importance of these tasks to the women. There was a sense in which until the contents of their home were in order, they themselves would not feel settled or 'comfortable' (Shenk et al., 2004), reflecting the broader literature that possessions can be perceived as important to social identity (Kleine and Kleine, 1993) and particularly self-identity (Cram and Paton, 1993, Dittmar, 2011, Marcus, 1992). This is best illustrated in the cases of Mrs Fraser and Mrs McCann whom both appeared to take longer than the others to organise their space to their satisfaction:

She wasn't grand at all for a wee while. She was in her bed most of the time and I was a bit anxious about her...some of it was the sheer enormity of stuff she had left that she hadn't sorted...So I got some boxes and packed everything away out of eyesight. (Daughter, T2 interview: Mrs Fraser case)

Older people may invest greater value in personal possessions compared to other age groups, and serve a specific role in fostering memories of past times and people particularly following relocation to a new home (Cram and Paton, 1993). By T3, three women were still not satisfied with how their belongings were stored and discussed their ongoing desire to sort them further:

Well I've got the detail to sort out...hurriedly things were put in drawers and I'll have to have a good tidy out now. (Mrs Fraser, T3 interview)

I'm needing to tidy out that press again...I keep rearranging it...and you're lying in your bed at night and you're saying 'I'll put this up there and I'll bring that down and I'll put it here. (Mrs Stewart, T3 interview)

It is likely that this ongoing issue related in part to the speed at which moves were made, the fact that daughters helped move things potentially to places other than the older person would wish, but another relevant factor was likely to be the need to adapt to the reduced size of their living area. On a practical level, this meant getting used to less room for storage:

I sometimes think 'Oh dear, I could perhaps do with a little more space' but I thought 'No, no, just be firm, you can manage with what you've got'. If I had another room I would fill it up [laughs]. (Mrs Fraser, T3 interview)

I did have a big tall freezer and Pamela said... 'Just leave it with Cassia and get a wee one', and I thought it was going to be plenty. Three drawers – every one's full! Never mind. (Mrs Stewart, T1 interview)

It also meant getting used to a smaller space:

The things that was bothering her like her shower and it did bother her you know ...She wanted it to be exactly the same as her last one. And it couldn't be because her toilet then was far bigger, she had more room...so she's got everything the same, but she's not got the space for to move it around. (Housing manager, T3 interview: Mrs McCann interview)

For those who had family living further away, managing in a reduced space was facilitated by housing developments providing a guest flat for visitors. Mrs Fraser in particular mentioned its benefits in each interview:

I can book them into the guest flat that they can come and visit and be resident, I don't have to think 'Oh, dear, I haven't got a spare bed now, I haven't got a spare room'. That is the perfect answer. (Mrs Fraser, T2 interview)

Yet, although these three women had to accommodate their belongings within a reduced space compared to their previous residencies, certain benefits were evident to having smaller living quarters, as their homes were easier to maintain and more suited for solo living (see Chapter 6):

The accommodation I've got here is just right... for all I need. (Mrs Fraser, T2 interview)

Conversely, the experience of personal space appeared to be quite different for the two most disabled women who had both experienced an increase in the availability of space following the move, much to their delight. The question of where to put personal belongings had less resonance for these women who were less able to access their belongings without assistance and appeared to have greater detachment to 'things':

Too old to bother with things. (Mrs Jones, T1 interview)

I hadn't seen my upstairs rooms for years and years and years and years, you know, since my stroke. (Mrs Levine, Life history interview)

This finding contrasts with the literature which instead argues belongings play an important role in facilitating successful relocation (Cristoforetti et al., 2011, Shenk et al., Wapner et al., 1990 – see page 34). Whilst Leith (2006) noted negative affect did not occur during discarding of belongings, she reported participants experienced 'strong emotional attachments', yet this does not appear to be the case with the two older women in this study, who claimed to have little or no attachment.

However, of greater importance to these two women was that the increased space gave them far more manoeuvrability than they had previously. In particular, the larger rooms allowed for the accommodation of equipment and care staff:

If I want to go to the toilet they take me to the toilet... In the 'stand' eh, they push me. It's great in there, plenty of room... what a difference. (Mrs Levine, T1 interview)

Researcher: Did you have a Zimmer in your last house?

Mrs Jones: No room in it...that's why I bumped myself so much. (Mrs Jones, T3 interview)

This was a considerable benefit to the women as it appeared to enhance their dignity and freedom of space. However, even such physical improvements required adaptation over time. Due to the size of her wheelchair, Mrs Levine in particular had to 'get used' to the layout of her living area and her ability to manoeuvre freely:

I know sometimes I get stuck with things but I'll get used to the place you know... You look over at that door... I got stuck sideways, and I couldn't go in and I couldn't go out, I was stuck. (Mrs Levine, T1 interview)

The transition to 'getting used' to her environment was not a linear process, indeed, it posed an ongoing challenge for Mrs Levine following relocation as she changed from a manual to an electric wheelchair half way through the study period and thus had to both learn how to use a new piece of equipment as well as how to manoeuvre it:

I keep forgetting sometimes that it's switched on, and I'm maybe sat doing something, in at the drawers or something, I'll forget and my elbow just needs to trip it off and whoof, so I've got that to contend with. (Mrs Levine, T2 interview)

Over the course of the study period, Mrs Jones became increasingly aware of the benefits of the increased space:

I'm not banging into things... getting bruised all over. My hands... used to be all bruised and everything... Here, plenty of room to move about and that's a god send. (Mrs Jones, T3 interview)

Thus, the increased space and layout of the rooms available to these two women was particularly appreciated as a key benefit of relocation. A related feature for the other women was that they also had to get used to the physical layout and more complex features of their flats following relocation. At first, there was a sense of discovery and enjoyment about their new housing features:

I used to lie in bed ... and I'd be like 'god, I've forgot to put that light out', and I'd have to get up, and put it out, you know, and I'd just be left with my side lamp beside my bed. But here I don't have to get up, if I forget, there's a switch on the wall. I love that. (Mrs McCann, T1 interview)

Another feature the women liked was the level layout of the development, which in at least one case had been a motivation for the move. Other features took more time to adjust to, particularly electronic devices. Heating and door entry systems could cause problems for the women as they got used to them. Some felt their accommodation required further work, such as Mrs Fraser who by T3 was planning to have a new kitchen installed. This issue however, was especially pertinent for Mrs McCann who had been content in her previous accommodation which had been adapted to meet her needs:

I says 'this is flaming awful'. In that other house ... this was all done. Everything was all done. (Mrs McCann, T2 interview)

Both the daughter and housing manager commented that the main communicative style shown by Mrs McCann at T2 was that of 'moaning', indicating a lack of satisfaction with her housing situation:

I've noticed since she's moved that she's turned, and my sister's noticed it as well, that she's just turned into a moan. She's a moaner you know, and it's like 'Oh, that doesn't work', and a couple of times the heating's not been working and things like that, and we've had to get the guy out and stuff like that, and, and she just goes on, and on. (Daughter, T2 interview: Mrs McCann case)

The organisation of personal space, and the experience of the wider community within which their homes were located, represented a major preoccupation for the women. Such features tended to be most pronounced following the move, but gradually reduced in intensity so that by the end of the study period, whilst some organising of space remained and a degree of distance from residents was still apparent, increasing acceptance of both spatial and social situations were apparent.

Relocation into supported housing is more complex than simply being perceived as a linear transition from one residence to another. Rather the findings suggest relocation should be viewed as a series of smaller changes occurring in real time whereby the organisation and exploration of space takes place in a dynamic, multi-faceted psycho-social context. Thus, the communal nature of supported housing, in combination with a fundamental need to organise and master space, may conspire to lead individuals to become initially more internally focused following relocation.

8.3 Sub-theme: *The desire to control time*

In conjunction with the desire to master the space which the women occupied, it was similarly found that the women sought to place boundaries around how their time was spent. This section will address this issue, demonstrating the ways the women in the qualitative study sought, not just to control spatial, but also temporal dimensions of their lives. In particular the older women were keen to quickly establish a regular routine, and all did so fairly effectively by the end of the study period. This reflects Lawton's (1989) concept of 'maintenance' as one of three basic environmental functions (the others being stimulation and support) to aid finding meaning of home in later life, which he defines as a '*series of repetitive, well-practiced behaviours in relation to the environment*' (36).

The temporal nature of relocation was evident in the way time seemed ‘rushed’ initially whereas by contrast in the latter half of the study period attempts were made by the older women to ‘keep busy’. Their experiences differed from those of their daughters and the housing managers whom diverted their attention away from the older women following the move. The use of time was perceived differently depending on the expectations placed upon people at different stages in their life course, with younger adults expressing a sense of surprise when the older women adopted an active lifestyle.

8.3.1 Creating structure from uncertainty – bounding time into routines

As is noted elsewhere, prior to relocation, the women had experienced fairly stable lives with established routines. The women had all experienced sudden change in their lives within the preceding ten year period, such as the death of their spouse or relocation. However, whilst these experiences may have alerted them to the nature of changes they were to face during relocation, they did not appear to particularly minimise its impact:

My life, when I look upon my life over the years, has been a series of chapters... And this was to be a new chapter and with the experience I've had, I knew I would have to be patient with myself... Just to give myself time mentally and emotionally to just accept and just assess the values of the whole change in my lifestyle. (Mrs Fraser, T1 interview)

The period within which the move was made was clearly not perceived as a time of ‘normality’, but rather was characterised by uncertainty, and is likely to have been an unsettling time for the older women:

I said ‘how are you going to get all these boxes..’ and George says ‘we’ll bring all these boxes and bags up in the car’ and I thought to myself, ‘when is it going to end here, you know’. (Mrs Stewart, T1 interview)

I think she was really apprehensive, over the weekend cos I was emptying things out ... and she was sitting, and we’re putting things in boxes, and she’s with just the telly. (Daughter-in-law, T1 interview: Mrs Jones case)

The evidence presented below suggested the women had exerted considerable agency to make sense of their new situation and to re-create a sense of order and continuity within their lives. How this manifested in relation to belongings and space was discussed earlier in the chapter, wishing to organise the use of time was also evident. For most of the older women this could be witnessed through their desire to establish a routine at T1:

Well, when we get into a routine ... (Mrs Stewart, T1 interview)

Or alternatively, through seeking to avoid change as Mrs Jones stated when asked what she would like to see happen in the forthcoming months:

Just gein on the way I'm doing... I don't want to change. No, no. (Mrs Jones, T1 interview)

There was a sense that the purpose of a routine was to create a sense of predictability, of what was going to happen next:

First of all I want a schedule, every week...I want to know who's coming to my house. (Mrs Levine, T1 interview)

Routines that were generally established early on following the move often related to those based around organised activities run by the development or external sources. Activities run by the development allowed the women to access a ready made source of routine and companionship, albeit with people they did not know. Thus, several of the older women were already firmly ensconced within such patterns of daily life by T1:

You can go down to the sitting room and have a cup of tea or coffee in the mornings. I usually go doon. (Mrs Stewart, T1 interview)

I go along and watch the dancing...then we have got bingo, and a coffee morning. I go there. (Mrs Jones, T1 interview)

Similarly, in two cases, the local nature of the move enabled the women to continue attending externally organised activities with minimal disruption. For instance, both

were church goers who found they were able to attend both their old and new churches for a while, aiding transition.

Regular visits from formal carers also helped two of the women to develop a sense of routine:

I'm more contented with it you know...I'm [getting] used to the, er, the routine, you know, the people, like the support workers come and check you every morning and every night. (Mrs Levine, T2 interview)

Two of the women took longer than the others to feel as if they had fully established a routine, for instance at T2 Mrs Fraser stated:

At the moment I'm trying to sort of work in a balance, well of course Sunday's church, and once a month is the meeting at the Rural, erm, and then sort of going, selecting these dates here on the social calendar and going to that. (Mrs Fraser, T2 interview)

In Mrs McCann's case, her dementia prevented her from being able to follow a routine, and throughout the interviews it was clear she was neither able to remember easily what activities or hobbies she had, or how she spent her time.

What do I do, where do I go? (Mrs McCann, T3 interview)

However, even in this case, Mrs McCann used a calendar to which she regularly referred, as a means of gaining some sense of mastery over time.

More informal sources of social contact were less routinised initially, with visits mainly from family rather than others at T1. Such visits were more intensive during this period than the remainder of the study period. However, by T2 visits from family – and in Mrs Black's case, her best friend whom she treated 'like a sister' - had generally settled into a more regular pattern:

Oh Jeanie's here every Thursday night. (Mrs Black, T2 interview)

She'll look in on a Sunday afternoon, and we'll have a good chat for an hour. (Mrs Fraser, T2 interview)

Knowing when they were going to see certain people was more problematic at times for some women, particularly for less close friends embedded within places no longer shared:

She said to me 'I'm off this week... so maybe we'll go to the garden centre, somewhere, for a wee run'. Still I've not heard from her but it's only Tuesday... but maybe she's not well, so you don't know, you know. (Mrs Levine, T2 interview)

I didn't go last week or the week before, because... Karen couldn't take me... I don't like it because I like to be able to go to a place regular... It was alright when I lived along there, I could get to it easy enough. (Mrs McCann, T3 interview)

It was therefore not always possible for the women to base routines around people whom they had previously been in regular contact with, particularly where arrangements had to be made in advance. In effect, routines were generally formed around events or activities occurring within the immediate vicinity, including within their own home (as is described more fully in Chapter 8).

Yet, despite being unable to 'bound' or control fully how time was spent within their lives, there was a strong sense during T3 interviews that all the women had generally organised themselves in such a way as to achieve a sense of continuity and regularity in their lives. For instance, when asked how they had been getting on since our last meeting it was common to hear views such as:

Not a lot, nothing exciting, no, no. Nothing that I can think, you know. (Mrs Stewart, T3 interview)

Ah, just the same. (Mrs McCann, T3 interview)

Indeed, by T3 it was as though the regularity of life had already become so entrenched for some that a sense of boredom or monotony had begun to set in. This was particularly for those who had appeared to settle quickly into a regular routine:

Leading a quiet life... Not much you can do... I go to the Bingo and I go to the quiz on a Tuesday, but if nothing else, it's a laugh. (Mrs Stewart, T3 interview)

Researcher: And how do you find your life?

Mrs Jones: Good. A bit monotonous. (pause) If you've had a busy life, you feel as though you're useless you know. (Mrs Jones, T3 interview)

At T1 when the older women had just been through an upheaval in the form of the move itself, it was as if change was an expected and anticipated feature of their lives. However, this was not the case once routines were in place, and at this stage the women did not seem to cope well with unanticipated changes. If established timetables were disrupted the women appeared to exhibit negative affect:

She's very moody...if she can't get her own way, if you're not there in time.
(Daughter-in-law, T2 interview: Mrs Jones case)

This was particularly evident in Mrs Levine's case. At the T3 interview the time at which her home carer was to arrive had changed unexpectedly, and this topic took up much of the interview.

Oh, I've been falling out with people...I was so upset...I was in tears... There's no way on this earth that I'm going down to that dining room late. (Mrs Levine, T3 interview)

In another case, the housing manager reported several instances where Mrs Stewart had become confused during unanticipated events, which she felt was out of character for her:

One day I was doing a test call...and I thought I'll pick Mrs Black...She hadn't a clue who I was, what I was saying or what she was to do...She just seemed to be in a total flap about it. (Housing manager, T3 interview: Mrs Jones case)

The evidence from the qualitative study therefore suggests the formation of, and adherence to, routines was experienced as important to the older women. It is likely that the need to quickly develop regular routines assisted with the imposition of regularity upon the surrounding world, to create certainty from uncertainty, order from chaos. Agency was directed towards attempting to 'bound' time by forming routines to enhance predictability of future life events. However, such efforts were not always successful, particularly in relation to areas over which the women had little control such as less close friendships or unexpected events.

8.3.2 Time use as contested territory

A clear example of the intricacies of how time and space were interwoven is represented by the finding that the time spent with the older women by the younger adults in the study was generally allocated to specific spaces in which the older women frequented. Additionally, there appeared to be an implicit understanding by the older women that younger adults would have busy lives because of their caring and work commitments. In general the older women appeared to acquiesce to the busy lifestyles of others.

However, when several of the older women began to have fuller lives in their own right, it was as though this did not fit with societal norms or expectations:

My granddaughter will say to me 'Gran, we'll soon have to put on an appointment to get to see you.' And it's not that, but if you phone up, it's not what they say 'Where have you been?' as much as to say 'You should be in here.' (Mrs Stewart, T3 interview)

Thus, time use between and within the lives of the participants could be perceived as contested territory. As was noted elsewhere, the daughters and housing managers were in contact with the older women more frequently at the point of the move. Both the older women and daughters reported having extremely busy lives at this time. Yet over time, the daughters re-directed their energies into other areas of their lives, returning their focus to other priorities and personal goals. Work, home improvement, children and holidays were common areas where the daughters began to give more of their time to, from T2 onwards. Similarly, the housing managers also gave reduced attention to their new residents over time. Housing managers, by necessity, had to

prioritise their attention on those in greatest need, and the participants in this study were not perceived as being in particular need.

The implication of this differential use of time meant the younger adults in the study, in reprioritising their time, still remained 'busy', and that less time was therefore spent with the older women, who were seen to require less time input than during the move. It may also have been that, as the daughters had been quite stressed during this period, they felt the need for respite which resulted in a temporary distancing from visiting their mother in order to recover from the intensity of the move.

Daughter: I was on a cruise. It was lovely... Oh, it was fabulous, absolutely something else. Er, then we're going away a week on Saturday again, so.

Researcher: So do you feel better for it, getting away?

Daughter: Oh, ah ha, definitely. It was a bit fraught when she moved. But you know what they say, it's the most stressful time of your life moving house. But naw, everything's fine now. (Daughter, T2 interview: Mrs Stewart case)

By T2 the amount of time allocated to spend with their mothers appeared to be contentious in certain cases, whereby some of the older women may have wished to spend more time with their daughters – for company as well as assistance:

She said 'I'm just wanting out' and I said to her 'but you cannae always have my attention, 'cos I like to do my ain things and meet my own friends. (Daughter-in-law, T2 interview: Mrs Jones case)

In this case the daughter used 'lack of time' as an excuse not to spend longer together, finding it more satisfactory allocating time to others who reciprocated via positive feedback regarding her involvement in their lives:

I said to her 'no, you're not going out anywhere, I'm going home, I've got things... ', I dinnae have things to do because normally... I've got it all done eh... There's an old couple I used to nurse, and I go to them on a Wednesday morning... they like the company, and if likes, she wants any shopping I go and get it for them... they're different from her... they appreciate what you do. (Daughter-in-law, T2 interview: Mrs Jones case)

By remaining 'busy', and also as a result of the spatial bounds on the older women as is discussed earlier in this chapter the younger women were clearly in control of time

spent with the older women, with the older women appearing to have little input to this. Thus, younger adults could determine the location and duration of contact:

If I'm over there, she'll have me sitting there for ages...so I try to get them over here as much as possible. (Housing manager, T2 interview: Mrs McCann case)

We have her round occasionally but we prefer, I prefer, to go out...To go out to a restaurant as a family. (Daughter: T1 interview, Mrs Fraser case)

Generally the older women appeared to accept their daughters were busy and had little time to spend with them. Although they discussed how busy their daughters' lives were, during interviews they did not appear willing to talk about how this impacted on their own lives. This was also intimated by one of the daughters:

I'm sure she probably would prefer to see more of me but she knows that I rush from pillar to post all the time. (Daughter, T3 interview: Mrs Fraser case)

Thus, as a result of the perception their daughters were busy, the older women accepted or tolerated the fact that they could not visit more frequently or for longer periods. As visits from their daughters decreased over time, by T2 the older women appeared to invest more of their own time in participating in social activities. Whether this was a direct result of declining visits from daughters is not clear, but it is likely that this was at least one contributing factor. Though in the case of Mrs Stewart in particular, who quickly immersed herself in the social life offered within the housing development, she reportedly told the housing manager that daily visits from her son-in-law interfered with her social life!

Her son-in-law comes in every morning about quarter to ten and it keeps her back from the coffee!... Makes her late to come down. (Housing manager: Mrs Stewart T2 interview)

As the older women became more socially active, it appeared as though the younger adults, family members in particular, expressed surprise or delight that they were becoming more active and engaged over time. Despite the daughters reporting they wanted their mothers to participate socially at T1, it was as if the fact they went on to do so was somewhat unexpected:

Mum has had an even more hectic social life than before with Christmas being a particularly busy time for her. Throwing herself very much into the community and the activities here at Carlisle Court... My brother remarked on it particularly because he sees my mother so rarely. He just said it was like the old mum, just with all her confidence back. (Daughter, T3 interview: Mrs Fraser case)

Changing time use and allocation following relocation, particularly between family members, appeared to be an issue that illustrated the fluid and contested territory of familial relationships. It was apparent that the younger adults acted to shape the nature of temporality with the older women, and limited the time spent with them once the move was over due to a preference to prioritise other activities and people with whom to allocate time to.

8.3.3 'Keeping busy' – the preference of unbounded leisure time

As was noted above the older women became increasingly active in establishing their lifestyles following the move. However, alongside the social activities the women engaged in outwith their flats, they also enjoyed spending time in their own company. This section will consider how the older women spent their time whilst alone and how such time usage was perceived by the participants. It was clear for instance, that spending significant periods of time alone was perceived by the older women in an ambivalent manner, with efforts having to be made to fill time by T2, and other participants preferring the option of day care instead.

As was noted earlier in this chapter, the sense of privacy combined with improved safety and security appeared to allow the women to feel at ease in their own homes. In turn, this may have helped them to feel comfortable in their own space, as the older women generally reported not minding being alone in their flats:

I read, you know ...and I watch TV and er...well so far I've never found it a burden. (Mrs McCann, T1 interview)

Mrs Levine, who had numerous staff and family members visiting frequently during the day, found herself particularly valuing her time alone:

They all pop up and down, up and down. That's how I'm happy just sitting quietly and just, like, doing everything in your own space you know. (Mrs Levine, T1 interview)

Leisure time alone was often spent watching television, listening to the radio or participating in solitary activities such as reading, crafts and letter writing. Sometimes activities took place at regular times, such as watching a particular television programme. Mrs Levine, who had a highly routinised schedule of carer visits, preferred to vary activities depending on how she felt:

Sometimes I feel like reading, then other times I watch television and then I do my puzzle books, and things like that... I mean, it depends how I am... I mean it's not as if I say to myself 'on a certain day I'm going to do this', I actually do it as I feel like doing it. (Mrs Levine, T2 interview)

Solitary activities could act as sources of shared discussion with others, assisting with social integration, but in terms of actually engaging with the activity, the women often preferred to do so alone:

I said 'You could bring that [craftwork] down and we could all do it,' but I think she likes to do it herself. (Housing manager, T3 interview: Mrs Stewart case)

The importance of these activities to the women should not be underestimated, as is illustrated in the following quotes:

If I hadnae my books I'd go daft... Love my books. (Mrs Jones, Life History)

George says 'You'd better start packing and getting rid of some stuff. What about all that wool?', and I says 'the wool's going with me George, if nothing else goes!' (Mrs Stewart, T1 interview)

Discussions about activities, without being planned this way, appeared more prevalent at T2 than during the other interviews. A number of reasons appeared to account for this. For instance, at T2 as was noted above, the women, having organised their living space and with reduced family visits, had more time to spend on their preferred and long standing activities within the home. Thus, the older

women reported keeping themselves occupied within their homes, particularly during the day, with none reporting feeling lonely or bored:

It's just got so many things I can do, even just in here in the flat. I'm never at a loss to know what to be doing during the day (laughs). (Mrs Fraser, T2 interview)

The women gave the impression of enjoying their time alone, undertaking activities that were generally unbounded by constraints imposed by social, environmental or temporal considerations. Thus, the need to plan ahead or organise such leisure activities was not necessary, and the women could choose what and when to engage in them. In this way, the women could indulge in pastimes they liked in the absence of pressure to adhere to boundaries imposed upon them at other times of their lives, both past and present.

Group leisure activities, in which the older women participated from time to time, such as outings with family or friends, often acted to bind the women to times or schedules that took them out of their usual routines - quite frequently with negative consequences:

I was out a fortnight ago at an Operatic Society concert...and when we came out, this woman I was with, her daughter's one of the leading sopranos in it... So her husband says to me 'Do you want a drink?' I say 'Aye, I'll have a cup of coffee please.' 'Och,' he says, 'Joanne, have a glass of wine.' Now, I don't know whether it was the glass of wine, but I came home here and fell into my bed...I went to my bed and never closed an eye...I'm usually a good sleeper. (Mrs Stewart, T3 interview)

As a result, taking part in organised activities was a more bounded experience which the women most likely contrasted with the relative autonomy with which they undertook solitary pastimes. However, a couple of the women expressed ambivalence about time spent alone. In particular, their mobility limitations meant they were unable to spend time as they would wish:

I'll have to do something. I cannae sit here every day you know. You cannae do that with your life...if I could only damn well get into a car and go. (Mrs McCann, T1 interview)

The ambivalence felt regarding the desire to be alone versus being with others is clearly demonstrated in this quote below:

Mrs Levine: I'm never normally lonely. I say I wish people stop saying all these things and give me peace and quiet you know... 'Are you alright, Mum, are you alright?', 'Of course I'm alright'...

Researcher: And how do you feel about all this attention?

Mrs Levine: Well, I like it sometimes and I like my own company at times... I feel sometimes they're... but then, if I don't see them for a couple of days 'I haven't seen you since Wednesday', 'Mum, it's only a couple of days since I've...', 'Ah, but I don't care, it seems longer to me', 'Oh, for goodness sake', you know. (Mrs Levine, T2 interview)

Whilst the women enjoyed their own company sometimes, at other times they sought out the company of others. Interestingly, as was discussed in the last chapter, the daughters and housing managers did not feel that the older women should spend too long alone, and social 'stimulation' was considered a need if they were perceived as being alone for too long. The daughters, and to a slightly lesser degree, the housing managers, did not appear to fully appreciate the degree to which older women enjoyed their own company. Day care was frequently considered a suitable alternative by these participants, yet this option was frequently resisted by the older women.

Regarding day care, at the moment I'm not really interested... 'Cos I can pass my time myself. (Mrs Levine, T1 interview)

In light of the analysis above, the highly organised nature of day care failed to compete with the relative freedom offered by the autonomy of choosing how to spend time on a day to day basis. Although a sense of monotony had begun to creep into daily life by T3 for some, as was discussed earlier in this chapter, the tempo of the overall study period was perceived as being fast by the older women:

It's passed very quickly, very quickly, whether moving or anything had anything to do with it, last Christmas seems like yesterday. (Mrs Jones, T3 interview)

This reported temporal dimension suggests that – when viewing relocation over a longer time period – the changes and experiences of the women served to operate in such a way as to speed up the tempo of life, albeit potentially temporarily.

8.4 *Summary*

The data presented in this chapter suggested that following the move, the spatial and temporal dimensions of life experienced by the women acted to bind them into a highly structured and organised lifestyle, whereby routines were quickly established and personal space organised. This appears to be in part a reaction to the move itself, a time of relative upheaval, during which uncertainty prevailed and was therefore probably an attempt to return to a sense of 'normality'. Yet, the spatial and metaphoric boundaries presented by the housing development, alongside the impact of the move, served to result in a greater 'bounding' of life for the women following relocation. Thus, by the end of the study period, the women reacted negatively to changes in the established order of their lives, and found unexpected events distressing.

The contrast between personal and communal, spatial and temporal aspects was substantial and significant for the women. The women felt they had retained their privacy and freedom following the move, yet this important feature of their lives was not fully acknowledged by the other study participants. Over time, the withdrawal of a certain degree of attention from the younger participants meant the older women had to actively engage with their new environment to fill their time. To do so, they used a mix of organised events and unstructured activities and interspersed time alone with time spent with others. In this way, they were able to create a diverse enough range of activities to become actively engaged with their new life. Temporally, whilst the minutiae of daily life could become somewhat dull once they felt more settled in their new environments, the overall passage of time during the transition phase of relocation, it was as though time had passed quickly.

9.1 Introduction

The research in this study was primarily of a descriptive nature and identified issues faced by older people and their primary carers in their day to day lives during the relocation period. Thus, the study contributes to literature on how older people experience relocation into supported housing within the UK. In particular it illuminates the nature of social support during this transition period, traditionally a neglected area within later life relocation studies. By focusing on experiences in later life and how these are affected by change, the work also informs environmental and social gerontology literature given its focus on spatial matters, social support and quality of relationships from various perspectives.

A detailed multi-disciplinary meta-analysis of the data could have formed the focus of this chapter. However, instead, a more interpretive slant is given to the findings. Here the data are considered through a particular theoretical lens. Whilst acknowledging this account is only one interpretation of many, particularly given the wealth of data generated within the key themes, ideas contained within these – social distance, shifting responsibilities and bounded landscapes - can be helpfully explained by the idea of *Sehnsucht*, or life-longings (Scheibe et al., 2007), an emerging branch of developmental psychology. In this way the discussion can be seen to advance thinking in this field by demonstrating practical application of this recently developed theory, suggesting the theory works as a conceptual framework in which to analyse and present gerontological research.

The chapter begins by arguing that in later life, assistance migration is preceded by 'longings' on the imaginative plane regarding how life 'might be' if a move were, at some future point, to occur. Following a move, action is necessary to reconcile pictures of 'how things might be' with how they are in reality. Once moved, such images are incorporated into a coherent reality as experienced on a daily basis, to form 'lived experience'. The adaptation process through which this occurs is referred

to here as ‘returning to normal’, a strong drive evidenced in the older women to develop structure and control over daily life as a way of ageing ‘in place’, described in detail below.

The discussion then goes on to argue that whilst compatible longings between the older women and their daughters could compel action such as relocation, they could also come into conflict over time causing disagreements and increasing relationship fragility. Given successful explicit negotiation about meeting support needs of the older women was rare, it is argued support could be more effectively shaped by paying greater attention to the longings of people, directing attention to achieving goals associated with feeling ‘at home’, rather than ones overly focused on functional ability and ‘independence’ as at present.

9.2 Nature of relocation into supported housing

The overarching research aim of this thesis was to explore the experience of relocating into supported housing in later life. The demographic profile of migrants within the study is comparable with characteristics of ‘assistance migration’ in later life as set out in the trajectory by Litwak and Longino (1987) and discussed in greater detail in Chapter 2. For instance, the fairly advanced ages and levels of moderate disability reported by participants, their motivations and the local nature of many moves suggest this was a study of assistance migration.

Thus, although people must be aged 65 and over to qualify for a move into supported housing, in practice, such moves occur later in life, with a mean age of 78 in this study. The current desire amongst many older people to ‘age in place’, an objective supported by policy objectives, means many older people seek to live independently in their own home for as long as possible. In practice this means that one type of assistance migration – anticipatory moves in advance of the onset of disability or frailty – may be on the decline. This was indicated by the housing managers, who discussed the changing profile of migrants:

I would say people are more dependent on you than what you had before. When I came here at first, I found that people were sort of between sixty five to maybe eighty, whereas now you're getting people more in late eighties moving in... So they're a bit frailer, they're coming with care packages whereas they never came with care packages before. (Housing manager, T2 interview: Mrs Stewart case)

However, if moving into supported housing occurs at more advanced ages when people are more dependent than previously, this is likely to have implications for their ability to undertake the move event, as was found in the case studies. Similarly, if residents are moving with greater dependency levels than previously, this has implications for those residents who have lived in supported housing for some time. Greater levels of frailty and dementia are therefore likely within supported housing populations than during previous decades. Such residents are likely to take the majority of time and input given to residents by housing managers and combined with increasing levels of administration reported by the managers, little time was available to spend with residents perceived as, and reporting, having few needs.

Having said this, there was evidence some survey participants were also moving in anticipation of future assistance needs, with almost two thirds (n=19; 63.3%) of those moving closer to an adult child stating this as a reason for doing so. Further, within the case studies at the point of moving, two of the five participants felt able to manage independently with minimal assistance. Yet, the use of a multiple perspective approach found both daughters were giving assistance in these cases. It is however, somewhat unclear whether ongoing assistance was necessary for all those relocating into supported housing, and it is likely most people can manage more or less independently at least initially. This was a view endorsed by housing managers, who noted supported housing was independent living, and anyway, experienced more pressing concerns from other residents.

The nature of relocation into supported housing therefore appears to be changing over time within Scotland (and most likely other countries with 'ageing in place' policies) and can be viewed as a preferred alternative to institutional care (particularly for moves into very sheltered housing). Of particular salience then for this study, is how people in advanced old age seek to maintain their sense of autonomy despite reduced availability of resources and how they do so within the social context in which they

operate, as they relocate into supported housing. These issues are discussed further in this chapter.

9.3 'Life longings' and relocation adaptation

As was discussed in Chapter 2, recent developments within developmental psychology suggest the presence of a motivational construct which, although present throughout adult life, has greater salience at specific points in people's lives, particularly at the stage when desires are unable to be realised and must be reconciled with reality. This construct - referred to as *Sehnsucht*, or life-longings (Scheibe et al., 2007) – may therefore be heightened in later life, when losses and changes are common experiences. To recap, its proponents argue utopian or idealised thoughts about how life could be ('longings') give direction to life, by galvanising agency towards achieving this optimal life or towards accepting such a life is impossible. Longings are felt to be long lasting, intensely felt and extend beyond the present into the past and future.

In this section it is demonstrated how life longings shape the experience of relocation in respect of a return to 'normality', the sense in which older people come to feel 'in place'. Thus, the following discussion will focus on key aspects of *Sehnsucht*, firstly, by considering the relationship between a utopian view of an optimal life and that of a normal life and thereafter, highlighting ways the motivational drive to optimise life manifests in daily life following relocation.

9.3.1 Utopian ideals on life in old age

High hopes and expectations of relocation were found amongst survey participants in the quantitative phase of this research. The degree to which participants reported a perceived ease with which they would adapt during relocation was striking, with over two thirds believing it would be easy or very easy. The main feeling expressed by participants was that moving would represent a new phase in their lives (43.8%), followed by looking forward to the move (15.2%). Over half of the sample (57.1%) had only positive thoughts about the move.

Although this meant a substantial minority had ambivalent or negative feelings about the move, it was not clear from the survey whether participants interpreted the term ‘move’ as meaning the move event only, or whether they perceived it as a longer term process. Case study participants frequently interpreted the word ‘move’ as relating to the event itself, rather than also including subsequent aspects of living in the new place. If this was also how survey participants interpreted a ‘move’ then it is perhaps not surprising so many felt anxious or unsettled about it, given commonly held perceptions regarding how stressful moving house can be. Certainly participants who reported only negative feelings about the move were also able to provide positive hopes for their future, suggesting that the ‘move’ was interpreted as an event rather than a process. Further, ambivalent feelings within ‘longings’ are a feature of *Sehnsucht* where:

the two-edged focus on missing something essential on the one hand and fantasies about the ideal life on the other gives rise to bittersweet or ambivalent (i.e. simultaneous positive and negative) emotions... Memories of past peak experiences or of feelings associated with a past life phase or place, reflections on the imperfect present, and fantasies about a desired future often co-occur. (Scheibe and Freud, 2008: 1542)

Another unknown aspect of the survey was whether people had consciously formulated thoughts about their feelings towards the move prior to being asked these questions in the survey. For instance, two of the five case study participants reported having no idea of what to expect following the move. However, despite this, the survey findings suggested that, for a substantial proportion of participants at least, the attitude towards their new situation represented something of an ‘ideal’ or ‘utopian’ notion of how relocation would be experienced.

This can be better understood in the context of what life would have been like for many prior to the move. Situations were commonly reported in both the quantitative and qualitative phases of the study of homes becoming harder to manage in light of declining health and increasing needs for assistance and companionship. As noted in Chapter 2, declining health and disability are well recognised reasons for assistance migration (Bradsher et al., 1992, Choi, 1996, Colsher and Wallace, 1990, Zimmerman et al., 1993), though needs for increased social interaction have not been particularly

highlighted within this type of later life migration. In the survey, one in five participants (20.4%; n=44) specifically noted moving closer to friends, family or 'company' as one of their main two reasons for moving with positive views of this (see page 124, Chapter 4).

Increasing isolation due to friends or relatives dying or moving away from an area can contribute to thoughts that a move to supported housing, with 'ready made' social opportunities in the form of other residents will improve the situation. Combined with challenges relating to finding it harder to manage their home, participants are likely to have had notions that moving would improve their situation, and findings from the survey that 40% (n=67) of participants felt they would achieve peace of mind by moving attest to this.

For people considering a move into supported housing, it is likely *Sehnsucht* is heightened, with intense feelings of incompleteness and an associated desire for improved circumstances. *Sehnsucht* is also viewed as operating on the imaginative plane, and the formulation of a 'utopian' place to live could both serve to distract people temporarily from daily struggles and challenges and to increase motivations to move. Thus data from the study suggested hopes for the future consisted of optimistic thoughts about what life would be like when barriers to optimal living were removed. Life would be 'better' when accommodation was more manageable or support more readily available.

Both past and future influenced thoughts of what an optimal life would encompass during relocation for older participants within the case studies. It appeared the desire to continue with long held ways of living, consolidated during an earlier phase of adulthood, occurred simultaneously with an eye to a future which enabled such ways of living to continue intact. The older women also drew upon their past experiences in determining their optimal lifestyle and such memories also seemed somewhat utopian, tinged with nostalgia for a past era, where positive experiences were emphasised and negative features downplayed. This stage of earlier adulthood also reflects a time in the past where the self was perceived as a fully culturally and functionally competent adult (Bury, 1991).

Preferred activities, standards and attitudes of the older women in the case studies were clearly shaped by cultural norms and values reflected within mainstream society several decades ago. The daily lived experiences of the older women were thus shaped by a time of earlier adulthood, to the extent of being firmly embedded in the act of living. This was witnessed through preferred activities and attitudes and opinions culturally located within a post-World War II era as well as frequent reminiscence and story telling of positive memories from these times. The idea of moving into supported housing may be perceived to support such ways of living, given that people in supported housing – all people aged 65 and over – would have similar cohort experiences.

However, holding idealised notions of what life would be like in supported housing had to be reconciled with the reality experienced following the move. The way in which the older women in the case studies attempted to reconcile expectations with reality are discussed below.

9.3.2 Accepting utopia is unattainable – returning to ‘normality’

Immediately following the move, idealised notions of life had to be revised and reconciled with the reality of daily living. Such work involved finding an acceptable pattern of daily living, minimising negative affect associated with life longings and engagement in actions to build positive self-regard. It appeared vague, utopian notions were controlled or counterbalanced by coexisting alongside more mundane and realisable thoughts of what could be attained in daily life. This was expressed by older people as a longing to achieve a state of ‘normality’, as termed here.

‘Normality’ appeared to represent a time when life was felt to be on an ‘even keel’, when the act of living occurred in a relatively predictable, even temporal framework and within a context largely shared by other cohort members. Although shaped by distant memories, the idea of creating normality appeared more influenced by re-establishing recent past activities, for instances, more recently held daily routines. This is likely to reflect the fact that most of the older women had stable lifestyles prior

to the move, with approximately 20 years since ‘retiring’ from work and/or active parenting.

Regaining ‘normality’, as referred to here therefore, can be seen in old age as the experiential and individual expression of the desire to live a familiar, bounded life where social relationships and activities had been well established and habitual (Southerton, 2006), embedded in life long attitudes, behaviours and actions. It does not refer to what is normal for a group, but rather represents a sense of what is ‘normal’ within each *individual’s* daily rhythm of life. The idea of ‘returning to normality’ was found amongst participants to represent an overarching objective following a move, and is aligned to the idea of working to achieve place attachment, as is discussed shortly.

Returning to normal contained a tri-time focus as in *Sechsucht*, whereby past ways of living, expectations of what life *would* be like in supported housing, and day to day realities of what life *was* like were incorporated into a coherent understanding of daily life acceptable to the new residents. Once things were felt to be ‘normal’ – often characterised by life being ‘much the same’ by participants – it can be perceived that the residents had achieved their objective and thus completed the major processes encountered during relocation. Life being ‘much the same’ was a commonly expressed feature of participants’ narratives around four to six months following the move. Ways ‘normality’ was achieved by the older women will now be addressed.

9.3.3 The work of returning to normal

This section sets out the work of ‘returning to normal’, drawing upon experiences of the older women in the qualitative case studies, by discussing several key ways older people appeared to act with agency during relocation to re-establish a sense of normality in their daily lives to facilitate adaptation to, and integration with, their new situations.

The short period of the move – a time of ‘dis’-order - caused considerable distress, such as feeling rushed or upset, for the older women involved in organising their

move. Although negative emotions appeared less pronounced than those reported in studies on nursing home residents, all but one of the case study participants reportedly experienced distressing feelings which lasted during the immediate post-move period. At this stage in particular, participants appeared to require their own personal space, with little interest in socialising with other residents.

During this phase older people may feel an increased and pressing need to locate their sense of self within their own private accommodation, surrounded by personal belongings gathered over a lifetime, thus contributing to a sense of 'normality'. This phase may well incorporate tasks set out by Golant (2011) in his article on residential normalcy, including adjusting psychologically to the new setting by changing residential goals or assessments, dealing with negative emotional experiences and engaging in denial behaviours.

Additionally, it is likely that privacy and time alone are important features of becoming used to living in communal settings, given the close proximity to neighbours and the challenges this presents for older migrants. Young (1998) also highlights the importance attached to privacy:

As a solution to the population density, most residents respected the privacy of others when they retreated to their apartments, so that interaction took place primarily in public spaces or upon specific invitation. (Young, 1998: 159)

Thus the early part of 'returning to normal' focused on emotional and practical work to organise the private domain of the living area and dealing with negative affect arising from the move. The importance of a 'nesting' phase has also been identified within relocation literature (Young, 1998). This phase therefore represents attention inwardly directed or 'mind strategies' (Golant, 2011) and resonates with findings from Glass and Maddox's (1992) psychosocial study that the social support does not impact within the first month of rehabilitation following a stroke. This initial inwardly focused phase may also be experienced by older people going through other major transitions, as well as for those relocating to new premises, though further research on this is required to clarify if this a correct supposition.

Thereafter, in the early stages of adaptation, the work of 'returning to normal' began in earnest, with active efforts to make their new situation more aligned to their preferred way of living. At this point, 'returning to normal' contained considerable psycho-social dimensions, such as locating oneself in space and time. Achieving a sense of life being 'normal' appeared inextricably linked with the ability to put in place a regular routine.

This work of 'returning to normal', of directing agency towards re-creating a sense of order and structure to life followed the chaotic period represented by the move event. The older women set about establishing routines, comprising a mix of both new activities and long held routines involving tasks of daily living and life long hobbies and interests. As Southerton (2006) highlights, the influence that previous held routines have upon those in the present, and the tendency to revert to earlier repetitive and ingrained behaviours is powerful. Emerging routines incorporated space and activities within and beyond the development, enabling familiarity with other neighbours. The women needed to mesh new elements arising from social and environmental changes within their daily routine, as well as reflexively respond to daily fluctuations in health and ability. Often routines were timetabled around tasks of daily living, family visits and organised activities.

These firm and frequently predictable routines appeared to serve an important purpose for older people, for instance, allowing consequences of change to be absorbed within a firmly established bounded structure, thus attempting to minimise and manage negative consequences of feeling 'out of touch' with modern society. This work to regain a sense of normality, or in other words to adapt to change, is seen as operating as a basic motivational drive to optimise life. Agency arising from this motivation may not necessarily be rational or even consciously acknowledged, but is likely driven by a desire to strengthen the feeling of being embedded within the lived environment. Further, evidence from the study also suggests having a 'normal' temporal and spatial structure in place may well be a prerequisite for addressing higher order needs, such as self-esteem and belonging, as it was not until routines were established that the participants fully regained participation in previous held hobbies, activities and were more desirous of socialising.

It is therefore argued here that attempts to 'return to normal' represent a core component of the adaptive work required to achieve a sense of being in 'place', of feeling 'at home' (also argued recently by Golant, 2011). Key ways the women displayed agency during adaptation to create order and restore a sense of normality were through organising the home, creating routines, reminiscence and creating the impression of 'managing well'. Thus, the older women sought to control their environment and exerted considerable agency to affect change in their world. It was through efforts to control time and activities by establishing routines, that the women sought to achieve order following a time of 'dis'-order (the move event).

Findings suggested achieving a personally acceptable, and realisable, way of living on a daily basis was possible in cases where *Sehnsucht* could be controlled (also found by Kotter-Gruhn et al., (2009)). Too many strongly held feelings, of lost attachments, of difficulties establishing routines or when life did not match expectations, appeared to delay the process of relocation, evidenced by the case of Mrs McCann. This fits with the idea of being 'stuck' within a relocation phase, as discussed by Wilson (1997) (see page 39, Chapter 2), and may explain why some people appear to adapt to relocation more quickly than others. Feeling in control over one's life and thus feel more 'at home' aided a sense of returning to normal for the older women, and agency was used to bound time and space to enhance familiarity. Routines likely form an important role in the organisation of life in contemporary society giving structure to daily life (Southerton, 2006, Victor et al., 2009) and providing meaningful occupation (Tsunaka and Chung, 2012).

Routines were constructed so as to facilitate 'fitting in', another identified aspect of adaptation work during relocation into specialist housing (Porter and Clinton, 1992; Young 1998). Reflecting another dimension of the longing to feel 'in place', there was a general desire amongst the women to 'fit' into the development without attracting undue attention. This work involved socialising widely, enjoying company albeit in a somewhat reserved manner and agency directed at avoiding, or downplaying, 'incidents' that may cause others to comment (such as flooding a washing machine or setting fire to the cooker). Conscious of the potential for gossip, or perceptions of others that they weren't 'managing', the women appeared to have heightened self awareness of their behaviour.

Longings previously expressed as desires to change place, were now reshaped as desires to establish place in the new setting. Further, the wariness and reserve reported by the older women during relocation suggests a different emotive expression regarding social interaction from that reported prior to the move in the survey, where social engagement appeared to have been viewed more positively. This implies expectations of positive social relations may need to be revised in light of perceptions regarding the compatibility and nature of social groupings within supported housing, to find their 'place' within peer groups.

Action taken by the older women suggested considerable agency directed to establishing this sense of returning to normal in order to reach their ultimate goal of feeling 'in place', supporting the notion that adaptation during ageing requires active engagement, rather than passively encountering situations. In terms of relocation, it can be perceived older people hold longings relating to living in a place that can facilitate their preferred lifestyle, supporting Longino's (1992) assertion that relocation adjustment centres around ultimately achieving place identity. Further, his opinion that successful adjustment concerns how well reconciliation occurs between a desired environment and efforts to achieve this, is consistent with the 'life longing' model. Similarly, much of the adaptation work of the older women in the case studies focused on turning their new accommodation and environment into a 'home', supporting findings by Leith (2006) who studied women's relocation into congregate housing in a Southeastern American city.

Specific psychosocial processes encountered during different stages of relocation all appeared to contribute towards realising a desire to return to 'normal', to return to a way of living that was not perceived as overly challenging, facilitated companionship and allowed personal meaning in life to be created through chosen activities. Supported housing generally appeared to provide such benefits for the case study participants, who found their homes easier to maintain and provided access to on-site social opportunities. By the end of the study period, the older women were more familiar with the way their housing development worked and reported life was carrying on 'much the same'.

It can therefore be argued that place attachment was largely achieved by the end of the study period, although for some this appeared to take somewhat longer, particularly in situations where expectations were not met. Further, a longer study period would have been useful to explore more fully the domain of social relations with neighbours. Although housing managers all reported the older women were integrating well socially, they were probably reflecting the image the women wished to convey. Instead, the women themselves reported varying degrees of social engagement with neighbours, and generally remained somewhat distant from them.

It can be argued that achieving place attachment is the overarching objective within relocation of older people, and that this is achieved through attempts to 'return to normality'. This idea contributes to the literature on relocation which to date has identified a range of processes and stages, but has not specified a fundamental defining feature that directs agency during relocation. Leith's work on relocation probably comes closest to this assertion when she tentatively suggests:

Place attachment quite possibly holds a primary role in the process of becoming at home in a new environment. (330)

However, as noted in Chapter 2, it is difficult to disentangle the impact of relocation from other simultaneous changes being encountered in life and negotiating the transition stages of relocation alone took considerable effort. The Selective Optimization with Compensation (SOC) model suggests that during ageing, as energies decline, people focus efforts in specific areas and substitute new strategies when losses occur. Given the high degree of resources required during relocation, it is likely that resilience in dealing with emergent challenges or unusual events may be weakened. This certainly appeared to be the case during the final interviews for some of the older women when specific events caused behaviours not evident in earlier interviews, such as reported confusion or tearfulness. These findings add to Brooke's (1989) assertion that changes which threatened routines or stability were experienced as difficult during latter stages of adaptation. Interestingly though, other researchers on relocation have not identified this issue, perhaps due to an over-focus on 'successful' transition or a shorter study period, and it is an area worthy of further study.

Whilst SOC processes are likely to continue throughout the ageing process, it appeared that the intense feelings associated with *Sehnsucht* – as it related to longings pertaining to the domain of home - had reduced considerably during the study period, and no longer appeared to cause negative affect. Indeed, it may be as longings reduced in relation to place other longings were able to be revisited, such as in the case of Mrs Levine, who had reportedly long sought care that met her needs, and these issues resurfaced at T3 for the first time during the study period. Additionally, other goals may be superseded by efforts to feel in place, either temporarily or permanently, yet, the study found that such effects of relocation were not necessarily recognised by their significant others, as is discussed in the next section.

9.4 *The interplay of contrasting longings*

So far, this discussion has focused on how motivation and subsequent agency to achieve a state of normality and thus attain place attachment operates at an individual level. However, as this study shows, longings can be compatible between people, or can increase the potential for conflict when longings contrast. These issues will now be discussed briefly, to demonstrate how the dynamic interplay of longings is played out within the lived reality of adult child-parent relationships, an area not investigated to date, and therefore representing a useful addition to research on *Sehnsucht*.

Longings relating to family are common in mid-late adulthood, and therefore it is possible family members may share similar longings. For instance, a daughter's longing for her mother to have a contented and comfortable life in old age, may be similar to that desired by her mother. In the study, where longings were compatible it acted as motivating the dyad towards action. As is noted below, it appeared younger adults were more goal oriented in achieving their longings, and here it was largely adult children who acted with agency to achieve relocation on their mothers' behalf. Yet, in four cases the older women also had life longings compatible with the idea that relocation to supported housing could optimise their lives' as they became older.

In addition to evidence that longings between individuals can be inter-related, so it can be argued that are also entwined at the level of the individual. People are thought to hold a range of longings concurrently, and such longings may compete for space in the domain of action. In this study, it was apparent adult children held other life longings that did not necessarily include their mother. For instance, longings related to personal space, husbands and own children, career aspirations or friends figured in their accounts. It can therefore be argued that longings compete for priority within individuals, where as circumstances dictate, different longings take precedence in terms of galvanising action towards achieving that longing. Parental relocation appeared to motivate action inspired by the longing to have a contented mother, and associated goals pre-dominated during that time.

Other life priorities took a temporary back seat amongst daughters whilst their mother relocated, but three months following the move were back on the agenda. A particularly striking finding of the study was the degree to which adult children relinquished a sense of responsibility for their mothers at this stage. The life stage of daughters was such that time was experienced as a pressure, particularly for those who worked, in effect experiencing an 'annexation of time' (King, 2010) as was discussed in Chapter 2. The move to supported housing, with its perceived higher levels of security and assistance, as well as social opportunities, was felt to be a successful solution to dilemmas of having insufficient time for these daughters, with relief and peace of mind expressed by daughters during the adaptation stage.

Yet this contrasts with expectations expressed by older people in the survey conducted for this study which found high expectations of participants regarding contact with their family members. These expectations considerably exceeded the level of contact found in other UK surveys on this topic (see page 59). To illustrate, 85.5% of the study participants expected to see their familial primary carer at least weekly (see page 115), compared to other surveys that report approximately half of older people see their adult child weekly. The findings are not directly comparable as this data also includes other family members, yet four fifths of family primary carers were adult children, and therefore comparisons can be made. Even taking this difference into account, expectations of survey respondents regarding the degree of contact seem high. It may be that such high expectations of regular contact clash with

expectations of adult children who may feel their input can decrease following their parent moving into supported housing.

The following discussion considers the impact of longings that clash between older people and their significant others in the provision of social support. The theory of life longings suggests reconciliation work is directed at ideals that cannot be attained. In the next sections, it is argued older people may disengage with goals set by others, yet actively present themselves to others as ‘managing well’, leading to fragile constructions of support. Finally, it argues that the use of independence as a goal in later life needs to incorporate a broader perspective of what older people desire to achieve in later life in order to minimise the potential for conflict and achieve more congruent goal setting in later life.

9.4.1 Longings and goals

Within this study it was found the desire of the older women to live ‘normally’ occurred through constant review of what could be realistically achieved from day to day. This was particularly noticeable in the way the older women approached tasks requiring functional ability, for instance, through accepting tasks were no longer manageable, reducing standards or taking more time to achieve goals. Instead of focusing upon achieving previous levels of functional autonomy, more salient life longings of the older women revealed a preference towards occupations perceived as more attainable, meaningful and fulfilling. Thus, older people appeared to prefer expending time and effort on opportunities that could yield greater personal rewards in daily life, such as life review, socialising, activities and hobbies and achieving privacy. Such agency took precedence over working towards achieving functional independence which may have been perceived as too challenging or no longer attainable (Agren, 1998).

This is consistent with life-span developmental theory that argues people develop:

... by mastering the challenges of regulating motivational processes. This is accomplished by selecting, pursuing and adapting developmental and personal goals to reflect changes in life course opportunities, staying ahead of the game by anticipating emergent opportunities for goal pursuits, activating behavioural and

motivational strategies of goal engagement, disengaging from goals that have become futile and too costly, and replacing them with more appropriate goals. (Heckhausen et al., 2010)

It can therefore be argued the data suggests different expression of motivational effort between people depending on their life-course stage. Thus, people in later life are likely to select different personal goals from younger adults and will depend on resources available to them to achieve their chosen goals. At this stage in the life-course the older women appeared to have withdrawn from certain future-oriented goals relating to functional ability, instead drawing on a wider, more existential set of resources to give meaning to their lives as they 'returned to normal'. Thus, the role of reflection and life review may well take additional priority in later life, particularly heightened during transitional phases, as the work of reconciling the 'utopian' view of feeling 'at home' to achieve acceptable daily reality.

In contrast, younger participants appeared to have a narrower, more functionally focused conception of goals the older women should work towards during relocation. Thus, they revealed a greater desire for the older women to achieve functional goals for instance through achieving tasks of daily living to a particular standard and having a certain level of social stimulation. Such objectives reflect the contemporary notion of support embedded within an achievement framework of 'promoting independence'. For instance, younger participant narratives frequently centred on the notion of independence and dependency within conversations about support.

Often actions taken by older people reflected concerns arising from longings, whereas younger adults' actions towards the older women were more goal oriented. Longings tend to cover a broad range of constructs. Whilst related to ideas such as goals, regrets, hopes, wishes, possible or ideal selves and life tasks, each alone does not incorporate the essence of *Sehnsucht* (Scheibe et al., 2007). Indeed, some or all of these constructs can be incorporated within longings and can motivate action (Scheibe et al., 2007). Reasons why older people appeared to reflect features within their daily lives more characteristic of longings in their work to 'return to normal', in contrast to younger adults more goal oriented approach, are not entirely clear.

A number of explanations can be made regarding such intergenerational differences, for instance, longings may manifest in different ways during various stages across the life-span. Alternatively, goal oriented actions may be more common when achievement is perceived as possible, as compared to *Sehnsucht* where longings are generally conceived as being unattainable (Scheibe et al., 2007). Evidence from the case studies suggested both explanations are feasible, for instance, the annexation of time for younger adults may encourage more goal focused behaviours. Findings in three of the cases indicated they also generally held a more optimistic view of the older women's abilities, believing the older women could achieve goals related to functional ability, whilst older women were more likely to express doubts as to whether they could. Further, relocation adaptation requires acceptance of the end of a previous chapter in one's life: of the loss of possessions, places and people. *Sehnsucht* may therefore figure more prominently during transitional stages such as relocation, and most likely in later life generally, given its role in helping compensate for feelings of incompleteness and lost options.

9.4.2 Conflict between goals and longings

The research presented in this thesis was interested in the role of relationships during relocation. Case study findings suggested at a superficial level that consensus between participants suggested families were 'working' (Cornwell, 1984) with impressions conveyed of positive familial relations. In practice however, a degree of intergenerational ambivalence appeared to feature in relationships, where evidence was found of contradictions in norms, availability of resources (such as time and physical ability) and status as well as contradictions at the subjective level such as feelings, thoughts and motivations (Luescher and Pillemer, 1998). In addition, many of the issues of concern to the older women went unrecognised by younger participants, leading to problematic attempts to ensure the older women were adequately supported in later life, as will be discussed below.

Agency used by the older women to feel 'in place' (work required at both pragmatic and psychic levels) did not always appear too evident to their younger counterparts, particularly adult daughters. Older people are likely to need personal space following

a move in order to engage in reflective processes, necessary for undertaking work of reconciling 'utopian' views of the move with daily reality to form 'lived experience'. In this study however, time required for reflection, reminiscence and review appeared to be poorly recognised, particularly by adult daughters. Perhaps the most striking finding from this study though, related to the nature of the contested territory of social support. At least partially, this appeared to occur because of an emphasis on functional goals by the young adults that did not necessarily feature in the older women's personal longing to be 'in place'. These issues will now be discussed.

It appeared that around the time of the move and immediately after, more frequent contact and higher than usual levels of direct verbal negotiation combined to create relationship pressures between the adult daughters and their mothers. Goal oriented actions of daughters, for instance in relation to the perceived need to make numerous decisions and mobilise efforts within a very short time span, were found to be incompatible with attempts by the older women to organise their move. Given the move coincided with a life stage when 'slowing down' was the more common state of being (Victor et al., 2009), the speed at which their daughters acted appeared to heighten a sense amongst the older women of being incomplete - not able to take 'quick enough' decisions (Baxter et al., 2011) or feeling out of touch with the modern world. In effect, this meant several of the older women experienced a loss of control over the move event. As was noted in Chapter 2, control over decision making has been found in relocation research to impact upon adaptation, and indeed, it was clear that the lack of involvement in deciding what to take had a lasting effect on these women. However, other than expressing desire to bring more of their belongings, this loss of control did not appear constitutive of poor adaptation, but rather represented the ongoing struggle to retain their sense of autonomy in the context of ongoing, somewhat ambivalent, relationships with their daughters.

In these cases attempts to assist through direct intervention resulted in increased likelihood of arguments or disagreement with their mothers. A key reason why this appeared to occur will now be explored. Being 'Adult' within contemporary society is linked to a view of self as an autonomous agent able to make choices and decisions, and positioned as a moral agent (see Ribbens McCarthy et al., (2000) for a discussion of 'Adult' and 'Child' as fundamental social categories). The older women were keen

to retain this sense of being Adult, with its connotations of independence and self-sufficiency, arguably because the alternative did not bear contemplation:

..to be Adult is be in a position to make moral choices, so that to present oneself as being without choices is to present oneself as powerless and not fully Adult.
(Ribbens McCarthy et al., 2000: 790)

How each older woman interpreted what 'being Adult' meant to them varied considerably, and was influenced by their previous life experiences. For instance one confidently – and indeed, without discussion - handed over all financial and legal responsibility to her daughter. This was her husband's role previously, and therefore attributed little meaning to it. However, she would become indignant if her daughter tried to clean, a role she had long held as a housewife. It is in this domain that she is more likely to perceive criticism as an attack on her status as Adult.

To have their view of self as a competent Adult questioned by younger adults, who suggested they required assistance, could be seen as a threat to the older women's sense of being Adult. When needs were identified by others, direct attempts to intervene were often fraught with difficulty. For instance, when others queried ability or support needs, older people could respond defensively attempting to minimise the impact on their view of self as a 'normal' actor and thus reject the opinion that they required assistance.

Despite well-honed resistance strategies being adopted, the older women were apparently unable to stop the gradual erosion of their Adult status as perceived by others. Discourses within four cases involving women at more advanced ages (80+) illustrated the changing, or reversing, role of daughters who reflected on becoming more like a parent with their mothers. The idea of older people being treated within society as childlike has been documented previously (Hockey and James, 1993) and is likely to be resisted by older people particularly at the emergent stage of such treatment.

Bury (1991) refers to the 'biological disruption' that occurs following the onset of disability, whereby experiences are influenced by the social context in which a person lives, the nature of symptoms and their perception by self and others. He argues that

uncertainty is a key aspect of disruptive experience, especially at the stage where needs are beginning to emerge:

Interactions and negotiations with others about the illness will be tentative, with the person being unsure of the reality of the condition and yet being pressed into seeking help by the growing insistence of symptoms, or as a result of, or pressures from, significant others. (454)

Within this study, it appeared that focusing on encouraging functional independence, and treating people as less than Adult when they failed, led to older people resisting assistance offered by others. For instance, take adaptation features relating to becoming more integrated with their new living arrangements. Longer, broader longings of the older women to become 'in place' in their new settings were manifest through gradually increasing familiarity and integration. In contrast, goals sought by other adults, such as increasing social interaction through attending day care, were more specific and immediate in their impact and often resisted by the older women. Findings from the case studies suggested there often appeared to be no clear consensus over what assistance goals were being set and by whom, or whose responsibility it was to ensure action towards these.

9.4.3 Resisting the 'interference' of goals

It has been argued that focusing too specifically on concrete and functional goals in a context where older people may have turned away from such goals is not helpful, and can create conditions for intergenerational ambivalence and lead to fragile support arrangements. Next, it is argued older people have developed a range of strategies which allows deflection of thoughts about them as 'less than Adult' as they work to get back to normal and feel in place. Given the existence of challenges to views of self as Adult, it was found the older women sought to create the impression they continued to be autonomous agents, irrespective of age or disability. The work of self-presentation during the work of returning to normal was achieved through creating an impression of 'managing' tasks of daily living, maintaining social distance, expressing reticence about support and playing down situations that could cause others to be concerned about their welfare.

To illustrate, work reconciling the utopian view of 'home' with reality involved the older women accepting their homes would be maintained to a lower standard than perhaps they would have settled for in earlier adulthood. Thus, for instance, instead of thinking of dust as something that necessarily results in the work of 'dusting' - as adult daughters generally did - the existence of dust is revised within 'lived experience' so becoming an accepted part of daily reality. The changing reality they embodied was absorbed into notions of getting back to 'normal' in the sense that by lowering expectations and standards, they could continue 'as normal' but with adaptations, dusting less frequently or taking longer to dust. Thus, expressions of being 'fine' and 'managing' were common, particularly during the stage of relocation adaptation when such expressions may also be indicative of the sense the older women were starting to feel in place.

Yet, despite the older women presenting to others that they were managing, it appeared this view was largely treated with suspicion by the younger adults. Case study findings revealed that when younger adults believed the older women may need assistance, they felt either powerless to do anything or tried to find ways of getting 'beyond' this opinion they did not trust. In other words, it was felt necessary to try to change the mind of the older person to admit they would benefit from support, or else intervene somehow anyway. Housing managers generally adopted the former approach, due to legislative constraints. The Social Work (Scotland) Act 1968 as amended requires people assessed as having capacity to make informed decisions to give consent in order to proceed with arranging support. Thus, in such cases unless consent could be obtained, housing managers generally reported feeling powerless to intervene, even in situations where they observed support was needed for their residents.

9.4.4 Support as implicit, shifting and fragile

Thus, achieving an adequate balance in responsibility for caring, in a way that allowed the older women to maintain their sense of being Adult, is most likely a key reason the primary negotiation style found within the study was *implicit* in nature, impacting on roles and relationships between caregivers and older people. Implicit negotiation

was characterised by non-verbal or non-direct communication to achieve outcomes, such as assistance sought by the older women and that offered by others.

Such indirect styles have been postulated to relate to desires within families to maintain the independence-dependence balance, where open discussion may affect this balance (Finch and Mason, 1993; see quote on p.271). Though within Finch and Mason's study implicit negotiation was reportedly only used by a minority of families, it was most commonly used by adult children towards their adult parents. However, Finch and Mason (1993), like other authors on family responsibilities, use hypothetical scenarios for obtaining data from participants. Such approaches are unable to truly replicate the realities and complexities that occur in familial relationships.

Indeed, Finch and Mason found three-quarters of families stated their main negotiation style would be direct communication, characterised by open discussion about support with relatives. In this study, participants also gave such 'public' accounts (Cornwell, 1984) early in interviews when asked directly about their negotiating style, yet over time it became clear that they did not generally use direct methods in daily life. In reality it appeared here, as noted earlier, that direct means of communication were common around the time of the move but over time appeared to revert to more implicit means.

Examples of implicit negotiation were found throughout this study, with a range of techniques used to encourage acceptance of assistance and also, to secure assistance. These varied between daughters and mothers, with the former more likely to make suggestions, remind or cajole whilst mothers tended to use approaches such as avoidance, resistance or dropping hints. This fits with a view of mothers attempting to maintain their sense of living 'normally' through protecting their image of 'managing well' and use of defensive strategies.

Yet, the use of implicit negotiation seemed to have emerged as a response to the defensiveness described above, and as a way of protecting autonomy, thus reinforcing the supposition made in Finch and Mason's quote with consequences for resultant assistance given. Such findings may help explain why much assistance given by extra-

resident carers is contained at the level of monitoring or providing low level assistance, for if practical assistance is resisted, carers may need to limit their input to verbal or emotional support when they perceive assistance is required.

Younger adults therefore struggled - as part of their own drive to achieve longings for their mother or resident to be well supported in later life – with encouraging acceptance of support. Conversely, when support was sought by older adults, equally it was often done so in a way that avoided open discussion and could be perceived as onerous by adult children. Thus, informal support arrangements often lacked clarity and shifted over time between individuals, compounded by the lack of consensus over whether this was welcomed or accepted by the recipient. Support arrangements therefore appeared precarious and fragile as well as laden with intergenerational difference. Such intergenerational differences may well influence the desire amongst older people to seek solace and understanding amongst their own peer group.

Interactions with neighbours could be described as fitting with egalitarian notions of ‘families of choice’ (Holland et al., 2003, Smart, 2007) and offered a useful source of companionship if the older women ascribed to the group’s social norms and perceived themselves as ‘fitting in’. In this way, peers offered a valued source of social interaction and solace, with conversations characterised by shared values and an absence of intrusion from dealing with the pressures of contemporary life. Yet, even in such settings social interactions were reportedly encountered with a guardedness, and awareness of the dangers of gossip.

9.4.5 Fragility of support – future implications

In this study, as described above, characteristics of support arrangements were largely fluid, shifting and fragile. Certain contemporary social change theorists also suggest such changing characteristics within society. Prevailing social theory can help explain how striving for the goal of independence in later life reflects broader structural features within modern society as a whole, such as the trends towards annexation of time and personal achievement. Where self-sufficiency and solo living become the norm in society those who require support in daily life are at risk of being considered

superfluous or even burdensome on society. Personal life and goals are given prominence as an important feature of achieving life satisfaction (Smart, 2007) and companionship and intimacy can be seen as rising in importance in modern society, with later life marriages more likely to be characterised by mutual sharing of household roles and elevated roles for non-family members, particularly friends, in giving emotional and other forms of support (Bernard et al., 2001)

Further, it has been argued that diversity in family and personal lifestyle choices and changes in the economic structure weakens traditionalism, enhances insecurity and associated anxiety (Giddens, 1991), renders family bonds more fragile and characterised by risk and roles and identities becoming less 'fixed' (Holland et al., 2003). Evidence suggests characteristics of family and social networks in later life have changed during the past fifty years, particularly in areas of high social and geographical mobility, with a constriction of social networks (Bernard et al., 2001) and informal care provided for fewer people, for instance adult children providing a greater level of care solely to ageing parents rather than providing care for several people (Hirst, 2001).

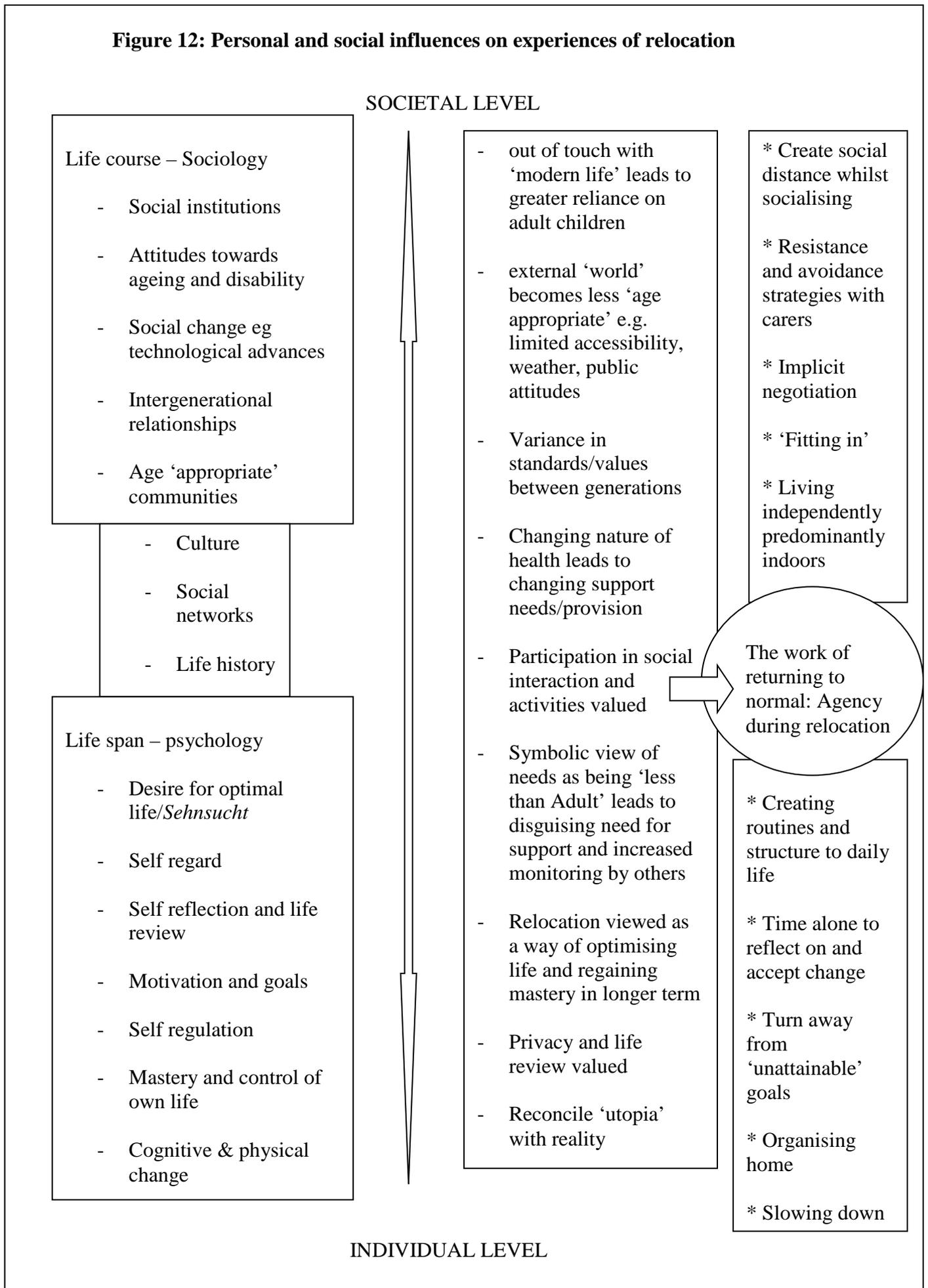
Evidence of continuing family support and contact has most likely reduced the perceived need for research on whether social change leads to a breakdown in relationships (Grundy, 2005, Grundy and Shelton, 2001). Yet, despite such evidence, it is likely the impact of social change can be evidenced at the micro level, in that whilst social change may not have affected level of contact with parents, it instead potentially affects the *quality* of relationships (Phillipson and Baars, 2007, Victor et al., 2009) with evidence from this study suggesting a relatively high level of dependency upon the primary carer, with fragile and unreliable support from others in the social network. Research suggests intensification of dependency upon primary familial carers (Hirst, 2001, Lang and Carstensen, 1994) whilst simultaneous pressures upon younger adults compress the availability of time and willingness to provide care. This could potentially have far reaching implications for the future provision of informal care. For instance, carers that report being more stressed and encounter problems in caring for relatives are significantly less willing to continue caring (McKee et al., 1999). Further, if in the future, willingness to care for older relatives is characterised less by duty and obligation and more by the quality of

relationships, provision of assistance may become more tenuous in situations where ambivalence or negative feelings are felt. Although care may continue to be provided as current evidence suggests it is, such care may be given in a reluctant manner where less attention is paid to ensuring agreement. For instance, within this study several instances were found where support was provided on a 'like it or leave it' basis, with little real choice given to the older women as to how assistance was given. Additionally, arguments can lead to a temporary withdrawal of contact (and therefore assistance) as was witnessed in one case. Thus, older people may experience familial ties as increasingly fragile and tenuous, and resultantly be less likely to criticise the care they do receive for fear of reprisal. An alternative explanation could be that rather than increasingly fragile relationships, older people's opinions of support may be more related to cohort effects, whereby the 'stoic' values of older people mean they are less willing to complain or express dissatisfaction (Brownlie and Anderson, 2011) or to expect support. Thus, it appears both cohort effects and social change influence prevailing attitudes expressed by older people.

Resultantly, it can be demonstrated that both life span and life course approaches need to be further integrated within theoretical models dealing with birth to death. Figure 12 on the following page shows how the key findings of this thesis can be displayed in a way that locates the findings within both of these theories. The Figure shows that both individual attempts to exert influence on the direction life takes and influences of others (at both micro and macro levels) will impact upon older people following relocation. Without considering both personal and social factors, only a partial picture can be gained of how relocation is experienced in later life.

Figure 12 demonstrates how people in later life during relocation act with agency to optimise personal life yet do so in a context where they simultaneously must address the consequences of social change and its impact on their relationships. So, efforts to return to normal at the individual level, such as slowing down, organising space, reconciling 'utopian' thoughts with reality, creating routines and so on are achieved within a social context that also requires older people to protect their sense of being Adult, find ways to negotiate modern society and secure assistance from others. The

Figure 12: Personal and social influences on experiences of relocation



degree to which such developmental challenges are met will determine the extent to which people can feel 'in place'.

9.5 Realising normality in practice

Findings from this study suggest the rate of change within modern society can lead to a sense of alienation, or disenfranchisement amongst older people and hence social distance from others, including their own families. The increasing difference in values and attitudes between generations due to the accelerating pace of change reinforces this sense of distance, and can impact on dignity. The challenge in later life - as expressed in the narratives of older people in this study – is therefore to be able to face change with dignity, finding meaning in daily activity that maintains and supports a dignified life. Living in a dignified way was manifest as a continuous, integral part of daily existence. Ways the older women sought to achieve dignity in daily life reflected the importance of this as a personal objective, and achieving dignity was prioritised over the goal of promoting independence.

Older participants expressed dignity through their reflection and commentary of activities and people that held meaning for them, by discussion of past and present occurrences that provided positive or self-affirming memories. They drew upon personal strengths and past experiences to deal with the vicissitudes of life. They maintained a 'dignified' distance from other people, particularly those whom they had only recently met, so as to gain social acceptance and protect self-regard by avoiding being the target of gossip.

Relocating to supported housing thus offered opportunities to establish a dignified demeanour with other residents, and the older women portrayed this using techniques such as social distancing, 'fitting in' and adhering to rules, establishing routines that accorded with the prevailing social norms within the group and taking up long held hobbies. Environmental features within the supported housing developments' such as assistive technology, the understanding and empathy of housing wardens and the

privacy offered by self-sufficient dwellings also acted to enhance a sense of dignity amongst the new residents.

Thus the older women sought to achieve ‘residential normalcy’ in the way described by Golant (2011) whereby individual-environmental fit in later life requires positive emotion-based experiences that have relevance. Older people are therefore theorised to be in their residential ‘comfort zone’ when:

they experience overall pleasurable, hassle-free, and memorable feelings about where they live; and in their residential mastery zones when they occupy places in which they feel overall competent and in control. (193)

Daughters too acted to maintain their personal sense of dignity in relation to how they interacted with their mothers. This was achieved in part through acting congruently with their moral beliefs with regard to a sense of obligation and duty towards their mothers. Authors such as Finch (1989) and Ribbens McCarthy et al., (2000) have noted families seek to establish themselves as having morally acceptable identities, particularly amongst primary carers where acting in a responsible, dutiful way towards close family members is seen as crucial to their moral interpretation of the ‘correct’ thing to do.

Yet, the ‘dignity of moral stature’ in this context was consistent with an emerging democratisation of personal relationships where daughters interpreted their duty towards caring for their mothers alongside their own life objectives, rather than relying on historical or traditional forms of support, as noted in the previous section. The choice of supported housing generally enabled daughters to achieve an intact sense of moral identity whilst attempting to protect their own personal lives. Thus, the contemporary phenomenon of self-actualisation may partially account for the decline in co-residence in recent decades (Grundy, 2000, Hirst, 2001) and the increasing focus on extra-resident caregiving for parents and parents-in-law by adult children (Hirst, 2001).

However, tensions clearly existed in relation to how successful the strategy actually was of being perceived as both a good, caring daughter and achieving personal goals, as was discussed in Chapter 2 (see page 53). Current policy and research emphasises

reciprocity in adult child-parent relationships, whereby older people are perceived as contributing support to other family members, yet this study did not support this claim, and little evidence was found of older people providing assistance to others. High modernity concepts of being freed from traditional roles and constraints and able to realise personal goals and objectives whilst concurrently maintaining dignity of stature were a challenge for adult daughters. Although such findings are not new (Airey, 2005, Brody, 1981) this study adds qualitative evidence to show how such dynamics interplay at the level of personal relationships and adds to literature that suggests adult daughters struggle to maintain a lifestyle that allows them to work and care simultaneously in a context where few others appear willing to step up to the role. Thus, notions of having to create intimacy and self respect through reflexively negotiating situations and make decisions as they arise, rather than relying on traditional and historical solutions (Giddens, 1991, Holland et al., 2003) were clearly evident in the study.

Ways of sharing care, so that a wider range of people assume responsibility for the care of older people in society need to be found. Efforts within formal care provision to enhance independence can only work if older people have not rejected such goals as unattainable. Expansion of services such as reablement (see page 19) are based on reviews that assess independence gains in the short-term (McLeod and Mair, 2009), and it is as yet unknown whether such gains can be sustained over the longer term. Supported housing was found to offer a useful corrective to the phenomenon of extra-resident care falling squarely upon the shoulders of adult daughters, and therefore needs to be brought more centrally into debates around care for older people. Equally, policy should consider how extended family members, particularly male adults or adult grandchildren, could become more involved in caring for older relatives. The study supported research findings that men tend to adopt a 'back up' role in the care of their older relatives (see page 49), and the female familial participants reported a sense of male relatives being 'out of touch' with the older women's needs.

As would be expected from the earlier discussion, rather than commentaries around promoting dignity, participants tended to emphasise issues relating to maintaining independence in later life. However, clearly, for them, dignity was an integral feature of being able to 'manage' autonomously in later life, and it was felt that supported

housing enhanced such abilities. However, if dignity's meaning is synonymous with independence within contemporary society, by implication other critical features of how dignity can be enhanced are underplayed. The focus on self-realisation and achievement orientation in contemporary society denies people, particularly older people, for whom 'achievement' is no longer of paramount importance in daily life, the ability to develop a sense of dignity that encompasses other aspects of life that give meaning in later life. The quote below, written over fifty years ago, still holds true today, arguably more so:

Today's society is characterized by achievement orientation, and consequently it adores the young. It virtually ignores the value of all those who are otherwise, and in so doing blurs the decisive difference between being valuable in the sense of dignity and being valuable in the sense of usefulness (Frankl, 2004: 152; original in German, 1946).

It is therefore important that within the public domain a positive concept of dignity in daily life is clarified and strengthened, for this study revealed that a sense of dignity gave meaning to the older people within the study, and that achieving a sense of dignity went beyond simply the ability to live independently.

A broader understanding of the needs of older people during relocation is required, so others understand are clear how older people wish to attain a sense of 'place' identity. If others were clearer of personal hopes and expectations of the older people, prior to relocation, they could better act to help reshape these into more meaningful realities. In doing so the nature of assistance offered by others would be more attuned to meeting expressed desires of older people that enable realisable aspects of longings to be met, and offer reflective time for reconciling unattainable aspects. This requires shifting care objectives away from those centred on promoting independence, and towards ones centred on more on dignity and choice.

9.6 Summary

The use of the conceptual framework offered by 'life longings' an emerging branch of life-span developmental psychology, allowed the author to describe the difference in quality between longings expressed by the older women compared their significant

others. The phenomenon of 'longings' was felt to describe well qualities characterised by the older women during relocation, and contrast with predominantly more goal focused approaches from younger adults.

It was argued that the emphasis on functional goals emphasised by younger participants, rather than being perceived as supportive, instead created defensive responses from older adults. Thus, the older women deflected perceived attacks on self-identity as 'less than Adult' by projecting an image of self as 'managing well' to others. This image in turn acted as a barrier to support, resulting in older people refusing support or requiring methods involving subterfuge. This then, describes the context in which support was negotiated. Instead of framing independence too narrowly, for instance, focusing on functional ability which can result in barriers to support, it is preferable instead to target support for older people in a way that promotes other objectives, such as dignity and choice. In this way, confrontation can be more easily avoided, with assistance shaped more in line with the desires of older people, and thus more likely to be perceived as truly supportive rather than undermining autonomy.

10.1 Introduction

This chapter will set out broad conclusions of the study, and will also highlight some implications of the findings for social policy. Both existential and practical considerations were clearly apparent for older people during relocation adaptation, and support during this phase experienced as shifting and implicitly negotiated.

Clearly given the current policy focus on support for older people, not least due to an ageing population and the current economic climate, many of these findings have relevance for how older people are supported. It is possible from the findings to develop staff guidance working to support people relocate into supported housing in later life, and whilst this is not the place to do so, this could certainly form part of any dissemination activity. However, several key pointers and suggestions are made at the end of this chapter to help give shape to recommendations that could be made from the findings presented here.

10.2 Key conclusions

This study focused on describing the experience of older people during the transition phase into supported housing. It was found older people who moved to supported housing in Scotland largely fit the profile of ‘assistance migrants’, often moving at the stage of moderate disability to gain social and environmental advantages and optimise their lives as they aged.

The chosen methods allowed a useful insight providing both cross-sectional identification aspects of ‘longings’ at the point of the move, allowing motivations, hopes and ease of adaptation to be explored. Further, longitudinal multi-perspectives conducted for the first seven months following the move generated a rich, complex picture of the dynamic interplay between older people and others during relocation.

Firstly, although the move event and subsequent relocation has been described as challenging for the older women and their daughters, it is important to note that by the end of the study period overall positive outcomes from the move into supported housing were reported. For instance, new social opportunities arose for older women and daughters reported being able to reprioritise personal life goals. Thus, the research supports findings indicating overall resident satisfaction with supported housing facilities (Croucher et al., 2008, Nocon and Peace, 1999, Tenants Services Authority, 2009).

The survey found people reported highly positive views of their ability to adapt following their move and had high expectations of their move. Yet, based on case study data it appeared the impact of the move event was under-estimated, and reports of negative affect and strained relationships were not uncommon during this and the immediate post-move phase. Temporal differences between adult children and their mothers were particularly noticeable around the time of the move, with the older women finding it difficult to keep up with the pace of change, with daughters 'taking over' to achieve the goal of moving in the perceived time available.

An initial nesting period, involving organisation and familiarisation with personal living space was followed by the work of adaptation, from around the second month. It appeared the main focus of this work was to 'return to normal' as a core aspect of their longing to feel 'in place, which when achieved implied relocation adaptation would be complete or 'successful'. This occurred largely through the bounding of space and time to form daily routinised and ordered structures, creating a base from which higher order activities could be pursued.

Relocation occurred through gaining control over firstly the immediate vicinity – including self and personal living space – quickly thereafter widening horizons to include the development and neighbours, and outdoor space (for the most mobile). Space appeared to have particular connotations for older people when ascribing meaning as part of the drive to feel 'in place'. Living space, the development and outside all seemed to have different significance, where homes were generally for

time alone, with family or carers and where the wider development offered social opportunities with neighbours and the housing manager.

Meanings ascribed to 'returning to normal' implied considerable existential, relational and practical action in order to achieve longings which, by definition - as was argued in the previous chapter - were largely unattainable. In contrast, younger adults, the daughters and housing managers, used a more goal focused strategy when aiming to support older women, based on principles of promoting independence. Yet, doing so, appeared to result in defensive reactions amongst the older women, who may have perceived their sense of being Adult as under attack (see Chapter 9 for fuller discussion).

Providing support to the older women therefore was contested territory, and others described it as a struggle to get these older adults to accept support. Equally however, a withdrawal of contact was characterised by adult daughters during the early adaptation. Overwhelmingly, daughters expressed a sense of release from feelings of responsibility for their mothers in particular for social companionship and the need to constantly monitor welfare. Several went on holiday at this stage, noting respite care was no longer needed. They began to reprioritise personal goals. The entwined lives of the older women and their daughters, led to a sense of responsibility for their mother and attests to the subjective nature of social support.

Instrumental tasks undertaken by adult daughters may not be particularly onerous when considered individually, indeed no consensus appeared to exist that these were even needed. Rather, it is more likely that the constant, ongoing nature of feeling responsibility that may weigh heavy over time. Some retained this feeling of responsibility and in these cases over time it appeared to increase in intensity. For other daughters, the feeling of being less responsible continued throughout the study period, suggesting lasting benefits of assisting relocation to supported housing.

Despite this assertion, it was not completely clear who took responsibility for providing assistance, with responsibilities shifting between individuals over time. Informal support arrangements during adaptation tended to be implicit in nature, and were found to facilitate such shifting responsibilities. Objectives of 'promoting

independence' appeared to predominate in discourse surrounding assistance, though several daughters observed their mother's becoming more dependent, partially due to changed circumstances arising through location, but also because of declining health.

It is argued that the goal focused approach of promoting independence may create an unsuitable platform from which to provide support, partly as such objectives prove illusive anyway, and secondly, because many older people reflect longings of feeling 'in place' that encompass a broader set of priorities and objectives not necessarily currently acknowledged by significant others. For instance, time for reflection and the value of time alone was not always well recognised by others, yet privacy appeared of key importance to the older women.

Practitioners could be assisted to more broadly conceptualise what is important for older people by identifying and framing support around ideas contained in the notion of *Sehnsucht* which is seen as '*giving a general direction to the most desired outcomes and pathways of living a good and meaningful life and striving for the best*' (Scheibe et al., 2007), and described more fully in Chapter 9. Thus, the thesis concludes by arguing the case for improving practice with older people by extending prevailing ideology surrounding autonomy to include a broader range of objectives that more fully address the desires of older people to find meaning in daily life and so aid feelings of being 'in place'.

10.3 Implications arising from the study

This section will outline implications for future policy, practice and research in relation to older people and support - both in terms of supported housing provision and sources of informal support.

10.3.1 Supported housing policy

A number of pragmatic suggestions can be made as a result of this study for supporting of older people at the stage of relocation into supported housing. Although

not specifically a policy study as was noted in the previous chapter, the findings highlight a number of areas where support for older people can be improved at this transition stage. Moving into supported housing at increasingly advanced ages requires a more nuanced understanding of assistance migration, whereby such moves may represent the final type of community based move made during ‘assistance’ migration phase, becoming the ‘last chosen home’ (Young, 1998). Viewing assistance migration in this way acknowledges older people may make more than one community based move during this migration stage, as reflected in the qualitative case studies whereby three of the five older women had made more than one move since leaving the ‘family’ home.

Little is known about journeys into and out of different types of housing by individual older people, not least due to a lack of long term longitudinal research in this area. One notable exception has been a major four year qualitative, ethnographic study titled *Transitions from Assisted Living: Sociocultural Aspects*, funded by the National Institute on Aging and led by the University of Maryland, US (Morgan et al., 2006). Findings from this study indicated a variety of moves can be made during the attempt to find accommodation with a ‘good fit’ to facilitate ageing in place in the face of declining function. These findings, and those presented here, suggest the importance of recognising that whilst housing options can be presented on a continuum from independent living to institutional facilities (Leith, 2006), people can move backwards, sideways, as well as forwards along this trajectory.

The availability of formal assistance and how it fits alongside other informal support becomes more pertinent where people move at increasingly advanced ages. Implications arising from increasing age of entry into supported housing, means families may experience poorer health at the point of the move, whilst the availability of time and support from housing managers is likely to have declined due to the need to focus attention on existing residents presenting with very high level support needs. Further, research has found providers identified four broad inter-related pressures - new regulation, funding issues, new and alternative service developments, and supply and demand factors (Croucher et al., 2008) - leading to a changing role for sheltered housing. For instance, increasing numbers of housing managers’ work fewer hours or across more than one site and time to spend with residents has become harder to find.

It is therefore not surprising that housing managers reported in this study uncertainty as to what emerging support needs the relocating older women experienced or how these were being met.

Insufficient attention has been paid in recent years to the role sheltered housing can play in facilitating ‘ageing in place’ and in supporting people with increasingly high levels of presenting needs in advanced old age (Croucher et al., 2008). The recent national strategy in England and Wales - *Lifetime Homes, Lifetime Neighbourhoods*¹¹ - called for more debate around specialised housing and its role in supporting community based housing options for older people as a means of preventing institutionalisation. The primary purpose of sheltered housing as facilitating extended independence and avoiding the need for institutional care has changed little over the past thirty years (see e.g. Heumann and Boldy, 1982), and this account of how sheltered housing needs to be revised in light of the changing nature of supported housing and new forms of provision.

In contrast to sheltered housing, greater interest has been shown recently in very sheltered and extra care housing and such forms of housing support have increased over the past decade (Appleton and Porteous, 2003, O'Malley and Croucher, 2005). This is reflective of the fact that people now present a higher level of needs at the point of relocating from general residential provision. However, evidence given by the housing managers in this study suggested that this type of housing is not used as a replacement for residential care when people are no longer to manage living in sheltered housing, with the managers reporting that hospital, care homes or death were the common reasons for leaving their accommodation. As yet, it is uncertain how the various forms of specialist housing complement, or link to, each other. Equally, the role of supported housing should also be considered alongside recent developments such as ‘retirement villages’ (Bernard et al., 2007), that address the issue of how people’s changing needs can be met within one site.

Given the findings of this study various specific recommendations can be made for supported housing providers. These include:

¹¹ <http://www.communities.gov.uk/documents/housing/pdf/lifetimehomes.pdf>

- Provision of greater information at the stage of application regarding how to prepare for a move to supported housing, including making suggestions that prospective residents begin to actively prepare for moving well in advance of being given notice to move. This could for instance, encourage older people to begin to ‘downsize’ several months in advance of a move, to aid involvement in decision making regarding what belongings to retain or discard;
- Information on the layout and size of the accommodation at the stage of determining what accommodation is to be offered to prospective residents, in order to help planning regarding what furniture will fit into the space;
- Training and information to housing managers on issues that arise during transition into supported housing, for instance, transition processes and common experiences. This would help managers, particularly new post holders, understand the various ways people may interact with their new environment.
- Training and use of tools to assist housing managers discuss support needs and provision with residents using a rights based framework. The recently developed ‘Care about Rights’ training pack from the Scottish Human Rights Commission is ideally placed to support such training. Such work would allow housing managers to understand better how to engage people in decision making, irrespective of the level of incapacity, and to understand and overcome barriers to service receipt.
- Engaging with family members to gain greater awareness of emerging needs of older people and to provide support for family members in dealing with any arising disputes or disagreements between older people and their family.
- Very sheltered housing developments should consider ways of offering social opportunities for residents, given such populations are less likely to be able to take part in organising their own activities. Additionally, the frequency and

range of social opportunities offered within supported housing could be reviewed in order to ensure sufficient chance to form bonds between residents and to take account of the wide variation in interests of older people.

Overall it appeared supported housing offers a useful source of provision for people in advanced older ages, and was seen as a preferable option to residential care, not least given it offers self contained living space and social activities on site. However, adaptation in supported housing is a complex issue which is intertwined with how people feel they fit with the prevailing culture within developments and the way informal networks operate to support people.

10.3.2 Areas for further research

The study conducted for this thesis raises issues for further research in two main ways, firstly in respect of areas the thesis did not consider and secondly issues arising through the findings that were not of primary interest within the research. These are addressed here.

This research focused on older people relocating with family members who could provide assistance. As the survey noted, approximately half of respondents had an adult child close by following their move, and therefore the research speaks to this group of residents. Additionally, although gender was not a criterion upon which selection for participants of the case studies, all participants were women. Again, this reflects the landscape of informal care for older people which has identified that carers are more likely to be women and older people are more likely to be older women. Thus, it is suggested further research is undertaken to investigate how experiences differ amongst those who do not fit the typical pattern of relocation into supported housing. In particular, single men, those without family support (or without adult daughters) and those from ethnic minority backgrounds could be areas where future research is undertaken.

From the survey data it was found that approximately a quarter of respondents were men living alone (24.6%; n= 30). Calls have been made for more research on men living alone (Jamieson et al., 2009) not least since men living alone have been found

to be more isolated and lonely than women living alone (Arber et al., 2003, Smith et al., 2005). Further, as was noted in Chapter 2, research in relation to informal support available for older men show contradictory findings, with increasing family diversity and an increasing life expectancy amongst males (NHS National Services Scotland, 2009), this issue should receive more research attention in the future.

Information obtained from Coburg (Scotland) Housing Association monitoring of new residents during the study period found none reported being from an ethnic minority background. Research could therefore usefully be undertaken to identify people from ethnic minority backgrounds do not tend to access supported housing. It has been argued that older people from ethnic minority backgrounds can experience isolation in specialised housing if separated from their community (Kalyani, 1999), may have specific cultural requirements within specialist housing (Patel, 1987) and have little information about supported housing options (Croucher, 2008). Thus, a combination of accessibility and cultural factors may account for the low take up of such services by people from ethnic minority backgrounds.

Although the study conducted for this thesis found social relationships with friends or new acquaintances to be a particular feature of the lives of older people relocating into supported housing, this was not an area of specific interest to the research given the low levels of assistance provided by such individuals. However, in the context of adaptation to supported housing, it appeared integration with other residents formed a key feature of satisfaction with the new living environment, and whilst anticipated, future research could better explore this dimension of relocation. For instance, it appeared social integration occurs over a longer time frame than was allocated for the study and within longitudinal research this would need to be taken into account. Additionally, the use of observational techniques within public spaces of housing developments would be beneficial for examining the dynamics in social interaction with other residents.

Further, the wider nature of social interaction amongst older people is worthy of further study, for instance, the interplay between privacy and communal living and the forms of social engagement older people prefer. Friendship appears to gain saliency in later life compared to other types of longings (Kotter-Gruhn et al., 2009), where

friends are seen to be a source of social interaction and play an important part in the creation and maintenance of social reality (Jerrome, 1984). Yet in general there is little research on the nature of friendships in advanced old age. This is surprising given it is commonly believed traditional social networks contract in advanced old age, due to bereavement or migration. Additionally, friends can offer a useful source of support where family members do not exist or have little contact with an older person. After family and formal carers, friends were reported in the survey reported in this thesis as the main source of primary carer (n=9; 9%) yet little is known about the nature of support from friends in the absence of other carers.

It was not clear within this study whether neighbours would go on to be considered friends by the older women in the case study, and other residents were not considered 'friends' within the six month study period. Further, there appeared to be little interest in attending day care facilities, particularly amongst those who were participating in the social activities on offer within the development. Younger adults appeared to put more emphasis on the value of social participation than did the new residents, certainly initially, and it appeared personal space was not so highly valued by the adult daughters. These are all areas worthy of further study.

10.4 Summary

This has been a highly complex study, investigating relocation of older people from various perspectives. The study enabled findings in relation to how adaptation occurred at both macro and micro levels through its use of mixed methods. Yet, in particular, the study focused on ascertaining the 'lived experience' of older people as they relocated, revealing the subtle interplay within relationships shaped by their new environments and circumstances in which they found themselves. Various dynamic processes were observed and reported, in terms of how people adapt and the support they received during relocation in supported housing.

This 'holistic' approach to viewing older people's needs in attempting to map out key features of people's daily lives and identify how daily living is shaped, holds considerable potential for future exploration. There is still much useful research that

can be undertaken to determine more fully 'lived experiences' of older people, and those of their significant others during transitional phases. Older people relocating into supported housing may in some ways be perceived as vulnerable, experiencing relocation at a period in their lives whilst dealing changing needs arising from declining health and fragile support arrangements. Yet, in another way this study attests to the resilience, optimism and energy which people display in later life – fiercely striving to shape their daily lives to imbue meaning and facilitate successful 'ageing in place'.

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Appendix 1: Postal questionnaire

POSTAL QUESTIONNAIRE

This questionnaire was distributed with a cover letter (see Appendices 2 and 3).

It was designed in A4 booklet format (i.e. A3 folded in half) using 14 point font size to facilitate ease of reading by older people.

Appendix 2: Cover letter sent to survey sample

Spring/Summer 2008

Dear

**EXPECTATIONS ABOUT MOVING
HOME IN LATER LIFE**

I am a post-graduate student at Napier University studying the experience of people who move later in life. I have been given your name and address by Coburg (Scotland) Housing Association who fully support the study – see attached letter. These details will only be used to send you a questionnaire and will remain confidential.

As part of this study I would be grateful if you could complete and return the attached questionnaire in the pre-paid envelope. Your response is highly valued as I hope to find out what people want to achieve by moving later in life.

Each questionnaire contains a reference number so I will know you have replied. You will not be identified in person in the final report. Again, your completed questionnaire will remain confidential to the research team.

Please do not hesitate to contact me, if you require further information.

I look forward to hearing from you.

Yours sincerely

Mrs Carole Kelly
Research student

Appendix 3: Survey reminder letter

Date

Name

Address

Dear Mr/Mrs or Mr and Mrs

EXPECTATIONS ABOUT MOVING IN LATER LIFE

You should recently have received a questionnaire about your thoughts on your recent move. So far I have not received a reply from you. I appreciate this is a busy time for you, but it would still be very useful to hear from you.

It is important to get as many responses as possible so that we get a good spread of answers and so the research is reliable. Don't worry if you feel not much applies to you. Your answers are still important for the study.

Here is another copy of the questionnaire in case you can't find the first one. I really would be grateful if you could complete this copy and send it back to me in the pre-paid envelope.

If you have already sent it to me in the last few days please ignore this letter.

Yours sincerely

Mrs C Kelly
Research Student

Appendix 4: Overview of interviews – purpose

	Older person	Adult child	Housing Manager
Time 1 (within first month)	<ul style="list-style-type: none"> * to provide base line information on expectations/feelings about move * to provide base line information on self-perceived needs and how these will be met * to identify transitional stage of move * to identify reasons for move & how this came about * to identify information about family * to find out what their current daily routine is 	<ul style="list-style-type: none"> * to ascertain perceived role in assisting parent following move (ie expectations) * to ascertain what assistance they currently provide and how this differs from prior to move * to ascertain role in assisting parent to move * to find out more about their own lives including their family & daily routine 	<ul style="list-style-type: none"> * to ascertain initial impressions of new resident, their family and their relationship * to identify how often adult child and other family members visit resident * to identify perceived needs of new resident & how manager believes these needs will be met * to identify facilities offered at the development
Time 2 (3 months)	<ul style="list-style-type: none"> * to assess how expectations regarding move/assistance are being realised in practice * to identify what assistance is being provided * to identify how assistance is being negotiated from carers * to identify transitional stage * to identify what social networks are being made & how these are facilitating transition * to identify whether resident feels they are settling in and what has helped this process * are there any self-identity issues: e.g. is role of being a parent changing? Do they feel they have a continuing role in society? 	<ul style="list-style-type: none"> * to identify what assistance is being provided * to identify how assistance is being integrated into existing lifestyle * to identify whether child feels parents' expectations are realistic or not * to identify self perceived role in promoting wellbeing of parent 	<ul style="list-style-type: none"> * to identify how well manager feels resident is settling in * to identify how often adult child and other family members visit resident * to identify whether manager feels residents needs are being met * to identify any concerns manager may have about the wellbeing of the resident * to identify extent to which manager is in contact with resident and their child

Time 3 (6 months)	<ul style="list-style-type: none"> * to identify what assistance is being provided * to assess extent to which persons expectations about the move have been met * to assess extent to which persons expectations about assistance have been met * to identify if any assistance needs have not been met * to identify transitional stage of move * to identify how assistance is negotiated * to identify extent to which resident feels they have settled into new home and what has helped this process * to identify what social networks have been formed & how these have facilitated transition 	<ul style="list-style-type: none"> * to ascertain views regarding how well parent has settled in * to ascertain role (and changes to role during data collection period) in facilitating transition into new home * to ascertain role in providing assistance * to identify how assistance needs are recognised (c.f. negotiation by parent) * to identify what assistance is being provided (and how this compares to parent's view) 	<ul style="list-style-type: none"> * to identify how well manager perceives resident is settling in * to identify if the manager has a view on the quality of relationship between the resident and adult child * to identify how often adult child and other family members visit resident * to identify if manager perceives assistance needs of resident are being met * to identify extent to which manager is in contact with resident and their child
Life history	<ul style="list-style-type: none"> * to identify previous migration history * to identify information about family e.g. whether previously married, number and location of children/ grandchildren/siblings * to identify quality of relationship with family – how much contact do they have with them; would resident say they are a close family, etc * to identify how time was spent during adulthood e.g. did they work? Volunteer work? Houseparent? When did they stop working? * major health issues in life? Particularly recent difficulties resulting in assistance needs. 		

Appendix 5: Index – conceptual framework

1 Personal details (current)

- 1.1 Members of family
- 1.2 Long term friends/social contacts
- 1.3 Personal hobbies/activities
- 1.4 Health
- 1.5 Falls – experience of, feelings about
- 1.6 Mobility
- 1.7 Being less able

2 Life history

- 2.1 Childhood/parents
- 2.2 Moving house
- 2.3 Being a mother
- 2.4 Sibling experiences amongst children
- 2.5 Husband/marriage/being a wife
- 2.6 Division of labour in marriage
- 2.7 Employment
- 2.8 Membership of clubs/organisations
- 2.9 Family home
- 2.10 Similarities between mother/daughter
- 2.11 Death/grief

3 Moving house/transition

- 3.1 Reasons for moving
- 3.2 Decision to move
- 3.3 Feelings before/during move
- 3.4 Packing/unpacking/decorating
- 3.5 Feelings immediately after move
- 3.6 Daughter facilitating transition
- 3.7 Children dealing with legal/paperwork
- 3.8 Changes over time
- 3.9 Other people
- 3.10 Getting used to things
- 3.11 Missing things

4. Expectations about move

- 4.1 Of ease of maintenance
- 4.2 Of promoting independence
- 4.3 Of facilitating contact with daughter/children
- 4.4. Of receiving assistance
- 4.5 Of having more company

5 Housing experience

- 5.1 Housing ‘fit’
- 5.2 Comparison with other houses in life
- 5.3 (Comparison with) care homes/respite
- 5.4 Feelings about house
- 5.5 Living independently/independence
- 5.6 Security/safety
- 5.7 Social activities

6 Assistance/care provision

- 6.1 Assistance from family - general
- 6.2 Practical assistance from daughter
- 6.3 Liaison with care providers by daughter

- 6.4 Assistance from formal care providers
- 6.5 Feelings about assistance
- 6.6 Negotiating assistance
- 6.7 Housing manager/support worker contact
- 6.8 Thoughts on future needs/assistance
- 6.9 Assisting others
- 6.10 Assistance from friends

7 Family

- 7.1 Visits from/to family
- 7.2 Other contact with family
- 7.3 Frequency of visits from daughter
- 7.4 Nature of visits from daughter
- 7.5 'Advice' from family
- 7.6 Location of family members

8 Other

- 8.1 Holidays

Appendix 6: Matrix chart for Mrs McCann

Mrs McCann - categories

Mrs McCann daughter - categories

Mrs McCann – housing manager

Time 1

I'll have to get somewhere better than this
 You didnae get long enough here
 I just had to get rid of it, what can I do?
 I really felt like crying all the time
 They were nice people
 My biggest miss is driving
 You don't know where you've put them
 There's still a lot to do
 Where did I live?
 My general health's getting worse
 That's my dread – fear of falling
 I managed the money
 I just sit back and let her go ahead
 I'll say that much for them, they think
 about you
 It's been really heavy on her
 They go their own way
 I'll start going, see what like it is
 She helps you, you know
 Routines, passing the time
 I cannae sit here every day
 I'd never found a move like this
 I know quite a few people here
 It's close to the shops

It was my mum's decision to move
 I'll do it just to shut her up
 Downsizing was hard for my mum
 She keeps forgetting where the unit has
 gone
 You have to go with her
 I don't know what's going to happen
 All she can see is her independence being
 ebbed away
 The battle of the wits
 My sister's annoying me
 She is kind of settling down a bit
 It's definitely better for me
 She was quite happy somebody got the
 stuff
 Frequency of visits from daughters

I thought it was another of her moments
 Her daughters were taking over the move
 Come down here and sit
 She's got good family support
 I only get certain bits of information
 She's settling a wee bit better than I
 thought
 She's very outgoing
 They're called 'Bathgate Bairns'
 Don't cross a line – 'I'm the mother'
 It's like a bereavement
 My role is to keep people living
 independently
 It's just my way of getting to know them
 Some people just play on it
 She's quite competent herself
 Giving information – I do it in stages
 They feel like this wee flat's a haven
 I can only tell them so much -
 confidentiality

NB: Right aligned means it is a provider category rather than just daughter or housing manager

Mrs McCann - categories

Time 2

Just the same as usual
They don't realise I'm quite content
You couldnae have that
It's taken time (to settle)
Everything was all done
For me the shops are handier
I feel guilty about not going to see her
You don't want to go out in the cold
I'll just keep to the past
I fell two days ago
You're no' left, they look after you
I get exercise around the house
I'll have to get off the biscuits
My biggest miss is the car
I've met more people
Helen is here most – visit frequency
What are we doing at Christmas
She likes to know what's going on

Mrs McCann daughter - categories

She's just turned into a moan
My sister things the dementia is getting worse
I think she's settled in
I take her – transport role of daughter
I keep forgetting
I've been quite busy at work
We're mollycoddling her
She's still capable of looking after herself
You can't make her, you can maybe suggest to her
I've always been an easier touch
I don't think I could deal with old people
That seems to be the split
You don't want them to lose touch really
It's quite a thin line to walk really

Mrs McCann – housing manager

As long as they've got contact with somebody else
She said she wouldnae come herself
She talks to everybody
I'll watch that
You've got to learn how to get round it without saying
Don't cross a line – 'I'm the mother'
Their time's short and limited
Nobody'll listen to us

Mrs McCann - categories

Mrs McCann daughter - categories

Mrs McCann – housing manager

Time 3

It takes me out, as he says
I don't want to sit in if I can help it
I go in there now and again
I'm not a stranger here
I don't mind being by myself
I'll be alright
It's a thing you learn to live with
I used to be the boss, I'm not now
I fell out with her...It's all these things
families have
I'll just lead my life
It's not my house now, it's their house
I'm eighty, where would I move to?
I've got everything I need to help me
I don't like rushing because then I
forget
Power of attorney & managing finances
The two of them are good
The two of them are so different

I don't think she'll every make really good
friends with them
Settling in better now
She's more accepting
She's maybe been a bit grumpy
It's a constant battle to keep control of my life
She's going to tell our mother not to give us
any money
I'm not a natural carer, I don't have the
patience
I see my mother too much sometimes...she's
used to me being there
I get treated like an idiot sometimes
It makes me sound like a horrible person
Is that a wee hint mother?
I think she could do some of it (for herself)
I know it's my duty but I don't want to
We want to try and keep her where she is
She may have to end up in an actual home
It would be better to die of a heart attack
She's getting more confused sometimes
Transport role of daughter
I think overall it's been a good move
Her eating's not as good

Just the same
<-
<-
She wanted it to be exactly the same as the
last one
I don't see a lot of them
It takes a while to make sure
She's doing fine
Her calendar sits with her
You're actually relying on other people
She's got a daily routine

Appendix 7: Five Individual Case Studies

Each case study will be introduced in this Appendix by way of a descriptive chronological profile to set the context for the move, and provide introductory background information. Reflecting temporal reality as experienced chronologically also allows the reader to grasp a sense of issues arising in time and its effects on relocation. Within just five cases, considerable variation between cases existed, emphasising the need to acknowledge the unique and individual nature of people. This Appendix seeks to demonstrate this diversity allowing the reader to gain an overview of issues and situations encountered and the perspectives of the participants.

Case 1: Mrs Belinda Jones, aged 92

Mrs Belinda Jones had moved into sheltered accommodation in a small town in Fife to live nearer her son and daughter-in-law, Eileen. At 92 years of age Mrs Jones was the oldest case study participant. She had three children, two of whom had moved abroad long ago, and although she had visited them six times previously, had not done for many years (though her son visits her at T2).

She had moved to numerous parts of Scotland during her life and in earlier adulthood had worked as a psychiatric nurse. Her husband, also a nurse, had worked for the prison service. Her husband died in the 1980's and she subsequently experienced numerous moves, living initially with her sister then co-residing with her son and Eileen for six months. This had not worked out, due to conflict between Mrs Jones and Eileen. Thereafter she moved into residential care on a temporary basis until the council found her accommodation in a small flat. She lived there for four years independently before moving into the Coburg development flat.

She began to experience falls requiring her daughter-in-law to respond, day or night. Eileen put Mrs Jones name on the Coburg waiting list to find her closer accommodation and reduce travelling distance. However, Mrs Jones did not want to move, and refused initially. Eileen deployed interventions such as being '*strict with her*', threatening to cease all visits and finally instructing her husband to intervene. Participants agreed Mrs Jones had little control over the move.

Mrs Jones reporting positive feelings about the move, saying she missed '*nothing*', the move had not been difficult and the accommodation and development were a '*pleasant surprise*'. In contrast, her daughter-in-law and housing manager felt Mrs Jones experienced negative feelings, such as apprehension and depression, though appeared not to have discussed it with them.

Mrs Jones had significant disabilities, including mobility and sensory impairments. Prior to the move she received formal care for personal care and weekly housework tasks. Following a referral to social services by the housing manager for a review of her needs formal care provision was enhanced to home carers four times daily, albeit with a gap of

the first week when Eileen, also a former nurse, provided this care. Mrs Jones used a walking aid, as she had poor balance and limited energy, but had been unable to use one in her previous home due to lack of space. When she first moved to the development she used a wheelchair outside her flat, but by six weeks, the time of the first interview, she was walking with an aid instead.

Apart from formal carers, Eileen performed the role of primary carer, and was Mrs Jones's main visitor. Other than Eileen's almost daily visits, her son would visit once a week at weekends, but otherwise visitors were rare. Mrs Jones was from a large family – one of twelve children – but had no remaining siblings or friends from her earlier life. At T1 she reported being lonelier than in earlier life, instead immersing herself in reading novels, probably her main occupation. This was recognised by her daughter-in-law who would take her out on trips in the local area.

By T1 she was already more mobile compared to the time of the move. For instance, she routinely walked using her frame to social activities in another part of the development. At first the housing manager and Eileen accompanied Mrs Jones to social activities with other residents to increase her confidence. She appeared to enjoy taking part in these events albeit remaining highly cautious about self-revelation for fear of gossip. Both Eileen and the housing manager were pleased with how she appeared to be settling in at T1.

However, by T2 the relationship between Mrs Jones and Eileen seemed quite different. Eileen went on holiday now she felt Mrs Jones was more monitored in her new home. Upon her return she found Mrs Jones more demanding for attention and claimed she was often moody and irritable. For instance, she dismissed several 'falls' by Mrs Jones as attention seeking behaviour. Indeed, Mrs Jones described it as '*causing a stooshie*', a Scot's word phrase meaning to cause a scene or situation. Eileen reported feeling compromised and unappreciated by her mother-in-law frustrating at T2.

Following T1, Mrs Jones had received a long distance visit from her son and daughter-in-law, clearly valuing the time she had had with him. She had also tried a local day care service but only went once, refusing to go back. The day centre was moving location and Eileen remained keen for her mother-in-law to attend when in the new premises, supported by the housing manager who felt it would give Eileen respite. However, Mrs Jones appeared very reluctant to use day care, and continued participating in social events in the development, leading the housing manager to describe Mrs Jones as more relaxed, integrating well and gaining in energy.

By T3 Mrs Jones appeared much more at ease than previously and was more talkative in the interview compared to earlier ones. In common with the other interviews she talked of her impending death, feeling she had little energy and found even simple tasks a struggle. Another day care place had been set up by the housing manager in discussion with her daughter-in-law, and she was due to start several days after the interview. Again she indicated she did not want to go, and said she was not going.

At T3 unfortunately Mrs Jones was taken into hospital. According to Eileen, she had several mini strokes and remained in hospital over Christmas, dying several days later. Eileen got in contact about a month later and the T3 interview was conducted, allowing Eileen to give a softer account of her relationship with her mother-in-law, whose daughter said to her afterwards '*You dinnae realise how close you were to her mum*', causing reflection on the nature of their relationship.

Case 2: Mrs Sally McCann

Mrs McCann (80) lived alone in a one bed-roomed sheltered housing complex. She resided in a medium sized town in Central Scotland, in which her only two children, both daughters, also lived. She had decided to move in order to reduce her daughters' travelling time when visiting her and because she had found maintaining the house and garden increasingly difficult due to declining health. A leaking roof acted as a 'trigger' to move. At the time of the move she was diagnosed with moderate dementia and arthritis and required a heart operation, which she was considering whether to have.

Throughout her life Mrs McCann had been very independent, and was perceived as a straight speaking, outgoing and strong minded individual. As a young adult she had travelled to America and Canada to help her aunt through a personal crisis, then took over her father's company upon his death. Following her marriage, she retained much financial responsibility and decision making control. Later in life, she cared for her husband and mother in their final years of life, reporting close relationships with both. During the study period, Mrs McCann would frequently talk about her past, expressing fond memories about her husband, mother and her former work experiences.

Her daughter Karen (46) lived alone and worked full-time hours whilst her older sibling, Donna was married but did not work having retired on health grounds. Neither daughter had children. Between T1 and T2 Karen reduced the number of days she worked, working full time hours over a four day week. Whilst she felt her mother and sister welcomed this, she found it difficult to achieve in practice, and at T3 reported she had very little 'me' time.

Mrs McCann had lived in her previous house for many years and as a widow there for the previous ten. Mrs McCann had owned this home, and it was put up for sale following the move. However, it did not sell so instead was rented out, and Mrs McCann had by T3 transferred the house to her daughters. Both daughters were heavily involved in the move; organizing paperwork, helping with packing, disposing of and moving belongings. Mrs McCann found the move a traumatic experience, leaving behind fond memories, crying a lot and struggling to make decisions about what belongings to take with her. Both daughters had health problems, contributing to the move being experienced as stressful and difficult.

Mrs McCann's social network was disrupted following the move, as she was dependent upon her children to take her to visit friends at the old location. Her loss of driving ability

represented a major blow to Mrs McCann. Although she took part in events run by the housing association and had rekindled some associations with former work colleagues she continued to miss her old friends throughout the study period.

Despite moving to avoid dealing with repairs, at T2 Mrs McCann experienced difficulties with the flat. These included fear of falling from a shower that flooded the bathroom, shelves at an unsuitable height and the desire for a railing outside the flat. The housing manager perceived this as an adjustment issue. Mrs McCann reported missing the adapted nature of her previous home. Indeed Karen reported her mother had said she wished to go to live back in her former residence.

The nature of assistance given by her daughters changed during the course of the study period. These changes appeared to be related to Mrs McCann's declining health as well as the move itself. For instance, a pattern of assistance set up prior to the move involved both daughters dealing with Mrs McCann's paperwork, however, following the move, as Donna had dealt with all the paperwork during this period, Mrs McCann's preference was for Donna to continue to deal with all the paperwork, telling Karen she was no longer to do it. A new doctor's surgery led to uncertainty for Mrs McCann as to how to find it and Karen felt Mrs McCann's independence had decreased since the move, as she was now increasingly reliant on them for transport to the doctors whereas previously she would have been able to go alone.

A major area of new instrumental support following the move was that of assisting Mrs McCann with housework tasks, and it is in this area that the most interesting example of how support is negotiated over time. Karen felt her sister had taken over control of her mother's housework, with Karen being 'told' what to do. Karen also felt increasingly pressured by her mother to provide assistance, and whilst not visiting her mother more frequently than prior to the move, felt that now, when she had free time, her mother was less accepting that she should have this time to herself.

Mrs McCann appeared ambivalent about the amount of time spent in her house, preferring to be out and about but stated she disliked going out in the cold. By T3, she had begun to attend day care two hours a week. Mrs McCann was reported by her daughter and the housing manager as settling in, and becoming gradually more contented during the study period. Whilst Mrs McCann did indeed appear at T3 to be more accepting, both of the need for support and also regarding her new living arrangements, she never appeared overly satisfied with her situation, and instead appeared to be attempting to reframe her experiences as 'normal' and 'it'll be alright'.

Case 3: Mrs Sophie Levine

Mrs Levine (68) had moved into a one-bedroomed flat in a very sheltered housing development, following the death of her husband nine months previously. She had moved to the area four years prior to the present move, with her husband, in order to obtain more suitably adapted housing on one level. The area was a town in the conurbation of Glasgow, where her eldest daughter – Wendy (49) had lived for many

years. Mrs Levine had a further three sons and another daughter. All her children lived in different satellite towns to Glasgow, and one of the sons was estranged from the family.

Following a massive stroke aged 50 during which she nearly died, Mrs Levine was left paralyzed down one side and used a manual wheelchair. Her husband became her main carer, but increasingly experienced his own mental health difficulties resulting in respite care being provided to Mrs Levine. Desiring a more accessible home Mrs Levine put herself on the Glasgow Council housing transfer list though she didn't like several she viewed. Wendy put her parents' name down on the council waiting list in her town.

After three years living in a flat in her daughter's town, Mrs Levine's husband died suddenly. Mrs Levine then subsequently applied for Coburg housing. Shortly afterwards, Mrs Levine fell transferring herself to the toilet and broke her ankle. Hospitalised for three months, medical staff would not let her return home until a higher level of home care input had been organised. Following a hospital visit from the housing manager and a home visit, Mrs Levine was offered accommodation in the very sheltered development.

Whilst Mrs Levine was in respite care, her children organised the move into the Coburg flat. The move was perceived as straightforward by Mrs Levine and her daughter. Mrs Levine stated she did not miss anything about her previous flat, referring to it as only 'bricks and mortar'. At T1 Wendy reported still having to organise certain things such as giving keys back to the council for the previous flat, bringing final belongings to the new flat, etc. Both Mrs Levine and Wendy stated the new flat felt like a 'holiday' home, similar to places she has stayed in for respite. They both reported being very happy with the move, and felt security and safety had improved for Mrs Levine.

At T1, Mrs Levine enjoys attending meals, saying the food is nice and particularly enjoying the company at her table shared with three other women. Mrs Levine's visitors at this stage were family members, and four of her children visited regularly. Wendy wanted her mother to extend her social network independently from the family. Despite this, various carers and support workers visit throughout the day and Mrs Levine reported wanting more 'peace and quiet'. Her daughter describes the flat as being like Sauchiehall Street – one of the busiest streets in Glasgow!

Wendy emphasised not feeling responsible for her mother, though conceded when her parents first moved to her town she did feel some responsibility for them, in the sense that they were now in her 'territory'. Her view of her mother as an autonomous individual was rooted in a time when her parents lived independently albeit with a mix of informal and formal support to meet their needs.

At T2, Wendy and the support worker felt little had changed since Mrs Levine moved in, and Mrs Levine felt more settled. Wendy felt able to '*back off*' - aware her mother was being adequately cared for and was pleased her mother socialised with the women at her table. Mrs Levine continued to enjoy the company of the women although felt she had not made a close bond at this time.

A key difference at T2 was that Mrs Levine had obtained an electric wheelchair. Whilst Mrs Levine and her support worker felt this would increase her independence, her daughter felt she was losing the ability to use the manual wheelchair, suggesting a loss of independence when she could not use the electric one, such as outdoors. Wendy felt her mother was becoming 'lazy' and more dependent on carers, whilst Mrs Levine told of being frightened to weight bear, due to the previous incident in which she broke her ankle.

By T3 the situation had changed somewhat. Numerous family gatherings had occurred – Christmas, Wendy's fiftieth birthday party, Mrs Levine's birthday and significantly, the death of Mrs Levine's father, whom had been buried the week prior to our meeting. This latter event had been particularly exhausting and traumatic for Mrs Levine, notably as a result of having been transferred numerous times between cars. Mrs Levine had put weight on since moving, mainly as a result of the generous meals provided by Coburg, and her daughter was no longer able to transfer her.

However, the event of most concern to Mrs Levine at this time was a change in her care arrangements. Although the support worker had offered to call the home care service, Mrs Levine said her son would call, as he was visiting that day. Wendy stated if he wanted to '*interfere*' that was up to him, and emphasised her mother dealt with her own care arrangements throughout the study period.

Mrs Levine had stopped going for evening meals in the dining room. This had led to her missing out on birthday celebrations held in her honour, with residents eating her birthday cake she hadn't even seen. The support worker emphasised at T3 that staff were promoting Mrs Levine's independence by organising an automatic front door to reduce reliance on carers to help her leave her flat. Mrs Levine was viewed as integrating more socially, talking to everyone, and becoming friendlier with the women at her table who now sometimes visited her in her flat.

Wendy's children were becoming more used to the environment at T3 and were perceived by Wendy as being more willing to visit by T3. However, she did feel the arrangement whereby her daughter visited weekly to clean the flat was not working out, as her daughter was becoming too busy in her own life to attend so regularly. At T3 Wendy felt this arrangement would need to be reviewed, although Mrs Levine reported her granddaughter was still visiting weekly.

Case 4: Mrs Joanne Stewart

Mrs Stewart (82) had moved to a one-bedroomed flat on the second floor of a sheltered housing development in a town in central Scotland to be near her only daughter, Pamela. Prior to this she had lived for almost forty years in the family home with her husband in a village less than ten miles away from her daughter. Pamela had suggested to her parents they move closer to her though Mr Stewart had not been keen. However, Mrs Stewart and her husband discussed it and decided that should one of them die, then such a move

could be worthwhile. Several days after Mrs Stewart's husband's funeral, Pamela put her mother's name on the Coburg waiting list, and subsequently was offered the flat.

Pamela dealt with the arrangements for the funeral, and took over her mother's financial and legal responsibilities at this time and thereafter. Mrs Stewart had found it increasingly difficult to maintain her property, particularly the garden, and was suspicious of two younger male neighbours who had been in conflict with her nephew. Thus, upon moving she reported feeling more secure and was sleeping better.

Initially Mrs Stewart had begun to pack alone, but the scale of the task quickly led Pamela to become involved. She subsequently ended up packing her mother's belongings, discarding many in the process, much to her mother's distaste who reflected a desire at T3 to have brought more of her things with her. At the time of the move Mrs Stewart had a bad chest infection and reported she felt she was '*dying*', whilst her daughter felt '*stressed out*'. A major disagreement occurred between Mrs Stewart and her daughter and son-in-law over how she should receive her pension. Arguments ensued and Pamela said it was the first time for many years she had seen her mother so angry and felt unappreciated, for instance by putting effort into ironing clothes that stayed unworn.

At T1 Mrs Stewart reported loving her flat and many of her plans centred on becoming organised in her flat. She had already begun to go to coffee mornings each day, and quickly became a tea lady. She came across as outgoing, an observation also held by the other participants. Pamela felt her mother had been somewhat socially isolated in her previous home, and wanted her to spend more time in the company of others.

Mrs Stewart was not perceived as having assistance needs with tasks of daily living, apart from transport and dealing with paperwork and finances, and reported she could manage her housework. Mrs Stewart was not perceived as being frail by the housing manager and therefore did not attract particular attention from her.

By T2 Mrs Stewart appeared quite enamoured with her new living arrangements. She reported loving her flat, found other residents friendly and kept in regular contact with her family and friends and stated she couldn't be '*better off*'. Pamela noted her mother was always smiling and seemed happy. Her best friend, whom she had known for sixty years visited each Thursday. She particularly enjoyed the company of the other women in the development, and liked this aspect most about living there. She appeared keen not to cause disruption and used the other women to help her find out how things worked in the development so she could integrate smoothly.

Her daughter and son-in-law had recently been on holiday, and Pamela had ensured her mother had sufficient food. At T2 and T3 Mrs Stewart commented negatively on this, noting her daughter thought she was '*feeding an army*'. During the study period Mrs Stewart was increasingly reluctant to go shopping with her daughter. Initially (T1) Pamela believed her mother was becoming '*lazy*' whilst Mrs Stewart felt unable to '*walk the length of herself*' due to breathlessness though it was not until T3 that this was recognised by her daughter and the housing manager.

At T2 Pamela felt a sense of relief about being able to go on holiday without having to worry about her mother's well-being as the role of 'keeping an eye' on her was taken over by the housing manager. In addition, Pamela felt more people in the new area could pop in on her behalf if necessary compared to her previous location. Pamela also stated that she was now beginning to interact differently with her mother, in that she was now deliberately gave her 'more space' to live her life her own way. There appeared to be greater acceptance both by Mrs Stewart and her daughter of the assistance given by Pamela who stated she had learnt to '*shut up and let her get on with it*' to avoid conflict. Distance between the family and the housing manager was apparent at T2, who seemed unaware of much of what was happening in Mrs Stewart's life.

At T3 Pamela had again been on holiday, and both her and George were visiting Mrs Stewart less frequently. As Mrs Stewart had now been in residence for longer, a need arose for housework of a more occasional nature, such as cleaning on top of cupboards and behind beds. Whilst she attempted to do this herself, her daughter and son-in-law were not keen that she should.

Mrs Stewart's reported not wanting to have other residents visiting her flat, nor wished to visit other residents' flats at T3. This was not noted by her daughter and the housing manager who felt she had made friends with other residents. Mrs Stewart continued to state that she did not miss anyone from her previous neighbourhood. She and her daughter reported she was 'keeping busy' at T3, attending events run by the development and other events relating to Christmas. Despite this however, she claimed nothing 'exciting' was happening and was leading a quiet life. In contrast, the housing manager felt that Mrs Stewart was becoming more 'flustered' and felt this was something she would have to monitor.

Case 5: Mrs Fraser

Mrs Fraser (80) was the only older woman participant who had purchased her sheltered housing flat. Four years previously she had moved to Edinburgh from a west coast town to live in a rented flat to be closer to her daughter – Claire – who lived with her husband and adolescent son. Mrs Fraser was an only child and had had two children, Claire and a son who lived in England with his wife and three children. Mrs Fraser felt she had a close relationship with her children. Both her daughter and son-in-law worked and her daughter reported suggesting to her mother that she move to be closer to her.

Her one-bedroom flat contained period furniture and was clean and tidy. She wore twin-piece suits, was smartly dressed and spoke with an upper middle-class accent. Widowed approximately thirty years previously, she had been used to living alone for some considerable time. The contrast between the modern development and her former homes was likely to be significant, in that the development was a modern building on a busy street whereas her other homes had been traditional stone in leafy suburban areas.

Mrs Fraser had moved numerous times during her life, mainly as a result of her husband's career. She dedicated her life to caring for her children and had not worked. She described each move as a new chapter in her life, each posing particular challenges whether living in rural or city environments. Her key priorities upon moving to Edinburgh had been to re-establish links with a church and with the Women's Rural Institute, travelling independently by bus or walking.

Claire felt her mother had found the move difficult, having to downsize her belongings, and she reported that her 'heart broke' for her mother. At T1 Mrs Fraser said she had felt physically drained as a result of the move, confirmed by Claire who reported being worried about her mother. Mrs Fraser had no prior expectations regarding what life in the development might entail, but had found it a big transition and would have to '*be patient*' with herself. Claire felt responsible for her mother's wellbeing and reported she was 'keeping an eye on her'. She reported having little time for herself, stating she was '*pulled in all directions*'.

Mrs Fraser stated she wanted to be closer to her daughter without being a '*burden*' on her, and that she '*wouldn't trouble her unnecessarily*' as Claire had '*her own busy life*'. Mrs Fraser felt she did not need assistance at T1, though might welcome a home help to assist her at some future point. Mrs Fraser was reported as being '*fiercely independent*' by her daughter and the housing manager also felt she could manage tasks of daily living independently.

Other residents at T1 were perceived by Mrs Fraser as being friendly, but that weeks could go by without her seeing anyone. Claire also noted that Mrs Fraser was taking her time getting to know people reporting the other residents as respectful of each other's personal space. The housing manager felt Mrs Fraser had married well with other residents. At this stage Mrs Fraser was aware of the social activities on offer but had not really participated. Claire felt her mother was procrastinating somewhat in terms of having visitors to her flat, as she wanted to be organised first.

At T2, Mrs Fraser seemed more relaxed than when we first met, and had begun to participate in the social activities run by the development. Claire felt that her mother was now becoming more confident and that she had a very full social calendar. Indeed, she was quite enthused about her mother having such a busy life and felt she had a '*new lease of life*'. Much of the initial worry she felt had been relieved, and was visiting less frequently - approximately once a week on a Sunday. Mrs Fraser still sought to establish a regular routine, and explained her arthritis dictated what activities she undertook.

Organising the flat was still an ongoing task at T2, and Claire reported concerns about her mother between T1 and T2 as she felt her mother was not using the kitchen. Claire helped clean the cooker, noting she didn't have time to clean her own cooker though prioritised assistance to her mother differently. She also assisted her mother to reorganise the kitchen rather than leaving things thrown in shelves out of the way. There appeared to be an element of emotional care involved in this work wanting her mother to feel '*at home*'. Thereafter Claire felt her mother used the kitchen regularly.

At T3, as at T2, Mrs Fraser was taking part in activities run by the development as well as attending church and monthly Women's Institute meetings. In particular, she had just returned from a foreign holiday over Christmas with her son and his family and felt she hadn't yet '*caught up with herself*'. She described the events as '*pleasures*' and explained that she was still encountering '*new experiences*' regularly and felt happy in her home. The younger adults felt Mrs Fraser was extending her friendships within the development, though Mrs Fraser felt she hadn't formed a close relationship.

Mrs Fraser was still perceived as managing housework independently, and refused assistance from her daughter. The housing manager wondered whether Mrs Fraser would admit to having a problem. Claire felt her mother was at her most independent since moving to Edinburgh –no longer having to provide transport to the supermarket for instance. Claire now reported having a lot more '*me*' time. There were still plans for the flat, for instance, Mrs Fraser wanted to have a '*good tidy up*'. The weather had been adversely affecting Mrs Fraser's arthritis and she had had to slow down around the house in order to deal with the housework, and Claire felt her mother was '*learning to put her feet up*'.

Appendix 8: Consent form for older person

I agree to take part in a research study of 'The lived experience of older people following a move closer to adult children'. I understand the purpose and nature of this study and I am participating voluntarily.

I grant permission for the data to be used in the process of completing a PhD degree, including a dissertation and any other future publications. I understand that a brief summary relating to each participant will be used and will include the following: age, marital status, number of children, number of grandchildren, reasons for moving, date of moving, how I have experienced the move, and any other information that will help the reader come to know and recall each participant. I grant permission for the above personal information to be used.

I understand that four interviews will be conducted over a six month period and that I have the right to withdraw at any stage.

I grant permission to have the interviews tape-recorded. I understand the interviews will be confidential and anonymous and disclosed information will not be shared with other participants.

I also grant permission for you to contact my child and the housing manager.

_____ Research Participant/Date

_____ Researcher/Date

Appendix 9: Moves made by the older women in past 30 years

Case	Previous housing tenure and information			Current move (all now live alone)
Mrs Levine	Family home Local authority tenant. City. Children live in satellite towns		Local authority tenant with husband (4 years). Move to eldest daughter's town	Very sheltered housing. Tenant Move within same town.
Mrs Stewart	Family home (49 years) with husband Owner occupier. Village. Only daughter lives in neighbouring town.			Sheltered housing. Tenant – Move to daughter's town
Mrs Fraser	Family home, latterly living alone. Owner occupier. Large coastal town	Smaller home living alone. Owner occupier – within same town	Private tenant (4 years) – Move to daughter's city. (Only other child – son - lives in England).	Sheltered housing. Owner occupier Move within same city.
Mrs Jones	Sheltered housing with sister. Large city.	Move to co-reside with son & daughter-in-law (6 months). (Other children live abroad). Town	Housing Association amenity housing (7 years). Tenant. Move to large town.	Sheltered housing. Move to small town in close proximity to son & daughter-in-law's small town.
Mrs McCann	Family home with husband Local authority tenant initially, later purchased council house. Large town.			Sheltered housing. Tenant. Move to nearby town where both adult children reside.